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FIRST 15 MONTHS OF THE A PROJECT'S SEXUALITY HOTLINE

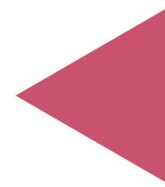


THE A PROJECT

AGENCY
AUTONOMY
ALTERNATIVES



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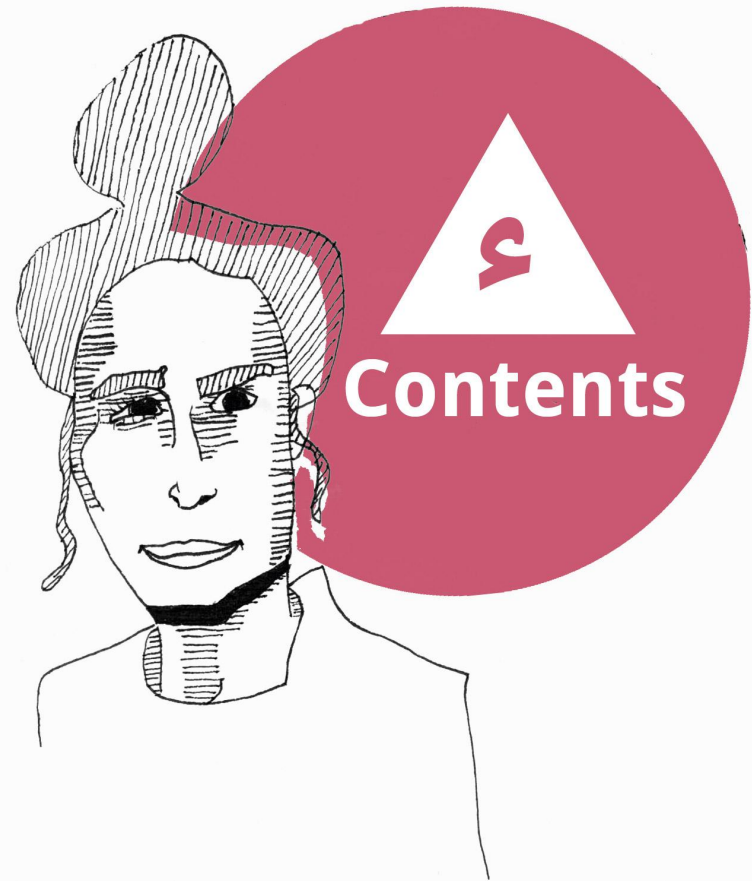


GOT QUESTIONS ON SEXUALITY, GENDER, OR SEXUAL AND REPRODUCTIVE HEALTH?

5 to 11 PM daily | +961 76 680 620 | hotline@theaproject.org



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ABOUT THE A PROJECT





ABOUT THE A PROJECT

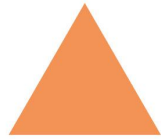
The A project is a non-profit non-governmental organization based in Beirut, working on issues of sexuality and sexual and reproductive health and rights (SRHR). We envision a society where sexuality and mental health are reclaimed by women and gender non-conforming people, cared for, respected, recognized in their diversities and not utilized against us. We know that sexuality and reproductive justice are core battles to reclaiming bodily autonomy and political agency and believe that everyone has the right to decide the journeys their bodies go through in a harm-free and consensual space – from expressing their gender, sexual preference, desires, in rejecting or accepting marriage, and/or having children - the list is long. And we aim to sustain this platform to advance through practice and theory, a political discourse around sexual, reproductive, and mental health, and find alternatives counteracting all restrictive and reductive approaches towards the bodies of women and gender non-conforming people in Lebanon.

THE A PROJECT WORKS ON ACHIEVING THIS VISION THROUGH THE FOLLOWING PROJECTS:



> **The Sexuality Hotline**

Providing information, counselling, and referrals on sexuality and reproductive health issues



> **Solidarity Groups**

Hosting a variety of intimate and private discussions based on callers' requests, to connect people with similar questions and struggles



> **Mapping Providers**

Identifying healthcare providers, such as gynecologists and psychologists, who have similar politics and values, to expand the referral system of the sexuality hotline



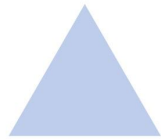
> **FASLEH**

Our podcast, Fasleh, hosts numerous topics and issues around body politics, sexuality, and gender



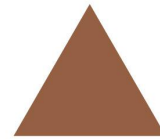
> **Trainings and Workshops**

Giving workshops in schools, universities, and community centers to discuss sexual and reproductive health and rights (SRHR)



> **Training of Counselors**

Giving intensive induction trainings of counselors, including value clarification exercises, hotline counselling skills and knowledge on and information on SRHR



> **Reading Retreats**

Hosting reading retreats, inspired by CREA group, that delve into theory and practice of the politics of sexuality, politics of mental health, and reproductive justice



> **Multi-media and research**

Producing sex-positive multimedia and research, to contribute to the body of research on sexuality in Lebanon

ABOUT THE SEXUALITY HOTLINE



مشروع الألف
قرارات
خيارات
استقلالية

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عندك أسئلة عن الجنسية،
الهوية الجندرية،
أو الصحة الجنسية والإنجابية؟
إتصلي بالخط الساخن للجنسانية

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ABOUT THE SEXUALITY HOTLINE

Established November 2016, the A project's sexuality hotline provides counselling, support, information, and referrals on sexuality and reproductive health issues from trained hotline counselors. The hotline is founded on the belief that women, trans* folk, queer bodies are often given moralistic and socially constructed information about our bodies, lifestyles, and health, and we deserve better than that. We have trained counselors to understand the social, medical, psychological, and political contexts of our sexual and reproductive health and rights – so that we are the first and foremost experts on our bodies and lives. We believe that sexuality cannot be isolated from realities around us such as ageism, racism, classism, and ableism. We established this hotline because sometimes all one wants is to talk to an engaging, informed, and understanding person without receiving a diagnosis or unsolicited advice.



WHY A HOTLINE?

Operating daily from 5 to 11 pm, our hotline is **accessible, free, confidential, anonymous, and judgment free**. Callers do not need an appointment and can contact the hotline at their convenience.

WHO PICKS UP THE PHONE?

The **counselors are women, gender non-conforming, or trans*** individuals with various educational backgrounds. They are trained in sexuality counseling and promise utmost respect and confidentiality. Counselors are hired after being assessed on various criteria including their openness and comfort in dealing with issues related to sexuality, as well as their politics regarding such issues. They undergo intensive training before being considered eligible to be on the hotline.

