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ORIGINAL ARTICLE

Perceived Social Support in Transgender People: A Comparative Study with Cisgender People

Apoyo social percibido en personas trans: Un estudio comparativo con personas cisgénero

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ABSTRACT

Background: Trans people may find themselves in a situation of social discrimination, reflected in their health and in the lack of scientific research. The minority stress theory points out the importance of social support for the stress of sexual or gender minorities. This study aims to explore social support and its dimensions in this population. **Method:** 81 people participate, of which 36 are trans and 45 non-trans (cisgender), as a control group. *The Mos Social Support Survey* is applied to measure perceived social support and a questionnaire with sociodemographic variables. **Results:** The results show that there are no differences in the perceived social support between both groups. However, sociodemographic variables such as having a partner, age, and employment situation show change for the trans population in some dimensions. **Conclusion:** These findings promote future lines of research that expand the knowledge of these variables in this group.

Keywords: Transsexuality; social support; gender dysphoria; mental health.

RESUMEN

Introducción: Las personas trans pueden encontrarse en una situación de discriminación social, reflejada en su salud y en la escasa investigación científica. La teoría del estrés minoritario señala la importancia del apoyo social para el estrés de las minorías sexuales o de género. En este estudio se pretende explorar el apoyo social y sus dimensiones en esta población. **Método:** Participan 81 personas, de las cuales 36 son trans y 45 no trans (cisgénero), como grupo control. Se aplica *The Mos Social Support Survey* para medir el apoyo social percibido y un cuestionario con variables sociodemográficas. **Resultados:** Los resultados muestran que no existen diferencias en el apoyo social percibido entre ambos grupos. Sin embargo, variables sociodemográficas como tener pareja, edad y situación laboral muestran cambios para la población trans en algunas dimensiones. **Conclusión:** Estos hallazgos promueven futuras líneas de investigación que amplíen el conocimiento de estas variables en este colectivo.

Palabras clave: Transexualidad; apoyo social; disforia de género; salud mental.

BACKGROUND

Trans people are those whose gender identity and / or expression does not match the gender expectations of a normative society. Two traditional binary poles are differentiated (masculine and feminine), but between the two, there is a range of gender identities and expressions (transsexual, transgender, transvestite, non-binary, gender fluid and other gender variants).

People whose identity does not fit with the normative sex / gender dichotomy may have their physical, mental and sexual health affected, due to the situation of discrimination in a transphobic culture (Basar, Gökhan and Karakaya, 2016; Nuttbrok et al., 2010; Trujillo, Perrin, Sutter, Tabaac and Benotsh, 2016). These difficulties of social adaptation would systematically occur in all areas and areas of their life, such as education, employment, home and health (Boza and Nicholson, 2014).

Trans people are more likely to experience rejection, discrimination and violence than non-trans people. In studies such as that of Lombardi, Wilchins, Presing and Malouf (2001) it is found that 60% of transgender people have experienced violence or rejection, 26% have suffered some violent incident and 37% have been economically discriminated against. More than 90% of all trans people reported experiencing harassment or discrimination, compared to 80% of cisgender women and 63% of cisgender men. Similar results are found in other comparative studies with a non-transsexual population. Nemoto, Bödeker and Iwamoto (2011) in a sample of 573 transsexual women with a history of prostitution, it was found that more than half had been physically assaulted,

In addition, these situations of discrimination, social rejection and violence can affect the mental health of trans people. Both research and the depathologization movement coincide in pointing to the oppressive social and family environment as a variable to take into account in psychological distress (Nuttbrok et al., 2014). It has been found that trans people show greater psychopathology, have a lower quality of life and well-being with life than the rest of the population. In general, the group of Lesbians, Gays, Bisexuals and Transsexuals (LGBT) are more likely to suffer from a mental health problem, where social support can be essential as a buffer, especially for young boys and girls (McConnell, 2015). However, Claes et al., (2015) point out the importance of studying transsexual people separately from the collective to differentiate the effects of discrimination based on sexual orientation. However, there is a high trans population that does not identify as heterosexual (between 38.4% - 61.9%) and intersectional discrimination may occur, both due to their gender identity and sexual orientation, the effects on mental health Boza and Nicholson, 2014).

