Mediating Effect of Self-Efficacy in the Relationship Between Perceived Social Support and Resilience among Cape Town-based Sexually and Gender-Diverse People

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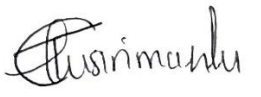
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Abstract

Concerns about the wellbeing of sexually and gender-diverse people have increased due to a growing awareness of adversities experienced, such as violence, hate crimes and hate speech, and discrimination. Resilience and coping strategies may mitigate these adversities; however, psychological predictors and mediators of resilience among sexually and gender-diverse individuals in South Africa remain largely unexplored. This study investigated how psychological resilience was enhanced by perceived social support, with self-efficacy as a mediator. A quantitative design using purposive sampling engaged 82 sexually and gender-diverse respondents in Cape Town, South Africa. Results based on partial least squares structural equation modelling (PLS-SEM) analysis indicated that perceived social support from family and friends was not associated with self-efficacy; only support from significant other(s) was associated with increased self-efficacy. Regarding resilience, only support from friends was associated with a positive influence on resilience in the sample, family support showed no association, and support from significant other(s), while notable, was negatively associated, warranting further investigation. Although self-efficacy was associated with enhanced resilience, it did not mediate the relationship between perceived social support and resilience. Results highlight the importance of tailored interventions that consider the experiences of sexually and gender-diverse communities.

***Key terms*:** Cape Town, family, friends, LGBTQ+, perceived social support, resilience, self-efficacy, sexually and gender-diverse individuals, significant other(s), South Africa

Abstrak

Kommer oor die welstand van seksueel- en geslagsdiverse persone neem toe as gevolg van 'n groeiende bewustheid van die ontberings, soos geweld, haatmisdaad en haatspraak, en diskriminasie, wat hulle ervaar. Veerkragtigheid en oorkomingsmeganismes kan hierdie ontberings mitigeer; sielkundige voorspellers en bemiddelaars van veerkragtigheid onder seksueel- en geslagsdiverse individue in Suid-Afrika bly egter grootliks ongetoets. Hierdie studie het ondersoek ingestel na hoe sielkundige veerkragtigheid verbeter is deur waargenome sosiale ondersteuning, met selfdoeltreffendheid as 'n bemiddelaar. 'n Kwantitatiewe ontwerp, met behulp van doelbewuste steekproefneming, het 82 seksueel- en geslagsdiverse respondente in Kaapstad, Suid-Afrika, betrek. Die resultate, gebaseer op ontleding deur middel van die Parsiële Kleinste Kwadrate en Strukturele Vergelykingsmodel ('PLS-SEM')- benadering, het aangedui dat waargenome sosiale ondersteuning van familie en vriende nie met selfdoeltreffendheid geassosieer word nie; slegs ondersteuning van 'n beduidende ander het selfdoeltreffendheid bevorder. Wat veerkragtigheid betref, het slegs ondersteuning van vriende veerkragtigheid positief beïnvloed, gesinsondersteuning het geen assosiasie getoon nie, en ondersteuning van 'n beduidende ander, hoewel noemenswaardig, was negatief geassosieer, wat verdere ondersoek regverdig. Alhoewel selfdoeltreffendheid veerkragtigheid verbeter het, het dit nie die verhouding tussen waargenome sosiale ondersteuning en veerkragtigheid bemiddel nie. Die resultate beklemtoon die belangrikheid van pasgemaakte ingrypings, wat die ervarings van seksueel- en geslagsdiverse gemeenskappe in ag neem.

***Sleutelterme*:** Kaapstad, familie, vriende, LGBTQ+, waargenome sosiale ondersteuning, veerkragtigheid, selfdoelmatigheid, seksueel- en geslagsdiverse mense, beduidende ander, Suid-Afrika

Manweledzo

Vhuleme ha vhuḓifari ha vhathu vho fhambanaho nga zwa vhudzekani na nga mbeu dzo fhambanaho zwo engedzea nga ṅwambo wa nḓivho i khou aluwaho ya vhuleme vhune ha tshenzhelwa, vhu ngaho khakhathi, vhutshinyi ha vengo na nyambo dza vengo, na tshiṱalula. U konḓelela na zwiṱirathedzhi zwa u konḓelela nazwo zwi nga fhungudza vhuleme uhu; fhedziha, zwine zwa bvumba zwa muhumbulo na vhapfumedzanyi vha u konḓelela vhukati ha vhathu vho fhambanaho nga zwa vhudzekani na nga mbeu Afrika Tshipembe zwi kha ḓi vha zwi songo ṱoḓiswaho vhukuma. Ngudo iyi yo ṱoḓisisa nḓila ye u konḓelela ha muhumbulo ha khwiniswa ngayo nga thikhedzo ya matshilisano yo dzhiiwaho, na u ḓi-vhuyedza sa mupfumedzanyi. Dizaini ya tshivhalo i shumisaho u ita tsumbo ya ndivho yo dzhenisa vhafhinduli vha 82 vho fhambanaho nga zwa vhudzekani na mbeu ngei Kapa, Afrika Tshipembe. Mvelelo dzo tewaho kha tsenguluso ya partial least squares structural equation modelling (PLS-SEM) dzo sumbedza uri thikhedzo ya matshilisano yo dzhiiwaho u bva kha muṱa na khonani a i tshimbidzani na u ḓi vhuyedza; thikhedzo fhedzi i bvaho kha (a) zwiṅwe (zwiṅwe) zwa ndeme zwo engedzaho u ḓi vhuyedza. Malugana na u konḓelela, ndi thikhedzo fhedzi i bvaho kha khonani ye ya ṱuṱuwedza u konḓelela nga nḓila yavhuḓi, thikhedzo ya muṱa yo sumbedza u sa vha na vhushaka, na thikhedzo i bvaho kha (a) vhaṅwe (vhaṅwe) vha ndeme, naho i tshi vhonala, yo vha i na vhushaka vhu si havhuḓi, zwine zwa ṱoḓa ṱhoḓisiso yo engedzeaho. Naho u ḓi vhuyedza zwo khwinisa u konḓelela, a zwo ngo vhuedzedza vhushaka vhukati ha thikhedzo ya matshilisano yo dzhiiwaho na u konḓelela. Mvelelo dzi sumbedza ndeme ya vhudzheneleli ho ṱanganelanaho vhune ha ṱhogomela tshenzhemo dza zwitshavha zwo fhambanaho nga zwa vhudzekani na mbeu.

Maipfi a ndeme: Ḓorobo ya Kapa, muṱa, khonani, LGBTQ+, thikhedzo ya matshilisano yo dzhiiwaho, u konḓelela, u ḓi vhuyedza, vhathu vho fhambanaho nga zwa vhudzekani na nga mbeu, vhaṅwe (vhaṅwe) vha ndeme, Afrika Tshipembe.

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Key Terms

Cape Town: This is a metropolitan city located in the Western Cape Province of South Africa. The city has historically been associated with relatively high levels of LGBTQ+ visibility, the development of identifiable queer social spaces (such as the De Waterkant precinct), and the hosting of annual Pride events. These features have contributed to Cape Town's reputation as a regional 'gay capital' and a hub for LGBTQ+ community formation and cultural expression (Camminga & Matebeni, 2023). However, caution is warranted against treating Cape Town as uniformly inclusive or safe for all LGBTQ+ residents. Rather, the city may be understood as a complex socio-spatial context in which opportunities for LGBTQ+ visibility, community, and identity affirmation coexist alongside persistent structural inequalities and social exclusion (Holland-Muter, 2019).

Family: Family refers to a group of people who are connected by blood, marriage, adoption, or strong emotional bonds (Openstax, n.d.). This may also be termed as family of origin, typically consisting of parents or primary caregivers and siblings within which an individual is born or primarily raised during childhood and adolescence, and whose dynamics are shaped by hetero-cisnormative socio-political and cultural systems (Bertone & Pallotta-Chiarolli, 2014). Family systems theorists conceptualise the family of origin as a multigenerational emotional unit that shapes interpersonal functioning and psychological development across the lifespan (Bowen, 1993; Papero, 1990). Increasingly, research also explores the concept of chosen family, defined as kinship bonds formed outside of bio-legal family structures (Cloyes et al., 2022), which hold particular significance for sexually and gender-diverse individuals who may experience rejection within families of origin.

Friends: In social science and psychology, friends are defined as individuals who engage in elective, reciprocal, and emotionally meaningful relationships characterised by mutual affection, trust, support, and shared activities. According to the American Psychological

Association (2023), friendships are voluntary and enduring social relationships marked by mutual concern and interaction. Research points to the significance of friendship for its contribution to psychological health and wellbeing (Pezirkianidis et al., 2023b).

LGBTQ+: This continually evolving acronym encompassing lesbian, gay, bisexual, transgender, queer/questioning, with the '+' representing other sexual orientations and gender identities beyond heterosexual and cisgender norms, reflecting evolving social understandings of identity and inclusion (Russell et al., 2020). It is important to note that LGBTQ+ is sometimes used interchangeably with other acronyms, such as LGBTQIA+ (Farr et al., 2025) or LGBTIQ+, depending on contextual, cultural, or disciplinary conventions.

Perceived Social Support: This support includes individual's perception of available support as well as supportive behaviours received from others (Kaniasty & Norris, 2009). It is described as the availability of reliable people across diverse sources, such as family, friends, romantic partners, community ties, and colleagues, who convey care, value, and emotional connection to us (Paykani et al., 2020).

Resilience: Defined as the inherent ability to maintain positive functioning despite exposure to stressors that have the potential to undermine an individual's psychological or social wellbeing (Cameranesi et al., 2022).

Self-efficacy: Refers to an individual's beliefs about their capabilities to organise and execute actions required to produce designated levels of performance and to influence events that affect their lives (Yau & Leung, 2018).

Sexually and Gender-Diverse People: Refers to all the diversities of sexual orientations, gender identities and expressions (SOGIE) that diverge from the traditional binary understanding of male and female, as well as from hetero-cisnormative expectations (Schudson et al., 2019). The term LGBTQIA+ encompasses people who identify as lesbian,

gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or aromantic), with the + signifying a broader range of sexual orientations and gender identities without the need to specify each of the identities, behaviours, or characteristics that form this plurality (Farr et al., 2025). While the acronym LGBTQIA+ is commonly used, in this study the 'I' and 'A' for intersex and asexual were not included in the survey instrument. Therefore, the concept sexually and gender-diverse is restricted to lesbian, gay, bisexual (LGB), as sexual orientations, and the trans and gender-diverse (TGD) as gender identities.

Significant Other(s): The term significant other(s) is commonly used to refer to a person or persons who holds importance to another individual's wellbeing, such as (a) spouse(s) or romantic partner(s) (Nel et al., 2025). In psychology and sociology, (a) significant other(s) extends to any person who has particular importance to an individual's life or wellbeing, influencing that individual's self-concept and behaviour (American Psychological Association, n.d.). For the purpose of this study, significant other(s) is used to specifically refer to (a) romantic partner(s), with the understanding that some may indeed have more than one such person in their lives.

South Africa: A country with a post-apartheid constitutional democracy and explicit legal protections against discrimination based on an individual's sexual orientation, gender identities and expressions (Diale et al., 2023). South Africa was also the first African country to legalise same-sex marriage (Judge et al., 2008). Despite these progressive legal frameworks, South Africa remains characterised by persistent socioeconomic inequality, high levels of gender-based violence, and ongoing stigma and violence towards sexually and gender-diverse people. This context makes South Africa a critical setting for examining the disjuncture between progressive constitutional rights and lived experiences of LGBTQ+ individuals (Matabeni, 2014; Seekings & Nattrass, 2008; Statistics South Africa, 2019).

Acronyms and Abbreviations

Acronym/abbreviation	Description
CSOs	civil society organisations
LGB	lesbian, gay and bisexual
LGBT	lesbian, gay, bisexual and transgender
LGBTQ+	lesbian, gay, bisexual, transgender, queer/questioning
PLS-SEM	partial least squares structural equation modelling
SOGIE	sexual orientations, gender identities and expressions
SEM	Structural Equation Modelling
TGD	trans and gender diversity

Chapter One

Introduction

This study sought to explore the critical issues and challenges arising from societal assumptions that privilege heterosexual and cisgender identities assigned at birth (James-Abra et al., 2015). Such dominant hetero-cisnormativity often fuels stigma, discrimination, hate victimisation (Bimha & Francis, 2025; Maake, 2024; Maimela & Mleya, 2023; Marais et al., 2022; Mkhize et al., 2024), and violence, leading to the marginalisation of populations that do not fit into these norms. Within the South African context, there is limited information on the ways in which challenges faced by sexually and gender-diverse populations may mitigate or exacerbate the development of resilience and coping strategies. This study aimed to explore the extent to which perceived social support and the mediating role of self-efficacy influenced resilience among a sample of individuals within the sexually and gender-diverse population in Cape Town. By deepening understanding and appreciation of the complex challenges faced by sexually and gender-diverse individuals, the study sought to provide insight aimed at affecting policy (Lund, 2023; Republic of South Africa, 2002) and clinical interventions to better address factors that impact the mental wellbeing of sexually and gender-diverse individuals.