WHO CAN CALL?

While we especially invite women and trans* persons to call or email, **everyone's welcome**, no matter what age, gender, nationality, status of formal education, sexual identity, or disability.

I DON'T LIKE TALKING ON THE PHONE.

Email or whatsapp us. You can also request to join a solidarity group. We host a variety of intimate and private discussions based on our callers' requests and needs, so that people of similar questions and struggles can meet and process the issues they face.



WHAT WOULD WE TALK ABOUT?

At the A project we discuss various topics related to **gender, sexuality, sexual rights, reproductive justice, sexual and reproductive health in Lebanon.**

Topics include but are definitely not limited to • health • safety • intimacy • virginity • transitioning • motherhood • puberty • relationships • disability • asexuality • violence • masturbation • sexually transmitted infections • pleasure • unplanned pregnancies • living with HIV • hymens • adoption • sexual orientation • contraception • gender identities
•••

IS THE CALL CONFIDENTIAL?

Yes, of course. Confidentiality is key to us. No information will be shared with unrelated parties without your permission. All WhatsApp chats, emails, and call logs are deleted from one counselor's shift to the next (unless there is still an ongoing issue that you have allowed us to follow up on).

ARE THE CALLS RECORDED?

Of course not. However, we do document the reason you are calling and ask for basic information such as demographics (age, sex, place of residence). This information is documented to keep record of what the most prevalent issues are and to know what gaps need to be filled in research and services. It is this documentation that allows us to produce a report like this one.

This report is based on data from phone calls, chats, and e-mails received between November 2016 and January 2018 on the sexuality hotline. In this 15-month timeframe, the hotline received 194 inquiries from people of various ages, genders, nationalities, locations, and sexual preferences.

THANKS TO ALL OUR CALLERS / Thanks for trusting us and allowing us to take notes and document quantitative and qualitative information about our conversations. Asking you questions about your gender, age, how you heard about us, where you're from, where you live – although seemingly basic questions – really help us deepen our understanding of sexuality issues within the Lebanese context and the regional socio-cultural environment.

IN THE GRAND SCHEME / By producing this report, and the many others to come, we aim to fill the gaps in knowledge of many health care providers, policy makers, and academics – who reductively sum up our narratives and body-fought battles within a grandly mystical and unknown box they call “taboo”, and then proceed to fill in these blanks themselves with their assumptions, theories, and then ill-advised programs.

IN OUR GRAND SCHEME / By producing this report, and the many others to come, we aim to evaluate our own hotline by assessing your needs, updating and continuously training our counselors on new and relevant issues that you bring to us, strengthening our referral system to direct you to better providers when needed, and adjusting our outreach strategies to reach those of you who may need this hotline but don't yet know we're here.



▶ THIS REPORT

194 calls / 15 months

▶ NEXT REPORT SO FAR

90 calls / 4 months

It warms our hearts that the hotline is gaining traction and being utilized more. We look forward to sharing with you our next report which will be even richer in quantity, indepthness, and range of diverse questions.

REPORT SUMMARY



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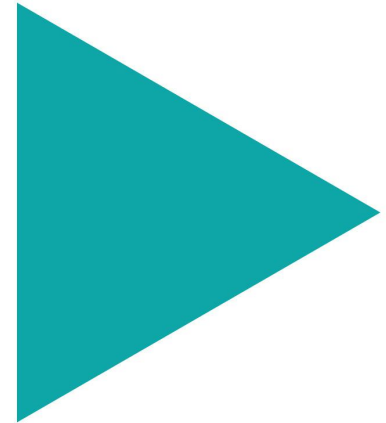
Between **November 2016 to January 2018**, we received **a total of 194 calls** (by calls we also mean whatsapp conversations and emails) on the hotline in its first phase of operation. In these 15 months callers contacted the hotline for wide ranging issues, the most commonly repeated issues being **menstruation issues, sexually transmitted infections (STIs) and urinary tract infections (UTIs), unwanted pregnancies, and sexual pleasure**. Other issues included contraception, relationship problems, reproductive health, trans* specific issues, emergency contraception (EC), and trans health, premature ejaculation, sexual orientation, mental health, sexual violence, HIV/AIDS, and gender identity.

Our hotline callers are from diverse nationalities, **60% contacting us from Beirut and 40% from all over Lebanon and abroad**. Half the callers are between **the age of 20 and 25**, a quarter **under 24**, and another quarter **over 26** years of age. As our messaging, outreach, and activities address women and trans* people, it makes sense that **70% of our callers are women and trans* folk and 30% cis-men**. With the absence of contextual and non-normative information on sexuality and a formal comprehensive sexuality education program in Lebanon, women and trans* folk are more disadvantaged in their freedom of expression and access to information and support, whereas men have more space to ask questions around sexuality - so we are pleased that the majority of our callers do not identify as cis-men.

All in all, our sexuality hotline counselors were pleased and satisfied with the phone calls, but they did have some difficult conversations particularly with repeat callers with difficult issues, calls from abroad where the context and referral possibilities are unknown to us, prank calls from cis-men, and conversations with those who have faced sexual violence. According to counselors' assessments, and admittedly there being a bias in this reporting, many seemed satisfied with the calls and many verbalized feeling better after our communication.



WHO'S CONTACTING OUR SEXUALITY HOTLINE?





GENDER ○

- **Cis-women: 53%**
- **Cis-men: 30%**
- **Transwomen: 9%**
- **Transmen: 6%**
- **Gender non-conforming: 1%**
- **Prefer not to say: 1%**

Our callers have identified as cis-women (53%), transwomen (9%), transmen (6%), and gender non-conforming (1%). In light of living under patriarchy, our outreach purposefully states that the hotline is dedicated to trans* folk and women, and as this is who we identify with and wish to support. While we do not target cis-men, we know that cis-men will call the hotline anyway, and they have. Many cis-men (hetero, homo, bi, and queer) have called with genuine questions and queries for themselves or for their partners, which we have welcomed. However many others have called the hotline and caused annoyance to our counselors. These calls have either been pranks, verbal sexual harassment, obviously supporting and condoning rape culture, or looking for sexual services. In all cases, counselors are advised to practice self-care and spare themselves the traumas of negotiating or reasoning with violent language and have the leeway to deal with such abusive calls as firmly or dismissively as they wish.



PROFILE OF CALLERS

AGE OF CALLERS

- 15-19: 19%
- 20-25: 52%
- 26-30: 20%
- 31-35: 5%
- 36-40: 4%

We are pleased to be reaching across age groups, to discussing sexual activity, relationships, self-identifications, and personal issues regarding sexuality and gender.