To explain the consequences on mental health of groups that are socially minority, the minority stress theory should be highlighted (Meyer, 1995). This theory has been used for other types of minorities, but it has been found particularly useful in the trans population (Trujillo et al., 2016). From it, the perceived experiences, their mental, physical and psychological well-being in general are related to discrimination, prejudice, vigilance and fears that they may experience due to the socially minority situation (Meyer, 1995). Stressors that influence minorities can act on health directly through chronic stress mechanisms, lead

to psychological distress or health-related behaviors such as substance use or use of health services (Balsam, Molina, Beadnell, Simoni and Walters, 2011). In addition, minority stress can occur at the same time as other types of daily stressors in the non-minority population, thus adding more stress to the individual's mental health. It is suggested that a possible buffer against psychological stress in sexual minorities, such as trans boys and girls, could be social support (Meyer, 2003).

Social support has been shown to be helpful in coping with stress and controlling the effects it may have on people's health (Schmitt, Branscombe, Postmes & Garcia, 2014). There is no unanimous agreement when defining social support in the literature. Social support could be defined as the possibility of receiving help, comfort, assistance or information from both individuals and groups (Earnshaw, Lang, Lippitt, Jin and Chaudoir, 2015).

Authors such as Sherbourne and Stewart (1991) studied the influence on health of social support due to its different dimensions. First, they make a dichotomous distinction between structural support (number of social relationships and interconnectedness of networks) and functional support (degree to which these interpersonal relationships serve certain functions). The support a person perceives would be more important than the support structure itself (Sherbourne & Stewart, 1991).

In addition, taking into account the functions of social support, they differentiate between five categories: emotional, that is, expression of positive affect, empathy and expression of emotions; informational, referring to advice, advice, information, guidance or feedback; instrumental, that is, material aid or assistance; positive social interaction, availability of other people for leisure and fun activities and; affective, expressions of love and affection. The importance of the dimensions of social support is highlighted due to its effects on health and not only what are its sources, or the amount of support perceived in general (Jensen et al., 2014).

Davey, Bouman, Arcelus and Meyer (2014) recommend that the study of social support in trans people explore these dimensions. However, research on trans people is not very abundant (Ellis and Davis, 2017). On the one hand, significant differences have been found in the perceived social support of trans people compared to the rest of the population, being trans people who perceived less support than non-trans / cisgender people (Basar et al., 2016; Boza and Nicholson, 2014; Davey et al., 2014; Tebbe and Moraldi, 2016). Factor and Rothblum (2008) find similar results, particularly in perceived social support from the family, which was lower in trans people. Davey et al. (2014) in addition to significant differences in perceived social support between trans and cisgender people, find differences between trans and non-trans women. Trans women reported lower levels of available support than cisgender women. Also, in comparison with other minorities, such as gays and lesbians, less perceived social support has been found in trans people (Botcking, Huang, Robinson and Rosser, 2005).

Regarding differences by gender, research in the general population has indicated that women use social support to a greater extent than men (Pflum, Testa, Balsam, Godblum & Bongar, 2015). In the trans population, the results are uneven. If we

compare trans men and women, Claes et al. (2015) find that men perceive more support from their family than women. Other authors, however, do not find that there are differences regarding gender (Basar et al., 2016). Regarding this issue, differences by gender in both the cisgender and the LGB (lesbian, gay, bisexual) population have related the types of support to gender stereotypes. Ellis and Davis (2017) point out that there are greater differences regarding social emotional support due to the association with the female stereotype, while other types of support such as instrumental, would not have so many differences according to gender. The association of social support with the feminine and gender socialization would play a relevant role in the differences (Pflum et al., 2015).

On the other hand, looking at specific variables that may influence social support, the literature that has taken trans people into account is scarce. Meier Sharp, Michonski, Babcock and Fitzgerald (2013) find that there is a significant relationship between having a partner and high rates of support, in a sample of 593 trans men. In turn, having greater support was negatively correlated with depression. In trans women, Yang et al. (2016) point out an association between casual couples with higher levels of anxiety in the Chinese population. The issue of affective relationships in trans people has been questioned regarding its stability due to possible ruptures or crises in the event of a physical transition. Research shows that half of the relationships were maintained after the transition process (Brown, 2010).

Regarding the influence of age on social support, if we generalize to the LGBT population, we find changes in support with respect to being more or less young. Snapp, Watson, Russell, Díaz and Ryan (2015) point out that for young people, friends are more relevant than family since they would provide concrete support towards their sexuality. Previous literature in the general population shares the trend for social support, where the perception of it decreases with age (Jensen et al., 2014).

