

2023

jan - oct

sexuality hotline report

seventh edition

**Got Questions on
Sexuality, Gender,
or Sexual & Reproductive
Health and Rights?**

**Contact our Sexuality Hotline
+961 76 680 620
hotline@theaproject.org**

Open Daily Between 5PM – 11PM

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We bring you the 7th report of the Sexuality Hotline, a year and a half late. We doubt that this comes as a surprise—we’ve always had a bit of a backlog when it comes to publishing our Sexuality Hotline reports. The last six years have thrown at us crisis after crisis with unimaginable horrors. They slow us down, and we have this good/bad habit of not publishing anything we’re not completely ready to. We take great joy in writing these reports and in analyzing the data we get from the calls to the Sexuality Hotline. We are cautious and careful with this information, as we know it takes a great deal of strength for callers to reach out to us, and we wish to honor this effort on our end.

In many ways, we are like our callers: we hesitate, we think, we rethink, we write, we rewrite, we ask ourselves the question of how we should present this/these issues? Are we doing them and you justice? Are people protected in this portrayal? Are the reports useful? Are they contributing to our agendas and narratives around sexual rights and reproductive justice?

Our Sexuality Hotline is run by people like you. We pride ourselves on being an accompaniment hotline, made up solely of people who have been where you’ve been and want a kind, gentle, political, and informed person on the other end of the line. Our hotline counselors are the readers, and they are the callers—and so are we.

And like everyone else, the past year and a half has given us great pause. As we finalize this report in the first quarter of 2025, after having borne witness to—and lived through—tragedy after tragedy: genocide, war, and hardships beyond the scope of imagination. It is in times like these that we must recognize what we are capable of, what is important, and what is needed. From here on in, we plan on writing less in these reports. We plan on giving you your data back faster and giving ourselves more time to write blogs, research, fiction, poetry, and record more podcasts for our [Fasleh](#). The 2023 Sexuality Hotline Report will be the last one of this length. Generally speaking,

the world could use fewer reports. It does not, however, need less writing, less reflection, less analysis, or less emotion—on the contrary, now more than ever, it needs all of that and more. So we pledge to give you the data faster and make space to put our political thought and action elsewhere.

The value of these reports has always been about enumerating and visualizing, in an ethical and anonymous way, the stories, hardships, joys, wins, and struggles of people who reach out to us on our hotline. The paucity of data amongst youths, unmarried women, migrants, refugees, queer, and trans people—on sexual and reproductive health and rights and the strifes and lengths they go through in their journeys to bodily autonomy and agency in our region—has always been too large.

But this isn’t the place to tell those stories justly. This is the place to fill the gap in the literature, to support advocacy, to zoom out, and show just how much people go through—in silence and in hiding—through their own queries and not those of academics and professionals. We will continue to show how grand, how brave, how courageous, how brilliant, and how strong people are in achieving the lives they want for themselves and for their loved ones.

Last year, amidst Zionist airstrikes and fires, we turned ten. With death and destruction looming over and targeting us and our beautiful region and lands, there was little to celebrate, and we didn’t even realize it at the time. It’s been a decade of forging solidarities and making small differences that speak largely to our values and politics. **Who knows what the next decade holds for us.** But we know this: the fight for liberation—in body, in land, in love—is one that we solemnly believe in and will always fight for.

For now, we give you the 2023 Sexuality Hotline Report, and we promise you the 2024 data before the end of the year.

till next time

part one: calls

This publication is the seventh edition of the Sexuality Hotline Reports ([see previous annual reports](#)). It presents data collected from calls made to the hotline in 2023, offering a closer look at the questions, concerns, and realities voiced by our callers throughout the year. The report is divided into two parts: **the 2023 calls and their callers.**

The first part of the report explores the demographics and themes of the **1,230 total calls** received between January and the end of October 2023. The majority of callers who reached out to the Sexuality Hotline during that period were between the ages of 21 and 30, Lebanese, living in Beirut, and cis women—a trend consistent with previous years. Across these calls, 32 key topics were identified, reflecting the diverse experiences, struggles, and aspirations of those reaching out.

The most frequently discussed topics were:

- 1) trans* health & experiences
- 2) financial & material needs
- 3) unwanted pregnancies & pregnancy scares
- 4) violence
- 5) sexually transmitted infections (STIs)
- 6) queer-specific experiences

Within these recurring themes, the hotline also responded to emergency calls, where houselessness and violence presented as the most pressing risks. These crises exposed the compounding effects of financial precarity, systemic discrimination, and the increasing inaccessibility of essential resources. Amidst the many challenges callers faced, the Sexuality Hotline was a critical space for solidarity, resistance, and survival. Through knowledge-sharing, referrals, compassionate listening, and collective scheming, it continues to fulfill its purpose to assert bodily autonomy and sexual and reproductive health and rights in the face of systemic neglect and violence.

part two: callers

The second part of the report integrates insights from **200 caller evaluation forms**—a survey that has been used internally by The A Project as a learning and accountability tool since the hotline’s inception. These evaluations share direct feedback on hotline accessibility, counselor support, and referral resources. Published for the first time, the data provides a caller-centered perspective, showcasing how the hotline is experienced, where it succeeds, and what gaps remain. By comparing call documentations and caller reflections, the report highlights alignments and discrepancies between counselor-recorded data and caller experiences, deepening our understanding of the hotline’s impact. This comparison reinforces the value of the Sexuality Hotline and reaffirms its contribution to our people and to The A Project’s mission within the fight for bodily autonomy, reproductive justice, and queer liberation.

about the sexuality hotline

Launched in November 2016, The A Project's Sexuality Hotline operates as a compassionate space where people can find counseling, support, information, and referrals related to sexual and reproductive health (SRH). The hotline is open to cis and trans women, trans men, and gender nonconforming individuals, creating a zone for meaningful and informed conversations free from unsolicited advice or judgment. We recognize how often people are subjected to moralistic and socially biased narratives about their bodies, choices, and health. Our hotline counselors, trained by medical professionals, researchers, social scientists, and activists, aim to support individuals in reclaiming their place in body politics discourse and becoming the foremost experts on their bodies and lives.

Hotline counselors undergo a six-day intensive training program, followed by six weeks of role-play exercises. This process equips them with the knowledge, political analysis, and communication skills needed to address a wide range of topics, including sexuality, anatomy, puberty, contraception, STIs, pregnancy, unwanted pregnancies, sexual violence, trans* health, among others. These issues are approached through a reproductive justice lens. Such an approach challenges conventional social norms and encourages counselors to think creatively, considering the specific circumstances of each caller and contextualizing the broader realities of life in Lebanon. While all our counselors are trained on the same issues, some may have more insight and passion regarding particular body/gender/relationship/sexuality politics. You can get to know more about counselors, what languages they speak, what their interest-topics are, and when their next shift is by logging on to our website [› The Sexuality Hotline › About the Hotline › Hotline Schedule](#)

Despite rigorous training, there are often times when counselors encounter situations they are not fully prepared for. Within our framework, we embrace this reality, rejecting the rigid certainties of medical patriarchy, which falsely assumes that one must have all the answers. We believe that recognizing the limits of one's knowledge creates space for growth and learning. When counselors need guidance, they turn to their trainers and peers for support and advice on how best to proceed. Additionally, our counselors depend on a limited healthcare provider referral database that is strained by the ongoing crises, including

the dollarization of services, the migration of healthcare professionals, and the growing scarcity of subsidized or free resources. Accessible, trustworthy care has become increasingly difficult, which is why we are constantly seeking credible and affordable resources to include in our [referral survey](#). If you have sensitized and competent healthcare providers you rely on, we urge you to take the survey and share their details with us so we can grow our database.

To answer some questions you may have about the hotline...

Why a hotline?

Because it's free, accessible, confidential, anonymous, and judgment-free! You don't need an appointment, can be located anywhere, and can even write (email, WhatsApp, SMS) us. The hotline operates daily 5pm–11pm.

What do people call the hotline about?

So many topics, such as: • intimacy • health • virginity • transitioning • motherhood • puberty • relationships • disability • asexuality • violence • masturbation • body shaming • sexually transmitted infections • emergency contraception • gender affirming procedures • pleasure • unplanned pregnancies • living with HIV • sexual orientation • safety • contraception • gender identities •

Who can call?

Anyone can call, and we especially invite cis and trans women, trans men, and gender nonconforming callers of any age, nationality, sexual orientation, or socio-economic background.

Besides a hotline, are there other sources of information or support?

Occasionally, we host solidarity groups, which take the shape of intimate and private discussions, whereby callers who have similar questions and struggles can meet to process and support one another. We've also been told that our podcast [Fasleh](#) feels like listening to friends thinking out loud about cool topics. Check it out!

from calls & callers

The Sexuality Hotline report for 2023 draws from two separate databases. The first, as presented in all previous annual hotline reports, is based on call summaries documented by volunteer counselors. The second database, presented in this report for the first time, is generated from the survey link that hotline callers anonymously fill out to evaluate the Sexuality Hotline. The online survey is typically sent at the end of each call to capture insights into the callers' experiences: from hotline accessibility, to quality of counsel and resources shared, and overall satisfaction, including recommendations for improvement. By featuring both sources, this report aims to provide a new dimension for a deeper understanding of callers' experiences, and emphasize the value and contribution of the Sexuality Hotline to our movements, mission, and purpose. In both databases, the focus is to identify the most prominent needs, common experiences, questions, and issues that callers face. These databases give us a clearer perspective on what issues we need to address, study up on, and learn to tackle better. In return, we are able to produce evidence to advocate on callers' behalf and exhibit how larger systems and structures cause daily impact on people's bodies, mental well-being, life choices, and overall safety.

Confidentiality and anonymity are at the core of The A Project's hotline call documentation practices. Such practices are rooted in the understanding that sexual and reproductive health and rights are deeply intertwined with broader social and political contexts. When we ask callers to specify personal information for our documentation, whether it is age, gender identity, location, or nationality, this information remains confidential and anonymous, and callers are free to refrain from sharing it with us.

Counselors may ask about these demographics, as well as relationship status, to better understand how callers' unique circumstances affect their access to nearby resources or referrals. Callers are asked to share preferred names or aliases during calls for ease of communication, but they are not expected to give their legal names, and their contact details are never documented unless explicit permission is granted from them for follow-up. They are informed that their data will be documented, and they have the right to decline the documentation. In all cases, callers should know that call logs, texts, WhatsApp chats, and emails are deleted between counselors' shifts.

Access to all Sexuality Hotline databases is limited to staff members who require the data for purposes such as overseeing and evaluating counselors, assessing reach and shortcomings, and generating reports. Counselors do not have access to either database.

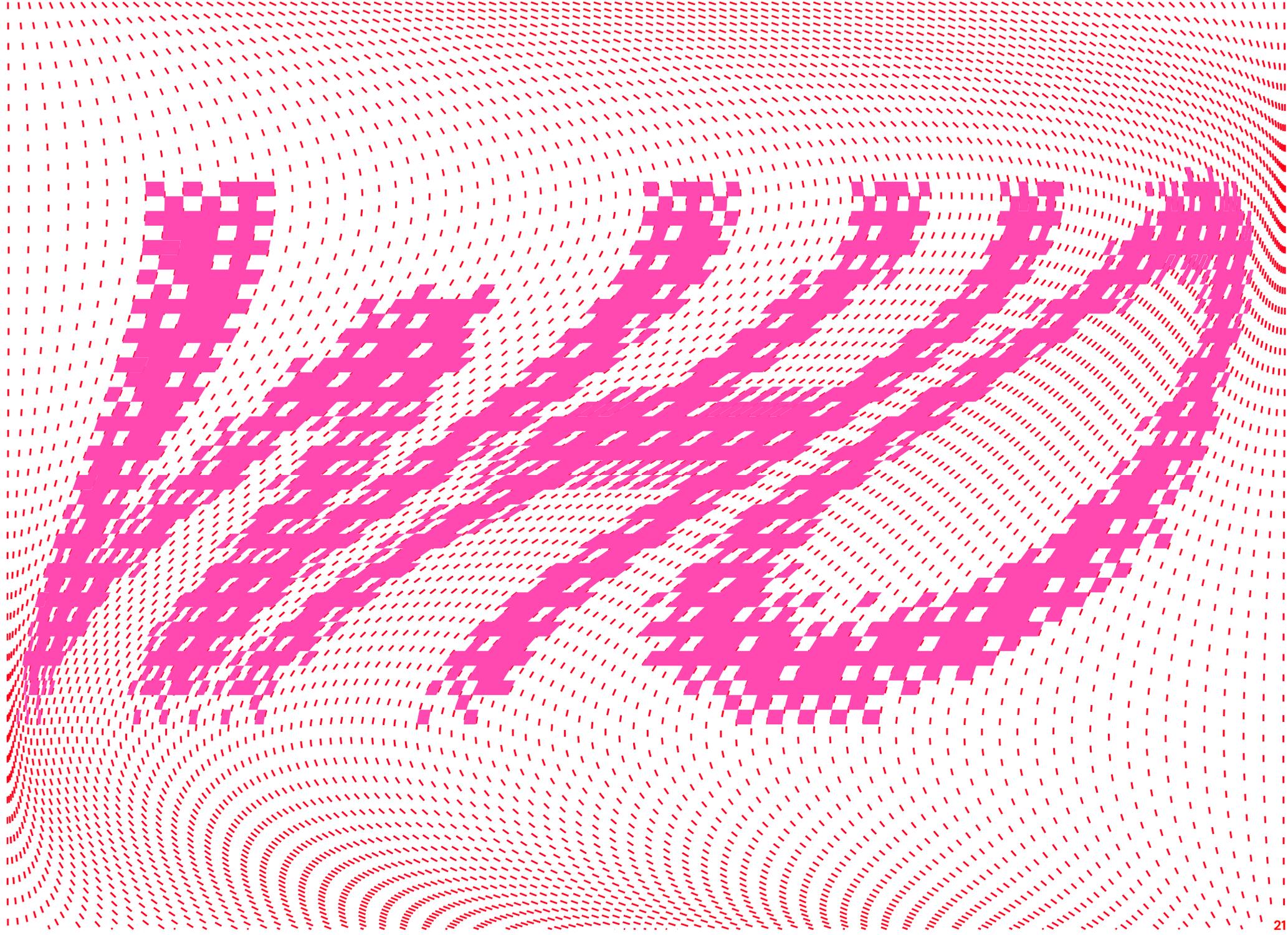
part one

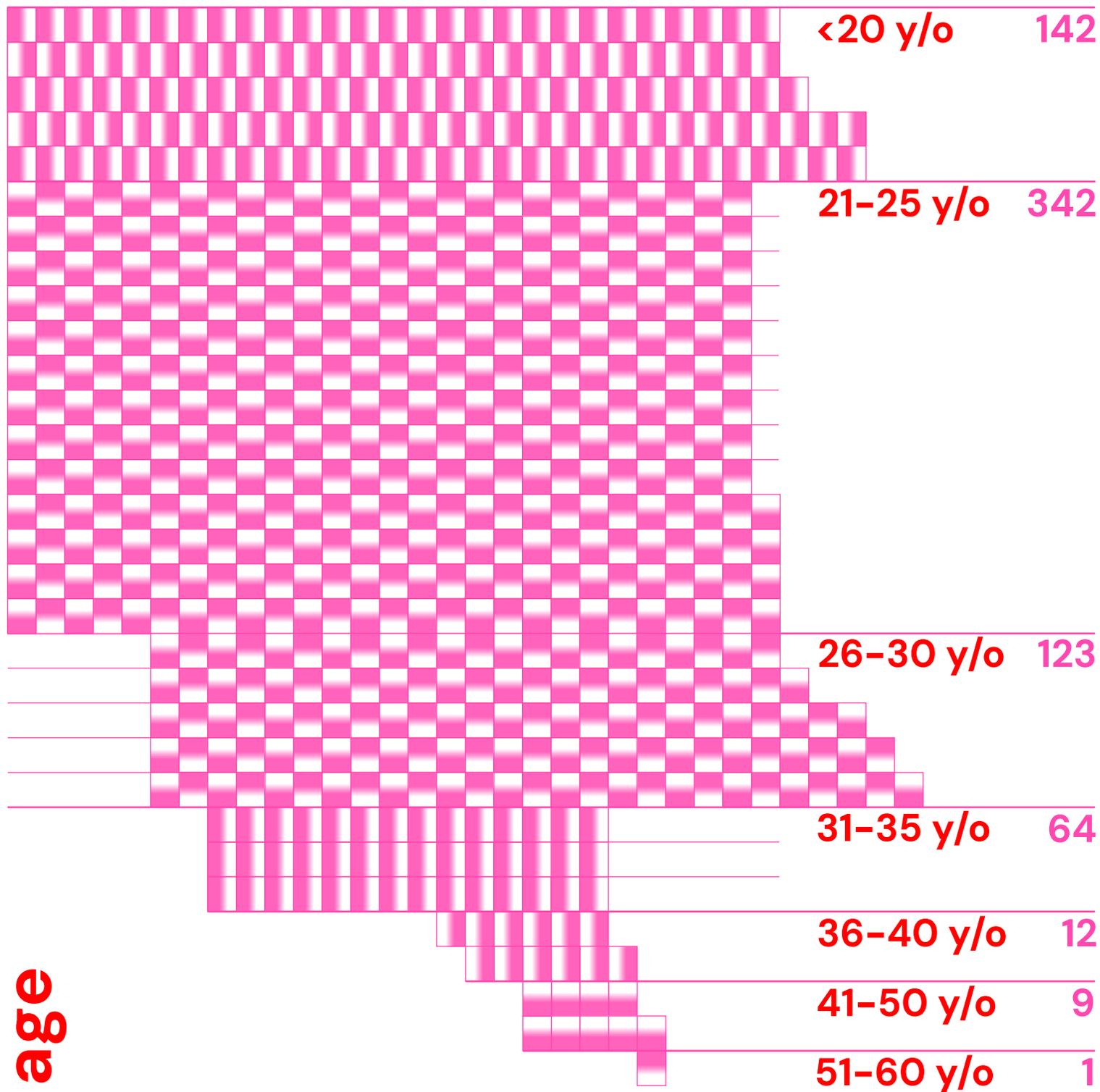


part one: calls

The topic and theme of calls, common misconceptions in sexual & reproductive health and rights (SRHR), learnings, and basic demographics are all captured in this dataset by our Sexuality Hotline counselors. In 2023, due to unforeseen circumstances, our hotline was operational for 10 months, during which it received 1,230 calls—slightly fewer than the 1,471 calls recorded over the 12 months of 2022.