LGBTQ+ People in the South African Context

South Africa occupies a unique position globally with respect to sexual and gender diversity. The Constitution of the Republic of South Africa (1996) was the first in Africa to explicitly prohibit discrimination on the basis of sexual orientation, and subsequent legislative reforms, including the legal recognition of same-sex marriage through the Civil Union Act 17 of 2006, have established one of the most progressive legal frameworks for LGBTQ+ rights internationally (Judge et al., 2008). These constitutional and legal protections

have contributed to increased visibility of sexually and gender-diverse communities. Furthermore, Cape Town is a high-profile, tourism-oriented, and LGBTQ+ visible city often recognised as ‘Africa’s gay capital’ (Camminga & Matebeni, 2023; Comer, 2018; Rogerson & Rogerson, 2021; Visser, 2003). Although Cape Town is widely regarded as queer-friendly, caution should be exercised in regarding Cape Town as uniformly inclusive and/or safe for all LGBTQ+ residents. Despite legal protections for LGBTQ+ communities, disparities persist between legal rights and everyday lived realities.

While the Constitution of South Africa guarantees equality and dignity for sexually and gender-diverse communities there are broader structural and systemic inequalities that continue to shape South African society. The legacies of apartheid, together with persistent poverty, unemployment, spatial segregation, poor service delivery and access to education and healthcare, continue to produce highly unequal social conditions (Meleshchuk & Schauer, 2026; Seekings & Nattrass, 2008; Sulla et al., 2022). These structural and systemic inequalities are not experienced uniformly but intersect with race, gender, class, disability, migration status, and geography (Collins & Bilge, 2020; Seekings & Nattrass, 2005; Sulla et al., 2022), influencing individuals' exposure to discrimination, violence, and exclusion. As a result, constitutional protection alone does not necessarily translate into equitable lived experiences, particularly for marginalised populations, including sexually and gender-diverse communities (Müller, 2016; Nel & Judge, 2008).

Sexually and gender-diverse individuals living in South Africa, as well as the African continent, continue to face suppression of their rights (Alessi, 2016; Alessi et al., 2021). Research demonstrates that sexually and gender-diverse individuals continue to experience stigma, discrimination, violence, social exclusion, and unequal access to health, educational, employment, and social services (Müller, 2016; Nel & Judge, 2008; Polders et al., 2008).

These experiences are often shaped by intersecting forms of inequality linked to race, class and geography (Seekings & Nattrass, 2008) among other factors. Additionally, the challenges faced by sexually and gender-diverse individuals in South Africa must also be understood within the broader context of persistent structural inequality. South Africa remains one of the most unequal societies globally (Sulla et al., 2022), with significant disparities in income, employment, education, housing, and access to healthcare. These structural conditions may compound minority stress and influence access to psychosocial resources that support wellbeing and resilience. Emerging research suggests that the experiences of transgender and gender-diverse individuals may be particularly shaped by barriers to healthcare, identity recognition, social acceptance, and economic participation (Müller et al., 2021; PsySSA, 2025).

Against this backdrop, it is essential to investigate individual resilience mechanisms that enable LGBTQ+ populations to thrive amid social barriers. Resilience refers to the process of adapting well to adversity, trauma, tragedy, threats, and heightened stress levels (Sippel et al., 2015). As it has been argued earlier, LGBTQ+ individuals experience heightened exposure to chronic, socially produced stressors (e.g., discrimination, victimisation, anticipated rejection, concealment, and internalised stigma) as a result of their SOGIE, compared with heterosexual and cisgender individuals (Hendricks & Testa, 2012; Meyer, 2013; White et al., 2021). Given the limited number of studies on resilience mechanisms, and the accumulation of stressors over time that contribute to observed wellbeing and mental health disparities among sexually and gender-diverse individuals, Cape Town therefore provides a suitable context to study the social and cognitive attributes of sexually and gender-diverse populations. Furthermore, according to Enjoy Travel (2025), Cape Town was ranked sixteenth globally as relatively supportive of LGBTQ+ rights. Additionally, Cape Town hosts various civil society organisations (CSOs) and grassroots

initiatives dedicated to LGBTQ+ rights and support (Sasse, 2013), making Cape Town an ideal location for the research study.

Background

In societies that continue to privilege traditional notions of gender and sexuality, individuals of diverse sexual orientations, gender identities and expressions (SOGIE) often encounter resistance alongside social change. Within this context, sexually and gender-diverse individuals are understood to refer to a range of SOGIE that diverge from the traditional binary understanding of male and female, as well as from hetero-cisnormative assumptions (Schudson et al., 2019). Hetero-cisnormativity refers to systemic expectations that sex, gender, and sexual orientation are congruent, whereby social norms, institutional assumptions, and cultural practices position heterosexuality and cisgender identity as the expected, normal, and preferred forms of sexual orientation and gender identities (Marshall et al., 2024). Hetero-cisnormativity integrates two interrelated normative ideologies: heteronormativity which assumes heterosexuality as the default form of sexual orientation (Beagan et al., 2012), and cisnormativity, which presumes that all individuals identify with the gender corresponding to their sex assigned at birth based on physical characteristics (James-Abra et al., 2015). Some scholars (e.g., Worthen, 2020) describe hetero-cis-normativity (also called cisheteronormativity) as frameworks that explain how heteronormative and cisnormative logics work together to uphold dominant gender and sexuality norms and justify exclusionary practices. Sexually and gender-diverse individuals, also referred to as LGBTQ+ individuals and communities, experience violence based on their SOGIE, leading to negative health outcomes (Álvarez et al., 2022).

Consistent with these findings, there is a considerable body of work on the myriad health and social challenges experienced by sexually and gender-diverse populations (Hughto et al., 2015; Kimber et al., 2024; Russell & Fish, 2016; Turban et al., 2020; Zhang et al.,

2024). This body of literature has specifically documented a range of health and social issues, including substance abuse, sexual risk-taking, self-injurious behaviour, and a higher likelihood of mental disorders (Cabaj, 2014; Herbst et al., 2008; Van Der Pol-Harney & McAloon, 2019).

In South Africa, LGBTQ+ individuals and communities experience disproportionate social, economic, and health-related disadvantages compared to the general population (Matebeni et al., 2018; Müller, 2016; Polders et al., 2008). These disadvantages negatively impact life prospects; for example, suicide rates were significantly higher for LGBT[1] populations in KwaZulu-Natal (17%) and Gauteng (21%) compared to the general population (2.9%) (Nyeck et al., 2019). Nel and Judge (2008), in a study focusing specifically on lesbian, gay, and bisexual (LGB) individuals and communities in Gauteng, reported high levels of homophobic discrimination, frequently linked to experiences of harassment and hate-motivated violence. These findings primarily highlight stigma and violence directed at individuals due to their sexual orientation, rather than gender identity or expression. In contrast, research focusing on gender identity and expression highlights distinct and often intensified forms of vulnerability. Shabalala et al. (2023) reported that Black transgender women in Cape Town experience gender-based violence that is structurally produced, intersectional, and systematically overlooked within dominant feminist paradigms, reflecting patterns of exclusion specific to gender diversity. Similarly, in a cross-sectional study conducted across nine African countries, Müller et al. (2021) found that trans and gender-diverse (TGD) individuals faced elevated risks of violence and social exclusion, shaped by

[1] Some sources cited in this study employ earlier or alternative acronyms such as *LGBT, LGBTQI+, LGB*. For consistency and inclusivity, the term *LGBTQ+* is used throughout this dissertation to refer broadly to sexually and gender-diverse populations, except where a source delimited its research focus and/or distinctions between specific identity categories are analytically relevant.

intersecting vulnerabilities including forced heterosexual marriage, visibility of gender identity, HIV status, and pervasive social stigma.

Although sexually and gender-diverse populations were conceptualised as sharing overlapping experiences, the scope of the present study did not extend to differential analyses based on sexual orientation. In addition, the growing body of literature demonstrates distinct challenges faced by TGD individuals compared to sexual minority populations, that include structural stigma, healthcare exclusion, and psychosocial stress (Hatzenbuehler et al., 2013; Müller et al., 2021; Pachankis et al., 2014; Shabalala et al., 2023), therefore this study foregrounded gender identity and expression categories as a primary analytic lens in conceptualising social support, self-efficacy, and resilience among sexually and gender-diverse individuals.

There is growing scholarly interest in examining positive factors that contribute to the wellbeing of sexually and gender-diverse individuals and communities. In particular, researchers have focussed on constructs such as social support (McDonald, 2018), self-efficacy (Brant & Willox, 2021), and resilience (Gonzalez et al., 2021) among sexually and gender-diverse populations. More broadly, social support has been found to enhance the resilience of individuals who have faced trauma, including during the coronavirus (COVID-19) pandemic (Killgore et al., 2020; Li et al., 2021; Permatasari et al., 2021; Sippel et al., 2015).

McDonald (2018) emphasised the significance of social support in promoting positive mental health outcomes among LGBTQ+ adolescents. The study highlights the role of interpersonal and contextual factors in understanding the vulnerabilities of sexually and gender-diverse individuals and communities, with limited social support being linked with elevated levels of depression, anxiety, and risky behaviours (McDonald, 2018). Resilience has similarly been identified as a crucial factor in mitigating stress and promoting positive

outcomes for LGBTQ+ individuals (Gonzalez et al., 2021). These findings point to the importance of understanding the interconnected systems that facilitate resilience, which is central to informing professional practice and policy development, as recognised in resilience science (Wilks et al., 2022).

Despite this growing body of research, evidence on how perceived social support predicts resilience among sexually and gender-diverse populations remains limited, with relatively few studies conducted both globally and in South Africa (Watson & Tatnell, 2022; Wright et al., 2022). As the discourse on resilience continues to evolve (Wilks et al., 2022), resilience is increasingly recognised as a critical attribute for understanding behaviour among different LGBTQ+ individuals and communities. However, current understanding of the cognitive and social factors that contribute to the resilience of sexually and gender-diverse individuals remains limited. In this context, the theory of planned behaviour offers a useful framework, asserting that an individual's background factors can influence behavioural outcomes (Ajzen, 2011). Ajzen et al. (2018) further argue that the extent to which specific background factors affect behaviour is an empirical question.

In light of these gaps, identifying background factors, such as the perception of social support, can deepen understanding of resilience determinants. Additionally, self-efficacy, a cognitive characteristic regulating motivation to exhibit a behaviour, may influence the ease or difficulty of developing resilience (Fini et al., 2012; Sardeshmukh & Corbett, 2011). Accordingly, this study aimed to establish novel connections between perceived social support, self-efficacy, and resilience within under-researched sexually and gender-diverse populations.

Rationale

A national survey in South Africa revealed high levels of abuse and victimisation among LGBT individuals, with 39% of respondents reporting verbal abuse, 20% being threatened with harm, 17% being chased or followed, and 10% experiencing physical attacks within a two-year period (Nyeck et al., 2019). Similarly, an earlier study carried out in Cape Town, South Africa, focusing specifically on LGB individuals revealed that prejudice and discrimination against LGB individuals remained high despite constitutional amendments intended to protect the rights of LGB individuals (Rich, 2006).

Consistent with these patterns of victimisation, a study conducted in partnership with the Hate Crimes Working Group (Mitchell & Nel, 2017) found that hate incidents targeting LGBTQ+ individuals were among the most frequently reported, second only to those motivated by xenophobia or nationality. Given the ongoing social and psychological abuse faced by sexually and gender-diverse populations, it is essential to examine how these experiences may influence resilience among sexually and gender-diverse populations.