Therefore, the general objective of this study is to evaluate social support with its different dimensions in trans people and to make a comparison with cisgender people. In addition, possible differences in social support and its dimensions based on socio-demographic variables will be studied.

METHOD

Participants

This is a retrospective case-control study with a cross-sectional descriptive component. This design allows evaluating perceived social support as well as the influence of sociodemographic variables in trans and cisgender people. The total sample consisted of 81 people. The group of trans people is made up of 36, of which 94.4% ($n = 34$) are users of the Gender Identity Treatment Unit of the Principality of Asturias (UTIGPA) selected by consecutive non-probability sampling and 5, 6% ($n = 2$) were recruited through snowball sampling used to gather information from the control group. Of the trans sample, 66.6% ($n = 24$) are trans men and 33.4% ($n = 12$) are trans women. The mean age of this sample is 27.25 ($SD = 11.36$), with a range from 15 to 57 years.

A control group selected by snowball sampling was used, con-

sisting of 45 cisgender (non-trans) people, of which 73.3% ($n = 33$) are men and 26.7% ($n = 12$) are women. The mean age for the control group is 27.82 years ($SD = 8.59$), with a range between 17 and 60 years. No statistically significant differences were found regarding age and sex / gender ratio (or gender) between both groups. The only exclusion criterion used was defining oneself as a trans person.

Instruments

Two instruments were used: The Mos Social Support Survey by Sherbourne and Stewart (1991) and a questionnaire of sociodemographic variables.

The Mos Social Support Survey is a short, self-administered instrument designed for the assessment of social support in a multidimensional way. It consists of 20 items, the first of which reports the size of the social network and the following 19 are answered on a Likert-type scale, from 1 (never) to 5 (always). Initially, the authors identified 5 scales in the instrument (emotional support, informational support, instrumental support, positive social interaction, and affective support). In subsequent validations, authors such as Revilla, Luna, Bailón and Medina (2005) find only 3 factors. In this study, three factors arising from the factor analysis are taken as reference, which correspond to: Factor 1 "emotional / informational support" (items 3, 4, 8, 9, 13, 16, 17, 19); Factor 2 "positive social interaction and affective support" (items 6, 7, 10, 11, 14, 18, 20) and Factor 3 "instrumental" (items 2, 5, 12, 15). The Bartlett sphericity test (Bartlett = 1124.5; $gl = 171$; $p = 0.00$) and the Kaiser-Meyer-Olkin coefficient ($KMO = 0.885$) assumed adequate values. The fit indices of this model are: $X^2 / gl = 1.936$; $p = .00$; $CFI = 0.89$; $NFI = 0.83$; $GFI = 0.99$; $AGFI = 0.99$; $SRMR = 0.0497$). In our sample, Cronbach's alpha reliability for the scale of 0.943 was found; 0.926 for factor 1, 0.890 for factor 2 and 0.853 for factor 3, values similar to other studies carried out (Londoño et al., 2012; Revilla et al., 2005). $CFI = 0.89$; $NFI = 0.83$; $GFI = 0.99$; $AGFI = 0.99$; $SRMR = 0.0497$). In our sample, Cronbach's alpha reliability for the scale of 0.943 was found; 0.926 for factor 1, 0.890 for factor 2 and 0.853 for factor 3, values similar to other studies carried out (Londoño et al., 2012; Revilla et al., 2005). $CFI = 0.89$; $NFI = 0.83$; $GFI = 0.99$; $AGFI = 0.99$; $SRMR = 0.0497$). In our sample, Cronbach's alpha reliability for the scale of 0.943 was found; 0.926 for factor 1, 0.890 for factor 2 and 0.853 for factor 3, values similar to other studies carried out (Londoño et al., 2012; Revilla et al., 2005).

The sociodemographic variables questionnaire collected the following variables: gender, age, length of stay in the UTIGPA, current partner, coexistence, nationality, employment status and educational status. With regard to gender, no person was defined as an alternative gender, so two groups were differentiated (trans men and women or cisgender). Age was subsequently divided into two groups: 26 years or younger and older than 26. The current partner variable was categorized dichotomously: yes or no. Coexistence was divided into the following categories: family of origin, extended family, couple, alone and with roommates. Nationality was divided into two dichotomous categories, Spanish versus foreign. The employment situation was divided into three categories: active, unemployed / retired

/ pensioner and student. Finally, the educational situation variable was grouped into three categories: compulsory education, high school or equivalent studies, and university education. The variable length of stay in the UTIGPA for trans people was divided into two categories: less than a year or more than a year.