The documentation data provides an overview of the demographics of our callers and dissects the nature of their conversations. It also offers insights into their evolving needs and concerns by exploring the reasons they reached out to the hotline and the type of support they sought, whether it was access to resources or simply the need for a listening ear. ¹⁹

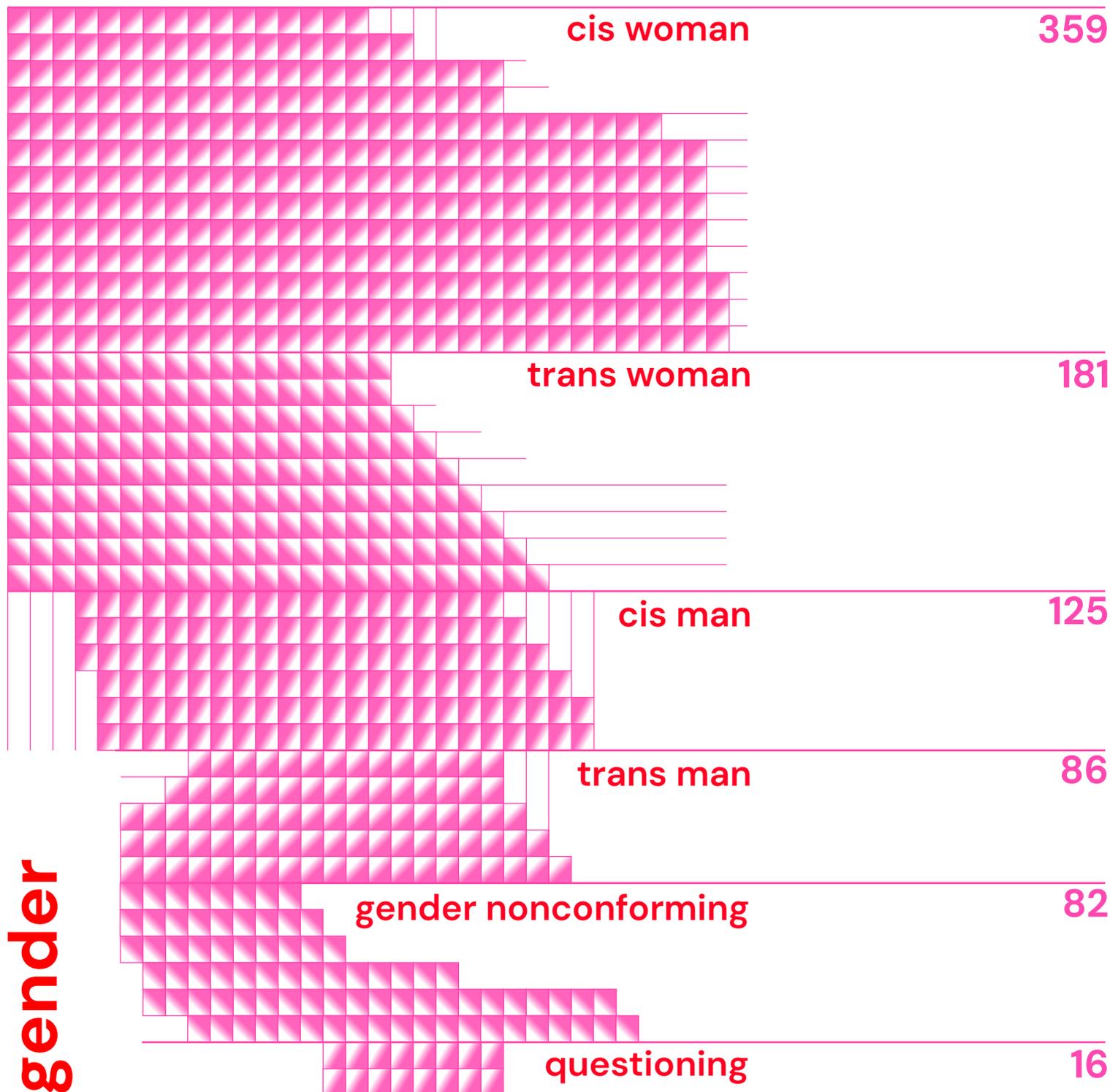




In 2023, over two-thirds of our hotline callers were people aged between 21 and 30 (67%), among whom the 21–25 age bracket alone made up half the total callers of the year. Callers in this age group reached out to the hotline to discuss a range of issues: their sexual and reproductive health, relationships, trans* health and experiences, among others. The second most frequent age group to contact the hotline was people aged 20 and below: in 2023, they accounted for 20.5% of all calls, which is a considerable jump from 2022 (12.6%). While fewer than their younger counterparts, a sizable 76 calls (11%) were made by people between the ages of 31 and 40, nine (9) calls from people between the ages of 41 and 45, and one (1) call from a person between the ages of 51 and 60. In 2023, no one between the ages of 46 and 55 reached out to the Sexuality Hotline.

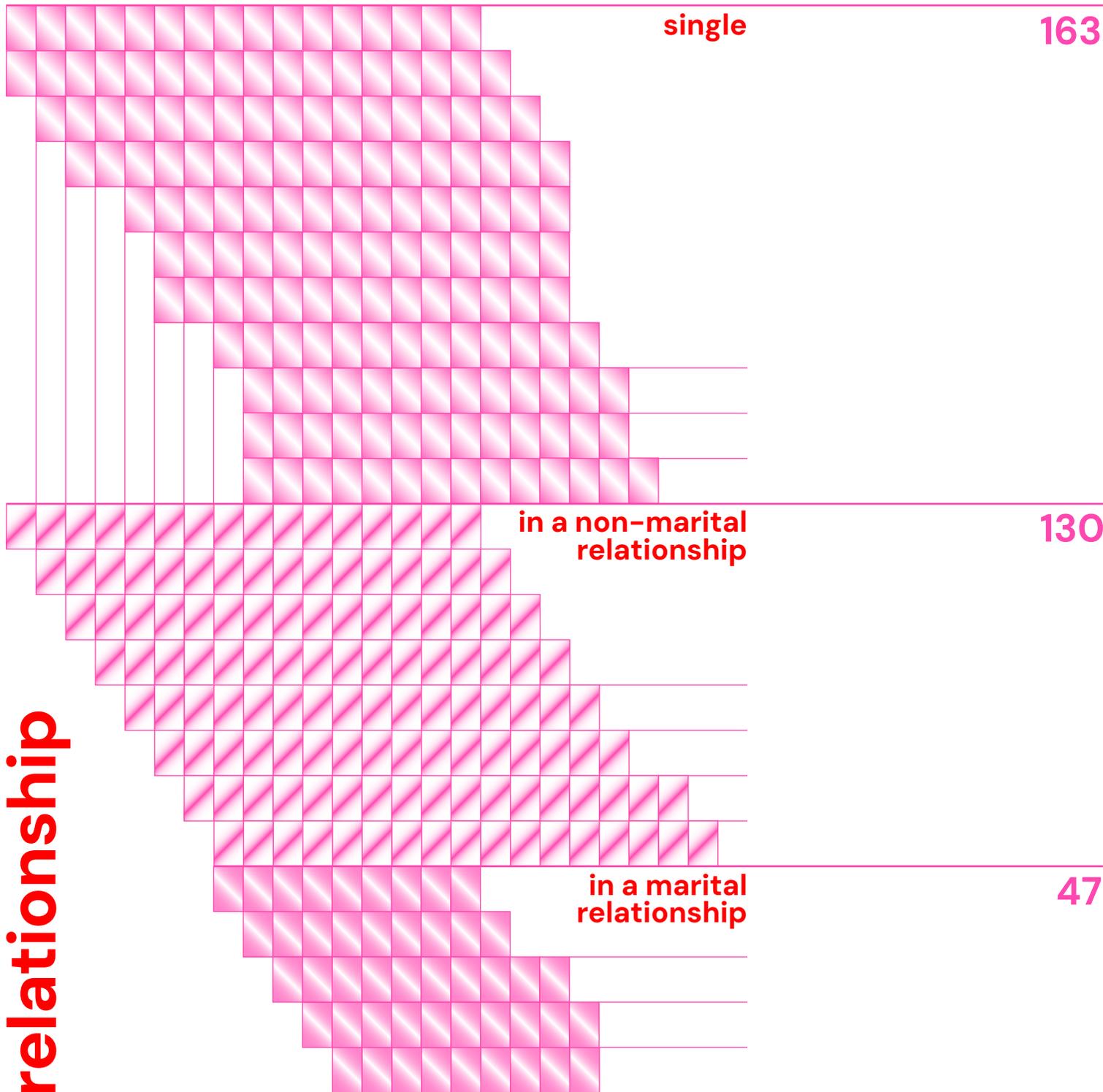
The Sexuality Hotline continues to be a place for people to unpack the manifestations of all gendered oppressions. Women call to discuss the harsh realities of gendered discrepancies in healthcare access, and their struggles with patriarchal figures, whether they are family members, partners, doctors, or state authorities. Similarly, trans* callers reach out to the hotline to maneuver discrimination, access to gender-affirming healthcare, and self-discovery. This has always been the purpose of the Sexuality Hotline: to accompany and be a sounding board for people to process their experiences, get angry, sad, or hopeful, and to have resource people to think and scheme with.

Note: As gender identities are diverse, and gender itself is both self-described and societally assigned, this segment aims to clarify how we tallied all the labels and descriptions our callers entrusted us with in 2023. To honor and preserve their personal understanding, we offer this clarification alongside our categorization with the sole intention of presenting data in an accessible way rather than confining our callers within predefined labels. First, within the category of Cis woman, while some callers identified as such, many others described themselves as a woman, girl, or female. Similarly, those categorized as Cis man often referred to themselves as man or male. We understood Gender nonconforming to include callers who self-described as gender nonconforming, non-binary, trans-masculine, bigender-demiboy, transgender, genderqueer, gay, or ladyboy. Some callers shared that they “don’t know” what their gender is, were unsure of it, or were questioning their gender; these self-expressions were all labeled as Questioning in our gender breakdown data. Lastly, callers who self-described as trans women, trans men, or intersex were documented in the data exactly as they labeled their gender.



Consistent with previous years, cis women and trans women were amongst our most frequent callers, respectively amounting to 42.3% and 21.3% of all hotline calls in 2023. Between 2022 and 2023, the number of trans men who reached out to us doubled: from 47 calls (4.8%) in 2022 to 86 calls (10.1%) in 2023. Gender nonconforming callers contacted us 82 times in 2023, which is an even greater increase from the 18 calls documented in 2022. This increase can largely be attributed to the fact that in 2022, the 18 calls categorized as gender nonconforming were disclosed verbatim by callers themselves, whereas in 2023, the term Gender nonconforming included a broader range of identities. Moreover, we received 16 calls (1.9%) from individuals who shared that they are questioning their gender. Overall, in 2023, we saw an increase in the number of trans* callers to the Sexuality Hotline. Finally, cis men called us 125 times (14.7%) in 2023, a number similar to the 140 calls we received from them in 2022. Zero (0) calls were made by callers who self-described as intersex.

relationship



340/1230

Sexuality Hotline counselors do not inquire about a caller's relationship status unless it is relevant to the context of the conversation. Out of the 1,230 calls received in 2023, there were 340 recorded relationship statuses (27.6%), which is significantly less than those disclosed the year prior (39.8%).

Of the recorded relationship statuses, approximately 48% of hotline callers shared that they are single, making them the largest group. This marks a shift from previous years, where the majority of calls came from people in non-marital relationships. This year, the in a non-marital relationship group represented 38% of calls, only slightly less than 2022 (44.6%). The increase in calls from single individuals can be attributed to both: a possible skewed hyper-representation in 2023 emanating from having 12% fewer documented relationship statuses, or/ and the change in our recordings of the categories dating, divorced, separated, widowed, "it's complicated," and casual sex to single. This change does not imply that these distinctions are unimportant, but rather, it recognizes the limitations of quantitative data in capturing the complexities and variations of different relationship forms and dynamics.

Lastly, individuals in a marital relationship reached out 47 times (13.8%) to the hotline—a decrease from the 22.1% of married callers in 2022. In both years, the most common topic among married callers was unwanted pregnancies.