In their research, scholars have demonstrated that prejudice against sexually and gender-diverse individuals in South Africa produces measurable outcomes and social harms across legal, psychological, and community domains (e.g., Breen & Nel, 2011; Judge & Nel, 2017; Nel & Judge, 2008). Breen and Nel (2011) highlighted how the absence of explicit hate crime legislation exacerbates social exclusion and legal vulnerability around sexual and gender-diversity, despite constitutional protections. Polders et al. (2008) documented the consequences of homophobic victimisation, which includes threats, violence, and psychological harm to LGB individuals in Gauteng. Building on their research on homophobic victimisation, Judge and Nel (2017) examined broader patterns of bias-motivated violence and hate incidents, showing how symbolic and overt forms of prejudice linked to sexual orientation undermine victims' dignity, trust in institutions, and social cohesion. Together, these studies illustrate that adverse social outcome for sexually and

gender-diverse populations are shaped by structural gaps in law, entrenched stigma, and the persistence of sexual and gender identity-based violence. Considering these social outcomes, studies examining predictors of resilience among sexually and gender-diverse individuals remain limited (e.g., Daniels et al., 2019; Haffejee & Wiebesiek, 2021; Rothmann, 2018). Despite the insights generated by these studies on resilience to these adversities, they have not adequately examined the potential roles of perceived social support or the mediating influence of personal characteristics, such as self-efficacy, within the South African context. This omission has limited both academic and broader societal understanding, highlighting the need to conceptualise these relationships for research.

In addition, previous studies, including those by Daniels et al. (2019), Haffejee and Wiebesiek (2021), and Rothmann (2018), have predominantly adopted interpretivist and social constructionist approaches in their inquiries. These qualitative, theory-driven paradigms focus on how people make meaning of their experiences within specific social, cultural, and historical contexts. While methodologically robust, the predominance of such approaches highlights the need for complementary empirical research that employs quantitative methods to enhance reliability, validity, and generalisability. Quantitative interpersonal positivist approaches, which seek to measure subjective human experiences using numerical data and statistical analysis, may further enable greater generalisation of findings through replicated studies. By incorporating quantitative methods, this study aimed to provide more robust empirical evidence and shed light by examining the correlations between social support, self-efficacy, and resilience within marginalised LGBTQ+ communities. This is motivated by the need to not only focus on individual personal agency, but to also account for the impact of external factors in promoting mental wellbeing, especially within marginalised sexually and gender-diverse groups. Drawing on experience in private counselling practice, the researcher has identified gaps in psychosocial interventions

that address wellbeing in relation to perceived social support from family, friends, and significant other(s) as well as the potential role of self-efficacy among sexually and gender-diverse individuals, underscoring the importance of the present study.

Problem Statement

Although international research has demonstrated associations between perceived social support, self-efficacy and resilience among LGBTQ+ populations, limited quantitative evidence exists within the South African context. Existing South African research has largely focused on discrimination, violence, and mental health challenges experienced by sexually and gender-diverse individuals, with comparatively little attention devoted to understanding the cognitive and social processes that promote resilience and positive adaptation. Furthermore, little is known about the extent to which different sources of perceived social support (family, friends, and significant other[s]) contribute to resilience with self-efficacy as a mediating variable among sexually and gender-diverse individuals living in Cape Town.

This study sought to investigate the relationship between perceived social support, self-efficacy, and resilience among a sample of sexually and gender-diverse populations in Cape Town, using quantitative techniques to address the methodological gap in this area of research within the South African context. By examining these relationships, the study aimed to contribute to a more comprehensive understanding of the cognitive and social factors associated with resilience within a South African context and to generate evidence that may inform interventions, policy development, and support services for sexually and gender-diverse communities.

Research Objectives, Research Question and Hypotheses

General Objective

The overall aim of this study was to examine the effects of perceived social support on personal resilience, and the mediating role of self-efficacy among sexually and gender-diverse individuals living in Cape Town, South Africa.

Specific Objectives

The specific objectives of the study are as follows:

1. To examine the mediating effect of self-efficacy in the relationship between perceived friends' support and personal resilience.
2. To examine the mediating effect of self-efficacy in the relationship between perceived family support and personal resilience.
3. To examine the mediating effect of self-efficacy in the relationship between significant other(s)' support and personal resilience.

Research Question

The primary research question guiding the study was:

To what extent does perceived social support and the mediating role of self-efficacy influence resilience among respondents in the sexually and gender-diverse populations living in Cape Town?

Research Hypotheses

Specifically, the study aimed to test the following hypotheses, which, to the best of the researcher's knowledge, have not been previously explored:

H_1: General self-efficacy will mediate the relationship between perceived family support and personal resilience.

H_2: General self-efficacy will mediate the relationship between friends' support and personal resilience.

H_3: General self-efficacy will mediate the relationship between significant others' support and personal resilience.

By examining these relationships, this study aimed to contribute to a more comprehensive understanding of the resilience among sexually and gender-diverse populations in Cape Town, South Africa, which is currently underdeveloped in the literature.

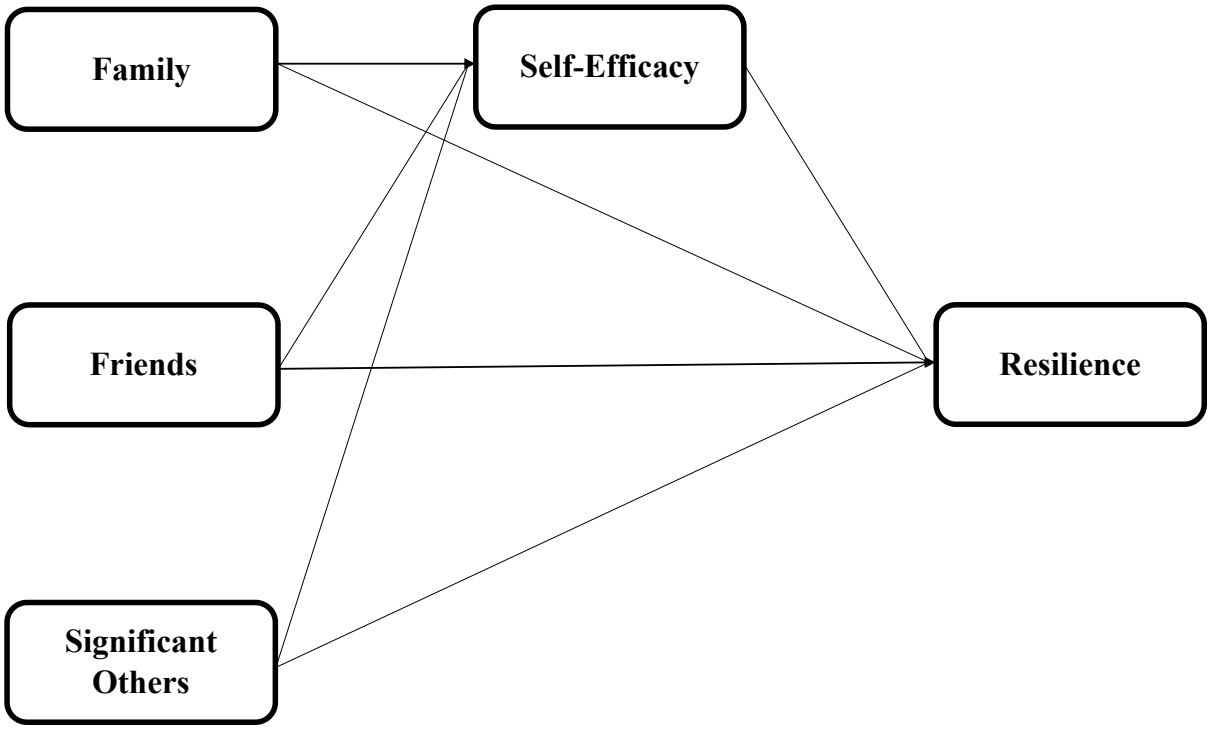
Conceptual Framework

The conceptual framework for this study is grounded in Ajzen's theory of planned behaviour and informed by minority stress perspectives, which together emphasise the interaction between social environments, individual cognitive processes, and adaptive outcomes. As illustrated in Figure 1, the model proposes that perceived social support from three distinct sources—family, friends, and significant other(s)—functions as a key psychosocial resource that may influence both self-efficacy and resilience among sexually and gender-diverse persons. Perceived social support from family may be particularly salient for sexually and gender-diverse individuals due to the unique challenges they face. Support from friends can be crucial for individuals who experience discrimination or a lack of affirmation in other social contexts. For sexually and gender-diverse populations, significant other(s) such as (a) romantic partner(s) may provide intimacy and emotional support that affirms their identity and assists in navigating societal challenges.

Self-efficacy was expected to mediate the relationship between perceived social support and resilience. Resilience was the primary outcome variable that the dissertation sought to explain in relation to perceived social support and the mediating role of self-efficacy. Figure 1 illustrates the hypothesised relationships between the study variables.

Figure 1

Conceptual Framework



Research Design and Methodology Overview

This study employed a quantitative, cross-sectional survey design to examine the relationships among perceived social support, self-efficacy, and resilience among sexually and gender-diverse adults in Cape Town, South Africa. Respondents were recruited through knock-on-door[2] method and data were collected using standardised self-report measures and analysed using Partial Least Squares Structural Equation Modelling (PLS-SEM) WarpPLS version 8.0 to assess the conceptualised hypotheses underpinned by Ajzen's theory of planned behaviour. A detailed account of the research methodology, sampling procedures, instruments, and analytical techniques is provided in Chapter Three.

[2] Knock-on-door refers to a face-to-face participant recruitment process where researchers physically visit places to engage respondents.

Outline of the Remainder of the Dissertation

Chapter Two presents the literature review and theoretical framework underpinning the study. It situates the research within the broader scholarship on minority stress, social support, self-efficacy, and resilience among sexually and gender-diverse populations. The chapter further develops the conceptual model and hypotheses tested in the study, drawing on Ajzen's Theory of Planned Behaviour and related literature.

Chapter Three outlines the methodology employed to investigate the proposed relationships among perceived social support, self-efficacy, and resilience. The chapter describes the research design, study setting, sampling strategy, respondent recruitment procedures, data collection instruments, and analytical techniques used to test the hypotheses. Ethical considerations and measures to ensure the integrity of the research process are also discussed.

Chapter Four presents the empirical findings of the study. Descriptive statistics are reported to provide an overview of the sample, followed by the assessment of the measurement and structural models using (PLS-SEM). The results are interpreted in relation to the research hypotheses and situated within the existing body of literature on social support, self-efficacy, resilience, and minority stress.

Chapter Five concludes the dissertation by synthesising the key results and discussing their theoretical, practical, and policy implications. The chapter reflects on the study's contributions to understanding mental wellbeing among sexually and gender-diverse individuals in South Africa, acknowledges the study's limitations, and offers recommendations for future research, practice, and stakeholder engagement.

Chapter Two

Literature Review

Introduction

This chapter examines the significant role of societal prejudice and minority stress faced by sexually and gender-diverse individuals, highlighting the mental health disparities these individuals experience compared to their heterosexual and cisgender counterparts.

Furthermore, it discusses the societal challenges and the crucial role of social support, drawing on studies that emphasise the protective impact of supportive environments. This discussion sets the stage for examining the definitions and historical context of Ajzen's theory of planned behaviour, which forms the theoretical framework guiding this research. By examining individual attitudes, subjective norms, and perceived behavioural control in seeking social support, this chapter lays the groundwork for understanding the complexities of navigating societal pressures within sexually and gender-diverse communities.

The chapter proceeds to explore the fundamental concepts of perceived social support, self-efficacy, and resilience, with particular attention to how these variables relate to one another within LGBTQ+ populations. The literature review concludes with a detailed discussion of the hypothesis development, focussing on the relationships between perceived social support, self-efficacy and resilience.

Societal Prejudice and Stress

Societal prejudice refers to widespread, culturally embedded negative attitudes, beliefs, and stereotypes directed toward socially devalued groups (Sue, 2010), based on characteristics such as race (Bailey et al., 2021), SOGIE (Herek, 2009), religion, disability, or nationality. Unlike personal bias, societal prejudice is systemic (McMillon, 2024), meaning it is reinforced through institutions, laws, media, and cultural norms, often leading to discrimination and unequal treatment. According to Herek (2015), such prejudice is rooted in

deeply ingrained societal norms and misconceptions surrounding gender and sexuality. Negative attitudes towards sexually and gender-diverse individuals persist in South Africa (Nel et al., 2025). Experiences of living within societies that are not always accepting or understanding of diverse sexual and gender identity increases stress levels among sexually and gender-diverse individuals, leading to insufficient social safety (Diamond & Alley, 2022). This stress, conceptualised as minority stress (Meyer, 2003, 2015), is central to understanding the challenges faced by LGBTQ+ communities. Meyer (2003) originally developed the minority stress model to illuminate unique stress levels and subsequent mental health issues experienced specifically by sexually diverse individuals as a result of external prejudice and internalised stigma. This was later found to similarly apply to gender diverse populations (Meyer, 2015). Building on this framework, research has indicated that exposure to minority stress is strongly associated with suicide risk among LGBTQ+ youth, with individuals who reported multiple forms of minority stress having up to 12 times greater odds of attempting suicide (Green et al., 2022). Extending beyond suicidality, Herek and Garnets (2007) discussed the broader implications of societal attitudes towards sexual orientation and mental health. Furthermore, Pachankis (2014) highlighted that minority stress contributes to elevated mental health risk among gay and bisexual men by identifying how stigma-related processes—such as internalised stigma, concealment, and expectations of rejection—disrupt psychological functioning and necessitate targeted clinical principles and techniques to mitigate their impact.

