**Research on Transgender needs in Tbilisi**

Non-Governmental Organization

“Hepa Plus”

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# List of Abbreviations

|  |  |
| --- | --- |
| HIV | Immunodeficiency virus of person  |
| MRT | Methadone replacement therapy |
| VCT | VoluntarilyConsultations and Testing  |
| IDU | Injection Drug User  |
| IDU Partner | Sexual Partner of Injection Drug User |
| AIDS | Acquired Immune Deficiency Syndrome |
| NSP | Syringeand Needle Program |
| PrEP | HIV [Pre-Exposure Prophylaxis](https://www.cdc.gov/hiv/risk/prep/index.html) |

**Introduction**

The health of transgender persons including the distribution of HIV infection in this group, in contrast to the general population data, is less researched. This is related to factors such as research size representation, lack of size estimation of the population and stigma / discrimination. Even scientific and epidemiological data related to transgender people are not gender sensitive, and give no reliability. Limited data suggests that transgender people may be more likely to use psychoactive substances than non-transgender people. Substance use is associated with discrimination and HIV transmission. Transgender people who use drugs (injectable and non-injectable) should have the same access to harm reduction services as non-transgender people. Needle and syringe programmes (NSP) and opioid substitution therapy (OST) programmes should be accessible and acceptable to transgender people. Providers of NSP and OST services should be trained in providing in non-judgemental and competent care for transgender individuals including targeted referral. But there is hardly any experience in providing NSP and OST services in Georgia at least and the documentation analyses level. Consequently, this study was aimed at analyzing complex needs of transgenders, focusing on health care and harm reduction service needs seen from the community, finding respective barriers and means of realization of the needs into practice.

# About the research

Aim of the research:

To study complex needs of transgenders focusing on health care issues, namely on harm reduction services.

**Hypothesis of the research:**

Following the zero hypothesis of the research, the usage of drugs, including alcohol is comperatevly high while availability to harm reduction and rehabilitation serices comperatevly low in transgender population that is caused by complex bio-psycho-social problems the mentioned group faces.

**Period of the research:**

The mentioned research was conducted in NGO “Hepa Plus” premises from January 3 2018 to June 30, 2018 (6 month). In depth interwievs were conducted in March-April 2018.

# Methodology

Presented research is based on the qualitative method of the research, namely In-depth interwievs. 14 In-depth interwievswere conducted. In-depth interwievswere held individually, face to face in a separate room. Average duration of the interview was 40-60 minutes.

Selection of the participants of the research

In the framework of the qualitative research respondents were selected consistently and oriented on the respondents that means to interview those beneficiars who were accessible for the research and agreed to participate in it[[1]](#footnote-2). The information about research was spread among the beneficiars of the organization “Hepa Plus”, with the help of social workers and partner organization “Tanadgoma” and “Equality Movement”. Following the protocole of the research all potential participants were informed about theaim and objective of the research. Each respondent wasinformed about possible risks and inconvenient situations they may face during interwiev. After receiving written consent of the participant, research interviewer was asking questions following the questionnaireendorsed by the Bio Ethics commission.

**Criteria of the participant selection**

The presented research is based on the following criterion:

* 18 years old or older;
* Transgender women (respondent self-identification);
* Transgender men (respondent self-identification);
* Should be volunteer participant;
* Should speak Georgian, as the interviews were conducted on Georgian and the forms of consent were presented in Georgian language as well.

Ethical issues:

- The design of the research was presented on the Health Care Unioin of ethical commission and was estimated with high positivity;

- Participants of the research were anonymous during research;

- All materials connected with the research were kept in special closet locked on the key, that was not available for anyone except the researcher and co-researchers;

- Community representatives participated in the working process on the design and their recommendations were foreseen;

- Following the protocole of the research, all potential participants of the research were informed about the meaning and aim of the research. The risks of participation in the research was explained to each participant. Each participant was presenting its consent by signingthe information leaflet and the interviews were conducted based on the questions endorsed by the Bio ethics commission in advance.

Research Tools

The questionnaires developed in advance were used for conducting In-depth interviews. The questionnaire was developed by researcher, as well as by co-researchers. The mentioned questioner is attached to the research as an attached file (see annex 1).