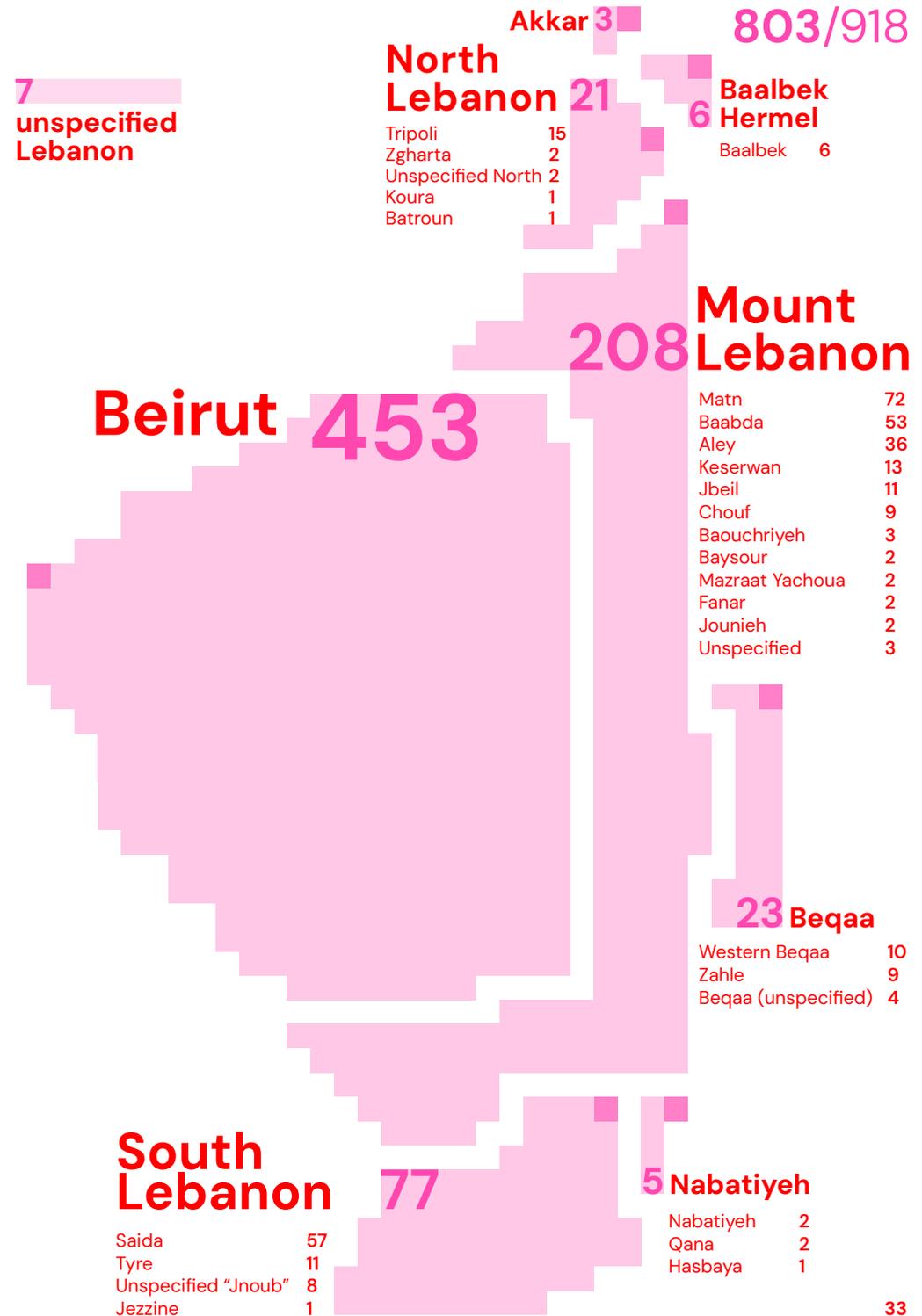


918/1230

within Lebanon 803 calls

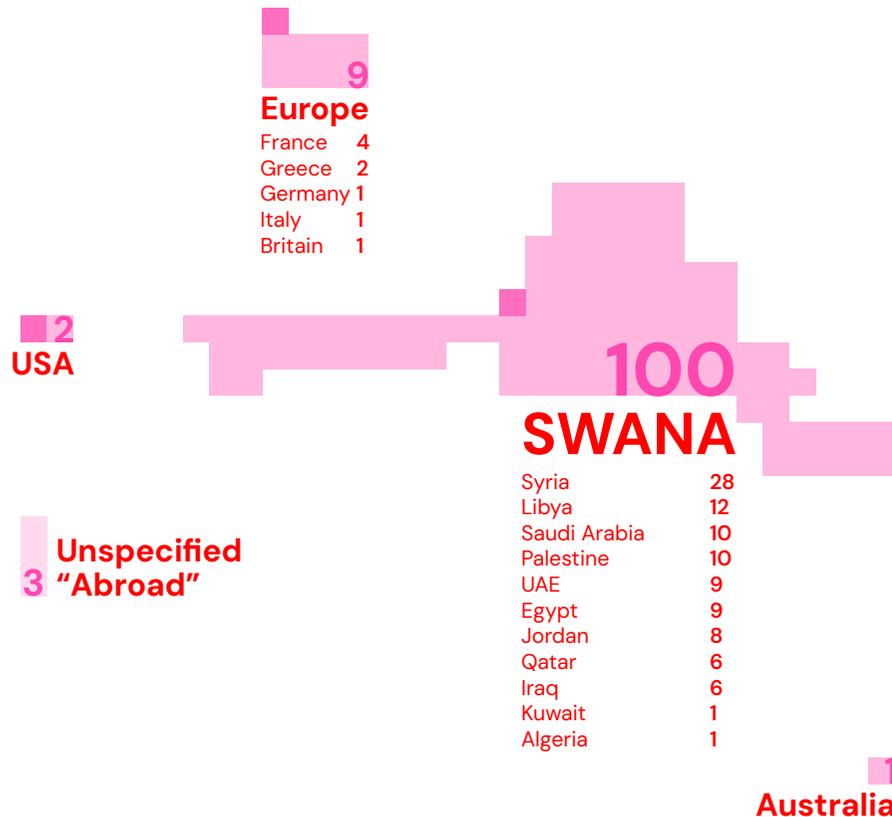
location

In 2023, the Sexuality Hotline recorded 918 call locations out of the total 1,230 conversations. The majority of these calls came from Lebanon (87.5%), with more than half of them originating from Beirut (56.4%) and about a quarter of callers reaching out from Mount Lebanon (25.9%). Almost 10% of recorded call locations came from South Lebanon, and the rest of the governorates saw fewer callers, with Beqaa and North Lebanon having similar call frequencies of three percent (3%). Baalbek-Hermel, Nabatiyeh, and Akkar were the least recurrent governorates, each representing less than one percent (1%) of recorded caller locations, with another one percent (0.9%) of coming from unspecified areas in Lebanon.



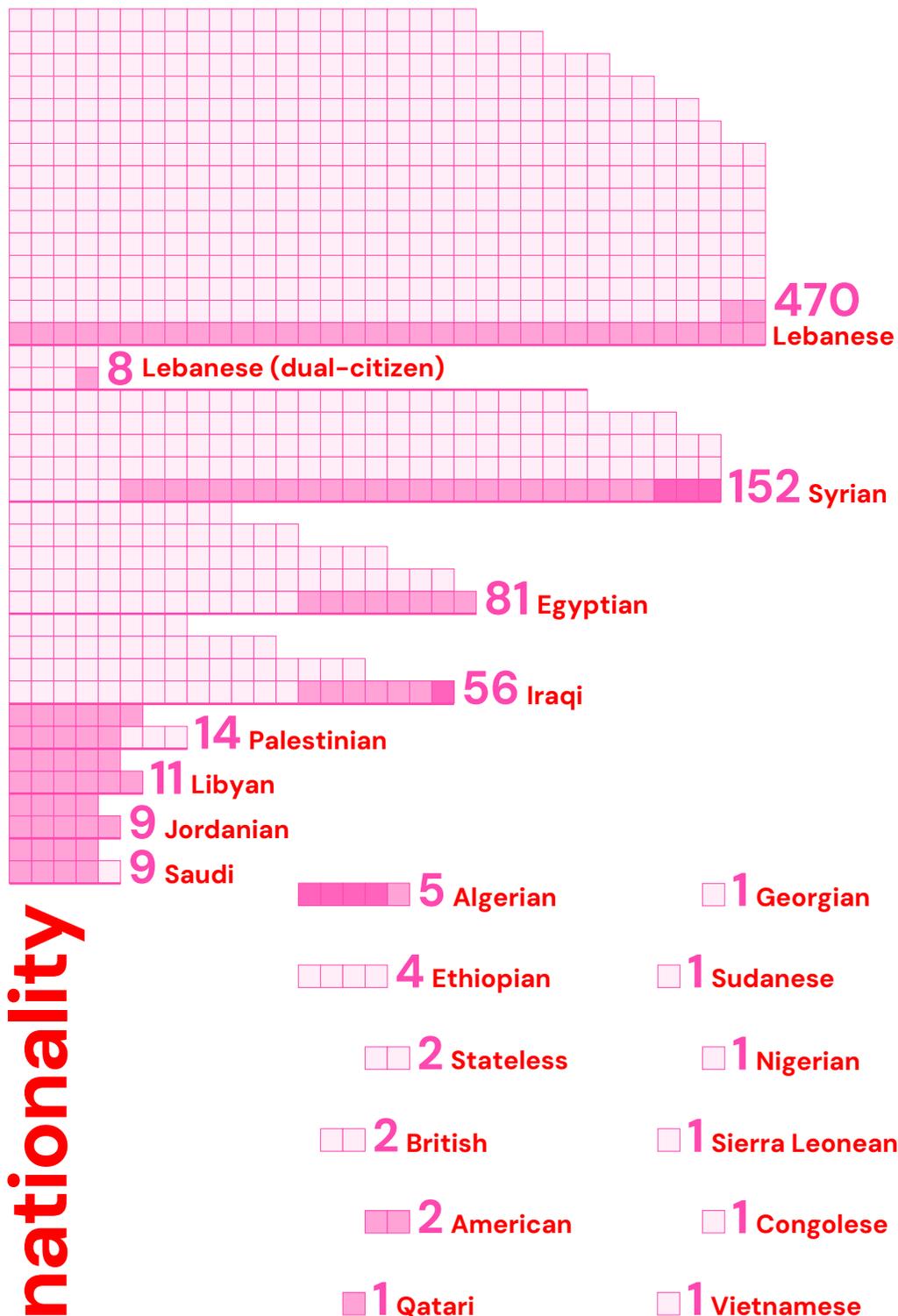
outside Lebanon 115 calls

location



A total of 115 locations were documented from callers living outside Lebanon (12.5%). The majority of these calls were clustered in Southwest Asia and North Africa (SWANA) countries (87%), with Syria yielding the highest number of global calls (28), followed by Libya (12), Saudi Arabia (10), and Palestine (10). Callers from these countries turned to the Sexuality Hotline as resource beyond borders, reaffirming the persistent, large gaps in sexuality and sexual and reproductive health and rights across the region and shedding light on issues many of our callers face—medical patriarchy, denial of bodily autonomy, and trans* and queer discrimination. Though fewer in number, people also contacted the hotline from Egypt, UAE, Jordan, Qatar, Iraq, and Algeria. These conversations are a reminder of the isolation that comes with enduring injustices and misinformation alone and display how crucial it is to have a place where one can be heard in struggle and solitude. International calls made outside of the SWANA region (Europe, Americas, and Oceania) made up less than 11% of the 115 global locations recorded, and less than three percent (3%) of callers did not specify where they were calling from beyond “abroad”. The Sexuality Hotline’s reach in 2023 is congruent with hotline trends from previous years, proving that sharing knowledge and experiences about our bodies, lives, fears, and dreams maintains the significance we have always believed it to have—people want to be heard in their struggle for liberation.

- nationalities within Lebanon
- nationalities outside Lebanon
- nationalities unspecified location

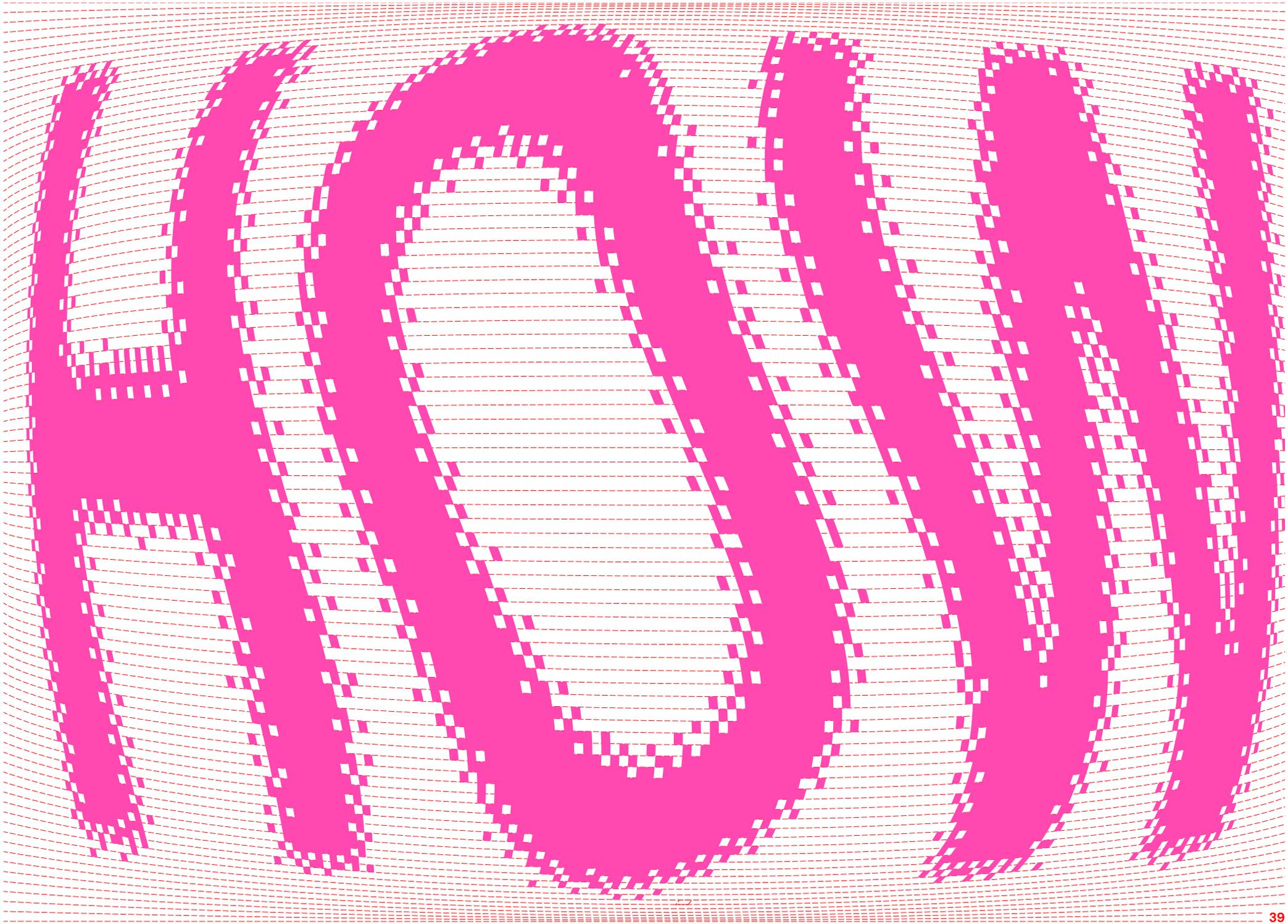


nationality

Irrespective of call location, Arab nationals remained the highest documented demographic, with over half (56.5%) of the 832 recorded nationalities being Lebanese, and the majority of the remaining callers (40.5%) coming from neighboring countries. Syrians (18.3%), Egyptians (9.7%), Iraqis (6.7%), and Palestinians (1.7%) were the most frequently mentioned, while other Arab nationalities, including Libyan, Jordanian, Saudi, Algerian, Qatari, and Sudanese, accounted for less than four percent (4%) of the calls. Aside from Egyptian callers, other African nationalities, such as Ethiopian, Nigerian, Congolese, and Sierra Leonean, made up less than one percent (1%). American, British, Vietnamese, and Georgian callers also reached out to the Sexuality Hotline only occasionally (0.72%).

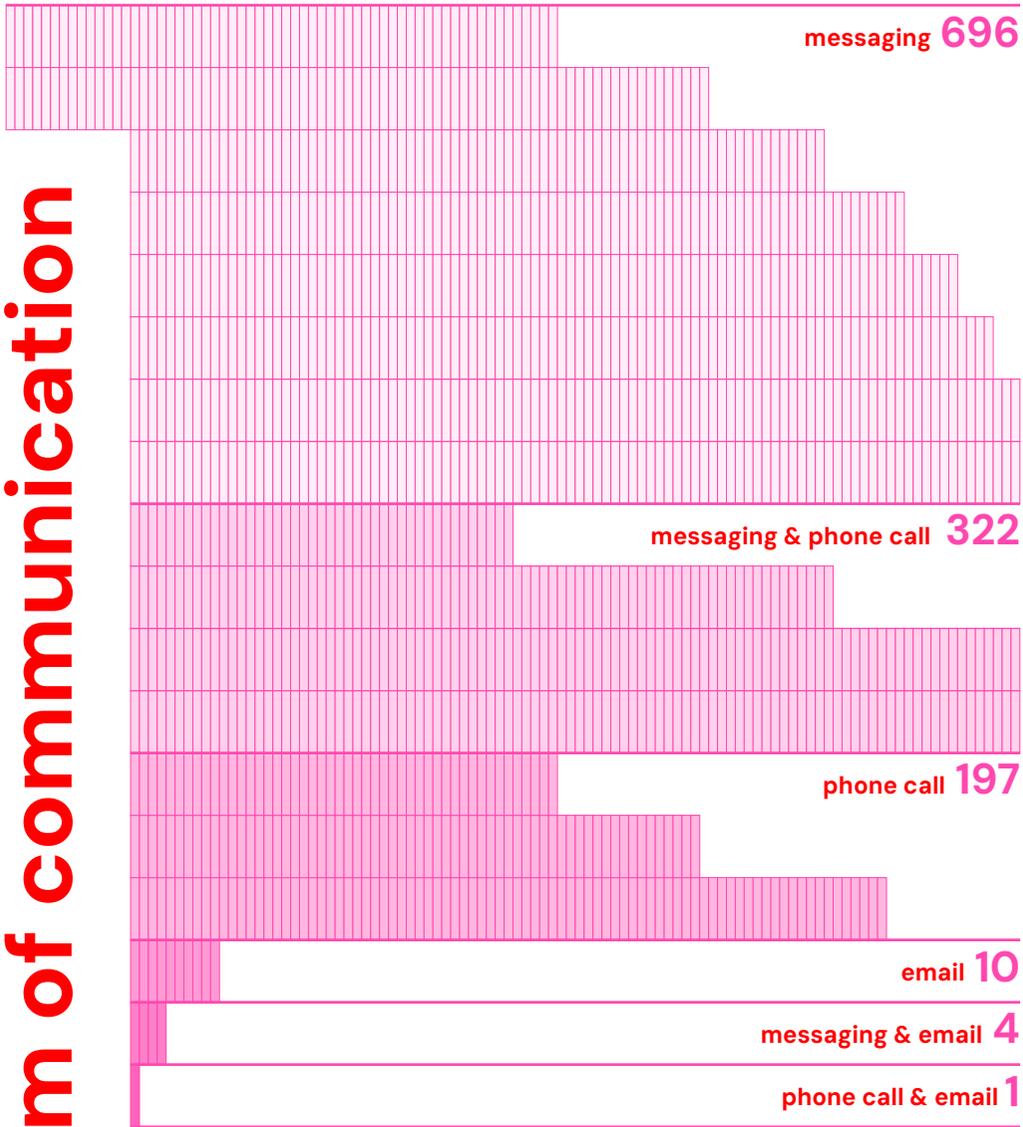
More than half of the calls originating from Lebanon were made by Lebanese nationals (61.5%), and more than a third came from other Arab nationals residing in the country (35.7%). Syrian callers accounted for approximately 18% of these calls, and Egyptian and Iraqi callers residing in Lebanon made up a smaller portion, at ten percent (10%) and seven percent (7%), respectively. Calls from Palestinian, Jordanian, and Sudanese individuals living in Lebanon were fewer, collectively contributing to less than one percent (1%) of these calls. We highlight these numbers alongside their geolocation to shed light on the scarcity of support systems and protections available to migrants, refugees, and stateless individuals residing in Lebanon, be it affordable healthcare, housing, non-discriminatory employment, legal protection against gender-based violence, among many others.

Of the 832 recorded nationalities, 100 (12%) were from callers living outside of Lebanon. Nearly a quarter of them were Syrians (24%), followed by Lebanese nationals living abroad (18%), Palestinian and Libyan callers (both at 11%), Saudi Arabian (9%), Egyptian (8%), Jordanian (8%), and Iraqi (6%). Whereas the least calls from outside Lebanon came from Algerian and Qatari nationals (1% each). These conversations affirm the Sexuality Hotline’s growing role and support as a regional resource. Additionally, twenty six (26) callers out of the total 832 nationalities did not disclose where they were calling from.



medium of communication

1230/1230



In 2023, messaging was the primary mode of communication on the Sexuality Hotline, making up more than half of all conversations (56.6%). Around a quarter of callers messaged and called the hotline simultaneously within the same conversation (26%), and 16% of all callers contacted the hotline through a phone call only. The least common mediums of communication were email (10), a combination of messaging & email (4), and a combination of phone call & email (1).