Although the minority stress literature provides compelling evidence linking stigma, discrimination, and adverse mental health outcomes among sexually and gender-diverse populations, much of the empirical evidence originates from Global North contexts. Consequently, it remains unclear whether the mechanisms through which minority stress influences wellbeing operate similarly within South African settings characterised by unique

intersections of race, socioeconomic inequality, cultural conservatism, and constitutional protection of LGBTQ+ rights. Furthermore, many studies utilise cross-sectional designs, limiting the ability to determine the temporal and causal relationships between minority stressors and mental health outcomes.

The minority stress model (Meyer, 2003, 2015) has been further adapted to encompass gender identity and expressions, highlighting that TGD individuals face specific stressors such as gender-related discrimination and the need to conceal their gender identity and expression. Expanding upon Meyer's minority stress model, the Gender Minority Stress and Resilience framework further investigates these stressors and their effects on mental health (Hendricks & Testa, 2012; Meyer, 2015; Testa et al., 2015). APA (2015) highlights that societal prejudice toward TGD individuals is deeply embedded across sectors, including healthcare, education, and employment, thereby creating enduring barriers to equality. Such systemic prejudice fosters hostile environments that not only marginalise TGD individuals but also exacerbate mental health disparities. Additionally, in a 30-country global survey, Ipsos (2023) found that 70% of respondents in South Africa—slightly higher than the global average of 67%—believed that TGD individuals experience moderate or substantial levels of discrimination. Moreover, 82% of the South African TGD respondents, compared to a global average of 76%, indicated that protections in employment, housing, and access to public facilities are necessary for TGD individuals.

While the Gender Minority Stress and Resilience framework has expanded understanding of the unique stressors experienced by TGD individuals, a limitation of the literature is its tendency to treat gender-diverse populations as a relatively homogeneous group. Emerging evidence suggests that transfeminine, transmasculine, non-binary, and gender-fluid individuals may experience distinct forms of stigma, exclusion, and vulnerability (Müller et al., 2021; Testa et al., 2015). Consequently, further research is required to explore

whether resilience processes and protective factors operate differently across diverse gender identities.

Considering the ongoing social and psychological adversities endured by sexually and gender-diverse communities in South Africa, despite the country's progressive constitutional rights for all its citizens (Nel et al., 2025), and the broader consequences of unjust systems and conservative cultural norms, it becomes imperative to examine the resilience of sexually and gender-diverse populations.

Consequences of Societal Prejudice and Stress

Societal prejudice against sexually and gender-diverse populations remains a pervasive determinant of health disparities globally. Manifestations of societal prejudice, including hate-crime incidents directed at LGBTQ+ individuals, are well documented and frequently lead to minority stress. Several studies (Álvarez et al., 2022; Kia et al., 2023; Rafferty et al., 2018; Steinbrecher, 2022; Toomey et al., 2022) indicate that LGBTQ+ populations experience higher rates of depression, anxiety, and other mental health disorders compared to their heterosexual and cisgender counterparts. The strain associated with societal prejudice has been identified as a factor contributing to heightened health risks, as emphasised by Ryan et al. (2009). In particular, stigma associated with sexual orientation and the lack of social support contribute to health disparities, such as increased substance abuse among sexually diverse men (Hatzenbuehler et al., 2013; Pachankis et al., 2014). Furthermore, Zullo et al. (2022) reported that sexual and gender minority adults aged 18-24 experienced significantly higher levels of mental distress compared with their cisgender and heterosexual peers of the same age. Complementing these findings, a study by Sun et al. (2023) revealed that gender identity and sexual orientation among youth in China was associated with elevated risks of mental health issues and suicide. Similarly, Liu et al. (2023) identified higher rates of suicidality among sexual and gender minority youth and adults in

Canada, further affirming the trend of increased mental health risks within these communities.

Although the studies discussed demonstrate elevated mental health risks among sexually and gender-diverse populations, much of the literature adopts a deficit-oriented perspective that focuses predominantly on vulnerability, pathology, and risk. Comparatively less attention has been devoted to understanding the psychosocial resources and protective processes that enable positive adaptation and resilience despite exposure to minority stress. This imbalance highlights the need for research that investigates not only the consequences of prejudice but also the factors that facilitate wellbeing.

Nel et al. (2025) highlighted how societal prejudice operates not only at the structural level but also through relational and community dynamics. This is illustrated in the study by Bockting et al. (2013), where results indicated that stigma and discrimination are significantly associated with increased levels of depression, anxiety, and suicidality among TGD individuals. Similarly, Bariola et al. (2015) reported that psychological distress in TGD individuals is socially produced through exclusion, victimisation, and systemic discrimination, rather than being an inherent characteristic of gender identity and expression. Focusing on the Global South, a community-led study across nine East and Southern African countries documented the widespread realities of violence, mental health distress, and systemic healthcare barriers faced by people with diverse SOGIE (Müller et al., 2019). They further reported that TGD individuals are disproportionately exposed to harm, underscoring that harms are socially produced and stem from prejudice and exclusion rather than being inherent to TGD identities. This pattern is consistent with the minority stress framework, which posits that stigma and discrimination generate unique, chronic stressors that harm mental health (Meyer, 2003, 2015; Testa et al., 2015).

Data from Groote Schuur Hospital's Transgender Clinic in Cape Town, South Africa, revealed that approximately 70.5% of TGD patients met diagnostic criteria for at least one psychiatric disorder, and 40.9% reported suicidal behaviour (Müller, 2021; Wilson et al., 2014). In a similar vein, qualitative research by Shabalala et al. (2023) on Black trans women in South Africa illustrated how gender-based violence, informed by cisnormativity and patriarchal structures, limits access to safety, stable housing, and supportive networks. The authors emphasised the compounded risk experienced at the intersection of gender diversity, racial identity, and socioeconomic marginalisation. Emerging research shows differentiated patterns of vulnerability among TGD individuals, with transfeminine, transmasculine, and non-binary individuals experiencing distinct presentations of stigma, invalidation, safety concerns, healthcare exclusion, economic marginalisation, and social isolation (James et al., 2016; Müller et al., 2021; Testa et al., 2015), therefore supporting the need for measurement approaches that prioritise granular gender identity categories, rather than treating gender diversity as a homogeneous group.

While South African studies have documented important health and social disparities among sexually and gender-diverse populations, the literature remains fragmented. Much of the existing research focuses on experiences of discrimination, violence, healthcare access, or HIV-related outcomes, with comparatively few studies examining the interplay of psychosocial factors such as social support, self-efficacy, and resilience. As a result, limited empirical evidence exists regarding the mechanisms through which sexually and gender-diverse individuals navigate adversity and maintain psychological wellbeing within the South African context.

The consequences of societal prejudice and stress among sexually and gender-diverse persons are contextualised in the next section, which investigates the historical and

contemporary societal challenges experienced by LGBTQ+ individuals and examines the pivotal role of social support within these contexts.

Role of Social Support within Structural and Relational Contexts of Sexual and Gender-Diversity Wellbeing

Sexually and gender-diverse communities navigate a complex landscape of societal challenges influenced by cultural, social, and political factors, with their experiences of adversities significantly shaped by colonial and post-colonial narratives (Bertolt, 2019; Epprecht, 2008; Hoad, 2007; Kaoma, 2017; Nel et al., 2025) emphasise the intersectionality of the legacies of apartheid, deeply entrenched hetero-cisnormativity, and cultural conservatism, which together create heightened relational stressors for sexually and gender-diverse individuals. In addition, African queer scholarship challenges dominant Western-centric frameworks of sexual and gender diversity by foregrounding the historical, cultural, and political specificity of African contexts. Matabeni (2014) reclaims *Afrikan* queer identities as situated, embodied, and resistant to colonial and heteronormative epistemologies, emphasising how sexual and gender diversity has long existed within African societies despite contemporary narratives that frame queerness as 'un-African.' Extending this analysis, Matebeni et al. (2018) located LGBTQI identities in Africa within broader struggles around citizenship, belonging, and activism, demonstrating how queer lives are shaped by intersecting systems of law, culture, religion, and postcolonial governance. These conditions may undermine trust, intimacy, and stability in romantic partnerships, particularly when partners face social ostracism or family rejection. This pattern mirrors broader research on minority stress, which demonstrates that prejudice and stigma continue to exert harmful effects even in jurisdictions with progressive laws (Meyer, 2003).

At the same time, studies have illuminated the resilience and activism of sexually and gender-diverse communities amidst diverse socio-cultural and political contexts. These

studies highlight the struggles of these populations against societal barriers, including those related to sexually transmitted infections and gender issues (Currier & Migraine-George, 2017; Reddy et al., 2009), as well as persistent discrimination in healthcare settings (Badat et al., 2023; Montero et al., 2024; Seretlo et al., 2024; Sileo et al., 2022). In the South African context, research has further drawn attention to the experiences of transgender refugees, particularly their negative encounters such as structural barriers to the public healthcare system, including long waiting lists and administrative gatekeeping, societal acceptance and legal challenges, significantly shaping transgender individuals' access to gender-affirming care and contributing to ongoing psychosocial stress (Camminga, 2019). The enduring struggle-and-resilience characteristic of sexually and gender-diverse populations within these contexts is crucial for understanding the broader implications for their mental health and wellbeing.

The significance of social support as a fundamental aspect of relational wellbeing for LGBTQ+ individuals is emphasised, with studies illustrating how supportive environments buffer the negative impacts of societal challenges (Chang et al., 2021; Russell & Fish, 2016). Relational wellbeing refers to the quality of people's interpersonal connections and the degree to which these relationships contribute to overall health, happiness, and sense of belonging. Across psychological and social science literature, relational wellbeing has been conceptualised in multiple ways, with a converging emphasis on emotional security, support networks, and mutual empowerment (Diamond & Alley, 2022; Ryff & Singer, 2000; Slatcher & Selcuk, 2017; Wilks et al., 2022). Psychological Society of South Africa (PsySSA) (2025) identifies relational wellbeing as a core protective factor for sexually and gender-diverse populations in South Africa, defining it as the capacity to experience affirmation, understanding, and mutual care within intimate, familial, and social networks, which can be critical for countering minority stress and societal prejudice.

Furthermore, research highlights the role of social support in fostering positive mental health outcomes, particularly among LGBTQ+ adolescents. Evidence indicates that a lack of social support is linked with elevated levels of depression, anxiety, and risky behaviours, underscoring the importance of interpersonal and contextual factors in adolescent wellbeing (McDonald, 2018). In addition, Graziano (2004) and Wilks et al. (2022) demonstrated that social support can foster hope and positivity even amid oppression, and that understanding systemic and intersectional dynamics is essential for effective interventions. While social support encompasses both interpersonal and institutional support, relational wellbeing pertains to how support is experienced within relationships, rather than merely the availability of resources (Feeney & Collins, 2015). Accordingly, not all forms of social support can be understood as relational wellbeing.

Although social support is identified as a protective factor, an underlying assumption within much of the literature is that support from family, friends, and significant others is uniformly beneficial. Emerging evidence suggests that support may be conditional, ambivalent, or even strain-inducing, particularly among sexually and gender-diverse populations navigating family rejection, identity concealment, or minority stress within intimate relationships (Frost et al., 2016; Rook, 1984; Testa et al., 2015). Therefore, the quality and context of support may be as important as its availability.

Considering the challenges faced by sexually and gender-diverse individuals, the concept of resilience has emerged as a key factor in mitigating stress and promoting positive outcomes. This has necessitated increasing attention to the interconnected systems that facilitate resilience, particularly in informing professional practice and policy development (Gonzalez et al., 2021; Nel & Mitchell, 2019; Wilks et al., 2022). The theory of planned behaviour provides a useful framework for examining how individuals' perceptions (Armitage & Conner, 2001), influenced by internal and external factors, guide behavioural

choices. Central to this framework is the proposition that the influence of specific background factors on behaviour is an empirical question, which is discussed in the next section (Ajzen, 2011; Ajzen et al., 2018).