NATIONALITY

- Lebanese: 71%
- Iraqi: 14%
- Syrian: 7%
- Other: 14%

The remaining 14% of calls were distributed among other nationalities, including the United States, India, France, Oman, Ethiopia, Germany, Palestine, Egypt, Jordan, Morocco, Yemen, and Iran.



RELATIONSHIP STATUS

- **In a relationship, unmarried 53%**
- **Married: 23%**
- **Single: 24%**

These figures are very significant to us since most SRH data reported via public office and UN bodies focus on the socially acceptable heterosexual and married categories, and both public and private medical insurance policies do not cover the family planning and sexual health needs of unmarried women.



LOCATION

- **Beirut: 60%**
- **North: 2%**
- **South: 2%**
- **Akkar: 0.8%**
- **Nabatieh: 0.8%**
- **Mount Lebanon: 20%**
- **Baalbeck, Hermel: 0.8%**
- **Other (outside Lebanon): 15%**



SEXUAL ORIENTATION



Our documentation does not entail asking people about their sexual orientations. People call for all types of issues, many of which are not related to sexual orientation, so we feel that by asking we are prying into a matter that we were not called for. Furthermore, knowing that attraction is often not reflected in the way people identify and that it is fluid and ever-changing - we wish not to limit the conversation, keep it open to possibilities, and are therefore uncertain of the necessity of this question. We do however document it if it is mentioned or if it is the reason of the call.

HOW YOU HEARD ABOUT US?

THE MAJORITY OF CALLERS SAID THEY HEARD ABOUT THE HOTLINE THROUGH:

A FRIEND **41%**

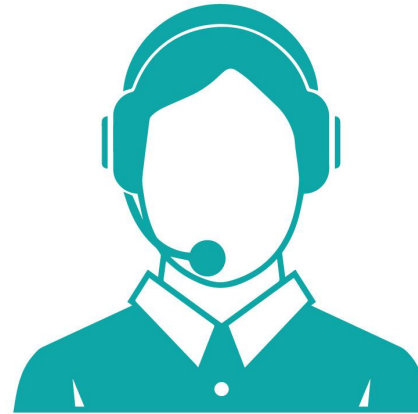
SOCIAL MEDIA **25%**

STICKERS **21%**

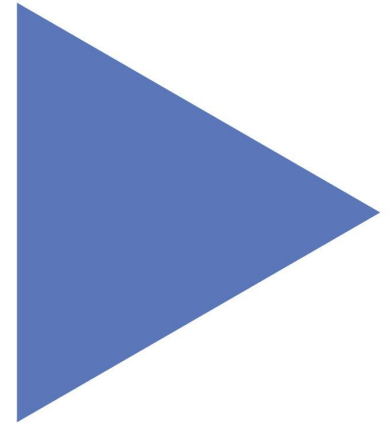


VERY FEW CALLERS HEARD ABOUT THE HOTLINE THROUGH:

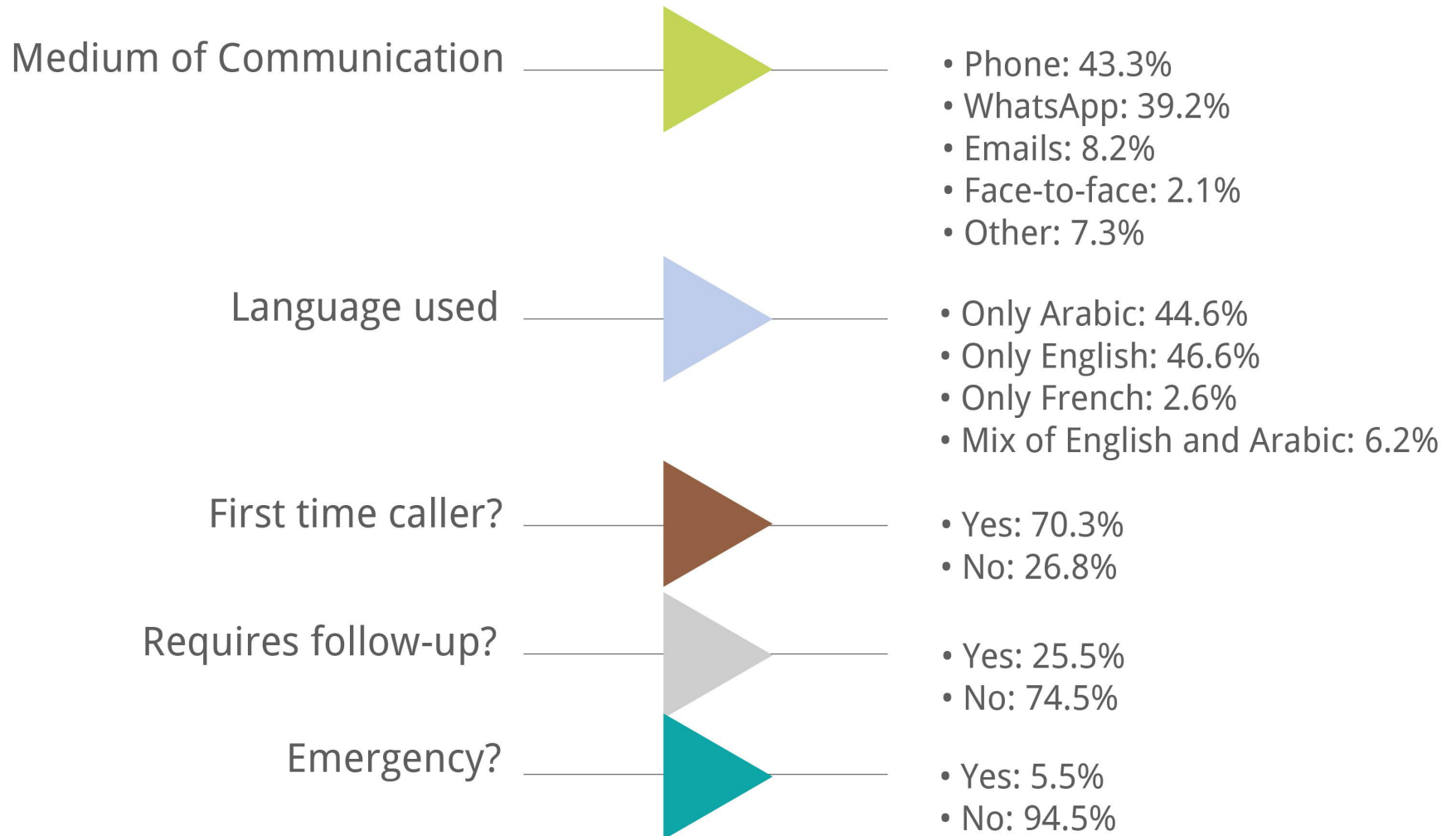
- > Website (5%)
- > A service provider (4%)
- > Street outreach (0.7%)
- > Other means (3%)