Process

Data was collected in person with UTIGPA users. For this, scheduled consultations with clinical psychology or endocrinology were used.

The control group was selected by snowball sampling. Informed consent was applied, as well as the two instruments. It was applied mainly on paper (n = 30) although the application was also facilitated through an online survey, which was used in 33.3% of cases (n = 15). In this cisgender data collection procedure, two subjects identify as trans and are included in the case sample

(trans people).

Ethical aspects

National and international ethical standards have been met. Authorization was obtained from the Research Committee of the Health Service of the San Agustín de Avilés University Hospital and the informed consent of the users.

Statistical analysis

For data analysis, the statistical package SPSS version 22.0 and the Factor 7.00 program were used. In the first place, a factor analysis was carried out to establish the number of factors. Subsequently, internal consistency estimates were made for the different scales with Cronbach’s alpha. Descriptive and frequency analyzes were performed for the sociodemographic data for the sample and the control group. Comparisons of means were

Table 1. Results in sociodemographic variables for both groups (N = 81)

		Transgender (n = 36)		Cisgender (n = 45)		
Age		27.25 ± 11.36		27.82 ± 8.59		
		n	%	n	%	χ²
Nationality	Spanish	32	88.9%	45	100.0%	5.26 *
	Foreigner	4	11.1%	-	-	
Gender	Man	24	66.7%	33	73.3%	0,426
	Woman	12	33.3%	12	26.7%	
Age group	Young (<26)	23	63.9%	20	44.4%	3,036
	Seniors (> 26)	13	36.1%	26	55.6%	
Currently couple	Yes	14	38.9%	22	48.9%	0,810
	Not	22	61.1%	23	51.1%	
Coexistence	Family of origin	22	61.1%	19	42.2%	9,094
	Extended family	2	5.6%	-	-	
	Couple	6	16.7%	10	22.2%	
	Only to	5	13.9%	16	35.6%	
	Roommates	1	2.8%	-	-	
Employment situation	Active	13	36.1%	21	46.7%	1,491
	Unemployed / retired / pensioner	7	19.4%	5	11.1%	
	Student	16	44.4%	19	42.2%	
Training situation	Mandatory	16	44.4%	-	-	32,291 **
	Bachelor	14	38.9%	14	31.1%	
	University	6	16.7%	31	68.1%	
Time in the UTIGPA	Less than a year	15	41.7%	-	-	
	More than a year	19	52.8%	-	-	
	Never	2	5.6%	-	-	

Note. a = Mean ± Standard Deviation; * p <0.5 ** p <0.001

made using Student's t tests for the comparison of social support and its dimensions in the sample and control group, for various sociodemographic variables, as well as to evaluate the differences in the size of the social network. Analysis of variance (ANOVA) with post-hoc tests (Bonferroni) was carried out for the work situation, coexistence, time in the UTIGPA and training situation. in the different dimensions of social support and total social support in the sample. The effect size was calculated using the formula of Cohen (1988).

RESULTS

Sociodemographic data for the case and control sample are included in Table 1.

Statistically significant differences were found in nationality and educational status. All cisgender people have Spanish nationality, unlike trans people. Regarding the educational situation, no cisgender person has only compulsory training and the percentage of people with a university education is much higher (68.1%) than in transgender people (16.7%).

The results found for social support are included in Table 2. No statistically significant differences were found either in the three dimensions or in social support considered globally.

Nor are statistically significant differences found in the size of the social network, that is, in structural social support ($t(79) = -.346; p = .730$), among trans people ($M = 7.14; SD = 5.478$) and cisgender people ($M = 7.51; SD = 4.203$). Nor were there significant differences regarding the size of the social network in cisgender men ($M = 6.89; SD = 3.98$) and cisgender women ($M = 8.42; SD = 6.27$). The different types of social support and total social support in trans people were analyzed in relation to the sociodemographic variables.

No differences were found in total social support ($t(34.67) = .342; p = 7.34$) between trans men ($M = 4.034; SD = .675$) and trans women ($M = 3.97; SD = .889$) or in its dimensions. The results according to age groups are included in Table 3. Differences were only found in the instrumental support dimension between young people and those over 26 years of age. The effect size was medium ($r = 0.577$). The same t-tests are carried out to check if the results by age groups also occur in structural social support. No significant differences [$t(16.204) = -.117; p = .908$] were found between the social network of young people ($M = 7.04; SD = 4.13$) and older people ($M = 7.31; SD = 7.50$).