Theory of Planned Behaviour

The theory of planned behaviour is a well-established psychological framework that seeks to explain and predict human behaviour. It evolved from the theory of reasoned action (Montano & Kasprzyk, 2015), which proposes that behaviour is primarily driven by behavioural intentions shaped by attitudes and subjective norms, but does not account for behaviours that fall outside full volitional control. The theory of planned behaviour addresses this gap by adding perceived behavioural control, which explicitly accounts for non-volitional influences on behaviour, recognising that individuals may intend to act but may be constrained by structural, social, psychological, or material barriers. According to the theory of planned behaviour, three core components shape behavioural intentions, which in turn inform actual behaviour (Ajzen, 1991). The first component, attitudes towards the behaviour, refers to an individual's evaluation of the behaviour as positive or negative. The second component, subjective norms, reflects perceived social pressures or expectations from significant others, such as family members, peers, and communities. The third component, perceived behavioural control, refers to an individual's perceptions of the ease or difficulty of performing the behaviour and is closely related to the concept of self-efficacy, which functions as a mediating variable in the present study.

The theory of planned behaviour framework is particularly useful in research involving sexually and gender-diverse populations, where behaviours related to help-seeking, disclosure, or health engagement (Conner & Sparks, 2005) are often shaped by stigma, discrimination, and structural barriers. The inclusion of perceived behavioural control allows researchers to model how support, agency, and environmental constraints influence behaviour

beyond attitudes and social norms alone. Self-efficacy, a concept developed by Bandura (1977), is therefore often integrated into the theory of planned behaviour framework, particularly in discussions of perceived behavioural control, as both relate to individuals' beliefs about their capacity to perform a given behaviour. Ajzen (2020) explained that attitudes are not based solely on personal beliefs but can also include perceptions of the outcomes associated with the behaviour. Furthermore, subjective norms refer to an individual's perceptions of social expectations surrounding a behaviour, including what significant other(s), friends, or family think or expect. Positive attitudes would indicate a favourable perception of seeking support, whereas negative attitudes would imply a less favourable view. For example, an individual may hold a positive attitude toward accessing mental health support but may perceive high societal prejudice (external factor) and lack of affirming healthcare (perceived behavioural control), thereby reducing their intention to seek services. Conversely, strong social support and positive relationships (external norms) can enhance intentions by creating an environment of affirmation and encouragement.

Although both perceived behavioural control and self-efficacy relate to an individual's belief in their ability to carry out a behaviour, perceived behavioural control considers a broader range of external factors and obstacles. In contrast, self-efficacy is more centred on an individual's internal assessment of their competence and confidence in performing the behaviour. Within applications of the theory of planned behaviour, self-efficacy is often conceptualised as a sub-dimension of perceived behavioural control (Ajzen, 2020). Given its close association with resilience, self-efficacy is a central dimension within this theoretical framework. The following section discusses the variables under study—perceived social support, self-efficacy, and resilience—with age included as a control variable.

Perceived Social Support

Perceived social support refers to individuals' beliefs that they are cared for and that assistance would be available from others if needed, a perception that plays a critical role in buffering stress and promoting psychological wellbeing (Cohen & Wills, 1985; House, 1983; Lakey & Cohen, 2000; Thoits, 2011; Zimet et al., 1988). Social support has long been conceptualised as a multidimensional construct whose effects on wellbeing depend not only on its availability but also on its quality and relational context. Early work by Rook (1984) challenged the assumption that social interactions are inherently beneficial by demonstrating that negative or problematic social interactions, such as criticism, overinvolvement, or conflict, can exert a stronger detrimental impact on psychological wellbeing than the complete absence of support. Building on this distinction, Uchino (2009) further showed that ambivalent relationships—those characterised by both supportive and strain-inducing elements—are associated with poorer psychological and physiological outcomes compared to relationships that are consistently supportive. In addition, Southwick et al. (2016)'s research on why some individuals demonstrated greater resilience than others, findings emphasised the central role of social support as a foundational protective factor. They argued that resilience emerges not solely from individual traits but from interactive biopsychosocial processes, among which supportive relationships consistently predict better adaptation following stress and trauma. These findings highlight that social ties may function simultaneously as sources of comfort and stress, underscoring the importance of considering relational strain when evaluating support processes. Complementing this perspective, Cohen et al. (2000) emphasised the functional quality of support, arguing that support is most effective when it is responsive to the recipient's needs, enhances autonomy, and avoids fostering dependency. Together, these foundational contributions indicate that social support is not uniformly protective; rather, its influence on wellbeing is contingent on relational quality, contextual fit,

and the balance between supportive and strain-inducing interactions (Cohen et al., 2000; Rook, 1984; Uchino, 2009).

Social support that is responsive, autonomy-affirming, and contextually attuned has been found to be more protective than generic or intrusive forms of aid (Lakey & Cohen, 2000). For sexually and gender-diverse individuals, it is important to explore source-specific nuances, such as family acceptance or rejection, partner responsiveness, peer affirmation, and healthcare provider competence, which differentially shape outcomes. The minority stress framework posits that stigma, prejudice, and structural exclusion produce unique, chronic stressors such as expectations of rejection, concealment, and internalised stigma, which elevate the risk for depression, anxiety, and suicidality (Hatzenbuehler, 2009; Meyer, 2003). Therefore, affirming social support and identity-based resilience processes such as community belonging have been found to counteract these risks, while self-efficacy mediates how social support is translated into effective coping (Bockting et al., 2013; Singh et al., 2014; Testa et al., 2015).

Researchers have developed scales and questionnaires to assess an individual's perception of social support. These scales aim to capture the perceived availability of, and satisfaction with, support from diverse sources, such as family, friends, and significant other(s). Some widely used scales include Zimet et al.'s (1988) Multidimensional Scale of Perceived Social Support and Huang et al.'s (2021) Perceived Social Support Scale. A notable strength of the Multidimensional Scale of Perceived Social Support is its distinction between support received from family, friends, and significant others, enabling researchers to examine the differential influence of various support sources. Accordingly, the Multidimensional Scale of Perceived Social Support has demonstrated strong psychometric properties across diverse cultural settings (Dahlem et al., 1991; Dambi et al., 2018). However, the scale was developed within predominantly Western contexts and assumes that these three sources adequately

capture meaningful support relationships. Such an assumption may be problematic for sexually and gender-diverse populations, where chosen family, community networks, and LGBTQ+ peer groups often serve as important sources of support not fully reflected in traditional family-centred measures (Frost et al., 2016; Weston, 1997).

Similarly, although more recent measures such as Huang et al.'s (2021) Perceived Social Support Scale seek to capture broader dimensions of support, limited evidence exists regarding their application among sexually and gender-diverse populations, particularly within African contexts. This raises questions regarding the extent to which existing measures adequately capture culturally and contextually specific support experiences. The continued reliance on instruments developed in Western populations highlights a broader gap in the literature concerning the measurement of social support among sexually and gender-diverse individuals in the Global South.

Furthermore, although studies consistently indicate that higher levels of perceived social support are associated with improved mental health outcomes, increased resilience and more effective coping strategies, much of the literature has been conducted in North American and European contexts, where social attitudes towards sexual and gender diversity may differ from those in many parts of Africa (Frost et al., 2016; Southwick et al., 2016). As a result, assumptions regarding the protective role of family support may not be universally applicable. In contexts where family acceptance is conditional or negotiated, support may not necessarily translate into enhanced resilience or self-efficacy. This suggests a need for contextually grounded research examining how different sources of support function among sexually and gender-diverse populations in South Africa.

Perceived Social Support and Self-Efficacy

Self-efficacy refers to an individual's belief in their ability to succeed in certain situations or accomplish tasks (Bandura, 1977). It has also been defined as an individual's confidence in their capability to organise and execute tasks effectively to attain a valued goal (Artino, 2012). Perceived social support, as previously defined (Cohen & Wills, 1985; Thoits, 2011; Zimet et al., 1988), looks at an individual's subjective beliefs about the availability and adequacy of support within their social networks. Together, perceived social support and self-efficacy can be meaningfully situated within the framework of social cognitive theory, which focuses on the reciprocal interaction between personal, behavioural, and environmental factors in shaping behaviour and adaptation (Bandura, 2004).

Social cognitive theory posits that behaviour is shaped through reciprocal interactions between personal cognitive factors, behavioural patterns, and environmental contexts, with self-efficacy playing a central role in regulating coping, motivation, and psychological adaptation (Bandura, 1986, 1994). According to social cognitive theory, individuals acquire self-efficacy beliefs through social modelling, social persuasion, and social support (Bandura, 1994). Perceived social support, especially when it involves encouragement and positive feedback, can enhance an individual's self-efficacy in dealing with various challenges (Schwarzer & Knoll, 2007). When individuals perceive that support is available from others, they are more likely to develop a sense of self-efficacy in handling difficult situations more effectively.

Empirical evidence supports the social cognitive theory perspective. Scholz et al. (2002), for example, demonstrated that perceived social support from family, friends, and significant other(s) can bolster self-efficacy beliefs and, in turn, influence health-related behaviours. More recent research continues to apply social cognitive theory across diverse domains, illustrating how self-efficacy and related social cognitive constructs mediate behavioural outcomes. For example, studies grounded in this framework have demonstrated

mediating effects of self-efficacy and outcome expectations on student engagement (Woreta et al., 2025), as well as how self-efficacy predicts academic success (Miao, 2025), workplace performance (Meyvanali, 2025), and the wellbeing of dementia family caregivers (Au et al., 2009). These contemporary applications underscore social cognitive theory's ongoing relevance for understanding the interplay between personal cognitive factors, social environments, and behavioural adaptation.

Perceived social support is seen as both an environmental factor and a personal factor, as both influence, and is influenced by, an individual's self-efficacy beliefs and behaviours. In this regard, Ozer and Bandura (1990) proposed a social cognitive model of self-regulation that emphasises the dynamic interplay between self-efficacy, perceived social support, and health behaviours. Their model illustrated how perceived social support can contribute to the development of self-efficacy, while self-efficacy, in turn, shapes how individuals engage with and utilise available support (Ozer & Bandura, 1990). In a study on the effects of perceived social support on the mental health of Chinese men who identify as gay, Pan et al. (2022) found that, within the context of a collectivist culture in China, gay men experience specific mental health challenges. Nevertheless, despite these challenges, their mental wellbeing was associated with a positive influence due to the presence of perceived social support and stronger self-efficacy beliefs (Pan et al., 2022).

A limitation of the self-efficacy literature is its strong emphasis on individual agency. While self-efficacy has been associated with positive psychological outcomes, many studies have conceptualised coping primarily as an individual process, often overlooking the influence of structural inequalities, social exclusion, and minority stress (Meyer, 2003). For sexually and gender-diverse individuals, confidence in one's ability to manage challenges may be constrained not only by personal beliefs but also by societal barriers that restrict access to supportive resources (Pachankis, 2014; Worthen, 2020). By examining self-efficacy

in the context of social support, the present study aimed to explore how sexually and gender-diverse individuals' confidence in accessing support resources may influence their resilience in the face of the unique challenges they encounter. This focus aligns with the broader aim of the study of understanding factors that contribute to the wellbeing and mental health of sexually and gender-diverse populations in Cape Town, South Africa, and complements the theory of planned behaviour framework by addressing a dimension that is particularly relevant to resilience.