1230/1230

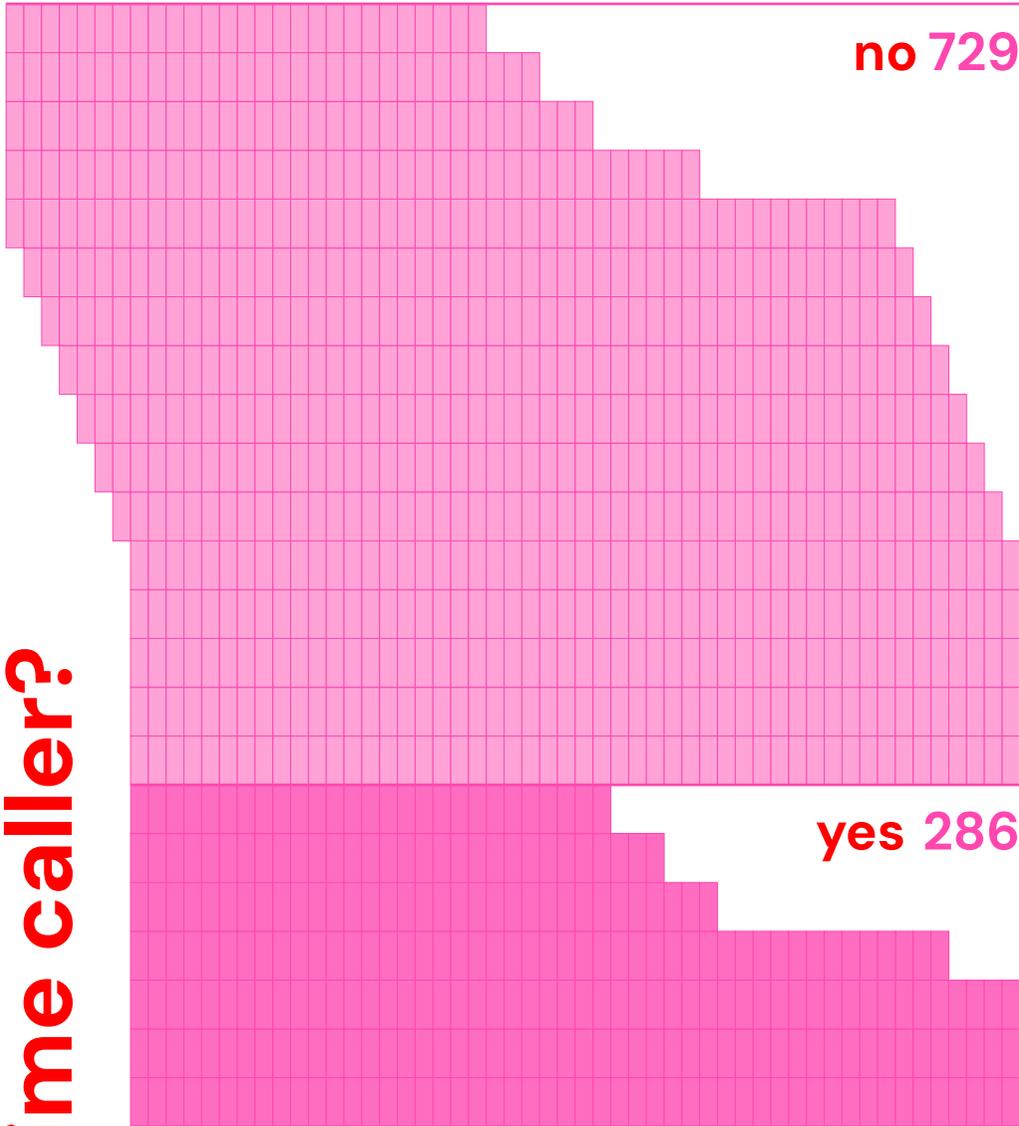
spoken language(s)



Nearly half of hotline calls in 2023 were held in Arabic & English (48.7%), and over a third of conversations were held solely in Arabic (35.5%). Conversations in English only were had 15% of the time, and less common language combinations were Arabic & French (7), Arabic, English, & French (1), and French as the only spoken language (1).

first time caller?

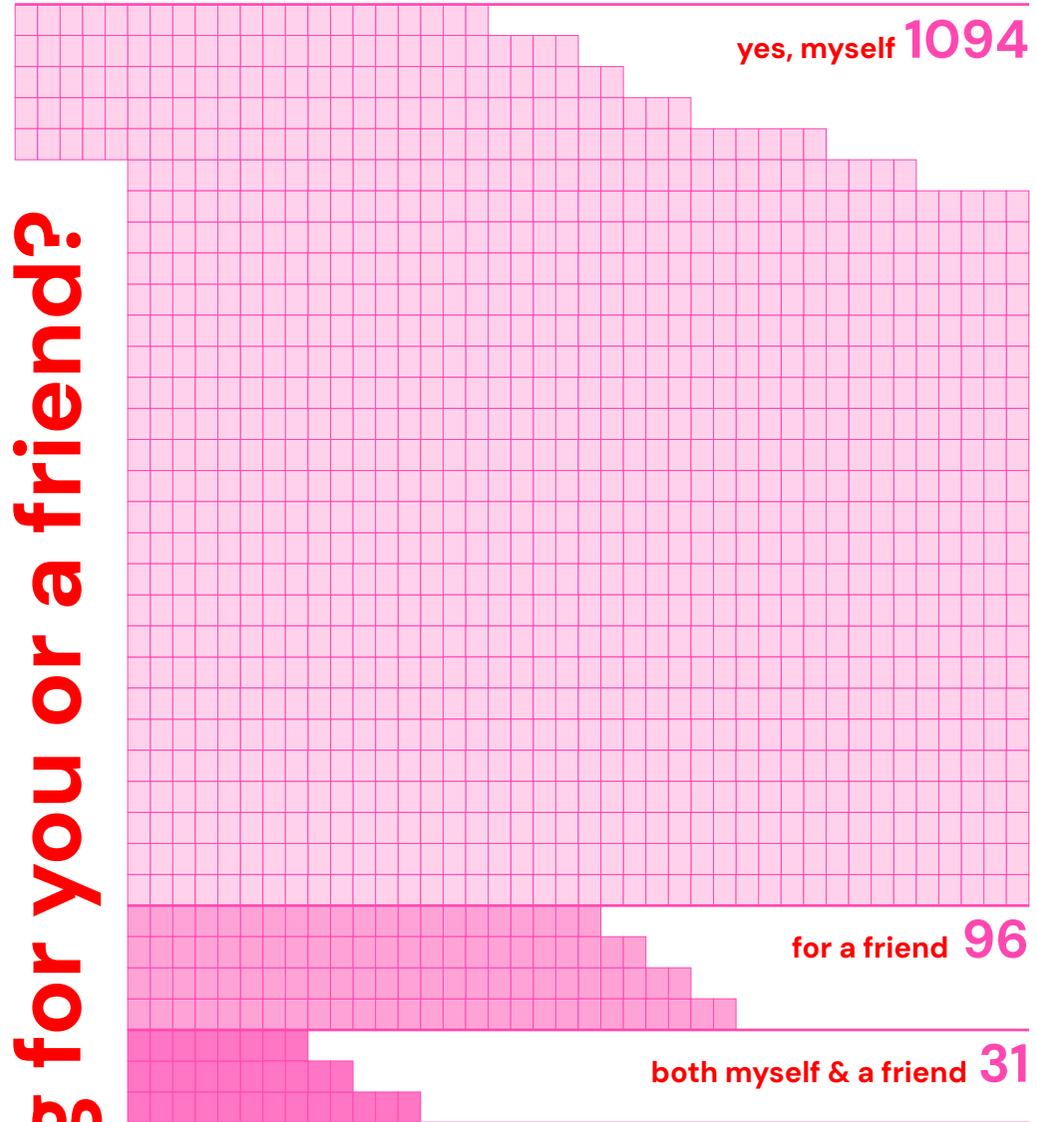
1015/1230



Most of the people who contacted the Sexuality Hotline in 2023 had previously reached out (71.8%), showing that many callers find value in returning to the hotline as a resource for support, whether it's credible information on sexual and reproductive health, a welcoming presence, or accessible referrals. The remainder of callers were from first-time callers (28.2%).

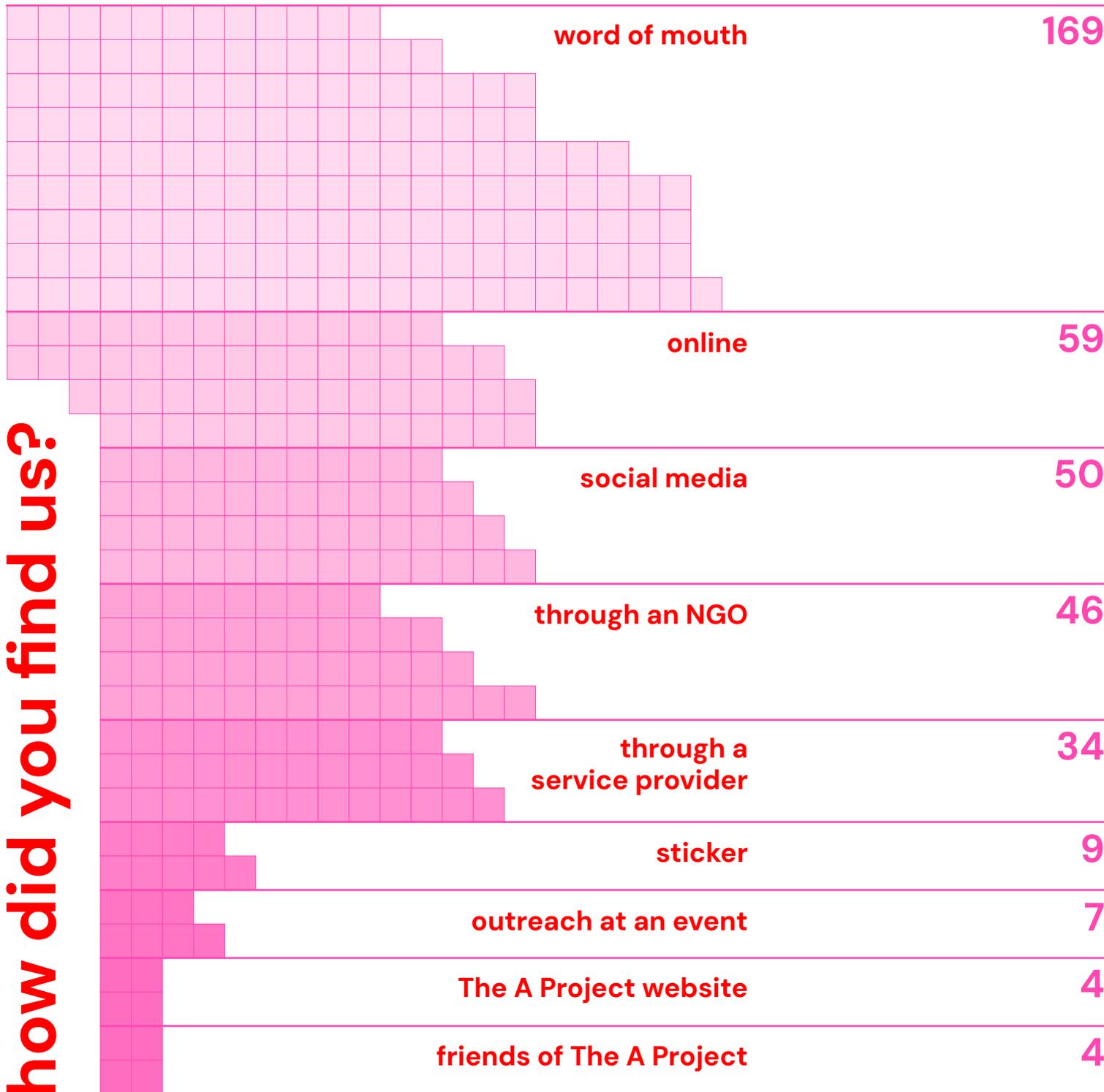
1221/1230

calling for you or a friend?

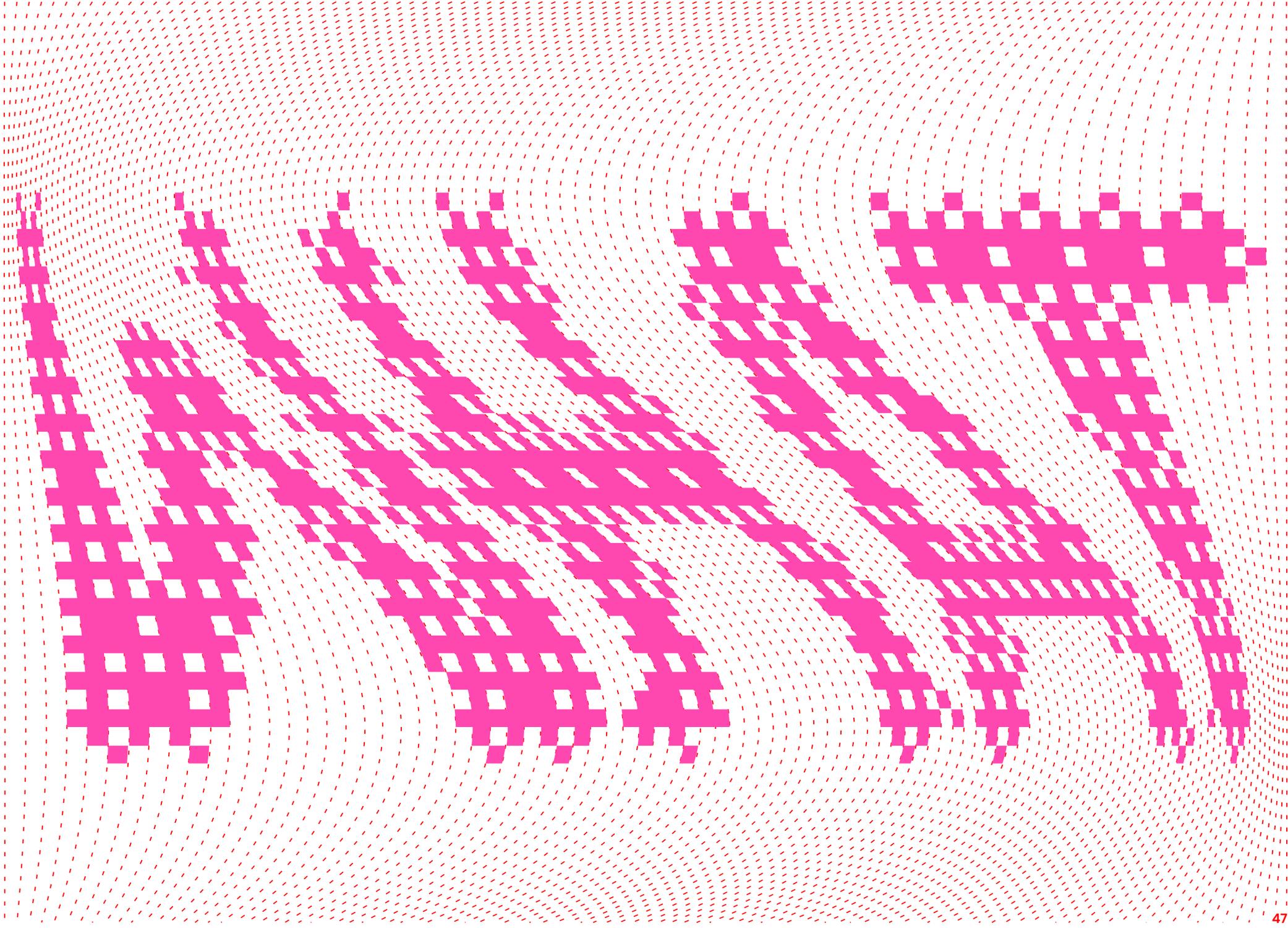


Essentially, callers contacted the hotline for themselves (89.6%) while approximately eight percent (7.9%) called on behalf of a friend or a partner who needed support and guidance. Few conversations included both the caller and someone else (2.5%).