Processing the data

In-depth interviews were audio recorded that afterwardswas transcripted. The mentioned audio recording is kept in special closet locked on the key and is not available for anyone except the researcher and co-researchers. Results of the research were processed with the method of the tipology of the key affected population, afterwards the mentioned notions were discussed with the synthetic way and in conclusion research subject was analyzed with the logical-systematic way. On the basis of the results of the research, the systematic view on the subject of the research was worked out and concrete conclusions were presented.

Limitation

Qualitative method of the research does not allow us to cover large part of the population, accordingly we are not able to talk about 95% range of statistical reliability of the data. Based on the fact that the target population presentshidden population, we did not have big choice in selecting participants. The sequential sampling method was used that means interviewing all available beneficiars who agreed to participate foreseeing the risks of the Indepth interwievs (sensitive and very personell issues).

Results

1. **Description of the target group**

14 transgenders participated in the research. Initially the project covered interviewing only 10 respondents butforeseeing the fact that more participants expressed readiness to participate, finally 14 participants were interviewed –10 transgender women and 4 transgender men. Age ranges between 21 to 42 years old. 4 respondents have high education, most of the respondents have professional education, 6 of them are working in NGO sector on part time job. Most of them are sex workers. Those who work or were working in definite period of time beyond the mentioned sphere, have to hide their gender identity and act according to their biological sex.

4 persons are living on a rent, 1 is homeless, others have their homes, most of them live with other members of the family who does not know their gender identity or the mentioned issue is not discussed in the family that oblige trangender person to live with their biological gender and not with itsgender identity.

1. **Social Contacts**

Social contacts inside the community are in direct connection with the contact of individuals with NGO sector and the experience of sex work.There is an active group of about 45-55 trangender who openly declare their gender identity inside the community and also with the NGOs who workwith the mentioned community that may not be declared in other environment. Following several respondents, they know about 200 transgenders most of which live abroad. The quality of public recognition of gender identity varies and depends on personal perception, how each person perceives opening its status.The quantity of the respondents who does not hide its identity is very low.The part who visually try always coincide with the established stereotype of its gender identity, in fact is not realized, has to live beyond the family and lives in night times, they even can not move during day time, that is one more big barrier for establishing any kind of direct social contacts inside as well as outside the community

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1. **Health Care Accesubulity in Governmental and Non-Governmental Sectors**

Respondents stated that health care service accessibility is very low, especially on the basis ofpublic and private clinics. Respondents does not trust polyclinics where one may receive free services on social status basis or receive cheaper service without the mentioned status, but following very bad experience, they do not apply to services that is not available in Non-Governmental sectors. Here we talk about cases when they do not need to declare their gender identity.Regarding services intended for transgenders, as they say only breast operations are done in Georgia, in other cases you need to travel abroad, that is one more reason, apart from stigma and discrimination, for which definite number of transgender already left country or are going to leave it. “Everybody dreams to leave this country, I wish I could live in Belgium, Germany or Holland.” – extract from the interview of one of the transgender women.

As for non-govermental sector, there is three main organizations that offer services to transgender, namely: “Tanadgoma”, “Equality Movement”, “Women Initiative Support Group”. Packages the NGOs offer include testing on AIDS/HIV, hepatitis, sexually transmitted infections, phycologist and lawyer assistance.Co-educators and social workers are engaged in redirecting and providing social counselor services. It is worth mentioning that most frequently the following services are used by transgenders: VCT,condom and lubricantsupply, physiologist and lawyer services and referral to HIV center. Some of the respondents openly declared their HIV positive status and the positive experience of the relationship with HIV Center, however it must be mentioned that some requestedfor more protected confidentiality from HIV center.

Two respondents mentioned that they were testedon HIV and Hepatitis in “Hepa Plius” and received materials of safe drug usage.Except for 2 respondents (its worth mentioning that both are non-drug user men) everyone issystematically tested on HIV, Hepatitis and STIs and are aware of the results of the tests. People with HIV positive status are passing systematic complex control in HIV center. Only one respondent declared thatvery oftenbreaks the treatment rejime that does not seem a problem for him as he does not feel the positive effect of the treatment andconnects his health care problems with HIV treatment.