Resilience

Resilience has been described as '*ordinary magic*', referring to the capacity to bounce back in challenging times (Masten, 2018). Earlier research studies (e.g., Garmezy, 1991; Rutter, 1987; Werner, 1995, 2000) have contributed to the foundational understanding of resilience by highlighting the role of protective factors and individual strengths in mitigating the impact of risk factors. Classic developmental scholarship conceptualises resilience as normative adaptive systems, for example, attachment, self-regulation, and problem solving, which enable positive adaptation despite exposure to risk (Masten, 2002; Rutter, 1987). As the discourse on resilience evolved, it has increasingly been recognised as a critical attribute for understanding the lived experiences and behaviours of sexually and gender-diverse individuals (Wilks et al., 2022). Rather than focusing on individual contributions to resilience, social-ecological perspectives view resilience as a process influenced by individuals and their physical and social environments (Ungar & Theron, 2020). Similarly, McCleary and Figley (2017) posit resilience as a contextually situated and dynamic process that extends beyond individual traits to include relational, cultural, and systemic factors that shape how individuals adapt to and recover from traumatic experiences. Furthermore, scholars suggest that resilience is often collective and context-responsive, sustained through community networks and culturally embedded practices rather than solely through

intrapersonal attributes such as grit (Ebersöhn & Ferreira, 2012; Theron, 2016). In a study of youth exposed to socioeconomic and environmental stressors, Theron et al. (2021) highlighted how resilience is cultivated through the availability and mobilisation of multiple protective resources—such as supportive relationships, meaningful roles, and culturally grounded coping practices—within stressful contexts. Furthermore, research demonstrated among South African adolescents that predictors of positive engagement trajectories included not only individual capacities but also supportive school, family, and community processes, underscoring that resilience pathways are shaped by the quality of multisystemic support (Theron et al., 2022; Ungar et al., 2021). Taken together, international and local perspectives on resilience converge on a multifaceted construct which reflects on person–environment transactions, whereby social structures, policies, and community support can enable or constrain adaptive capacity.

Resilience has been shown to reduce psychological distress by attenuating fear-based threat appraisal (Padmanabhanunni & Pretorius, 2024). This mechanism is theoretically applicable to sexually and gender-diverse populations exposed to minority stress, as resilience may buffer stigma-related mental health risks (Meyer, 2003). In both population-based and clinical samples, supportive relationships have been found to predict lower suicidality and more positive mental health trajectories among LGBTQ+ youth and adults. Family acceptance during adolescence has been shown to be especially consequential for later health outcomes (Ryan et al., 2010). Conceptually, resilience among LGB populations has been described as operating through pathways that align with both social-ecological and social-cognitive theories (Herrick et al., 2011; Kwon, 2013).

LGBTQ+ individuals and communities experience significant stress and adversity related to their SOGIE. Minority stress among LGBT persons can range from a sense of not belonging, being forced out of the home, job discrimination, or name-calling (Mongelli et al.,

2019; Singh, 2018). Unchecked, minority stress may lead sexually and gender-diverse individuals to hide who they are, and to anticipate harm or judgement in some form or manner. This reflects the importance of community resilience within the context of minority stress (Meyer, 2015). Further research from the *Strengthening Colours of Pride* project, which collected data on 463 adult sexual and gender minorities[3] living in San Antonio, showed a significant relationship between intrapersonal level resilience, adverse childhood experiences, and the quality of mental health outcomes (Schnarrs et al., 2020). Similarly, a systematic review of research conducted in South Africa between 2009 and 2017 on the resilience of children and youth found that personal and relational resilience enablers were the most prevalent, whereas structural, spiritual, and cultural resilience enablers were less prominent. Furthermore, drawing on a multisystemic resilience framework, evidence from Canadian and South African adolescents demonstrated that the effects of family adversity on developmental outcomes are shaped by complex interactions between caregiving, peer, and community resources, with the protective value of these systems varying by socio-cultural context (Cameranesi et al., 2022). These findings emphasised the importance of adopting a broader, multi-level perspective on factors that enable resilience beyond the individual (Van Breda & Theron, 2018). However, despite these theoretical shifts in more recent multisystemic approaches to resilience (Theron et al., 2021; Ungar, 2018), empirical studies continue to operationalise resilience through individual-level measures, creating a disconnect between the current resilience theory and measurement practices.

[3] Terminology referring to sexually and gender-diverse populations varies across studies (e.g., sexual and gender minorities, sexual minorities and gender diverse). Where empirical findings are reported, this dissertation retains the identity terms used in the original source; however, these categories are conceptually situated within the broader analytical framework of sexual orientation or as LGBTQ+ or sexually and gender-diverse, unless otherwise specified.

In a cross-sectional online survey of transgender and nonbinary[4] young adults in the United States, participants reported experiencing discrimination, violence, and other social stressors attributable to cissexism (Murchison et al., 2023). Using generalised linear models, Murchison et al. (2023) tested variation in stressors across six gender groups (transgender woman, transgender man, agender, gender-fluid, genderqueer, and nonbinary) and found that transgender and/or nonbinary individuals experienced different patterns of stigma-related stressors based on their gender identity, which differentially affected their ability to cope with some of these stressors (Murchison et al., 2023). Evidence from the South African context further highlights the role of collective and community-based resilience processes. Jacobs (2025) found that support groups for TGD individuals at Baragwanath Hospital in South Africa facilitated collective self-esteem, which contributes to resilience in contexts where public healthcare services are limited and TGD needs are largely neglected. In addition, research with Black trans women in South Africa illustrated how narratives of adversity, including gender-based violence, structural exclusion, and economic marginalisation have been met with adaptive coping, resourcefulness, and agency, indicating resilient responses to chronic social stressors (Shabalala et al., 2023). This is further supported by Monakali's (2017) qualitative analysis on the identity work of a Black transgender woman, which highlights how identity construction itself, and the process of ongoing identity negotiation, can function as forms of resistance and resilience in the face of hetero-cisnormative pressures. Furthermore, research studies showed that although stigma and victimisation elevated psychological distress among TGD adults, resilience and community connectedness mitigated these effects (Bockting et al., 2013).

[4] The terms transgender and nonbinary are used here to reflect the specific identity categories employed in the cited study. While this dissertation adopts the broader analytical category of trans and gender-diverse (TGD) or gender identity and expression (GIE) in its conceptual framework, the terminology of each cited source is retained where reporting empirical results to avoid misrepresenting respondent classifications.

Considering the preceding discussion, investigating resilience among sexually and gender-diverse individuals is therefore vital for understanding how some individuals maintain psychological wellbeing despite chronic exposure to stigma and discrimination. In addition, identifying resilience-related protective factors can inform the development of targeted psychosocial interventions, community support initiatives, and inclusive healthcare services that promote adaptive coping and social inclusion in structurally unequal contexts where interpersonal support is limited or lacking.

Interplay of Social Support, Self-Efficacy and Resilience

The relationship between social support, self-efficacy, and resilience is a focal point of research in psychological resilience and coping strategies. Social support is seen as a critical factor in strengthening an individual's belief in their own abilities (self-efficacy) and their capacity to effectively manage and adapt to stressors (resilience). When individuals perceive strong social support, belief in their own efficacy is reinforced, which in turn promotes a more resilient attitude and adaptive behaviours. This sense of self-efficacy, nurtured by supportive relationships, enables individuals to approach challenges with a positive and initiative-taking mindset, rather than feeling overwhelmed or helpless. Lakey and Cohen (2000) suggested that social support, especially perceived support, can significantly impact how people assess and respond to stressful situations. Similarly, Uchino (2004) demonstrated the connection between social support and various health outcomes, including psychological resilience. Moreover, research has indicated that self-efficacy is a strong predictor of resilience, underscoring its importance within adaptive coping processes (Luszczynska et al., 2005).

Evidence from diverse populations further supports the interrelated roles of social support, self-efficacy, and resilience. In a cross-sectional study of cancer patients examining the role of perceived social support in influencing resilience, with self-efficacy as a mediating

variable, results indicated that perceived social support positively affected self-efficacy, which, in turn, was associated with enhanced resilience among cancer patients facing significant challenges (Zhang et al., 2018; Zhang et al., 2024). Furthermore, a research study revealed that social support enhances resilience, especially among individuals living with chronic illness, underscoring how the presence of supportive family and friends can bolster coping strategies and resilience (Karami, 2025; Lin et al., 2025).

Extending this evidence to broader social contexts, Nguyen et al. (2021) explored the dynamics of social support within immigrant communities and reported that robust social networks play a critical role in fostering resilience against socioeconomic stressors within these groups, highlighting the diverse contexts within which social support operates. In a sample of South African first responders, self-efficacy showed strong positive associations with both resilience and hardiness ($r = .63$, $p < .001$), supporting the view that belief in one's coping capacity functions as a core psychological resource that promotes adaptive functioning under conditions of high occupational stress (Padmanabhanunni & Pretorius, 2024).

Literature demonstrates that social support, self-efficacy, and resilience are interrelated yet distinct psychosocial processes that jointly shape individuals' capacity to cope with stress and adversity. Social support—particularly perceived support from family, friends, and significant other(s)—has been shown to buffer psychological distress and enhance wellbeing across diverse populations (Gülaçtı, 2010; Haber et al., 2007; Kaniasty & Norris, 2009). Within stress and coping frameworks, supportive relationships are understood to influence how stressors are appraised and managed, thereby facilitating adaptive coping and recovery (Biggs et al., 2017). Empirical studies further indicate that social support can enhance resilience by promoting emotional regulation, validation, and access to shared

coping resources, particularly in contexts of chronic stress, trauma, or marginalisation (Jackson et al., 2007; Karami et al., 2025; Panagioti et al., 2014).

At the same time, self-efficacy plays a crucial but complex role in this interplay, reflecting individuals' beliefs in their ability to manage challenges and exert control over stressors (Lippke, 2020; Rimal, 2000). A body of research suggests that social support can strengthen self-efficacy through modelling, feedback, and encouragement, thereby indirectly promoting resilience (Ahn et al., 2016; Haslam et al., 2006; Narayanan & Weng Onn, 2016; Pak et al., 2023). However, evidence also indicates that these pathways are context-dependent: in marginalised populations, including LGBTQ+ individuals, social support may function more strongly through direct relational and community-based mechanisms than through individual efficacy beliefs alone (Van Der Pol-Harney & McAloon, 2019; Vera et al., 2020; Weinhardt et al., 2019). Studies focusing on sexual and gender diversity further highlight how hetero-cisnormative environments, early adversity, and minority stress can disrupt traditional support-efficacy pathways, underscoring the importance of affirming peer networks, community belonging, and chosen family in fostering resilience (Bond et al., 2021; Quinn et al., 2022; Worthen, 2020). Collectively, this literature positions resilience as a dynamic, relational, and contextually embedded process, shaped by the quality of social support and the extent to which individuals can translate relational resources into a sense of agency and adaptive functioning.

A limitation of this literature is that most studies examine social support, self-efficacy, and resilience separately, or focus predominantly on Western LGBTQ+ populations. Limited research has simultaneously examined the interplay of these constructs among sexually and gender-diverse individuals in South Africa, particularly within a context characterised by constitutional protection alongside persistent social and structural inequalities.

The following section examines the role of age as a socio-demographic factor in shaping the interplay between perceived social support, self-efficacy, and resilience among sexually and gender-diverse populations.

Age as Socio-Demographic Factor

Age is not merely a chronological measure but is closely associated with varying life experiences, cognitive and emotional development, and social contexts. Research shows that age intersects with sexual orientation and gender identities to influence exposure to discrimination, access to resources, and health outcomes. For example, younger sexually and gender-diverse individuals, particularly adolescents and emerging adults, are often more vulnerable to family rejection, school-based bullying, and social exclusion, all of which have adverse effects on mental health and social wellbeing (Robinson et al., 2013; Russell & Fish, 2019). This heightened vulnerability may be compounded in contexts where restrictive socio-cultural norms and limited legal protections increase the risk of violence and marginalisation (Poteat et al., 2014). In contrast, older LGBT adults face distinct challenges, including social isolation, ageism, and the compounded effects of lifelong exposure to stigma and discrimination (Fredriksen-Goldsen et al., 2015). Older LGBT adults may have limited access to affirming healthcare, weaker family support systems due to historical rejection, and fewer economic resources because of employment discrimination earlier in life (Wight et al., 2012). Within the South African context, generational differences are particularly salient, as many older LGBTQ+ individuals have lived through apartheid and post-apartheid socio-political transitions, experiencing shifts in legal rights alongside persistent social prejudice (PsySSA, 2025).

Age differences may further shape resilience processes through influencing how sexually and gender-diverse individuals perceive and receive social support, develop self-efficacy, and exhibit resilience. McCleskey and Gruda (2021) emphasised that older people

may exhibit greater resilience, and older LGBTQ+ adults' resilience may be attributed to a reliance on long-established community ties, chosen families, and adaptive coping strategies developed over decades of navigating hostile environments (Fredriksen-Goldsen et al., 2015). On the other hand, younger sexually and gender-diverse individuals' resilience may be strengthened by more progressive peer networks, online communities, and visibility in popular culture, which can foster identity affirmation and collective activism (Craig et al., 2015). In their study on racial minority LGB youth, Wise et al. (2019) explored how age moderates the relationship between social support and mental health. Results showed that the impact of social support on mental health can vary significantly with age, indicating that younger individuals might experience or interpret social support differently compared to older individuals. Considering these findings, age should be understood not simply as a biological variable but as a marker of social location that intersects with sexual orientation, gender identity, race, class, culture, and legal context. As such, age constitutes an important control variable for consideration when examining the interplay of social support, self-efficacy, and resilience. Despite these insights, limited understanding of cognitive and social factors contributing to the resilience of sexually and gender-diverse individuals points to a gap in research, particularly in the South African context (Watson & Tatnell, 2022; Wright et al., 2022).