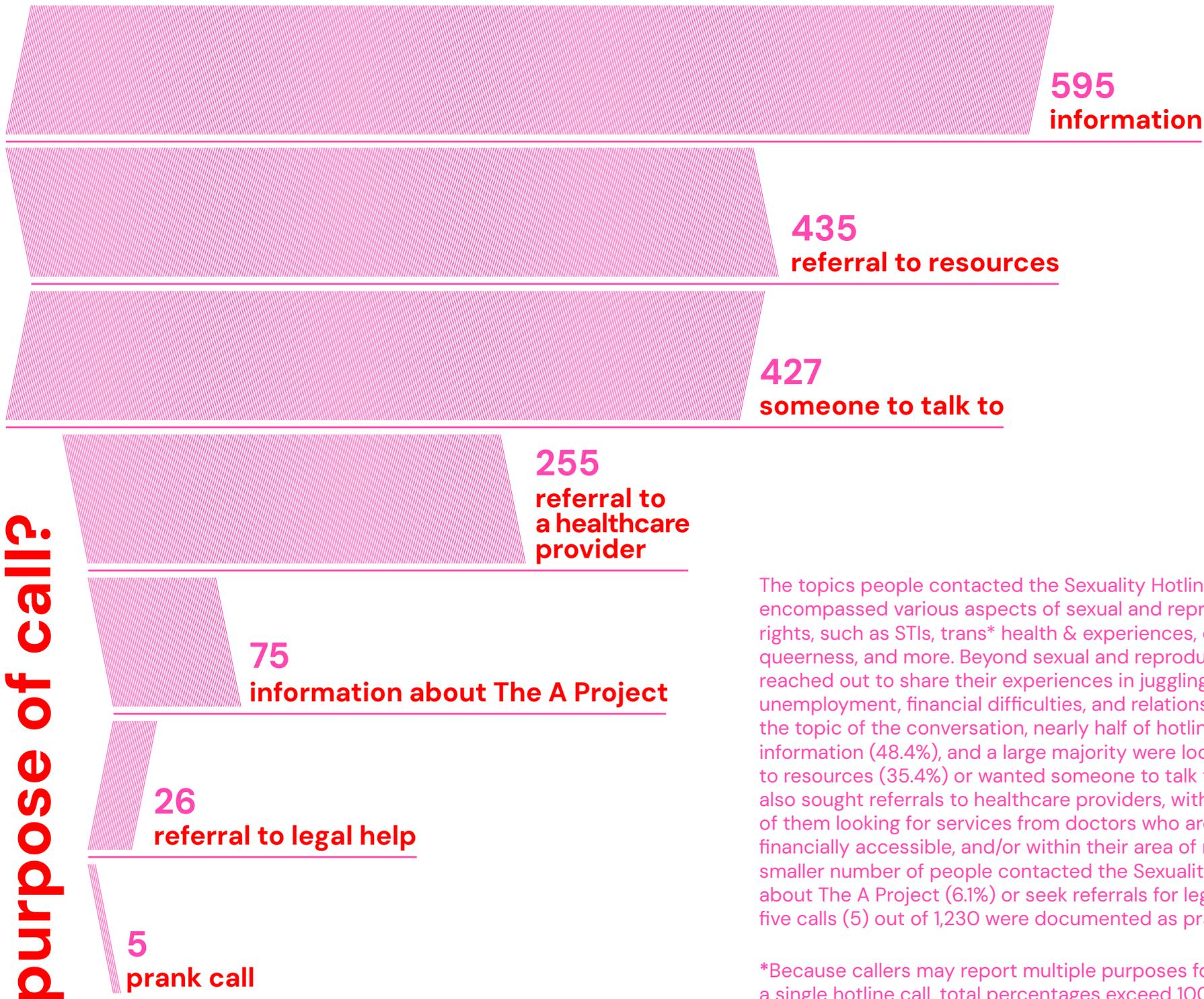
how did you find us?



In 2023, nearly half of callers learned about the Sexuality Hotline through word of mouth (44.2%). Social media and unspecified online platforms also spread the word about the hotline, with 13.1% and 15.4% of callers citing them, respectively. Twelve percent (12%) of callers were referred through an NGO, and nearly nine percent (8.9%) through a service provider. Other, less common ways people came across the Sexuality Hotline included The A Project stickers (2.4%), outreach (1.8%), The A Project's website (1%), or being friends of The A Project (1%), such as members or collectives.



purpose of call?



The topics people contacted the Sexuality Hotline about in 2023 encompassed various aspects of sexual and reproductive health and rights, such as STIs, trans* health & experiences, contraception, pleasure, queerness, and more. Beyond sexual and reproductive health, people reached out to share their experiences in juggling their mental health, unemployment, financial difficulties, and relationships. Regardless of the topic of the conversation, nearly half of hotline callers were seeking information (48.4%), and a large majority were looking for referrals to resources (35.4%) or wanted someone to talk to (34.7%). Callers also sought referrals to healthcare providers, with approximately 21% of them looking for services from doctors who are non-judgmental, financially accessible, and/or within their area of residence. A much smaller number of people contacted the Sexuality Hotline to learn more about The A Project (6.1%) or seek referrals for legal help (2.1%). Only five calls (5) out of 1,230 were documented as prank or spam calls.

*Because callers may report multiple purposes for a single hotline call, total percentages exceed 100%.

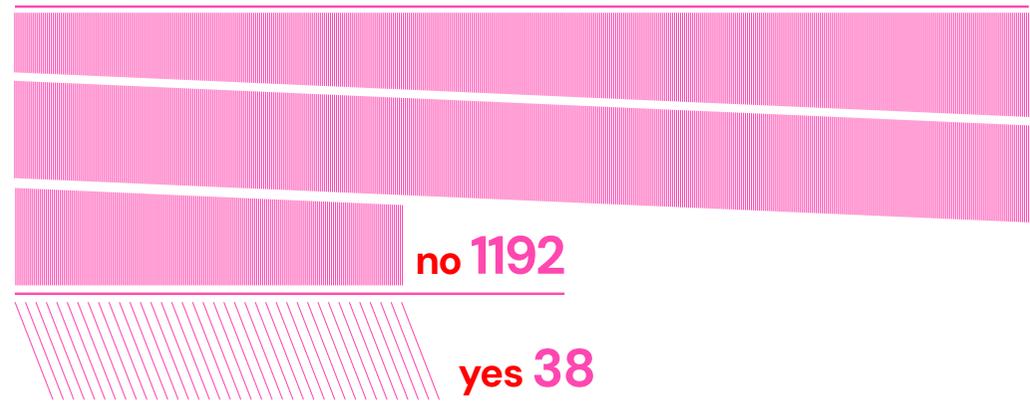
was there an emergency?

The Sexuality Hotline operates in the evening as a community-based, member-led support network. It is an accompaniment and support line rather than an emergency hotline. However, people in emergencies reach out when they have exhausted all of their options, seeking any form of support. Emergencies on the hotline are situations that heighten alarm for counselors and staff—they are not just conversations; they are urgent, timebound, and require immediate action, such as emergency fundraising, shelter, or medical care.

Within these concerns, the hotline was contacted by 18 callers who were faced with what was assessed to be emergencies. These callers accounted for 38 emergency conversations, as many required follow-ups due to recurring panic and escalating dangers.

Twenty-four (24) distinct elements made the calls exceptionally high-risk: rape, extortion, running away, houselessness, eviction, suicidality, confinement, complete lack of access to food or water, lack of financial means, assault by right-wing Christian extremists, restricted mobility, sex trafficking, direct threats from family or partners, coercion, domestic violence, the need to travel within SWANA, politically-backed influential family, rejection from women's rights shelters due to being on psychotropic medication, abortion as a life-saving necessity, being outed as queer, denial of birth registration for a child, facing street violence, seeking refuge, and needing medical care due to violence.

1230/1230



Emergencies are emergencies, whether a caller faces one compounding risk or five. Out of all 18 callers:

One (1) caller faced five (5) of these compounding risks; Seven (7) were dealing with four (4) compounding risks simultaneously; Four (4) callers were dealing with three (3) risks simultaneously; Five (5) callers were trans women with an active threat of eviction, one of whom was suicidal; One (1) queer man had contacted the hotline with a single emergency.

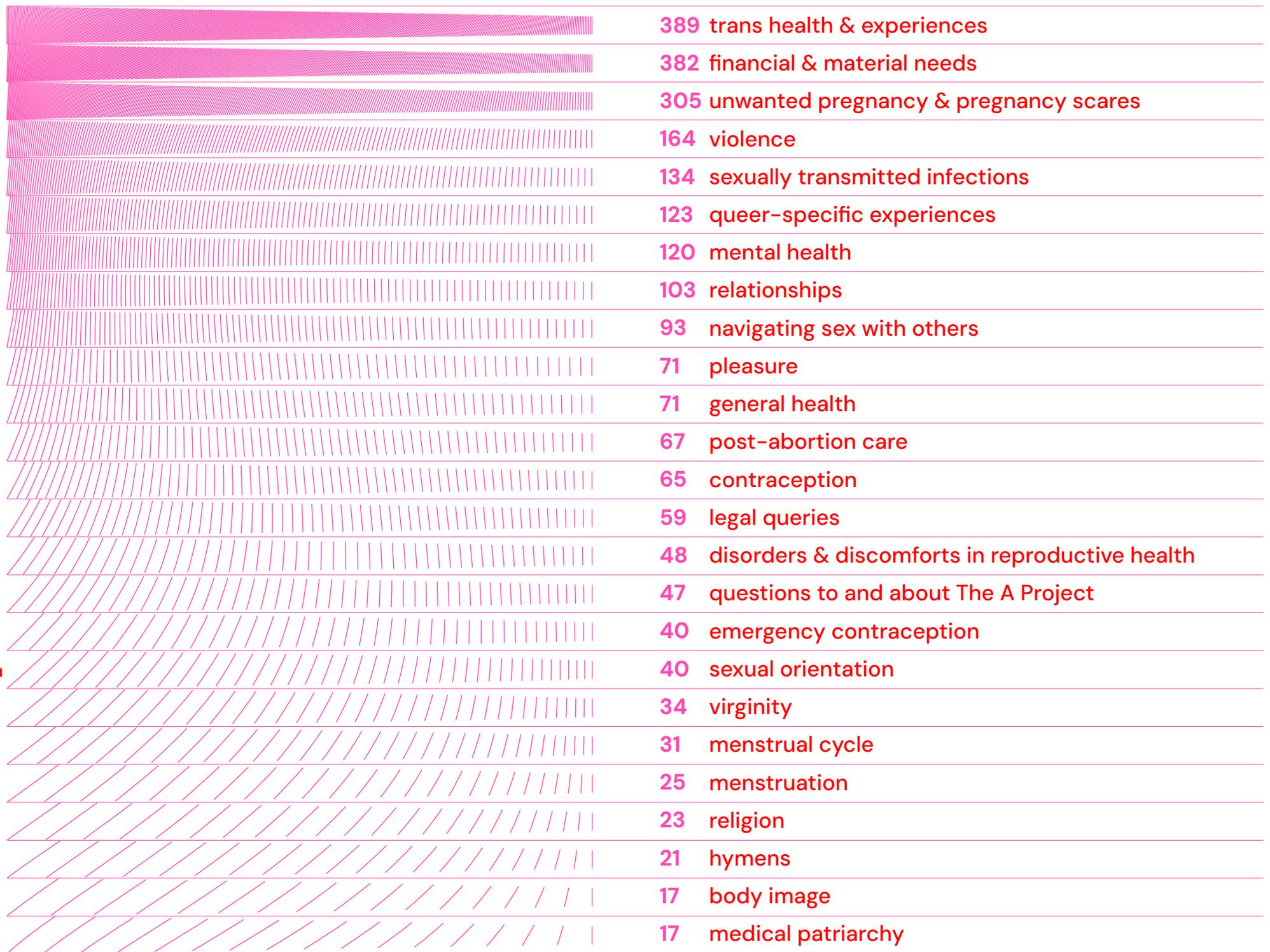
When so many risks converge, all doors seem closed, and people are backed into a corner, reaching out to the Sexuality Hotline as a last resort. These emergencies will be explored in more depth in the subsequent, relevant sections on: financial & material needs, unwanted pregnancies & pregnancy scares, and violence. Details will be kept minimal to protect caller anonymity, but the gravity of their situations is to be understood through the context of the compounding nature of crises that made these calls emergencies.

call topics

In 2023, conversations covered a wide range of topics that reflect the lived experiences of our callers. They encompassed a multitude of joys, injustices, and complexities that callers navigate daily. While topics are quantified separately for clarity, they remain deeply intertwined, and that is why the total number of call topics exceeds the 1,230 calls documented.

Among the most recurrent ones, trans* health & experiences (32%) alongside financial & material needs (31%) made up a third of all conversations. Unwanted pregnancies & pregnancy scares accounted for another quarter of calls (25%), and violence (13%), STIs (11%), and queer-specific experiences (10%) made up a significant portion of the conversations as well. People also reached out to discuss, learn about, and access resources related to: various types of relationships, mental health, disorders and discomfort in reproductive health, and sexual health and dynamics, among other topics. These categories include an array of personal stories, encounters, and circumstances, each unique to the callers involved.

what did you talk about?



trans* health & experiences

trans* health & experiences		389/1230
trans health 198 (50.9%)		binders (45.5%) 90
		gender-affirming hormone therapy (43.4%) 86
		gender-affirming surgery (11.1%) 22
trans-specific experiences 191 (49.1%)		trans-specific experiences (41.9%) 80
		trans discrimination (34%) 65
		gender identity (24.1%) 46

Trans* health & experiences were among the most frequent reasons people reached out to the Sexuality Hotline this year, with 389 calls—a third of all conversations—touching on different aspects of trans* life. While these calls reflected how rising violence against gender nonconforming people in Lebanon and the spread of anti-trans movements have influenced the realities of many trans* folks, self-discovery was the bedrock of just as many of them. Callers reached out to the hotline to dissect gender and explore language for their evolving identities. As these pressures mount—both personal and systemic—the hotline remains a resource where trans* people seek not just information and resources, but also a sense of understanding as they navigate medical, emotional, and social barriers that influence their lived experiences.

Half of these calls (198) specifically focused on **trans* health**, emphasizing the critical need for safe, subsidized, and accessible gender-affirming health care. Trans* callers needed a variety

of resources: 86 callers sought information and/or referrals for gender-affirming hormone therapy (GAHT), 90 requested binders, and 22 explored various aspects of gender-affirming surgery, including cost, procedure, and access. This type of care is a fundamental right that can be an integral means for trans* people to experience liberatory joy and live authentically. Access to gender-affirming resources plays a vital role in shaping the lives of trans* individuals.

The other half of trans-related calls focused on **trans-specific experiences** (191)—an umbrella term covering trans* life that includes discrimination, gender exploration, lived experiences, and the ways our trans* callers move through the world. A third of these calls (65) disclosed direct instances of **trans discrimination** from family, peers, or state institutions. Many of them shared that they had been threatened or harmed by family members because of their gender identity, or denied the ability to make gender-affirming changes, such as growing out or cutting their hair, painting their nails, or binding their chest. Others recounted painful experiences of breakups and relationships that were unsupportive of their identities.

On a broader scale, some trans* callers faced job discrimination, including denial of opportunities or wrongful termination based on gender identity. Authorities were also responsible for some of the discrimination shared on the Sexuality Hotline, as some trans* individuals reported being mistreated and harassed by governmental bodies because their appearance did not match the gender marker on their identification papers. Others spoke of fleeing persecution in their home towns or countries.

Nevertheless, not all conversations categorized under trans-specific experiences focused on direct instances of discrimination. For many, these conversations were about preempting violence and overcoming the many barriers that hinder them from integrating into the social fabric. Eighty (80) calls emphasized trans* struggles with NGO-ization due to bureaucratic eligibility criteria, disappearance of community spaces, and lack of affordable, subsidized resources. Such sentiments were further amplified by financial struggles and difficulties securing employment and safe housing. Beyond resource-related concerns, callers inquired about documentation needed to pass checkpoints or the process of changing legal documents.

Of other conversations related to trans* life, 42 callers contacted the Sexuality Hotline to discuss the deeply personal and complex internal process that is gender identity. For some callers, gender felt clear-cut and defined, while others related to it as a journey of discovery, constantly unfolding and revealing new layers. Such exploration came with curiosity, uncertainty, the redefinition of sexuality and expression, along with fears—not only of anticipated relational and societal rejection, but also of the profound vulnerability of revealing one's true self in a world built on conformity and restraint. Amid these reflections, callers also shared moments of gender euphoria, reveling in the joy and freedom of expressing personal truths. Conversations on femininity and masculinity—how they can be embraced, played with, or subverted—challenged binaries as callers redefined transness to fit their own experiences.

Trans* life, in all its capacity—from healthcare to experiences of pain, exploration, and euphoria—illuminates the profoundly intimate processes trans* people undertake to understand, accept, and express their gender in a world that denies them refuge. Each story—whether about maneuvering violent systems and authorities, or the wonderful, strenuous path of gender discovery—speaks to the intrinsic right of trans* people to move through life with autonomy and sincerity.

financial & material needs

The second most common call topics in 2023 were centered around pressing **financial & material needs** (382). A little over half of these conversations focused on material needs, with **housing** issues being particularly prevalent (119). Callers spoke about threats of eviction, lack of safe housing, and homelessness that is due to violence from families, landlords, and/or neighbors. Housing, in this context, became a deeply contested space—not just for shelter, but for safety and belonging. The majority of emergency calls made to the Sexuality Hotline in 2023 were related to homelessness (6) and eviction (4). All ten (10) of these emergencies were reported by trans women who were systematically and routinely subjected to rejection and ostracization from their surroundings, leaving them with no safety nets.

financial & material needs		382/1230
	financial support	119
	financial difficulty	46
	housing	119
	unemployment	61
	basic needs	37

A trans woman shared her harrowing experience of living in constant fear on the street, unable to move freely because her politically-backed family, who had harmed her, might find her again. Another trans woman recounted being forcibly evicted by a group of right-wing Christian thugs because of her gender identity, leaving her with no refuge. In yet another emergency call, a trans woman contacted the hotline after being kicked out onto the streets by a man who had offered her shelter, only to sexually abuse her. These stories lay bare the cruel intersections of betrayal, transmisogyny, and unchecked power, where shelter becomes nothing but a place to be harmed.

Other emergency incidents also raised important questions about belonging and safety—when we are forced to leave behind what we know, what happens to our sense of home? What happens when we realize that our homes have become sites of estrangement?