HOTLINE CALL LOG



DETAILS ON CALLS





► **First time calls and follow-ups**

The majority of callers were contacting us for the first time (70.3%) and the rest were calling for follow-ups (26.8%). Most of these callers were calling us on behalf of themselves (83%) and a small number of them were calling on behalf of someone else (17%). It is worth noting that all of the calls where the caller was contacting us on behalf of someone else were either emergency cases, such as cases of rape, or an issue considered “embarrassing” or “shameful” and the women were hesitant to contact us themselves, such as cases of pregnancy scares and unwanted pregnancies.

If a case requires follow-up, the caller gets asked if they would like us to follow-up with them, and if they consent we save their number to be able to contact them again, or to be able to find the case should the person call again.

Most of the callers did not mind us following up with them and saving their contact information (70.5%) but the majority of cases did not actually require follow-up (74.5%).

► **Repeat callers**

Of those contacting us again, 47% were calling for the same issue, 26% for a similar issue, and 28% for a completely different issue.



Emergencies

Only 5.5% of calls were emergencies, of which 67.7% were related to physical health, and 33.3% were particularly related to sexual violence.



Reasons for calling

Most callers were looking for information (48.5%) and the rest were looking for support and someone to talk to (31.5%), a referral to a health service provider (18%) or referral to legal help (2%).



Want to join a solidarity group?

Only 13% of cases were interested in joining a solidarity group.

الكرية إنا جميعاً من الأبوية
نساء ، لاجئات فلسطينيات ،
مهاجرات ، عاملات جنس ،
ربات منازل ، فاسقات ،
ترانس و مثليات

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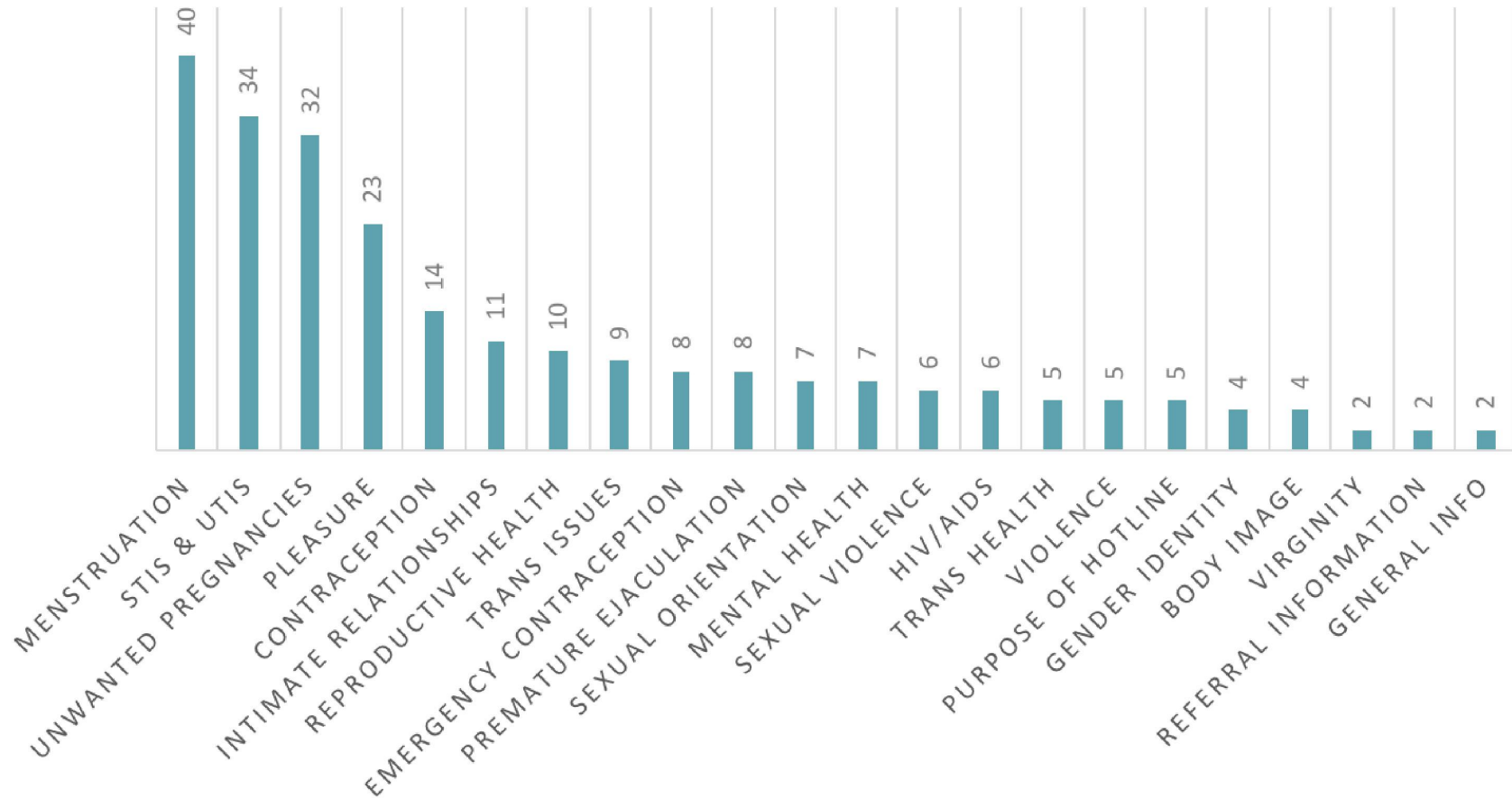
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REASONS

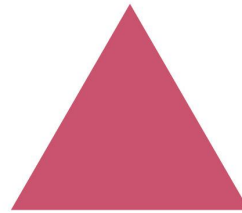
WHY you contacted the sexuality hotline

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The above figure shows the distribution of issues covered within hotline conversations. The numbers in the figure will not add up to the number of calls because conversations, just like our lives, are not uni-lateral or singular, they are complex and cross-cutting. One phone-call could be regarding STIs and move into relationship dynamics and pleasure negotiation.