The analyzes of variance for the variables works situation, training and time spent in the UTIGPA are included in Table 4.

Statistically significant differences were found in terms of employment status in instrumental social support ($F(2) = 4.190; p = .024$). Post-hoc comparisons showed that there were significant differences in instrumental social support between active people ($M = 4.38; SD = .625$) and unemployed or retired and pensioners ($M = 3.25; SD = 1.587$); $p = 0.34$) and between the unemployed and students ($M = 4.312, SD = .6800$) with a $p = 0.41$. The results for the couple variable are included in Table 5. Regarding the partner, statistically significant differences have been found in social support and in several of its dimensions. Specifically, in emotional-informational support and in positive social interaction-affective support, both dimensions with a medium effect size.

To know if the statistically significant results are replicated in the control group, the same tests are performed. No differences were found in instrumental support by age group of young people ($M = 4.22; SD: .595$) and older [$M = 4.07, SD = .972; t(40.52) = .658; p = .51$]. In the analysis of variance, no significant differ-

Table 2. Results in the social support scales for both groups

Dimensions	Transgender (n = 36)		Cisgender (n = 45)		t	S.I.G.
	M	DT	M	DT		
Emotional-Informational Support	3,94	0,934	3,93	0,770	0,07	0,945
Positive Social Interaction - Affective Support	3,98	0,923	4,07	0,735	-0,526	0,601
Instrumental Support	4,13	0,979	4,14	0,822	-0,035	0,973
Full support	3,4	0,849	4,03	0,649	-0,163	0,874

Note: $gl = 79$

Table 3. Results in social support by age groups in trans people.

Dimensions	Young boys (≤ 26 years)		Greater (> 26 years)		t	gl	S.I.G.
	M	DT	M	DT			
Emotional-Informational Support	4,12	0,789	3,63	1,116	1,37	18,9	0,187
Positive Social Interaction - Affective Support	4,15	0,658	3,67	1,238	1,29	15,92	0,214
Instrumental Support	4,43	0,623	3,6	1,265	2,24	15,36	0,040 *
Full support	4,19	0,604	3,65	1,109	1,63	16,11	0,122

* $p < .05$

ences were found with respect to the employment situation in instrumental social support [F (2) = 1.36; p = .269] or in total social support [F (2) = .37; p = .964]. Regarding having or not having a partner in relation to the dimensions of social support, there are significant differences in the dimension of positive social interaction-affective support between people who have a partner (M = 4.30; SD = .697) and people who do not have a partner (M = 3.85; SD = .715, t (42.98) = 2.157; p = .037). The effect size in this case is r = 0.30.

DISCUSSION

The first objective of this study was to evaluate social support and its dimensions in trans people and to make a comparison with the results in cisgender people. No significant differences were found between the perceived social support between both groups. The scarce previous literature did establish differences between social support between trans and cis, where transsexual people perceived lower levels of social support than the rest of the population (Basar et al., 2016; Boza and Nicholson, 2014; Davey et al., 2014; Tebbe and Moraldi, 2016). Possible explanations for these results could be related to characteristics of the sample. While in other investigations the surveys of the broadest and most heterogeneous transsexual population are carried out (Budge, Adelson and Howard, 2013), the present study is limited, almost entirely, to people who attend a specific gender identity unit. Trans people who already have health care probably have greater social support and other living conditions than those who do not attend (Arcelus, Claes, Witcomb, Marshall and Bouman, 2016). Another possible explanation is that their perception of support from their environment has increased based on less discrimination in it. Improvements in

visibility have been found in the period from 2009 to 2012 in countries such as the United States (James et al., 2016). Also, the fact that there are no differences between the perception of support between people who attend a specialized unit and cisgender people, could rethink the supportive role that this type of unit has in trans people.

Another objective was to analyze social support taking into account different sociodemographic variables. No differences by gender have been found in this work. Previous studies indicated that there could be differences between men and women due to differences in gender socialization, the result of which is that men perceive or have less social support than women (Davey et al., 2014; Ellis and Davis, 2017). However, the results of this study do not find differences by gender or in the comparison of the cisgender population and trans or in the population of trans people, according to the results of other research (Basar et al., 2016). Regarding other possible characteristics that could affect social support, no differences have been found for variables such as coexistence, educational situation and time in the UTIGPA.