Hypotheses Development

The formulation of hypotheses is essential for evaluating the relationships proposed within a theoretical framework, as emphasised by Creswell and Creswell (2017). A hypothesis typically predicts a relationship between two or more variables. For example, it may observe how one variable (the independent variable) will affect another (the dependent variable) and in this research observe the effects of any of the mediating variables. The development of hypotheses is guided by a critical review of existing literature and theory,

where gaps in knowledge or unexplored areas are identified and provide the foundation for new research questions.

The following section expounds on the hypotheses developed to examine the relationships between perceived social support (incorporating support from family, friends, and significant other[s]), self-efficacy, and resilience.

Family Support and Self-Efficacy

The definition of *family* is not universally agreed upon (Kamaryati & Malathum, 2020). Broadly, family refers to a group of individuals connected by blood, marriage, adoption, or strong emotional bonds (OpenStax, n.d.), which may also be termed as the family of origin. This structure, into which an individual is born or within which they are primarily raised during childhood and adolescence, typically consists of parents or primary caregivers and siblings and is shaped by hetero-cisnormative socio-political and cultural systems (Bertone & Pallotta-Chiarolli, 2014). Family systems theorists conceptualise the family of origin as a multigenerational emotional unit that shapes interpersonal functioning and psychological development across the lifespan (Bowen, 1993; Papero, 1990). Recent studies have increasingly explored the concept of chosen family, which is defined as kinship bonds formed outside of bio-legal family structures (Cloyes et al., 2022), and which hold particular significance in the lives of the sexually and gender-diverse who often experience rejection in families of origin (Hull & Ortyl, 2019).

Family support, as a widely used concept, lacks a single, universally accepted definition, which can lead to conceptual overlap with broader notions of social support (Tagacay, 2024). Kamaryati and Malathum (2020) describe family support as family members' acceptance, action, and attitude toward one another, taking the form of informational, instrumental, and assessment support. Perceived family support refers to an

individual's understanding or interpretation of the help and assistance provided by family members, including parents (An et al., 2024). Other conceptualisations frame family support as a holistic, ecological, and comprehensive formal practice in services working with and for children, adolescents, and families (Dos Santos et al., 2024).

Despite a growing body of research on the relationship between family support and self-efficacy, significant gaps remain in studies focusing on sexually and gender-diverse populations, who continue to endure adverse conditions, such as hate speech/crime and discrimination, all of which may undermine wellbeing. Self-efficacy reflects confidence in one's capacity to cope with challenges, yet family environments that tolerate identity without affirming it may inadvertently undermine this sense of agency. Studies suggest that when family support is material but not identity-affirming, it does not consistently enhance confidence in managing stigma-related stressors or navigating disclosure and discrimination (Peplau & Fingerhut, 2007; Willoughby et al., 2008). Qualitative work in South Africa indicates that even when some familial support is present, it is often limited to specific family members—most commonly mothers—while broader family dynamics remain ambivalent or restrictive (Pillay, 2023, as cited in Dlamini, 2025).

Previous studies found that perceived family support has a significant positive relationship with emotional, social, and psychological wellbeing (An et al., 2024). A study by Hamovitch et al. (2019) analysed the relationship between parenting self-efficacy, quality of parenting, and parental and child emotional health, particularly focusing on families living in under-resourced communities. Using linear regression analyses, they found that positive parenting practices were positively associated with parenting self-efficacy, whereas inconsistent discipline had a negative effect. To interpret these patterns, the study drew on Coercion Theory, which argues that ineffective parenting practices such as inconsistent

discipline and poor supervision can contribute to the development of children's behavioural problems.

A study by Prawita and Hariko (2024) examined the relationship between self-efficacy, family social support, and psychological wellbeing among Indonesian high school students. The study found that self-efficacy and family social support were strong predictors of psychological wellbeing in adolescents, accounting for 31.7% of the variance which meant that although these variables had significant impact on the wellbeing of the adolescents, additional external factors contribute to wellbeing outcomes (Prawita & Hariko, 2024). Additionally, Prawita and Hariko (2024) examined these variables using Bandura's social cognitive theory, Ryff's Psychological Wellbeing Model, and the Stress and Coping Theory, demonstrating how personal beliefs and social factors interact to influence adolescent psychological wellbeing, reinforcing the importance of examining these variables in an integrated manner in this research.

In a study by He et al. (2023) investigating relationships between family background and self-efficacy among Chinese adolescent table tennis players, found that a supportive family background was associated with a positive influence on self-efficacy via effort, persistence, and involvement in practising and learning the sport, namely technical learning engagement, with gender moderating the first leg of the mediation (family background → technical learning engagement), and training years moderating the second leg of mediation (technical learning engagement → self-efficacy). Technical learning engagement and self-efficacy were significantly correlated, with girls exhibiting higher levels of both engagement and self-efficacy than boys. Technical learning engagement partially mediated the impact of family background on self-efficacy, exerting a stronger influence on boys' engagement levels (He et al., 2023). Based on the above results, the first hypothesis proposed in this study is as follows:

H_{1a}: Perceived family support will positively and significantly predict self-efficacy.

Family Support and Resilience

As discussed under hypotheses H_{1a}, the definition of family is not universally agreed upon, with researchers adopting varying conceptualisations (Kamaryati & Malathum, 2020). Family, which includes biological and/or chosen family (Kim & Feyissa, 2021), plays a crucial role in shaping resilience among sexually and gender-diverse individuals. Resilience theory has its roots in research on adversity and its impact on the wellbeing of people (Van Breda, 2018). Resilience science has continued to evolve, including definitions that reflect a contextually nuanced, interdisciplinary approach (Southwick et al., 2014), thereby framing resilience as quality of systems rather than only of individuals (Masten, 2018).

LGB young adults encounter numerous challenges, one of which is familial rejection (Ryan et al., 2009), which has been linked to increased risk of homelessness and adverse mental health outcomes. Although existing literature on evidence-based treatments for suicidality among sexually and gender-diverse youth is expanding, reviews indicate that suicide-specific intervention research remains limited and uneven, with relatively few intervention studies overall and comparatively less robust evidence for TGD youth (Chang et al., 2025; Christensen et al., 2025; Eilander et al., 2025; Russon et al., 2022). Notably, these interventions often lack a comprehensive emphasis on the involvement of families and support networks as part of the suicide prevention approaches within this population (Russon et al., 2022).

In an independent study conducted by Dorri et al. (2023), grounded in minority stress theory (Meyer, 2003, 2015), the enduring impact of adverse childhood experiences—among sexually and gender-diverse individuals—on adult mental health was explored. The research revealed that sexual- and gender-minority-specific adverse childhood experiences were linked

to higher levels of anxiety and depressive symptoms, with family support partially mediating the relationship between these minority-specific adverse childhood experiences and anxiety symptoms. Aligning with the resilience theory (Van Breda, 2001), the study by DeChants et al. (2022) examined resilience among LGBTQ+ young adults facing family rejection and housing insecurity, highlighting the importance for housing agencies to create strengths-based programmes that promote housing stability within sexually and gender-diverse communities. Consistent with these findings, Masten (2018) found that supportive relationships, effective parenting, and community resources are central to resilience in both children and families.

Family acceptance and affirmation have been identified as key protective factors that promote resilience and psychosocial wellbeing within TGD communities. Family support buffers minority stress by reducing rejection and internalised stigma, thereby lowering psychological distress and supporting adaptive coping (Malpas, 2022; McGregor et al., 2024). These protective effects operate through several mechanisms, including stress buffering in response to discrimination and victimisation, validation of gender identity that strengthens self-esteem and identity coherence, and enhanced feelings of safety and belonging that reduce social isolation (Chesters et al., 2025; Malpas, 2022; McGregor et al., 2024). Families also play a critical role in enabling gender affirmation in practical ways, such as supporting social transition, facilitating access to healthcare, and navigating legal and educational systems, which further strengthens long-term wellbeing (Chesters et al., 2025). Gorman et al. (2022) who examined the interplay between coping, resilience, and social support among TGD individuals facing gender-related stress, situating their analysis within minority stress frameworks that emphasise the cumulative impact of stigma, rejection, and discrimination on mental health. Their findings suggested that social support functions as a key contextual resource that can bolster adaptive coping and facilitate resilience in the face of gender-related stressors, highlighting the central role of affirming social connections in

mitigating distress and enhancing psychological adjustment. Complementing this, Fuller and Riggs (2018) found that greater family support was associated with higher resilience and lower psychological distress among transgender adults, whereas family discrimination predicted poorer mental health outcomes; importantly, non-binary participants reported particularly low levels of gender-related family support, underscoring variation within transgender populations in how relational resources are experienced and mobilised. Importantly, empirical evidence indicated that the quality of family support matters, with affirming behaviours predicting better mental health outcomes, while ambivalent or rejecting responses are associated with heightened distress, even when material support is present (McGregor et al., 2024).

Recent studies further found that support for gender affirmation across social, medical, and legal domains is associated with lower psychological distress and reduced suicidality, underscoring the combined importance of emotional and instrumental family support in resilience processes (Amos et al., 2025). In the South African context, qualitative research with transfeminine women in the Western Cape demonstrates how family and extended community networks are actively mobilised to navigate stigma, violence, and economic precarity, highlighting resilience as a relational and socially embedded process rather than solely an individual trait (De Villiers et al., 2024).

However, family support within sexually and gender-diverse populations can be conditional, negotiated, and uneven, limiting its protective function. Research indicates that LGBTQ+ individuals often lack the familial and institutional scaffolding that stabilises heterosexual relationships, including consistent family validation, religious recognition, and community modelling (Peplau & Fingerhut, 2007). South African research further illustrates that parental acceptance—particularly from fathers—is typically an ongoing, ambivalent process rather than immediate affirmation, with emotional and identity validation often

withheld even in the absence of overt rejection (Livingston & Fourie, 2016). In contexts where family acceptance is partial or conditional, family support may fail to buffer minority stress effectively, resulting in weaker associations with resilience outcomes. Consequently, peer and chosen-family networks frequently emerge as more reliable sources of affirmation and recovery from stress, a pattern consistently documented across LGBTQ+ populations (Frost et al., 2016; Ryan et al., 2009).

Collectively, this body of literature indicates that family affirmation and supportive parental relationships function as resilience-enabling resources that buffer minority stress, promote adaptive coping, and improve psychosocial outcomes among sexually and gender-diverse populations. Considering the above results, a hypothesis emerged that suggests a positive and substantial correlation between perceived family support and psychological resilience in this context. Family, as evidenced in research, plays a vital role in shaping an individual's resilience (Daniels & Bryan, 2021) by providing emotional support, teaching coping skills, and serving as a foundation of trust and security. The researcher therefore hypothesised that:

H_{1b}: Perceived family support will positively and significantly predict personal resilience.

Friends' Support and Self-Efficacy

According to APA (2018), *friendships* are voluntary, enduring social relationships marked by mutual concern and interaction. Pezirkianidis et al. (2023a) further emphasise the contribution of friends' support to wellbeing and psychological health. Amongst adolescents, definitions of friendship may include mutual liking, mutual interaction, homophily, and the probability that two individuals who share a common friend are themselves friends, resulting in closed triadic relationships within a peer network, hence promoting cohesion, shared norms, and mutual social influence (Kitts & Leal, 2021; Veenstra et al., 2013). Friendship

definitions among older adults are complex as they are deeply affected by age, gender, and cultural contexts (Adams et al., 2000). As discussed under hypothesis *H*1a, self-efficacy is conceptualised as an individual's confidence in the ability to exert control over their own motivation, behaviour, and social environment.

Prior research has explored the relationship between friends' support and self-efficacy, indicating that social support from friends can positively influence an individual's confidence in their capabilities. Yan et al. (2022), drawing on social cognitive theory and social network theory, examined personality traits, self-efficacy, and friendship establishment and found that individuals with higher interpersonal self-efficacy were more likely to play a central role in friendship networks. Friendship can be understood as playing a central role when it operates as a primary relational resource that significantly influences emotional regulation, identity development, and coping with adversity, often compensating for the absence or unreliability of familial or institutional support (Hinde, 2015; Spencer & Pahl, 2007). Additionally, research grounded in Bandura's social cognitive theory indicates that while self-efficacy was the dominant predictor of physical activity, support from a friend served as a compensatory resource for adolescents with low self-efficacy, although it (friends' support) could not completely compensate for a lack of self-confidence in physical activity (Hamilton et al., 2017).