One (1) emergency call involved a woman whose husband was keeping her confined and deliberately denying her children nationality as a means of control over her. What does home mean to this woman, trapped in her own? And what does home mean for her children, who will grow up without a home to call their own, due to their father's dominance and a state that denies women the right to pass nationality? The right to shelter here becomes a luxury that goes beyond four walls and a roof. Out of the 18 emergencies, one (1) woman disclosed that she had been turned away from a women's rights shelter because she was on psychotropic medication, even though she had nowhere to go. When did the right to shelter become conditional? What level of neurodivergence is deemed acceptable for women's rights shelters? When we hear of these stories—when we hear of trans women who have been assaulted and coerced into exchanging sex for a place to stay, of women left on the streets with no avail—it forces us to rethink what home truly means, and what our so-called movements have willfully ignored.

Accompanying conversations on housing, many callers (61) shared their ongoing struggles with **unemployment**, often worsened by racism or trans antagonism. For 37 callers, their material needs involved securing **basic necessities**—food, clothing, menstrual pads, medication, etc—due to severe financial strain and lack of social security services. The material needs expressed were made even more prominent by the financial instability that has come to define life in Lebanon, as the economic crisis continues to erode livelihoods. The other half of the calls dealt with financial struggles, with most of these callers reaching out for direct **financial support** (119), while others just wanted to share the weight of their **financial difficulties** (46). Two (2) of the emergency calls made to the hotline in 2023 were related to these burdens, with callers expressing having zero financial means for basic needs and shelter. In one instance, a caller shared how they were coerced into sexual extortion in exchange for basic necessities. Another caller described being unable to access money, food, or medical care because they were running away from violence.

Calls on financial and material needs go beyond mere requests because they attest to the systemic animosity against life itself. These resources represent the foundation upon which we can begin to build a life that affirms who we are, who we want to be, and who we want to surround ourselves with. They are the starting point for creating conditions under which we can care for our bodies and spirits. Trans women and queer people were among the most frequent callers wrestling with financial and material needs.

A quarter of the 1,230 calls the Sexuality Hotline received in 2023 focus on **unwanted pregnancies & pregnancy scares** (305). These calls were not just about fear, control, and violence in the face of sexual and reproductive health—they show that bodies cannot be distanced from the lives we inhabit. This is why the demand for universal healthcare is grounded in the freedom to make decisions about our bodies and intimate lives, stretching across every facet of sexual and reproductive rights.

Access to credible and affirming healthcare equips communities with the tools to move beyond mere survival. Yet, the healthcare system acts as a warden—our autonomy treated as contraband: carefully monitored, denied, or only grudgingly allowed when deemed acceptable.

Almost half of these conversations revolved around unwanted pregnancy (129), a reality echoed in all calls about pregnancy scares, unwanted pregnancies, and abortion. For the 84 callers dealing with pregnancy scares, fear often overshadowed action. In a system like this, the first response for many of our callers was not to get a pregnancy test but to reach out to someone who could hold that fear and remind them of their options. For 129 individuals having unwanted pregnancies, an amplified sense of anxiety permeated every step—what happens next, whom to turn to, which doctor to trust, and whom to listen to. The reality of being pregnant should not be consumed by the overwhelming fear of judgment from doctors or the anticipated scrutiny from our communities; but, in many of these conversations, these factors clouded the callers’ ability to even consider their options. Similarly, 92 conversations about abortion were steeped in isolation, stigma, and conflicting relief. While abortion offered a lifeline, callers faced the harsh reality of misinformation, inaccessible healthcare, and the burden of societal shame.

unwanted pregnancies & pregnancy scares		305/1230
	unwanted pregnancy	129
	abortion	92
	pregnancy scare	84

In one of the 18 emergencies the Sexuality Hotline received, a woman shared that she had to flee from one country to another within the SWANA region, not only to escape her rapist but also to seek a life-saving abortion. She needed to escape a violent community that would shame and ostracize her for carrying a pregnancy “out of wedlock,” holding her accountable for the actions of her rapist, rather than recognizing the violence she had endured. Another woman urgently contacted the hotline when her husband confined her to stop her from seeking an abortion. Despite her pregnancy being the result of rape, her husband equated it with infidelity, dressing her as a perpetrator and treating her unwanted pregnancy as a punishment. These stories expose the insidious grip of patriarchy tearing through every corner of a person’s life. It shames, blames, and takes endlessly, while punishing those who try to hold on to even the smallest shred of autonomy. Heteronormative sexism is offended not only by resistance but by survival itself—it lashes out at those who defy it because their bodily autonomy becomes an act of defiance against its existence. Whether callers sought an abortion to escape violence, manage financial pressures, or make a personal decision without the need for justification, their fundamental right to safe and accessible abortion is unchanging and integral to their survival.

Violence (13%) stood as the fourth most frequently discussed topic on the Sexuality Hotline in 2023. One hundred and sixty-four (164) calls reflected the pervasive reach of patriarchal systems, where sexism, domestic abuse, and trans, and queer antagonism are weaponized as tools of control and subjugation. The stories showcase the relentless efforts of heteronormative sexism to weaken and suppress those who dare to live outside its rigid and restrictive boundaries—women, trans* people, and queer people, who remain disproportionately targeted, were the most frequent callers seeking support for their experiences of violence. These conversations reflected a wide range of violence: partner abuse, familial control, street violence against trans women, and physical violence from fathers. In addition to these, trans* and queer callers recalled the devastating experience of being forced to participate in conversion therapy. State violence showed up in a few calls in Lebanon, and callers from Libya, Egypt, and Iraq retold stories of violent campaigns targeting their queer and/or trans* existence and activism, pushing many of them to seek refuge abroad. Abuse from landlords, especially against trans women, was brought up on the hotline.

violence	164/1230
violence	107
sexual violence	57

Of all the violent incidents reported, 57 involved acts of **sexual violence**, such as rape, blackmail, extortion, and other forms of assault. These numbers represent fragments of lived realities, each shaped by distinct and devastating circumstances. Callers spoke of harm inflicted by those they trusted—parents, partners, friends, and strangers. In two (2) emergency calls, a gay man disclosed that he was sex trafficked after borrowing money for basic needs—his vulnerability turned into a weapon against him. Similarly, a trans woman caller shared that she was coerced into exchanging sex for shelter. Another man recounted being blackmailed and outed to his family by an ex-boyfriend, leading to his expulsion from his family home with zero resources. These stories are a testament to a patriarchal system that does more than punish those who fall outside its narrow definitions of “acceptable”—it uses them, wringing out their differences for its own secret gratification while openly despising them. It thrives on imbalance, a sadistic force that destroys while taking pleasure in the destruction, silences while exploiting, and blames victims as it devours them.

Yet, within each story of harm, within every emergency call, there was also a refusal to surrender—people fleeing, speaking out, and simply surviving despite everything. That survival, however battered and bruised, is a testament to the continuous fight against sexist violence.

Even in their most terrified and disempowered moments, these callers were still advocates for themselves in whatever way they could.

Discussions surrounding **sexually transmitted infections** (STIs) on the Sexuality Hotline in 2023 were dominated by anxiety, shame, and a sense of confusion. The stigma attached to STIs, coupled with broader taboos around sex, makes it increasingly difficult for many to access the education, care, and support they need to safeguard their health and well-being. Over the course of the year, 132 calls (11%) told stories of fear taking over the possibility—or reality—of contracting an STI. Callers grappled with misinformation and misconceptions about these infections being unmanageable or detrimental. They were unsure about transmission, symptoms, and access to treatment, and many expressed worry about judgment from healthcare providers, particularly those marginalized. Callers requested referrals to doctors who would approach their sexual health with understanding and respect, rather than blame and reproach. In cases where such care was not readily available or could be avoided, some callers turned to pharmacies, attempting to self-manage their STI treatments. Other concerns were emotional and relational, particularly around the disclosure of STI status. Callers wondered how their sexual partners might react to their status as they bargained with the need to disclose it, and how consent, accountability, and privacy intertwine in such contexts. This was especially true for those living with HIV, who spoke about the compounded stigma they faced in their daily lives. Along with seeking medical referrals, people contacted the hotline to inquire about resources for testing, contraception, and access to preventive measures like PEP (post-exposure prophylaxis) and PrEP (pre-exposure prophylaxis) to maintain their health. All of these anxieties exhibit the importance of inclusive and pleasure-centered healthcare that is not hypermedicalized.

queer-specific experiences

A tenth of the calls the Sexuality Hotline received in 2023 were centered on **queer-specific experiences** (11%). They illustrated an evolving narrative—starting with the fragile process of self-discovery and moving toward the details of sustaining relationships, community, and autonomy. For many, it began with tentative questions about identity. Some callers sought clarity on the difference between sexuality and gender, confronting language and concepts that felt foreign yet profoundly resonant. Some explored queerness in relation to their transness, reflecting on how societal norms shaped their perceptions of themselves. Others spoke of isolation, of carrying their identities in silence within family homes that left no room for recognition. Reaching out to the hotline became, in itself, a way to break through the loneliness—even if just to talk about small moments of security that tethered them to their true selves.

But as some callers moved toward greater self-acceptance, new trials arose. They discussed the pressure to conform to rigid ideas of masculine–feminine presentation, or the expectation to perform queerness in a way that felt palatable to others. Others shared being outed against their will, which not only shattered their carefully constructed boundaries but also forced them into confrontations with family or peers. Violence in these stories was sometimes quiet, and other times explicit. Even within queer spaces, community offered both refuge and tension. While connecting with other queer people provided validation, callers brought up dynamics that felt overwhelming at times—unmet expectations, personal histories, and self-doubt. These experiences complicated the interplay of intimacy, vulnerability, and survival in queer romance and friendship. Performance anxiety, whether tied to relationships or the broader pressure to “represent” their queerness, was another recurring theme.

And then there were the material realities—the weight of financial insecurity, the struggle to find safe housing, the exhaustion of searching for healthcare providers who wouldn’t pathologize queerness. Some callers sought shelter or a way out of living situations that jeopardized their safety, while others talked about the difficulty of finding accessible healthcare, shared experiences with homophobic therapists, and expressed frustration with affirming therapy practices that prioritized profit over genuine understanding.

In another 40 calls, people opened up about **sexual orientation** (3%)—how to question it, how to name it, claim it, and accept it. From self-discovery and exploration to dealing with societal expectations, there was a quiet insistence on possibility—on joy, on tenderness, and on finding ways to exist, even in the hardest of places.

While these topics—trans* health and experiences, material and financial needs, unwanted pregnancies and pregnancy scares, violence, STIs, and queer-specific experiences—were the most frequent on the hotline, callers also reached out with a range of personal and pressing matters, from mental health and relationships to the many aspects of sex and pleasure, contraception, reproductive health, and other broader uncertainties. Though the following topics surfaced in calls less often, they elaborate on the multifaceted realities that shaped our callers' lives in 2023, and the various ways they requested information, needed resources, and wanted to be heard.

For instance, **mental health** was the focus in 120 calls (10%), shedding light on the emotional strain people endured throughout that tumultuous year. Some callers sought referrals to therapists or psychiatrists, while others shared personal experiences with specific diagnoses. For many queer and trans* callers, conversations focused on the ways individuals experienced and expressed their identities while seeking mental health care. These discussions often touched on the emotional vulnerability involved in disclosing one's identity to a therapist, or the challenges of engaging in family therapy as a queer or trans* person. Barriers to affordable care were a consistent theme, as was the pervasive sense of loneliness and isolation many callers faced. At times, the hotline became a lifeline for individuals in crisis, offering a compassionate ear for those experiencing overwhelming despair.

The hotline also served as a place for people to process emotions after an abortion. Sixty-seven (67) calls related to

post-abortion care (5%), imbued with a range of emotions, including anxiety, guilt, shame, and relief. Callers expressed deep concerns about their health, unsure what is "normal" after an abortion. For others, the emotional toll of the procedure was compounded by stigma and fear. Despite abortion often being framed as inherently wrong or taboo, most callers also expressed relief after successfully undergoing an abortion—relief from ostracization and reproductive coercion. This is why post-abortion care is not only a physical matter but also a psychological one—one that demands a holistic approach to healing that accounts for both physical recovery and emotional well-being.

Building on themes of emotional strain and well-being, **relationships** also emerged as a significant focus for callers in 2023. A total of 103 calls, representing nearly eight percent (8%) of all hotline conversations, explored a range of relational dynamics. These included **romantic** (52), **familial** relationships (34), and **friendships** (27), with many calls touching on multiple types of relationships. Conversations offered a window into the complexities of connection and the emotional labor of maintaining intimacy, closeness, or protecting oneself. Many callers shared stories of familial or intimate partner violence, where patriarchal power dynamics intruded into areas of their lives and affected their agency. Some described fathers exerting control over their choices, such as limiting their ability to work or restricting their self-expression. Others shared instances of home confinement, financial control, and harsh rejection that not only left them isolated but also unsafe. For some, these struggles were intensified by the need to reconcile their queerness or transness with their families' convictions, while others felt trapped in violent situations due to financial hardship. Calls also addressed the lack of privacy in the home, how to set boundaries, and the struggle with the weight of mental health concerns while maintaining friendships.

Lack of support systems was a common theme, as callers navigated topics like polyamory, consent, setting expectations, and the emotional strain of break-ups.

These conversations expressed callers' desire to do right by themselves and the people they care about, all the while balancing their emotional well-being. Beneath them lay a shared yearning for safety, connection, understanding, and healthier ways of relating to and walking away from others.

Pleasure, too, was a recurring theme, with 71 callers seeking advice, learning about, and exploring sex toys, fantasies, and masturbation (6%). Some of these conversations were not particularly driven by curiosity, but rather by struggles related to sexual satisfaction. Issues like premature ejaculation, performance anxiety, and the inability to enjoy sex were common within pleasure-centered calls, where feelings of inadequacy or shame often came up. The frequency of these topics emphasizes the complex relationship between sexuality and the self, revealing how much of pleasure is shaped by our understanding of the world around us. Sometimes, within the context of pleasure, the concept of **virginity** and its societal implications came up in 34 calls (3%). More specifically, 21 calls brought up **hymens** (2%)—often driven by anxiety, misconception, and myths.

Callers expressed confusion over what a hymen truly is, what its rupture means, and how their bodies, shaped by diverse experiences, fit into rigid narratives of purity.

These conversations were shaped by deep-seated societal pressures and the weight of assumptions tied to virginity and, beyond the distress, they created a space for critical reflection where callers asserted their right to agency over their bodies, questioned restrictive narratives, and redefined the role and meaning of the hymen in their lives. At times, hymenoplasty, a surgical procedure of reconstructing a hymen to restore the perception of virginity, emerged as a symbolic measure for callers—one that truly shows the extent to which people can feel compelled to conform to rigid standards of purity and sexual value in order to protect themselves from heteronormative violence. Ultimately, these discussions did not resolve with an added layer of shame or fear, but rather, they recentered the callers' experiences in a sex-positive framework that reaffirms their right to make any decision

about their bodies, no matter the reasoning. In addition to discussions about pleasure, 65 conversations were about **contraception** (5%), and 40 were about **emergency contraception** (3%). Though some of them touched on the shame and stigma previously tackled in the report, most of these conversations revolved around practical aspects: callers inquired where to access contraception, how to use different methods correctly, and how to find options that suited their unique needs and circumstances. Calls related to emergency contraception emphasized concerns about its effectiveness, timing, and common misconceptions.

Conversations about pleasure, contraception, and virginity sometimes unfolded within the context of **sexual relationships**. Sexual relationships, shaped by a blend of personal desires and the social norms that influence them, came up 93 times in 2023, focusing on the sexual dynamics within those relationships, however they may look like.

These calls encompassed a broad spectrum of concerns, from approaching consent and boundaries to exploring deeper, more intimate aspects like kinks, fetishes, and non-normative sexual identities like asexuality and demisexuality.

Callers also discussed the complexities of establishing and maintaining boundaries, especially in casual or new relationships, where communication can be tricky. For some, there was anxiety about disclosing STIs to partners, while others voiced concerns about boredom in long-term relationships and the emotional labor involved in maintaining sexual intimacy and connection over time. And within a similar yet specific context, 93 calls explored the nuances of **navigating sex with others** (8%), reflecting a desire to understand sexual practices, relationships, and what is considered normal in sex and sexuality. Discussions involved the vulnerability of communicating sexual needs with a focus on boundaries, trust, attraction, and intimacy. Callers explored physical reactions and emotional connections, and how to navigate differing sexual preferences and desires—from varying libidos and maintaining sexual connections, to introducing sexual fantasies and exploring pleasure. Within this bracket, topics like polygamy, religion, guilt, sex outside of marriage, anxiety, attraction, sadomasochism, masturbation, penetrative sex, threesomes, sex positions, porn consumption, bondage and discipline, edging, and the inability to orgasm were also brought up, showcasing the diverse ways in which people navigate their sexual lives.