Other sociodemographic variables have shown significant differences in dimensions of social support. Differences have been found between age groups (people aged 26 or younger and older than that), having a partner or not, and by employment status. In the first place, differences taking into account age are reflected in instrumental social support, that is, in the perception they have about the availability of material, instrumental or assistance help. In this study, younger people perceive a greater amount of instrumental social support than older people, only in the case of the trans population. Previous literature in the general population shares this trend for social support,

Table 4. ANOVA of sociodemographic variables in social support in trans people.

Dimensions	Employment situation		Training situation		UTIGPA time	
	F	S.I.G.	F	S.I.G.	F	S.I.G.
Emotional-Informational Support	0,760	0,476	2,6	0,09	0,127	0,724
Positive Social Interaction - Affective Support	1,126	0,307	0,637	0,535	1,085	0,305
Instrumental Support	4,190	0,024 *	0,222	0,802	1,325	0,254
Full support	1,599	0,217	1,16	0,327	0,693	0,411

* p. <.05

Table 5. Results in the dimensions of social support for the partner variable in trans people

Dimensions	With couple		Single		t	gl	S.I.G.	r
	M	DT	M	DT				
Emotional-Informational Support	4,31	0,809	3,71	0,941	2,053	30,97	0,049 *	0,32
Positive Social Interaction - Affective Support	4,41	0,688	3,7	0,961	2,57	33,42	0,015 *	0,39
Instrumental Support	4,28	0,642	4,03	1,148	0,842	33,6	0,406	
Full support	4,34	0,660	3,78	0,895	2,162	33,13	0,038 *	0,33

* p. <.05

where the perception of it decreases with age (Jensen et al., 2014). This specific dimension of social support has been studied for populations in situations of discrimination, but it has not been specifically found in trans people. Studies of the population with social stigma, such as people with HIV, found that a greater perception of material or assistance help was associated with a reduction in stress due to stigma (Earnshaw et al., 2015). Differences have also been found in instrumental social support depending on the employment situation. Higher levels of social support have been found in active people than in unemployed people, and higher in students than in unemployed people. These differences are not thus found in instrumental social support in cisgender people, nor are differences found in other types of support. No specific literature has been found on instrumental social support in transgender people or how the employment situation or age could affect their perception. Future research could take these characteristics into account in its studies.

The couple variable has been the one that shows the most differences in perceived social support in trans people. Higher levels of support have been found if one has a current partner compared to not having a partner, for two scales of social support (emotional-informational and positive social interaction-affective support) as well as for total social support. Social-emotional-informational support is a factor that includes two types of emotional support (positive expression of affection, empathic understanding and expression of emotions) and informative (receiving advice, information and guidance). The second factor in the questionnaire that shows significant results is positive social interaction (people for leisure / fun) and affective support (expression of love and affection). In cisgender people there are only differences in positive social interaction-affective support, but not in total social support and emotional-information support, as in trans people. Although scarce, these results are consistent with previous research. Meier et al. (2013) also found higher levels of social support in transgender people with a partner than in single people. The couple has been studied in other sexual minorities, such as same-sex couples, not so for trans couples (Ellis and Davis, 2017; Kurdek, 2006). One possible explanation is that having an affective partner is intrinsically related to these dimensions of support due to their content.

Taking into account the mental health consequences proposed by the minority stress theory and how social support can be a buffer against psychological stress, the results of this research seem encouraging. However, it is necessary to take into account the diverse results in social support based on the sociodemographic variables examined in subsequent studies.

Finally, it is worth highlighting the limitations of this research for the correct interpretation of the results. In the first place, in this study the sample size is limited due to the difficulties of access to the population and the conditions of this work itself. In addition, it is a very specific population of people who attend the services of the UTIGPA. On the other hand, the trans population is not widely represented or investigated due to its discrimination situation or other issues in the scientific literature (Factor and Rothblum, 2007). While other minorities of the LGBT community, such as gays, lesbians, there are a greater

number of publications (Russell and Fish, 2016), trans people have not been included too much so far.

As it is an exploratory study and in view of the findings, topics of interest can be established for further research. It would be convenient to expand studies on social support for this population group and, in particular, on its different dimensions. Also delve into characteristics such as age, partner and employment situation, which in this study have been revealed of interest. Considering previous findings on the influence of social support on mental health, it is urged to continue in this line of research.

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CONFLICTS OF INTEREST

This study does not present a conflict of interest.

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