1. **Drug Use Practice and Harm Reduction Services**

Only 2 respondents had a druge use experience, among them the interviewer, however the majority have noted that they have/had sex partner - intravenous drug user - or random partner due to sex work, about whom they hold the information of being intravenous drug user based on experience. As for harm reduction, only one individual was involved in the Needle and Syringe Programmes (NSP) and one individual has considered engagement in the NSP, but in the end has not participated in it. Most of them have highlighted the episodes of alcohol use, primarily those who had a sex work experience as according to them alcohol helped them in work which being very specific, simultaneously is very dangerous for transgenders; drugs and alcohol give them more courageand boldness, also helps them to overcome stress caused by the unpleasant contacts. On the other side, alcohol/drug use increases the probability of the unsafe sexual contacts, as the instinct of caring about health is also relaxed.

As for the knowledge of harm reduction programs, information about them was known to the respondents who are engaged in social work and had the experience of involvement in peer education programs. Others have heard about similar services but can not identify exactly what these programs are and where they can be received.

1. **Hormonal therapy**

Respondents say that the hormonal therapy service in Georgia is not available if the hormones are not received by doctor's prescription but in a fragmented manner. It is also impossible to complete the whole process of sex correction in Georgia. During interviews and private conversations, they emphasized social difficulties related to sex correction operation beyond medical access. Some of them have a financial barrier. Sometimes the problem is the family members and the attitude of the closest people.

Although the majority of the interviewees want to undergo sex correction, despite being aware of the operation related risks. At this stage, some respondents refuse to take hormones spontaneously, (based on sexual practices). At the same time, the high degree of stigma is a factor in this regard. However, it is crucial that there are no services that provide all the stages and getting of full results in Georgia, which is a major problem.

1. **Sexual practice**

Respondents are distinguished with a variety of sexual practices, which are caused by diverse sexual partners’ sex, sex work specifics, constant partner and random connections’ dynamics. In transgender women, the practice of safe sexual contact is of higher importance and this direction is put forward during the work of NGOs’ with them. They also have access to condoms and lubricants. As for transgender men, they mentioned "Women's Initiatives Supporting Group", which supplied them with finger and language condoms and appropriate lubricants. Transgender men see fewer risks because they have a risk of infection associated with men and as none of the transgenders have sex with male partners currently. One respondent who is involved in sex work indicates that she does not practice hormone therapy due to the "active" role with her clients during the sexual act andit will not be profitable for her if she fails to perform this function. HIV Positive transgender women respondents constantly practicesafe sex due to health status.

1. **Physical and psychological violence**

All respondents without exclusion have practiced psychological as well as physical violence. These facts have happened so often, that respondents do not consider it violence if not taking place systematically. Psychological pressure starts from early childhood. Almost all respondents are aware of their gender identity from 5-6 years and do the coming-out at the age of 14-15 in some social environment.Exactly at this stage they become victims of psychological violence,exclusion from family and alienation from family members. Some of the respondents have already been involved in sex work from this age. They have undergone the problems themselves and now they often mention how hard it is to work with young transgenders who are one of the most vulnerable groups and actually remain behind all the services that further increases their vulnerability to psychological and physical violence.

All respondents have experienced verbal abuse, as well as physical, (beating, item stroke). To some of them damage was caused by a cold weapon and a firearm. Part of the respondents have experienced sexual violence and sexual harassment, the facts of providing information on them to another person, disseminating wrong information about them and subsequent cyberbulling have taken place.

Violence within the community also needs to be highlighted, which is caused by an internalized transphobia. Rational choice of some transgenders, based on the fear of physical and psychological violence, is not to look like a stereotypical woman during the whole day, and adjust to their biological sex, for the purpose of self-realization; this invades aggression in other members of the community and causes response which involves elements of the psychological violence.

1. **Police attitudes**

Respondents have a wide range of experience with the police, but the main problem is that the police has a wrong perception of discrimination and / or sometimes violence. The community's unacceptability of the society is reflected in better case in low-sensitivity of police officers toward the issue, and in the worst case they are putting pressure, practice mockery and manipulations with physical violence. "The crew of 112 ... told to the abuser to compile a complaint in response as the community members cannot appear in the court with a make-up.” I do compile complaint myself, follow it to the end, but I come across problems and violence there…” He has injured my hand although I have not resisted. "- These are the quotes from the interview with the respondents.