MENSTRUATION, MISSED PERIODS, & UNWANTED PREGNANCIES

In total, we received 40 calls related to menstruation issues from irregularity to pains, as well as on missed periods. Women had questions about when in a cycle they're at risk of pregnancy, whether the different kinds of sexual activities they engaged in could cause a pregnancy, when to take an accurate pregnancy test, whether these tests could give false negatives, and when and how to take emergency contraception (EC).

Many women contacted us with confirmed pregnancies that are unwanted, requesting a referral to a non-judgmental gynecologist. Many of these calls were on behalf of women's partners or friends, sometimes because they were too afraid to investigate themselves and other times because they held their partners at the responsibility of finding a solution. When they did call themselves, oftentimes they felt the need to justify why they can't keep the pregnancy, which we would never ask about as we know this is a deeply personal decision that is hers, and hers alone. Many women call regarding information on the difference between medical and surgical abortions, as what they have read on trusted websites and what they had heard from their physicians are often contradictory – which understandably leaves them unknowing who to trust and fearful.



Cis-woman, 20-25, Lebanese, engaged

Engaged to a man who her parents don't want her to marry, she was late on her period, took a pregnancy test, which came out positive. Her partner insisted she keeps the pregnancy, even though it puts them in a socially unapproved place. She feels its too soon for them to have a child, a conversation which had the counselor feel that the fiancé may be using this pregnancy to marry her.

Cis-man, 25-30, Lebanese

Calling on behalf of his younger sister, who was too embarrassed that she had unprotected sex and that the man she had slept with had disappeared on her after telling him she might be pregnant. She had taken two urine pregnancy tests that were negative, but still felt uneasy. We told her she could be certain even earlier with a blood test if she likes.

Cis-woman, 17-19, Lebanese, in a relationship, unmarried

She was two weeks late on her period after having sex with her boyfriend of 4 years for the first time. She was convinced she was pregnant although she had taken 2 negative pregnancy tests, but she thought they were false negatives because of an anti-acne medication she was taking. She panicked about possibly needing to find an abortion provider, the costs related, and the judgmental conversations she may need to have. She regretted having drunk the night they had sex, and that it was unprotected thinking her parents would be disappointed and would "literally kill [her]" if they found out. We discussed how society shames women for non-marital sex, about contraception, keeping safe, and having the sex she wants and not feeling pressured into doing anything she doesn't want. Eventually she opted for a blood test which was negative for any pregnancies.



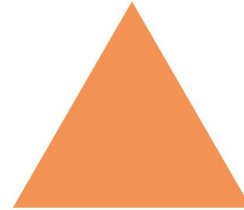
STIS AND UTIS

Callers mainly needed information about different types of STIs, referrals, and affordable testing centers. They mostly needed to know: what tests they need after having sex with a torn, or no, barrier method (condom/ dental dam), transmission information, whether their symptoms are related to having contracted an STI, to vent after a certain diagnosis, and how to get tested or treated without seeing a physician and facing possible judgment.



Cis-woman, 20-25, Lebanese, in a relationship, unmarried

She had her second genital to genital contact with a man. Was worried she caught HPV because even though her partner had been tested for everything, she read that men don't get tested for HPV, and that they can carry the virus and transmit it. Her genital area hurts and she has her period. She's hesitant about getting a pap smear because she's a "virgin" and anything going "in" hurts. When she told her mom she wants to get the vaccine, her mom told her "It's no use since you're not sexually active, unless you are?!" When asked if she felt pressured into having sex, she said that in the moment she's comfortable and wants to but then gets "scared of the consequences of sex."



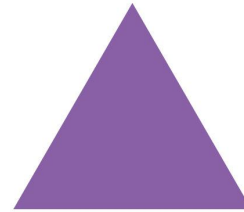
PLEASURE

Issues related to sexual pleasure revolved around problems with orgasm, feelings of guilt during masturbation, issues with vaginal dryness and “looseness”, inability to get erections, and whether it is normal to have many frequent “sexual thoughts”.



Cis-woman, 20-25

She is having problems with orgasm. She can orgasm alone while masturbating, but not with her partner. She enjoys clitoral stimulation but not penetration. She recently began faking orgasms because she feels it takes her too long and she doesn't want to keep her partner waiting. She has stopped masturbating and having sex because it is “disgusting and gross.”



CONTRACEPTION

Callers with issues related to contraception wanted to know about different contraceptive methods available, where to find them, and their respective side-effects.



Cis-woman, 25-30, Lebanese

She has been on the pill for 4 months, and this time during her break period she did not bleed. She was concerned there might be something wrong.

Cis-woman, 25-30, Ethiopian

She had had a hormonal implant in Ethiopia one year and 3 months ago. She is now bleeding from time to time and it's causing her discomfort. She wanted to remove it and asked where and how she can do it.

Unspecified gender, 23

They were looking for contraceptive methods other than the pill because they have a risk of blood clots according to their doctor. They usually use condoms but felt that they interrupted sex too much. They had also been to more than one gynecologist and felt uncomfortable with them.

RELATIONSHIPS

Relationship issues revolved around negotiating sex and communicating sexual desires or problems with partners. Hotline conversations range from discussions around being forced to marry someone, whether one should walk away from a potentially abusive relationship, how to discuss with a partner one's experience of pain during intercourse, disclosure of having STIs, and breakups (particularly queer relationships where some find it hard to find empathy and support among their friends).



Cis-woman, 25-30, Lebanese

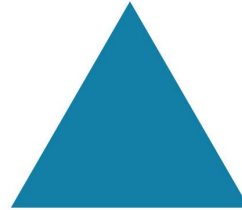
Her boyfriend broke up with her after a short while of being together because he was too busy, stressed, and was having symptoms of groin itching. He accused her of transmitting gonorrhea or chlamydia to him. She saw doctor and found out she has a yeast infection, and no gonorrhea or chlamydia. He had been a real jerk to her since he got his symptoms, oblivious to the fact that men can contract yeast infections too. While she awaited him to receive his own test results, she called us wondering how to deal with him. She thinks he's been a jerk particularly since he knows she had sex, albeit protected, with someone before meeting him, while he hadn't had sex with anyone besides her in a much longer time.

Cis-woman, 24, in a relationship, unmarried

She's in a long-term relationship with someone she loves, but often she is not in the mood to do anything sexual and "blocks" sexual flirtation. She is concerned whether this is normal or not, because she is feeling guilty about it, despite him reassuring her that it's fine. She's also never had penetrative sex for religious convictions and wanted to discuss issues of religion and sex.