Menstrual health featured a similar call frequency, with 31 calls discussing **menstrual cycles** (3%) and 25 specifically focusing on **menstruation** (2%). These conversations covered a range of struggles, including pain before or during menstruation, changes in blood flow, breast tenderness, and irregularities such as irregular periods and late cycles. Additionally, 48 callers (4%) sought advice on managing broader discomforts and possible disorders in their **reproductive health**, including but not limited to yeast infections, general hygiene, endometriosis, polycystic ovary syndrome (PCOS), and uterine fibroids. Concerns also extended to dermatological questions that were not related to STIs, such as the aftermath of shaving or waxing genitalia. The intersection of such challenges highlighted how often sexual and reproductive health issues are overlooked, misunderstood, undiagnosed, and at times over-medicalized, leaving callers to manage their health with limited resources. In parallel with such healthcare-related issues, 71 calls were about **general health** concerns (6%) that were not directly related to sexual or reproductive rights, highlighting a diverse range of physical issues callers faced. They contacted the hotline for advice on managing chronic illnesses or accessing subsidized resources due to the widespread difficulty of obtaining affordable care. Others inquired about the availability of certain medications, either due to cost or limited access, while some were looking for general doctor referrals. Health concerns—related to sexual and reproductive health or not—were sometimes linked to the broader theme of **medical patriarchy**, which surfaced across 17 calls (1%).

Callers shared painful experiences of being judged, dismissed, or mistreated by healthcare providers. For many, their concerns about pain, unwanted pregnancies, PCOS, endometriosis, STIs, among others, were minimized or ignored, leaving them with a sense of powerlessness within a system that should have been a source of support and clarity.

The intersectionality of these issues was particularly pronounced for marginalized folks, who continue to bear the brunt of healthcare discrepancies, facing barriers rooted in sexism, trans,

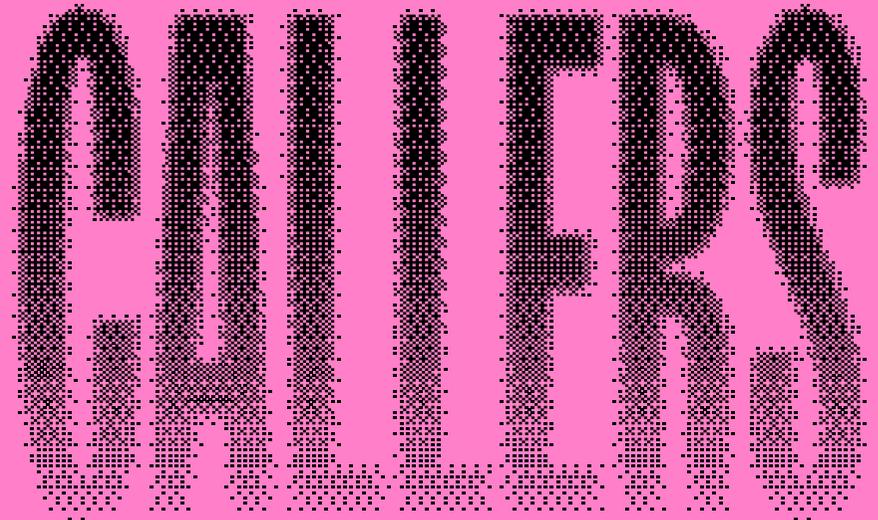
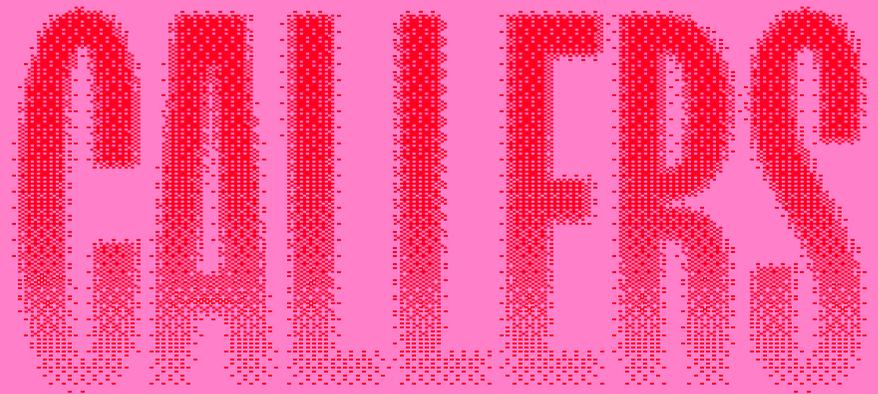
and queer antagonism, fat hatred, ableism, and racism. Accounts from individuals within these communities show how deeply embedded power imbalances are within healthcare systems, extending even to the ways in which people are allowed—or more likely denied—the autonomy to manage their own health. The emotional and psychological toll of such experiences speaks to the urgency of reimagining healthcare spaces as ones that genuinely listen, respect, and affirm the lived realities of those seeking care.

Beyond physical health, callers confronted other personal struggles that reflected the complexities of their lived experiences, such as body image and religion. Seventeen (17) of the calls about **body image** (1%) addressed the tension of self-image and how others perceive them. For some cisgender callers, they battled with unrealistic societal body standards and the body dysmorphia that could come with it, while for trans* callers, calls about body image often involved reconciling their gender identity with how they expressed it. Tension and a sense of dissonance also surfaced in conversations about **religion** (2%), which came up in 23 calls, as people described the conflict between their religious beliefs, the pressure they felt from their faith, and the societal expectations tied to religion. Callers expressed the emotional complexity of reconciling their spirituality with aspects of their personal lives that contradicted religious teachings. Some callers bargained with traditional religious values as they navigated the intersection of gender identities or sexual behaviors with their convictions. For instance, one caller was curious to know how she can practice her religion as a trans woman.

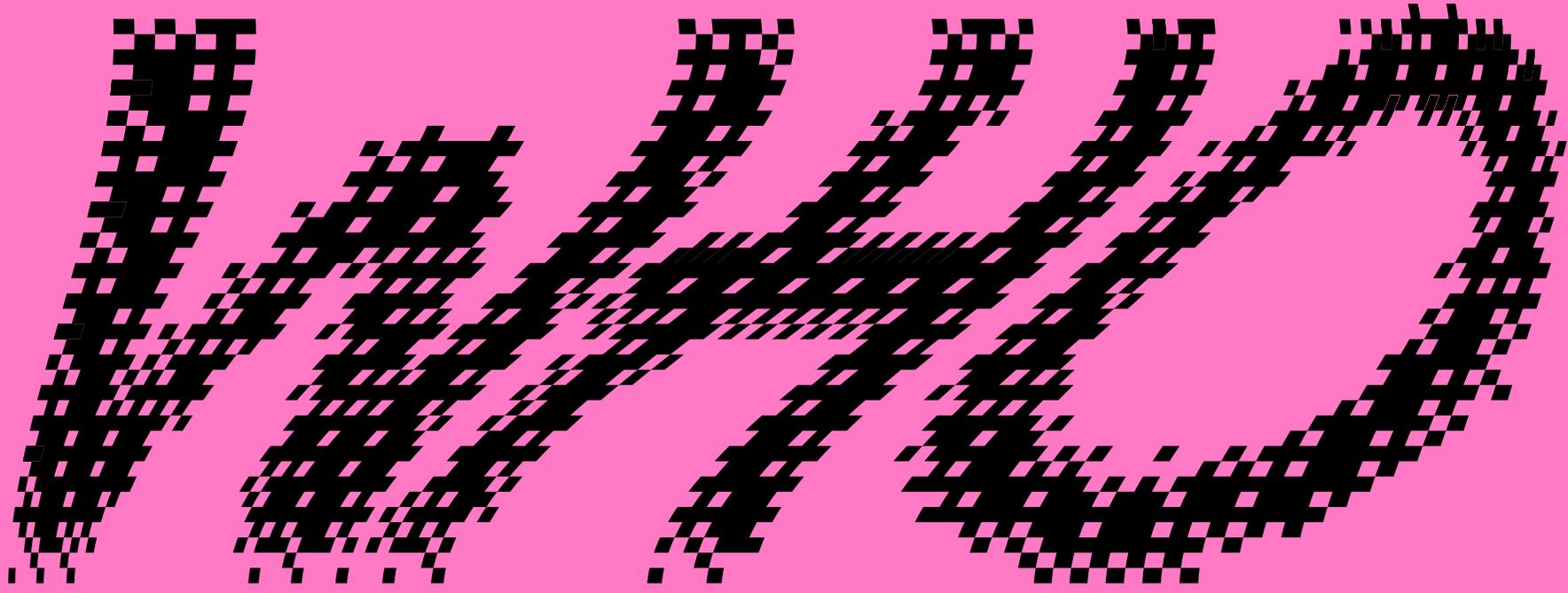
While the hotline does not provide legal consultations, 59 callers reached out with **legal queries** (5%), seeking guidance on how to protect their rights, particularly regarding sexual health, gender identity, or legal challenges related to discrimination. Callers voiced concerns about issues such as accessing healthcare as a trans* person or legally changing their gender marker on identification documents. Moreover, inquiries about resettlement, migration, and housing rights were common among these calls.

Lastly, 47 calls were dedicated to **questions to, or about The A Project** (4%). Some callers expressed heartfelt gratitude for the safe, non-judgmental space the hotline provides, thanking counselors for their support and the opportunity to share their experiences freely. Others were eager to learn more about how they could engage with The A Project, asking about upcoming events like reading retreats and membership. And others wanted to understand more about the organization's work or inquired about the logistics of hotline shifts and volunteer schedules.

Twenty-two percent (22%) of all calls received by the Sexuality Hotline in 2023 are represented in this dataset, which is based on 200 evaluation forms completed anonymously by callers. These 200 entries offer insights, recommendations, and learnings directly from callers; and, for the first time, this data has been included in the Sexuality Hotline Report to foreground their experiences and complement findings from counselor call summaries. In both datasets, demographic trends are closely aligned, with the majority of calls coming from cis women, callers based in Lebanon, and individuals aged 21–30, with only minor discrepancies that do not significantly alter overall hotline trends. Since the hotline’s inception, The A Project has used the evaluation form internally as an accountability tool to assess hotline operations, counselor interactions, the referral system, and accessibility. We are deeply grateful to the callers who took the time to share their feedback, and we encourage others to do the same to help us expand our understanding of the hotline’s reach, impact, and overall performance. If you have contacted the Sexuality Hotline in the past and would like to share your experience, the callers’ evaluation form is available on our website.

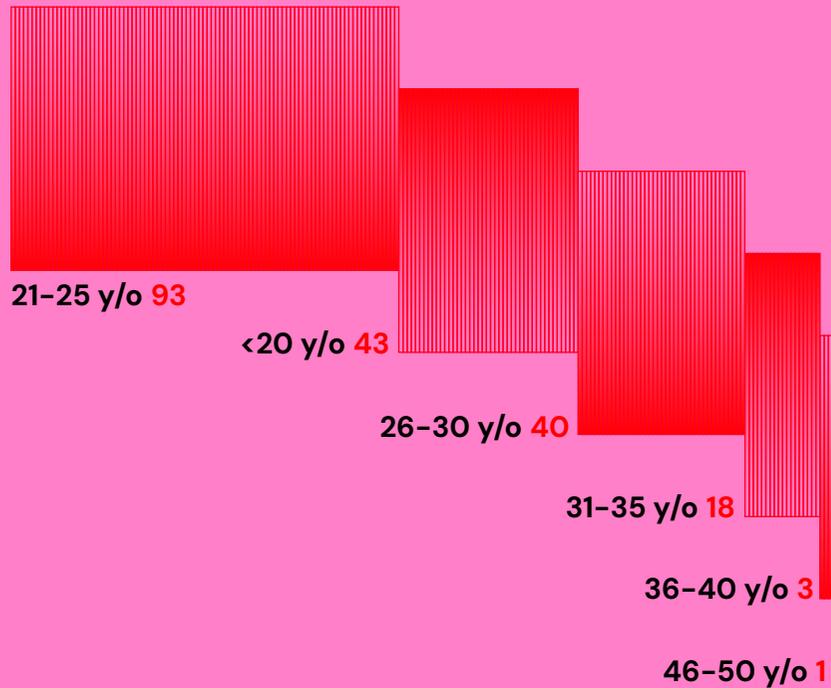
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part two: callers



age

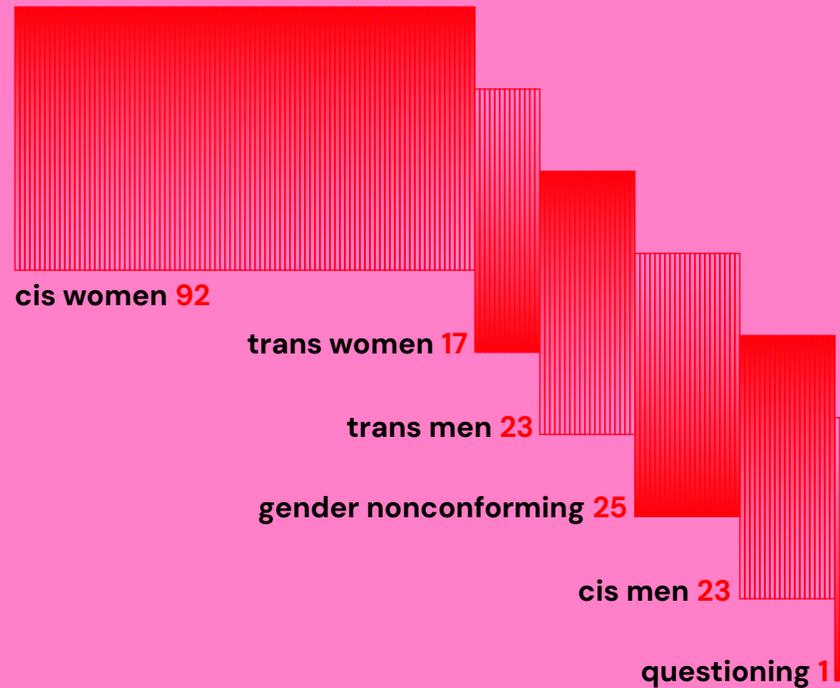
198/200



Two-thirds of callers who completed the evaluation form in 2023 were aged 21–30 (67.2%), with nearly half of them falling in the 21–25 age range (47%). The second largest age group to contact the hotline—consistent with the first dataset—was callers aged 20 and below, amounting to 21.7% of call responses. Though not as frequent as younger callers, 9.1% of callers aged between 31 and 35 documented their experiences with the hotline, and those in the 36–40 age group represented only 1.5% of the evaluations. There was one (1) evaluation from a caller between the ages of 41 and 45, and another response recorded by one (1) person between the ages of 46 and 50. No one between the ages of 51 and 60 filled out the evaluation form. These figures are almost identical to the first dataset shared, showing a representative sample of evaluations to calls received.

gender

181/200



Mirroring trends in the first dataset, cis women made up over half of all hotline call evaluations in 2023 (50.8%). On the other hand, trans women, the second most frequent group to contact the hotline, were underrepresented in the callers' evaluation data (9.4%). In contrast, responses from trans men (12.7%) and gender nonconforming people (13.8%) were slightly higher compared to the number of trans men and gender nonconforming people who called the hotline. Finally, 12.7% of call evaluations came from cis men—a number similar to the percentage of cis men callers in the first dataset. Only one (1) evaluation call was received from a person questioning their gender.

part two: callers



197/200



The majority of hotline evaluations came from Lebanon (88.3%), in line with the trend of most hotline calls originating from Lebanon. Callers from outside Lebanon accounted for 11.2% of all evaluations, with most of these responses originating from Southwest Asia and North Africa (SWANA) (11%).

part two: callers



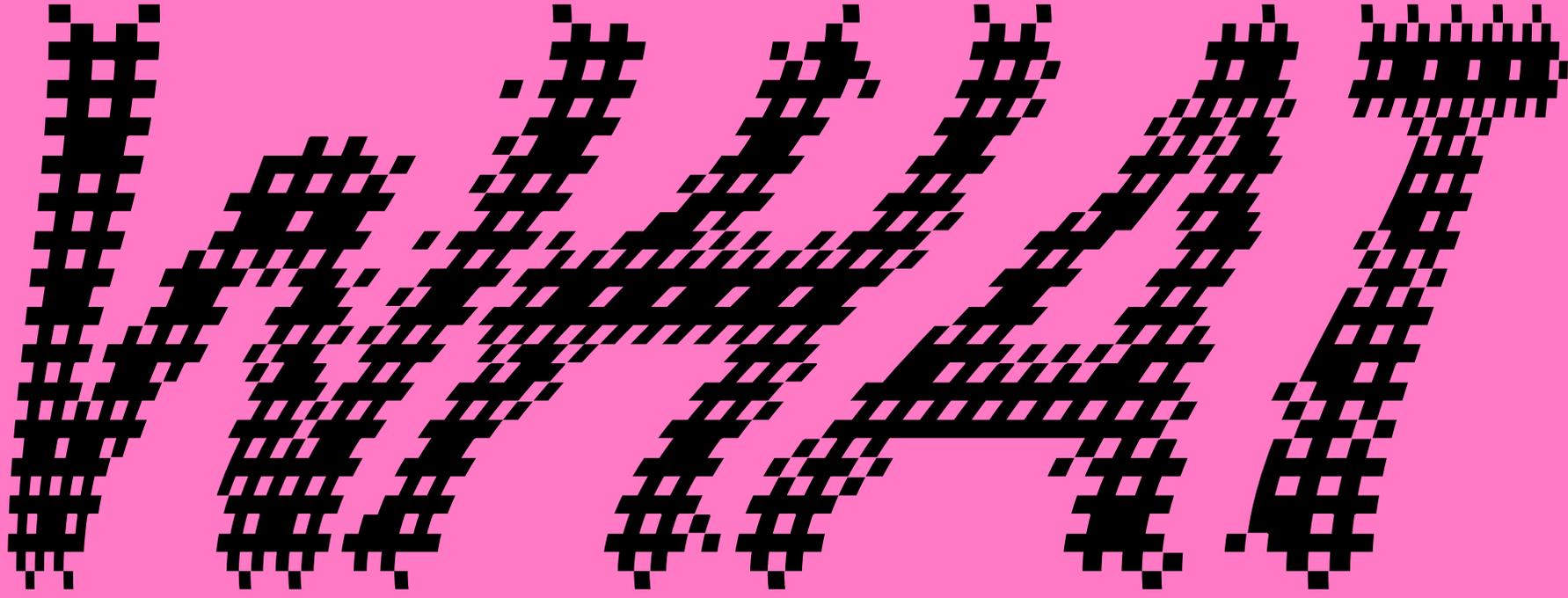
186/200



did you find us?