 It should also be noted that there were positive responses to several police departments, but all of them clearly point out that the crews react to the transgender badly.This according to some respondents may be due to the fact that transgender sex workers often call patrols, even when it comes to minor violations, for example verbal abuse, and this causes irritation of patrol officers, as transgenders can manage the situation themselves but decide to engage the police. This happens for documenting harassment. Abovementioned facts help them to go abroad and receive funding for sexual transition. At the same time, some respondents noted that adoption of the anti-discrimination law has not changed police attitudes toward transgenders; it could be even said that the attitudes have worsened.

1. **Experience of Living in Shelter**

Only two of the respondents had the experience of living in the shelter. It should be noted that in one case, transgender woman was placed in the state shelter with victims of other gender based violence, which is the first precedent.

1. **Experience Received at the Penitentiary System**

Some of the respondents have experience with the penitentiary system, which excluding two cases comprises of short periods and is not connected with the drug use; in one case, when the case was concerning the drugs, the respondent noted that he has undergone punishment several times in the penitentiary system and the experience had a crucial negative effect on his life cycle. It should be noted, that the respondents find this experience the most difficult to speak about and have no will to expose in this regard. In the penitentiary system, transgender women are placed with man, which causes special discomfort, for the transgenders as well as administration staff.

1. **Stigma and Discrimination**

Stigma and discrimination against transgender in Georgia are sharply expressed. Transgender persons do not have adequate social, political and legal protection. Discrimination against transgender people is the result of several stigma related to their gender identity, gender expression and alleged sexual orientation. The respondents say that the fact that transgender individuals cannot receive their IDs that match their gender identity, is a serious barrier to their full social functioning. In addition, the fact that they need to carry out an operation on genitals that the state is not funding, and only after that it is possible to initiating sex correction procedure is discrimination in itself.

At the same time, some transgenders do not want to undergo a sex transit operation and this kind of conditionality represents considerable barrier in the process of recognition of their gender identity. Besides that, neither state nor the private insurance system finances this type of surgical operations. Sex correction operation is, usually, is an extremely expensive procedure and is not accessible in Georgia.

The absence of the ID corresponding to person's gender identity often becomes a barrier in receiving medical care, education, employment and participation in the election process. Existing stigma, discrimination and lack of proper ID contributes to the exclusion of majority of transgender people from public life, limiting their economic opportunities and leads them to poverty and marginalization and exposes to being more vulnerable towards violence.

1. **Community Strengthening**

The participants claim that there is a necessity of strengthening the community in several directions;

* On interpersonal level ( balancing personal relations among community members internally) awareness rising on the transgender essence

Strengthening the community is very important to regulate interpersonal relationships, as internalized homophobia prevails in the community nowadays, among transgenders, transphobia is prevailing extensively.“I am more feminine, I have more income”; “He is ordinary pederast (swearing)”. The attitude of a kind causes conflicts which leads to community segregation and ineffective advocacy.Certain members of the group acknowledge only normative relationships; in their opinion only in case of having female genitals they can create “real” traditional family. Based on this opinion, there is a group within a community which has already undergone the transition, considers herself being in an advantageous position and those who have not, feel the internalized stigma, which affects their functioning negatively. Based on the abovementioned information, respondents think that there is a necessity for creation of spaces for more community meetings and group work with the community (psychological sessions), usage of arts as an instrument in the process of working with them, for the purpose of awareness rising within the community for repressing homophobic and transphobic attitudes and increase in reciprocal acceptance.

* Civil Society and Community Activism

At this stage, the engagement of the community is high in field work. As for the political processes they have a will to hone their skills for the purpose of managing advocacy processes on their own as a separate community. Despite adoption of the anti-discrimination law, it is not implemented in practice and therefore, there is a need for strengthening of the community members, recording and follow up of the specific cases.

1. **Benefits of the Research Process**

During the research, transgender respondents were aquainted with the concept of harm reduction and after the research they have witnessed principles and process of its work at the service center. Part of the respondents as well as researchers highlight that the interview has turned into some kind of psychotherapy for them, which has supported open conversation on sensitive topics.