Cis-woman, 20-25, Lebanese, in a relationship, unmarried

She recently became sexually active and is very cautious and worries that some men will only want to be with her for sex. So even though she feels comfortable with her current partner, she's hoping he's not only with her to sleep with her.



GENDER EXPRESSION AND IDENTITIES

Callers had questions about where to buy binders, referrals to “mokhtars” who would help them update their identification papers or could directly change their sex on paper, how long one can take estrogen safely, and how to get coverage for complications after surgery. Some wanted discuss the stigma they face because of their gender identities.

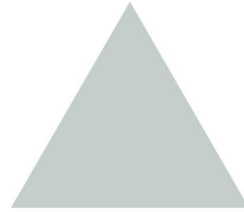


Transwoman, 35-40, Iraqi

She (having asked us to refer her in the feminine) expressed confusion about her gender identity and was wondering whether she’s gay or trans, asking “what causes a man to behave like a woman”. She was also wondering if she is required to undergo gender affirming surgeries if she identifies as trans or whether it’s best to just change her external appearance. Her family is pressuring her to get married because of her age, but she doesn’t want to get married to a woman. She wanted to talk about her option of possibly seeking asylum in Europe and asked whether or not there is a treatment for her that can “turn her into a man” - because doctors are telling her she is mentally ill and should be treated.

Transman, 15-20, Lebanese

He was experiencing confusion about his gender identity and wanted someone to talk to. Identifying as a man, and preferring male pronouns, he was experiencing emotional distress and uncertainty regarding whether he should seek this “validation”. He expressed depressive symptoms and having suicidal thoughts and had tried to seek counselling before but had to stop because the counselor had limited knowledge regarding trans* issues and was somewhat transphobic. He wanted and received a referral to a trans* friendly mental health practitioner.



REPRODUCTIVE HEALTH

Some callers had questions about general reproductive health issues, such as unusual discharges, causes of irregular or interrupted periods, reasons for vaginal pain and swelling, and reasons for bleeding after sex.



Cis-man, Indian, in a relationship, unmarried

Calling on behalf of his girlfriend who had been having unusual discharges since she took EC. Her vaginal discharge was discolored and had a bad smell.

Cis-woman, 20-25, Lebanese

She had swelling in the inner labia after her partner was very rough with his fingers and caused her pain. The sexual encounter was consensual and she didn't realize until afterwards that it was violent.

Cis-woman, 20-25, Lebanese

She had intense bleeding after intercourse, similar to the first day of her period. She said that sometimes she suffers from vaginal dryness, and that she has multiple sexual partners, but never been tested for STIs since she always uses condoms. However, it's the first time she experiences this with her new partner, who was sexually rougher than her other partners.



SEXUAL ORIENTATION

Calls related to sexual orientation were about confusion around sexual orientation, whether enjoying certain sexual acts means someone is gay, how to know if one is asexual, and whether there are medical ways to prove one's orientation.

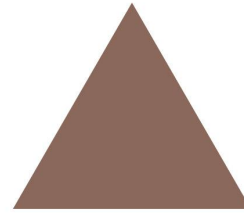


Cis-man, 20-25, Lebanese

He feels sad and lonely and wants to find out if he is asexual and what that would mean. He doesn't find women sexually attractive and the only sexual experience he has enjoyed was with a boy when he was 14. He doesn't want to be gay though as his father has threatened to kick him out if he were gay.

Transmasculine, unidentified age, Jordanian, in a relationship

Although having been assigned female at birth, they often feel uncomfortable with it and feel more comfortable thinking of themselves as a man. They don't really like to dress as women are expected to, in terms of outfits and hairstyles, and have experienced sexual harassment and abuse by close people, both females and males. They find themselves attracted to both men and women but are unsure why that is so and whether it's related to the harassment and abuse they have experienced. The call discussed their confusion of which gender they are "fully attracted to", and whether that needs to be identified. They have wondered that perhaps they are intersex and whether this is related to labia size. Their parents are allowing them to see a doctor and they asked if they should consider it.



MENTAL HEALTH

Mental health related calls were mainly from people who had experienced some form of sexual harassment or abuse and were looking for good therapists, or people who were having issues with their sexual orientation and wanted referrals to queer friendly therapists.



Cis-woman, 20-25, Lebanese

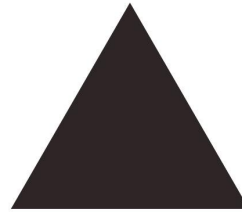
She was calling on behalf of her friend who was raped a year ago and now has severe anxiety and depression. She was wondering what she can do to help her friend because she feels she is at risk of harming herself.

Cis-man, 20-25, Lebanese

He is confused about his sexual orientation and doesn't want to see himself as a gay man. These thoughts make him sad and he has suicidal thoughts. He is seeing a psychiatrist who is very conservative, religious, and intolerant of non-normative sexualities, but he's a family friend and doesn't take money from him. He wouldn't be able to afford another therapist or psychiatrist.

Assigned female at birth, Unspecified gender, 26-30, Lebanese

They were sexually assaulted 10 years ago by someone they know, and they'd repressed the incident for all these years and are only now remembering it. They feel depressed and not very functional, and also feel their productivity and creative abilities are down. They think this is directly related to the rape and are looking for a good psychoanalyst to talk to. They were also asking about legal pathways, but were not interested in pursuing the rapist legally. They were just curious about how the Lebanese law tries rape.



SEXUAL VIOLENCE

Calls related to sexual violence were about cases of rape or attempted rape, with callers sometimes just needing someone to talk to or asking for legal advice about the procedure in case they want to pursue the rapist legally. Some women were wondering what qualifies as rape and whether what they went through can be labelled as such.

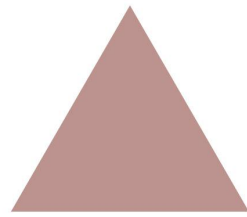


Cis-woman, 20-25, Lebanese

She invited a guy over who ended up sexually harassing her. She was feeling traumatized and needed support, but was also wondering if she can consider it harassment since she is the one who invited him over, so maybe “she’s just making a big deal out of it.”

Cis-woman, 15-20, From the Gulf living in Beirut

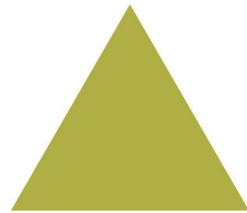
She was raped by her boyfriend when she was 15, who blackmailed her into staying with him for another year, and she couldn’t tell anyone except her best friend. She is afraid to tell anyone because she is scared they will judge her and that her parents will blame her. She wanted advice on what to do to get over it because it has been two years and she still can’t be in a relationship or let anyone touch her. She is scared of being out and walking around alone. She kept saying it was assault not rape, since there wasn’t any penetration but he was very violent.