Word of mouth and social media were the primary sources through which callers found the Sexuality Hotline in 2023, with 32% hearing about it from someone and 22% discovering it on Instagram. Some callers heard about it from previous hotline callers (13%), while 7% came across it on The A Project's website, and another 6% found it on other websites. Other, less cited sources were healthcare providers, NGOs, workshops, posters or flyers, our podcast Fasleh, Twitter, Facebook, or news articles.

part two: callers



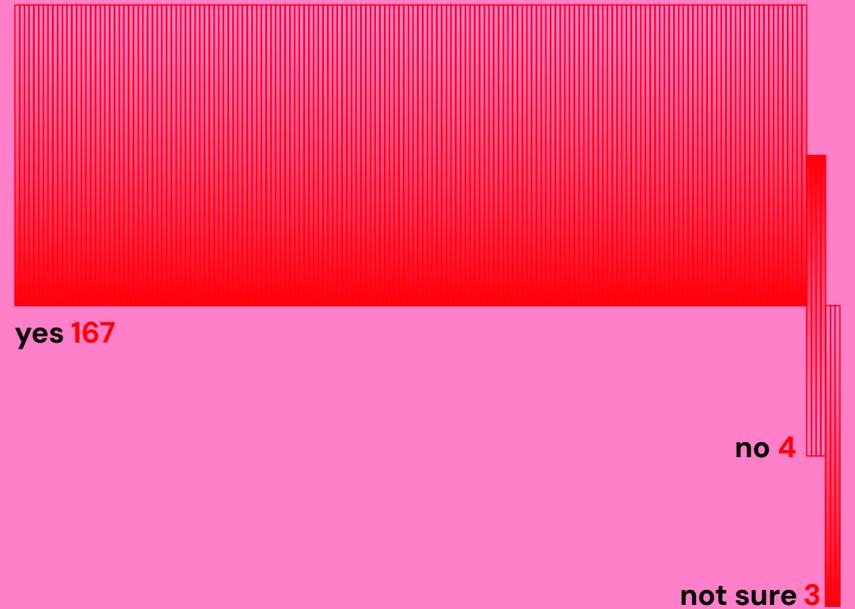
overall rating for the Sexuality Hotline:

179/200



would you recommend our hotline to anyone?

174/200



big picture evaluation

The majority of callers (89%) had an excellent or very good experience on the Sexuality Hotline, and an overwhelming 96% said they would recommend it. Some rated it as good (9%), and fewer considered it fair (2%) or poor (1%). Similarly, two percent (2%) of callers were uncertain about recommending the hotline, and 1.5% stated that they would not recommend it. Seventy-eight (78) qualitative responses expanded on why some callers would recommend the hotline. From the reasons listed verbatim, people described the hotline as a place to reflect, learn, and discover themselves and the world through conversations on sexual and reproductive health & rights, and reproductive justice.

“I WAS TOO WORRIED
AND WHEN I TALKED
I FELT RELIEVED
& I FELT SAFE”

“THE PEOPLE WHO
RESPOND ARE ALWAYS
KIND, SUPPORTIVE,
AND UNDERSTANDING
OF THE ISSUES
THE WAY YOU SEE THEM”

part two: callers

“ THERE WAS CREDIBILITY
& TRANSPARENCY
IN THE INFORMATION. ”

“ YOUR PRESENCE
MAKES ME
FEEL BETTER.
WE ARE MENDING
EACH OTHER. ”

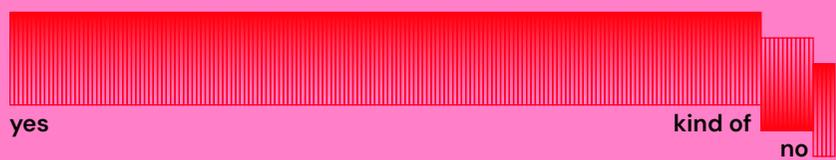
did you have any difficulties getting through to the hotline? 146/200



did you feel your conversation was given enough time? 174/200



was your main concern tackled in the conversation? 182/200



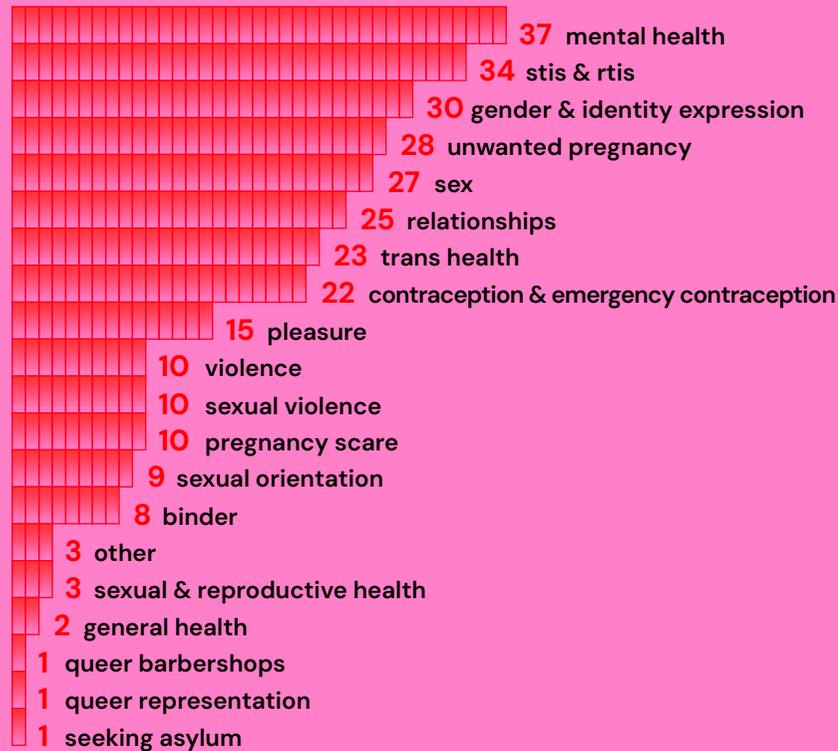
did you feel the counselor was knowledgeable about the topic? 179/200



accessibility & quality

Most of the callers had no issues getting through to the Sexuality Hotline (95%) and felt that their main concerns were addressed (91%). Some callers (5%) had difficulties reaching the hotline due to delayed counselor replies or the restricted operating hours of the hotline, and a handful felt their concern was only partially resolved (7%) or not at all (3%). Callers also shared their thoughts on the time and pace of conversation, with nearly all of them (97%) disclosing that they had enough time to discuss their concerns. Of the remaining 3%, one (1) caller shared that they felt rushed, and two (2) found their conversations overly lengthy. Generally, satisfaction with hotline conversations was high, with 95% of callers expressing being very satisfied or satisfied. Five (5) callers were neutral about the conversations they had, and another five (5) expressed dissatisfaction due to late responses or for unspecified reasons. As for counselors' knowledge about the topics brought up in conversation, most callers (90%) felt that the counselor they spoke to was knowledgeable. The rest of the evaluation responses described counselors as somewhat knowledgeable (7%), and fewer (3%) assessed that they lacked adequate knowledge.

part two: callers



While smaller in scale, the evaluations dataset offer unique insight into what callers hold onto after their hotline experience. Mental health, for instance, was selected by 18.5% of respondents—nearly double its representation in counselor–documented calls—highlighting the deep emotional dimensions of sexuality and sexual health. Other topics like STIs, gender identity, violence, and unwanted pregnancies remained consistent across both datasets, while financial and material needs dropped sharply in evaluations. The drastic contrast in financial and material needs can be attributed to the fact that The A Project does not provide financial assistance, and that completing an evaluation form is irrelevant during times of precarity.

callers' topics

Out of the 60 learnings disclosed in the evaluations, the next few pages bring forward a few selected quotes from callers:

“ YOU DEFINE
YOUR OWN
WOMANHOOD ”

“YOU CAN
EXPERIMENT
WITH YOUR NAME”

“I LEARNED ABOUT
THE IMPACT THAT
**PATRIARCHY,
CAPITALISM
AND SEXISM**
[HAVE] ON THE
**SEXUAL
PLEASURE
OF WOMEN**”

“I LEARNED A LOT ABOUT VARIOUS CONTRACEPTION METHODS AND THE DIFFERENCE BETWEEN ALL OF THEM”

“SEX DOESN'T HAVE TO BE PAINFUL”

“THAT STIS AREN'T THAT RARE TO CATCH & ARE CUREABLE”

did we give you a referral to another service? 134/200

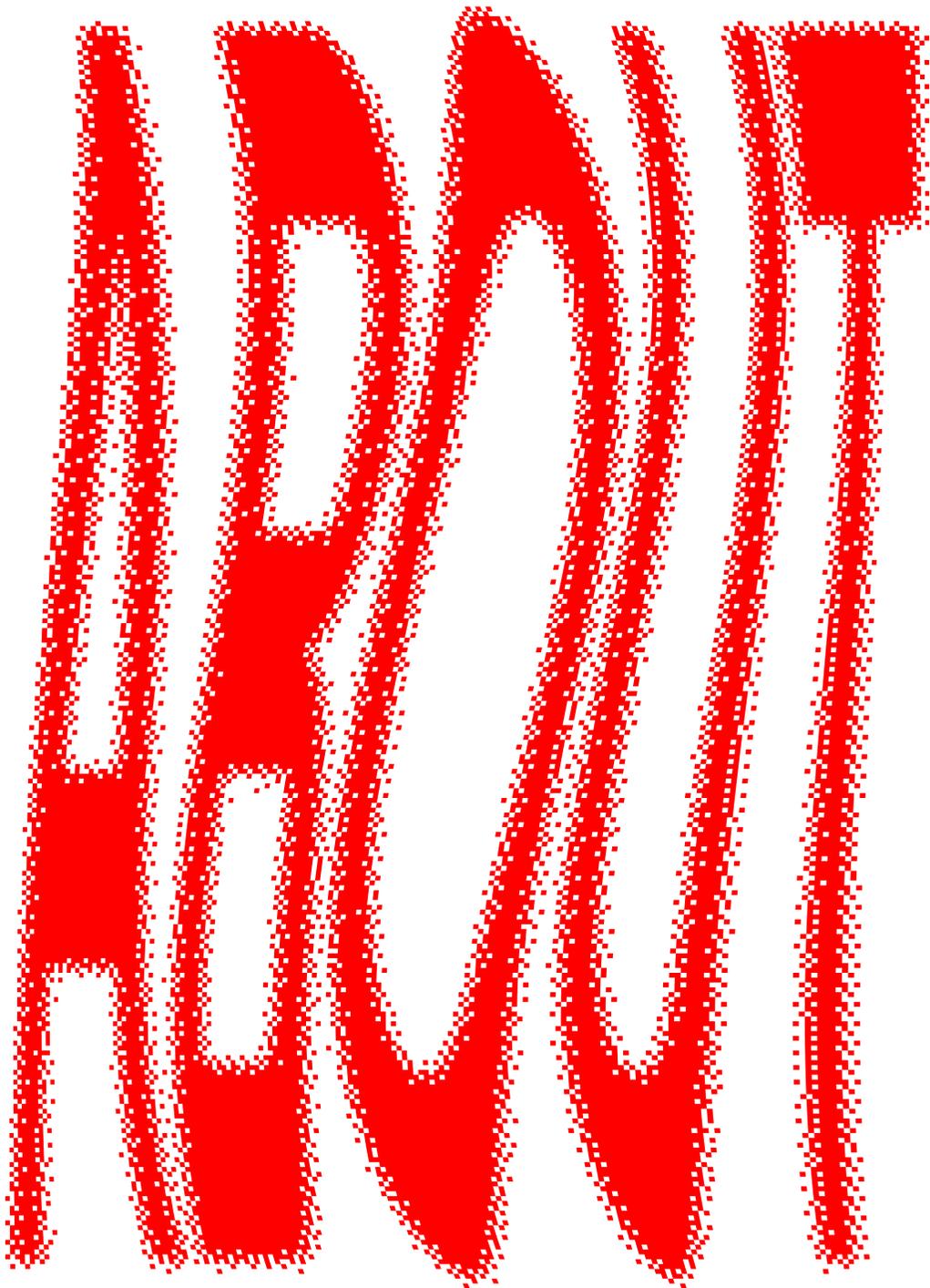


More than half of callers (59%) did not need a referral, and over a third of them (39%) received referrals and found the resources provided by the counselor helpful. One (1) caller reported that the referral they received was not useful, and two (2) callers mentioned needing a referral but not receiving one.

referrals

The A Project is continuously working to improve the referral system available to counselors by seeking credible resources to further support hotline callers. If you have a healthcare provider you trust, share [this survey](#) with them to help us expand our database. You can also fill out [this survey](#) yourself to share your experience and contribute to our referral system.

In 2023, we found ourselves once again confronted with the weight of economic collapse, medical gatekeeping, and systemic violence—barriers that make accessing sexual and reproductive healthcare an uphill battle. We saw callers navigating houselessness, all kinds of violence, and shrinking access to essential resources, all while fighting to carve safety and autonomy out of a collapsing social fabric. Through every conversation, amidst every crisis, one thing remained unchanged: people still reached out, asked questions, sought alternatives, and, most importantly, people still refused to surrender. As long as there are forces trying to isolate us, our greatest act of defiance will always be finding each other.



The A Project is a Beirut-based non-profit non-governmental organization focusing on issues of sexuality, sexual and reproductive health, and rights (SRHR). Our vision is of a society where the sexuality and mental health of cis and trans women, trans men, and gender non-conforming individuals are reclaimed, cared for, respected, and recognized in all their diversities. From expressing gender, sexual preferences, and desires to decisions about marriage and parenthood, the list is extensive. We understand that sexuality and reproductive justice are crucial in reclaiming bodily autonomy and political agency. We advocate for everyone's right to navigate their body's journey in a consensual, harm-free, and affirming space. Our goal is to promote a political discourse on sexual, reproductive, and mental health, challenging restrictive measures often imposed on women and gender non-conforming individuals in Lebanon. 105

Beyond the hotline, The A Project works on achieving our vision through the following projects:

Trainings and Workshops

We organize workshops in schools, universities, and community centers to discuss SRHR, and we particularly try to host these with groups who have less access to SRH information and care.

Apply for our Sexuality Hotline training!

Each year, we host a 6-day intensive Sexuality Hotline training to train new counselors. We train you on SRH issues, counseling skills, and the political and social aspects of sex, gender, and sexuality. We share the call on our social media platforms, newsletter, and website—so keep an eye out for the next one! Join one of our reading retreats! In our retreats, we discuss a series of texts that you will have to read in advance, and discuss the topics they cover in depth. Like our other calls, we post the application form for the retreats on social media, in our newsletter, and on the website, so stay tuned if you're interested!

Reading Retreats

Inspired by CREA, The A Project hosts 3 reading retreats (The Politics of Sexuality, The Politics of Mental Health, & Reproductive Justice). At these retreats, we jump into the theory and practice of topics at hand through a series of articles and collective discussions.

Multimedia and research

To contribute in diverse and accessible ways to the body of knowledge on sexuality and reproductive justice in Lebanon, we: write articles; publish blog posts; create videos; translate works we love to Arabic; present on various panels; and produce a (super cool) podcast, Fasleh, on which we invite people to talk about a number of topics concerning body politics and sexual and reproductive health, rights, and justice.

Solidarity groups

We are working to develop confidential and as-safe-as-possible solidarity groups wherein people with similar experiences can come together, share stories, find solidarity, and feel less isolated. These would take the form of intimate and private discussions, led and defined by those who attend them, and serve as a space for asking questions and exploring issues without judgment.

Expanding our research and knowledge base

As a team of staff and members, we are always exchanging ideas for all the things we'd love to write, learn, publish, make, and do—together, and with you. We want to concretize some of these ideas and put ourselves to work to make content that produces knowledge in accessible, playful, and interactive ways. We have some plans in the making, including a creative writing retreat, some research-based zines, and—as always—some new podcasts and blog posts. We're always thinking about new projects to take on and new topics to explore, so please do get in touch if you'd like to get involved!

Building on our referral database

We receive countless requests for competent, decent, affordable, and accessible health services on the hotline. It is very clear to us that cis and trans women, trans men, and gender non-conforming people—especially those who are young, poor, queer, migrants, or refugees—urgently need this care. But too many times, we have found ourselves at a loss as to where to guide folks for safe and decent healthcare. We are building a reliable and accessible collective referral database, where we crowdsource information on healthcare providers from you. We are asking people throughout the country to **fill out surveys** that give an overview of their experiences with certain healthcare providers, whether good or bad, so that we can grow this database. This is not a research study! The data will not be used for research purposes or end up in a publication. The survey is anonymous and will feed into an ever-growing database of trusted (and not-so-trusted) healthcare providers, whose practice aligns with our politics and values.

keep up
with us!



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