# Main Findings

1. For survival, transgender persons (employment,maintenance of housing and social contacts, receiving of education and medical services) in most cases have to behave not according to their gender identity, but in accordance to the stereotypical norms of biological sex, with the exception of sex-work episodes among transgender women, where femininity improves relationship with the customers.
2. The degree of public recognition of gender identity varies depending on the personal perception of openness on status. According to the respondents, the quantity of transgender people who do not hide their status anywhere is too small.
3. Neither state nor the private insurance system finances sex correction surgical operations. Sex correction operation, usually, is an extremely expensive procedure and is not accessible in Georgia. But the change related to the gender status in ID is only possible after the full correction of sex.
4. Transgender access to health care services is poor, especially on the basis of trust towards state and private clinics, or due tothe experience of the community members.
5. Vulnerability of transgender with regard to HIV infection is conditioned by structural mechanisms and discrimination in the fields of employment, education, housing and health spheres.
6. Stigma and discrimination create a barrier for receiving medical care. Because of discrimination, transgender individuals do not refer to medical services. In case when they do, they are often humiliated, insulted and sometimes even refused to get medical services. A large number of medical personnel does not know about the special medical needs of transgender individuals, neither do they have sensitivity and sympathy towards the group.
7. The package offered by NGOs for transgender includes testing of HIV / AIDS, hepatitis, testing and treatment of sexually transmitted infections, psychologist and lawyer, PrEP.
8. Equal educators and social workers are engaged in providing redirection and social access, which is positively cited by respondents and emphasizes the efficiency of these interventions. The most widely used services are: condoms and lubricants, psychologist and lawyer services and referral to the AIDS center.
9. In the transgender population, alcohol consumption is higher compared to other populations; some of them have episodes of drug use, their involvement is low in alcohol and drug rehabilitation programs, as they do not meet their complex needs in the existing format.
10. Among the sex-partners of the transgenders the rates of drug use is high, including injecting, especially when transgender women are engaged in sex work.
11. Transgenders have a wide range of sexual practices, which are determined by partners’sex, sex work specifics, permanent partner and random connections dynamics. Advantages are given to safe sexual contacts, based on health status and the principles of sex work practiced in the community.
12. Transgenders are subject to structural, emotional, physical and sexual violence of various forms. Law enforcers often ignore the offense arising from hatred and transphobia, even more: most of the murders of transgender remain unregistered or incorrectly registered due to the biological sex of transgender people and not by actual gender. There is a wrong perception on discriminate or sometimes violence from police’s side. Generally there is no acceptance of the in the society and therefore there is the same situation with police.
13. The adoption of the anti-discrimination law did not change the attitude towards transgender people from the police, it could be said that the attitude has deteriorated lately.
14. Internal and external stigma reduce the quality of transgender’s life and leads them to serious risk of mental health. Stigma-discrimination in transgender persons is accompanied by depression, suicidal thoughts and other mental health problems.
15. When it comes to the penitentiary system and shelters, transgender placement is carried out in accordance with their biological sex, which causes great discomfort among the member of the community as well as among the administration staff.
16. Many transgender individuals try to feminize or masculinize their own appearance in order to coincide an external appearance to their gender identity. They themselves have a perception of their community members in woman-man dichotomy, place them in normative frames and reveal less acceptance toward the community members who are unlike them.
17. The main sources of information on health issues of transgender are other transgenders, transgender communities, internet and social media. Thus, interventions carried out under the guidance and participation of "equal" consultants are considered more efficient.
18. The term "Strengthening Community’s Capability" marks the strengthening of the efficiency of the programs by active participation of community members and the formation of collective responsibility on the effectiveness of these programs. It also implies concrete steps by these community groups to eradicate existing social and structural barriers to receiving healthcare services.