HIV/AIDS

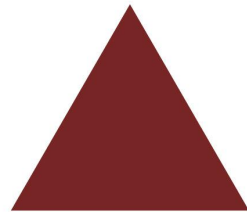
There were very few calls related to HIV/AIDS and most were from people who wanted to get tested to be on the safe side, or from people wondering whether the result of the rapid HIV test is accurate. Most of these callers were not aware of the difference between HIV and AIDS and would want to get tested for “AIDS”.

Some of these calls were from people who couldn't have gotten infected based on the sexual act described. For example, one of the calls was from a 30-26 year old cis-man who was making out with a stranger and was worried he might have been infected, because he had been exposed to the person's pre-cum (without penetration or bodily fluid exchange). Another person was calling on behalf of a friend who was worried they were exposed to “AIDS” because they had sex with a stranger, which was unprotected for a few seconds, after which they proceeded to use a condom.



Premature Ejaculation

In total we had 6 calls from men struggling with premature ejaculation, all of whom were worried about what to tell their partners, or ashamed to tell their physicians, thinking maybe it is not a very common issue



Other issues

Other issues that were not as frequent were related to violence, UNHCR-related queries, virginity, hymen reconstruction surgery, and body image related issues - such as discomfort due to weight gain or breast size.



MYTHS & MISCONCEPTIONS SHARED WITH US



There are no trans people in Lebanon

Unmarried women are not sexually active

One can get HIV by kissing someone who is HIV positive or sitting on a toilet used by a person living with HIV (PLWHIV)

If one cannot masturbate then one is asexual

Medical abortion is not possible at 4 weeks of pregnancy; surgical abortion is required

Being trans and being gay are the same thing

One cannot get STIs by having one consistent sexual partner

It's unhealthy for women to orgasm through clitoral stimulation only

Precum cannot have sperm

STIs are shameful



RoAccutane can cause false negative pregnancy tests

Psychoanalysis is the only type of therapy

If a woman invites a guy over, it's her responsibility if she gets sexually harassed.

“

STIs are “diseases”

One cannot get STIs or unwanted pregnancies if their sexual partner pulls out

Vaginal discharges are “white periods”

Any vaginal infection is caused by an STI

Anal sex is bad because the anus is made for things to exit, not to enter

Abortions are a horrible process

Herpes can be contracted through oral sex only

Men who are bottoms are less masculine than men who are tops

”

Estrogen pills cause men cancer

Your gender identity “shows” on your looks

Loose and wet vaginas prevent men from getting aroused

Getting married will fix the “problem” of being gay or trans
One is a virgin if one has not had penetrative sex

Ovulation pain is not normal

Premature ejaculation is not common

It is gay to enjoy a “prostate massage”?

Enjoying receptive anal intercourse, whether with men or women, is not compatible with identifying as a man

REFLECTIONS

تاريخ النساء
90%
الجمهورية العربية السورية





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One call we received was from a cis-woman whose friend was raped and was taken to a hospital where she was being forced to do a vaginal exam. The caller wanted to check if this is standard procedure and if she can be forced into such a test. Although the woman was satisfied and thankful after the phone call, the counselor reported feeling angry, and wrote:



“It was one of the hardest calls I have been on, especially that I knew that all I could do was be on the phone with her. I wanted to go to the hospital and felt anxious that I can’t just go. I obviously didn’t ask her or pressure her in any way, but I felt like I just want to go and hug her.”



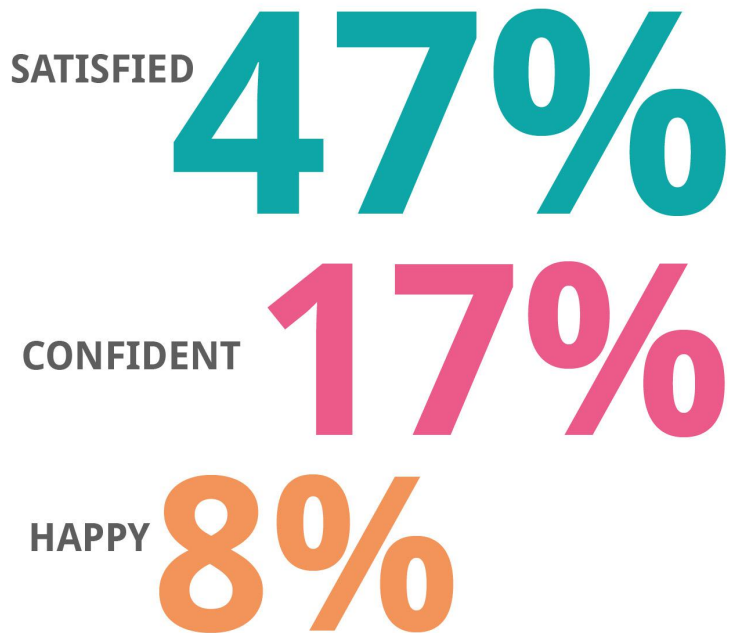
In another call from a transwoman from Egypt, the discussion revolved around her feeling unsafe in Egypt and wanting to come to Lebanon to try and find a job and have her gender affirming surgeries here. The counselor reported that the caller seemed to be feeling ‘better than before’ after the phone call, but she herself felt angry and said:



“I was very worried about scaring her about coming here and putting herself in another dangerous situation. I was also worried about giving her too much hope, and that she might come here and be disappointed by the harassment and racism.”

While every call on our sexuality hotline gets documented, we also have a partition for our own counselors to document how they themselves felt after each conversation and how they feel the caller felt after talking to them. This self-reflection also lets us know if the sexuality hotline counselor felt they had limited knowledge or political positioning on a certain topic and need subject-specific training.

THE COUNSELORS AFTER A PHONE CALL, FELT:



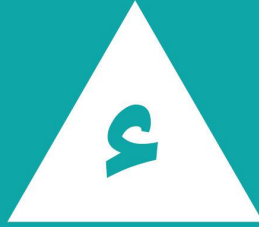
Some expressed negative feelings such:

- > Frustration (10%)
- > Anger (5%)
- > Sadness (2%)
- > Other (3%)



SOME ENCOURAGING WORDS WE HEARD

- ▶ “When I first became sexually active, I had lots of questions and no one to talk to. Nobody wants to talk about STIs and stuff. This service is really needed.”
- ▶ “Thank so much. I was worried that I would be judged at first, but so glad that there’s a group of women willing to talk to me about this without judgment.”
- ▶ “It is great to have such a hotline, because I often really feel uncomfortable talking about these topics, even with my doctor. If I have any other questions, I will be sure to call again.”
- ▶ “I was so anxious, and I’m so much more at ease now. I love how political this conversation was. Its so obvious that feminist principles are imbedded in your group.”