# Recommendations

1. The educational programs aimed against transphobia, stigma, discrimination and violence should be implemented and the measures should be based on the principles of anti-discrimination and human rights and the legislation should aimed at their protection;
2. While carrying out the measures aimed at changing anti-discriminatory and punitive actions, decision-makers who create the policy, as well as the members of the Parliament and health careofficialsshould be actively cooperate with the civil society and non-governmental sectors;
3. It is necessary to simplify the procedure for changing sex and promote co-financing/financing of sex correction operations in parallel mode and promote local delivery of the operation.
4. Besides the HIV- related needs of transgenders they have many other additional medical needs, therefore it is necessary to offer to them the complex support throughout their life cycle.
5. By recognition of community’s special needs through awareness and findings, the access to health care services for transgenders should be improved on the basis of state and private clinics.
6. The needle and syringe programme and opioid substitution therapy should be accessable and acceptable for transgenders. The trainings should be conducted for the specialists who work on the above-mentioned programs on impartial and competent assistance to transgenders.
7. Transgenders with whom the violence is carried out should be provided with medical and other services. In particular, victims of sexual violence should have an access to a comprehensive complex service for victims of rape.
8. Introduction of special educational programs which will provide healthcare officers, medical and social workers with knowledge and skills about transgender services based on their rights and dignity-based services. In addition, the mechanism for the responsibilites of those employees should be established who violate transgenders’ rights.
9. For the purpose of transgender violence reduction and prevention, decision-making and implementation of appropriate programs should be taken in direct involvement of organizations that protect transgender interests. All cases of violence should be studied and registered and appropriate mechanisms should be established to ensure justice.
10. The planning of the complex intervention against internalized homophobia and transphobia inside the community is necessary to improve the quality of individual life and advocate for their common goals.
11. It is recommended to initiate alternative safe and friendly spaces for gathering of transgender community including strengthening of networking work and improving referral.
12. Transgender placement in shelters and prisons should be in accordance with their gender identity, especially after the existing precedent when a transgender woman has been placed in a temporary shelter with other women which were the victims of violence and this was followed by a number of positive outcomes, rehabilitation and appropriate refferal.
13. It is necessary to work with the police in order to introduce the practice of decent treatment towards transgender, as well as strengthening the monitoring from the police side for the neglect of transgender rights, documenting the violation of their rights and for further response.
14. Besides the HIV voluntary counselling and testing initiated by medical and prophylactic institutions workers transgenders should receive such services at non-medical institutions, at the acceptable places for them.
15. It is necessary to introduce comprehensive sexuality education in its full understanding of the concept in high classes in order to increase awareness on sex, sexual orientation, gender identity, expression and gender roles, which in the long run increase the awareness and knowledge of these issues and reduce stigma.

**Acknowledgment**

Organization "Hepa Plus" is grateful to the Women's Fund in Georgia (<https://www.womenfundgeorgia.org/ka/Main>), which has enabled us to conduct the survey. We also want to express our gratitude towards partner organizations, "Tanadgoma" and "Equality Movement", and "Women's Initiatives Supporting Group", as well as researchers and respondents.

# Annex #1

**Questionnaire of the In-depth Interview**

* 7-digit code:
* Gender: Transgender woman/Transgender man
* Status: Intravenous drug user/Partner of intravenous drug user
* Education:
* Employment:
* Income:
* Living conditions:
* With whom do you live?
* What kind of relationships do you have with your family members?
* How many transgender women/men do you know? How many of them declare about their status openly?
* Do you use the common healthcare services? If yes, what kind of problems do you come across while receiving them?
* Which services of the harm reduction programme are you aware of and have you used any of them?
* Have you been engaged in the needles and syringes programme or in the equal education research? If yes, please indicate the timeframe.
* Have you received support of the qualified social worker/outreach worker?

If yes, have you come across to the negative behavior?

* Have you used social accompanying service?
* Have you used help of the multidisciplinary team (doctor, nurse, social worker, and psychologist)? If yes, are you satisfied with the service?
* Have you been/are you engaged in the hormonal therapy? If no, did you have a will to undergo it and what were the hindering factors?
* Do you use/or have you used opioid replacement therapy? If yes, indicate the timeframe.
* Describe your sex practice (number of sex partners, frequency of usage of protection means)?
* Have you used screening for HIV, B and C-hepatitis, syphilis and tuberculosis during the last one year? If yes, do you know the research answer?
* Have you come across difficulties during receiving services of NSP?
* Were your rights violated during receiving the services? If yes, in which form?
* Have you been in the shelter on penitentiary? If yes, indicate the timeframe.
* Have you ever been the victim of physical and/or psychological violence? If yes, who has provided help?
* Have you come across the oppression or any kind of complications from police?
* Do you see the necessity of community strengthening? If yes, who or what will help you in this?
* What kind of support is of prior importance in your view?
* In your view, which additional services are needed?
* Do you have any additional comments?
1. <http://www.respondentdrivensampling.org/> [↑](#footnote-ref-2)