EVER CONTACTED OUR SEXUALITY HOTLINE?

We are committed to ongoing self-reflection, self-evaluation, self-teaching, and we welcome your assessment of our hotline so that we may do much better. While our counselors do evaluate the calls, we know it is not enough. We need to get your feedback dear caller, so that we have a more objective measure and assessment of how we're doing and what we need to do better.

If you have ever contacted our sexuality hotline, we would be very grateful to hear your views on the call through this **evaluation survey**.

[ENG](#) | [AR](#)

The survey is utterly anonymous and confidential. Only the sexuality hotline coordinator and trainer will be going through these reviews and based on it we can hold ourselves accountable, strengthen particular counselors, and introduce new trainings.

THIS HOTLINE IS, AND ALWAYS WILL BE, A PROJECT OF CONSTANT GROWTH AND LEARNING.



Coming soon!

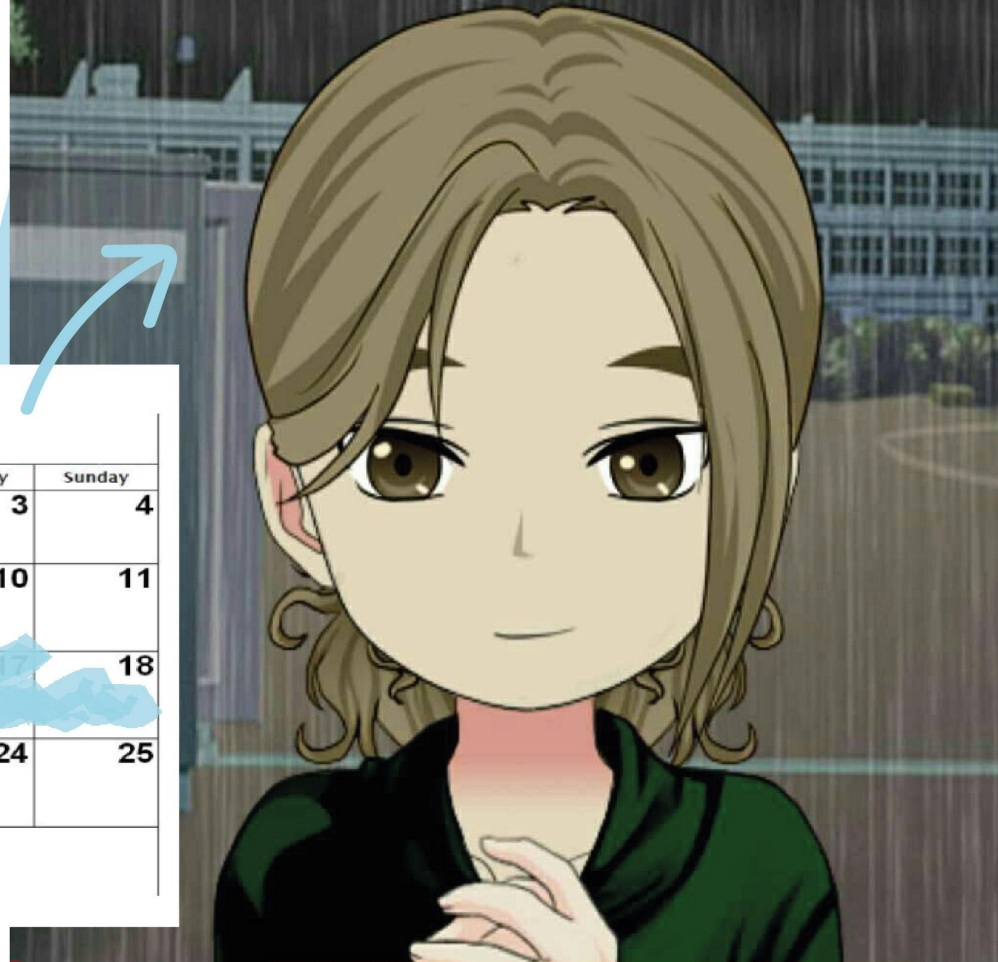
All counselors are trained similarly and can discuss your queries, questions, and musings with regards to sexuality, sexual and reproductive health, and gender.

But individually, we are quite different and some of us may be more passionate and have thought more in-depth of certain issues.

GET TO KNOW OUR COUNSELORS BY CHECKING WHO HAS A SHIFT THIS WEEK! [[LINK](#)]

2018 February						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

Salma is 26, speaks Arabic, English and some (slow) French. She is calm, more on the serious side, likes to take her time in both listening and answering. She has some insight on queer relationships, sexual violence in and outside relationships, and extensive experience in mental health difficulties. When she's not on the hotline, Salma is curled up in bed with a book.





FANCY HELPING US OUT?

Women, trans*, and gender non-conforming people generally (and specifically young, queer, poor, migrants and / or refugees specifically) face way too many barriers when trying to access decent healthcare in Lebanon. The very high cost of consultations and lack of financial coverage are two of many barriers to proper SRHR care.

As part of our work at The A Project, we have come across many complaints against healthcare providers and received many requests for recommendations for decent doctors. Unfortunately, we've often found our hands tied. So, we are crowdsourcing and asking for your help in building a [reliable and accessible referral database](#).

You would have to fill a survey, yes, but this is not a study.

We are collecting data from people all over Lebanon to serve people like you and me. The data will not be used for research purposes or end up in a publication. The data you provide will feed into an ever-growing database of trusted (and not-so-trusted) healthcare providers.



Sexuality & Sexual Health Survey: A survey addressed to healthcare service users of all genders.

[ENG](#) / [AR](#)

Trans* Health Survey: A survey addressed to trans* service users with questions specific to your experience of receiving services specific to your needs.

[ENG](#) / [AR](#)

Healthcare Providers Survey: A survey aiming to find providers who share our values on gender and sexuality! If you are a physician or know a good provider, please do take/ share this survey to join our referral database.

[ENG](#) / [AR](#)



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FIRST 15 MONTHS OF THE A PROJECT'S SEXUALITY HOTLINE