Evidence also suggests that the effectiveness of peer support varies across subgroups. In Ontario, Canada, Taylor et al. (2022) found that support from friends was positively associated with self-esteem among cisgender LGBQ students, but not among transgender students. This finding suggests that transgender youth may require additional or different forms of affirmation, such as family acceptance, institutional support, or trans-specific networks, to buffer minority stress. This aligns with Ryan et al.'s (2009) findings that family rejection predicted poorer mental health outcomes, including depression, substance use, and

suicidality, among sexually and gender-diverse youth. Conversely, their subsequent work highlights that family acceptance during adolescence functioned as a significant protective factor, predicting greater self-esteem and general health in young adulthood (Ryan et al., 2010). Taken together, the results indicate that while peer support plays an important role—particularly for cisgender LGBQ youth—it remains insufficient in the absence of family acceptance. Transgender youth, especially, are likely to benefit most from integrated, multi-system support that includes family, peers, institutions, and affirming community networks (Ryan et al., 2010; Taylor et al., 2022). Based on the above evidence, the researcher therefore hypothesised as follows:

H_{2a}: Perceived friends' support will positively and significantly predict self-efficacy.

Friends' Support and Resilience

Friendship, as previously discussed, is a voluntary and mutual relationship, exhibiting qualities that include affection, trust, and support between individuals. Resilience, also discussed, refers to the capacity to adapt successfully to adversity, trauma, and significant stress. Friendships can provide essential social support and contribute to a person's ability to cope with adversity (Krishan et al., 2016). Friendship networks play a particularly important and enduring role in fostering resilience among sexually and gender-diverse individuals, especially in contexts where family support is absent, conditional, or ambivalent. Research demonstrates that friendships are often more reliable, less conflictual, and more consistently affirming sources of support than either family relationships or intimate partnerships under conditions of chronic minority stress (Frost et al., 2016). According to Donnellan et al. (2017), in-depth qualitative interviews with older spousal dementia carers explored how different sources of social support relate to resilience, finding that while both family and friends provided various forms of support, only support that matched carers' needs was perceived as helpful for resilience; notably, friends—especially those in similar

circumstances—were often viewed as more effective in sustaining resilience than family support, which could be experienced as over-dependent or misaligned with carers' needs, demonstrating that the quality and perceived relevance of social relationships, rather than mere availability, moderate their contribution to adaptive outcomes. From a lifespan perspective, friendships also tend to provide greater continuity of support, as they are less constrained by legal recognition, familial approval, or normative relationship scripts, and often persist across periods of relational disruption (Umberson & Montez, 2010). Within LGBTQ+ communities, friendships frequently function as chosen family, offering emotional validation, practical assistance, and identity affirmation that sustain individuals through adversity and across life stages (Weston, 1997). Friendships functioning as chosen families are typically characterised by reciprocity, affirmation of identity, and shared coping resources, which are especially salient under conditions of minority stress. Contemporary family theory further recognises these relational configurations as legitimate family forms, highlighting how marginalised family identities are actively constructed and maintained in response to social exclusion, stigma, and structural barriers (Farr et al., 2025). Furthermore, research has indicated a positive interplay between support from friends and individual resilience (Graber et al., 2016). Consistent with this, in a two-year longitudinal study of early adolescents, Q. Liu et al. (2021) explored relationships between social support, resilience, and self-esteem as protective factors against common mental health problems. The findings indicated that social support functioned as a protective factor for mental health status. Collectively, this literature underscores why friend-based support may be especially salient for resilience, operating as a stable and protective relational resource when other forms of support are unstable or unavailable.

However, not all friendships are positive and/or sufficient to facilitate resilience (Donnellan et al., 2017). At times, it is the quality and stability of friendships that matters,

and this may enhance resilience more than mere availability (Kulcar et al., 2022). Research suggests that hope and optimism are associated with enhanced resilience among young people; however, the extent to which these attributes are fostered or activated through external relational resources, such as supportive families and friendships, remains less clearly established requiring further empirical clarification (Masten, 2014; Ungar, 2011; Ungar & Theron, 2020). Importantly, research, although limited, has explored this relationship among sexually and gender-diverse individuals. Based on this evidence, the researcher therefore hypothesised that:

H_{2b}: Perceived friends' support will positively and significantly predict personal resilience.

Significant Other(s) and Self-Efficacy

The term *significant other* is most often used to describe a person who is central to another's wellbeing (Merriam-Webster, n.d.; APA, n.d.), such as a spouse or romantic partner (Nel et al., 2025). In psychology and sociology, 'significant other' has been used to describe individuals who are pivotal to one's wellbeing and who often shape self-concept, identity development, and behaviour (Mead, 1934; Reitzes & Mutran, 2002). In the current study, the category of 'significant other(s)' is operationalised separately from family and friends' support to capture the unique role of one or more intimate and romantic relational bonds in shaping self-efficacy and resilience among sexually and gender-diverse individuals in Cape Town.

Globally, research has highlighted the protective role of significant other(s) in the lives of sexually and gender-diverse populations. In Taiwan, Wang et al. (2021) found that intimate partner support among gay men and lesbians was associated with lower levels of internalised homophobia and greater psychological wellbeing. Similarly, Anil and Raveendran (2022) demonstrated, in the Indian context, that support from romantic partners was strongly linked to reduced internalised stigma and better mental health outcomes for

LGBTQ+ adults. In the United States, studies showed that while family rejection remains a major predictor of distress, support from partners and close companions can buffer against minority stress, enhance self-efficacy, and foster resilience (Bockting et al., 2013; Testa et al., 2015). Collectively, this evidence underscores that significant other(s)' support serves not only as sources of emotional intimacy but also as anchors of identity validation and survival in hetero-cisnormative environments.

Within South Africa, the role of significant other(s) is understood in light of intersecting structural inequalities, including race, class, and economic precarity. Shabalala et al. (2023), in their qualitative study of Black trans women, found that intimate partners often provided critical support in navigating daily risks such as gender-based violence, unstable housing, and limited employment opportunities, therefore acting as co-survivors in negotiating hostile public spaces and serving as a counterbalance to the absence of familial or institutional affirmation. Furthermore, Nel et al. (2025) argued that in South Africa's conservative social climate, significant other(s) frequently becomes the primary relational context in which affirmation and recognition are experienced, especially for individuals estranged from their families of origin. Across East and Southern Africa, community-led studies similarly note that partner and intimate relational support were associated with enhanced resilience but is often constrained by secrecy and fear of exposure (Müller et al., 2019).

The protective function of significant other(s) operates through several mechanisms. First, they provide emotional security that reduces internalised stigma and supports positive self-concept (Wang et al., 2021). Second, they foster practical resilience, helping with daily survival tasks in environments where access to resources is constrained (Shabalala et al., 2023). Third, significant other(s) can contribute to self-efficacy development by reinforcing agency and modelling adaptive coping strategies (Bandura, 1997). Finally, significant

other(s) acts as a buffer against minority stress, reducing the negative impacts of discrimination, rejection, and violence by providing a trusted, affirming relational space (Testa et al., 2015). Despite limited recent research directly examining significant other(s) support and self-efficacy among sexually and gender-diverse populations, earlier findings indicate that perceived partner support is positively correlated with women's confidence in coping with abortion experiences (Major et al., 1990). Literature examining the role of significant other(s)' support in shaping self-efficacy remains limited within the sexually and gender-diverse populations. Based on the above results, the researcher therefore hypothesised that:

H_{3a}: Significant other(s)' support will positively and significantly predict self-efficacy.

Significant Other(s) and Resilience

Significant other(s), such as (a) romantic partner(s) (Nel et al., 2025), can profoundly influence an individual's resilience depending on the quality of the relationship (Haas & Lannutti, 2022). Research on relational wellbeing highlights dyadic coping as the process through which partners jointly manage stress via emotional support, problem-solving, and shared regulation of demands (Bodenmann, 2005; Randall & Lannutti, 2025). The Systemic–Transactional Model conceptualises coping as a reciprocal process in which one partner's stress affects the other, requiring coordinated responses to sustain both relationship quality and individual wellbeing (Bodenmann, 2005; Randall & Messerschmitt-Coen, 2019). Positive dyadic coping is consistently associated with greater relationship satisfaction, improved mental health, and enhanced resilience, whereas negative patterns such as withdrawal or blame predict poorer outcomes (Randall & Messerschmitt-Coen, 2019).

Dyadic coping frameworks emphasise that partners often manage stress collaboratively, with supportive responses promoting relationship quality and individual wellbeing. However, under conditions of chronic or cumulative stress, such co-regulation

may also generate emotional burden and relational strain (Revenson et al., 2005). While much of the dyadic coping research historically focused on heterosexual couples in the Global North, more recent scholarship has highlighted its relevance for sexually and gender-diverse individuals (Randall & Lannutti, 2025). Intimate relationships may therefore function as both protective and stress-inducing environments, as partners are often required to jointly navigate stigma, concealment, and safety concerns, leading to spillover effects of minority stress into the relationship itself (Frost et al., 2016). Randall and Lannutti (2025) argue that intimate partnerships are critical relational contexts for resilience, especially for individuals who face familial rejection or limited community support. In addition, Landolt et al. (2023), in their systematic review of dyadic coping and mental health, found robust evidence that positive dyadic coping improved individual psychological wellbeing and strengthened relationship satisfaction across diverse cultural contexts. These results resonate strongly with resilience frameworks, which conceptualise resilience not solely as an individual trait but as a relational and ecological process (Masten, 2002; Ungar, 2011).

Within sexually and gender-diverse populations, where systemic prejudice often erodes self-concept, supportive dyadic coping can therefore restore agency, buffer against the effects of minority stress, and promote resilience. Resilience in this context can be understood at both individual and relational levels. On an individual level, positive dyadic coping enables better emotion regulation, problem solving, and persistence in the face of adversity. On a relational level, it reinforces the partnership as a resilient system, capable of adapting to external stressors and sustaining wellbeing even under conditions of chronic social marginalisation (Landolt et al., 2023; Randall & Messerschmitt-Coen, 2019). However, research focusing on transgender individuals highlights that support from significant other(s) is not uniformly beneficial; when support is perceived as conditional, controlling, or

inconsistent—despite being framed as care or concern—it may exacerbate psychological distress rather than alleviate it (Testa et al., 2015).

In clinical and public health fields, two key concepts emerged: the dynamic nature of resilience across the lifespan and the varied ways in which resilience engages with significant life domains, such as intimate relationships and attachments (Herrman et al., 2011). Loneliness has emerged as an increasingly important public health issue associated with negative mental and physical health outcomes (Wang et al., 2018), especially among socially vulnerable populations. A cross-sectional study by Eres et al. (2021) in Australia examined levels of loneliness and their associations with mental wellbeing, social support, sense of belonging, and overall life quality among sexually and gender-diverse individuals compared to non-sexually and gender-diverse individuals. The findings indicated that sexually and gender-diverse adults reported higher levels of loneliness, greater depression and social anxiety symptoms, and lower perceived social support than their non-sexually and gender-diverse peers. These findings suggest a heightened risk of loneliness and social isolation within sexually and gender-diverse communities relative to previous understandings (Eres et al., 2021).

Further research informed by resilience theories, such as the Israeli research by Shilo et al. (2015), examined how different individual and community elements influence the mental wellbeing of LGBQ youth and adults. This research emphasised the significance of protective factors that may mitigate mental health challenges, highlighting the value of familial support for youth who identify as LGBQ. Moreover, results pointed to the necessity for a comprehensive support system that includes family, peers, and the wider community to address the needs of both LGBQ youths and adults (Shilo et al., 2015).

More recently, Wilks et al. (2022) underscored the significance of focusing on resilience-building strategies, especially within sexually and gender-diverse populations. This emphasis arose from the recognition that resources and approaches to addressing life challenges may differ for sexually and gender-diverse individuals compared to the general population. Notwithstanding, sexually and gender-diverse individuals have demonstrated their ability to adaptive coping and growth in the face of adversity, making resilience an essential area of exploration and intervention (PsySSA, 2025; Wilks et al., 2022). Based on these insights, the researcher hypothesises that:

H_{3b}: Significant other(s)' support will positively and significantly predict personal resilience.

The Mediating Role of Self-Efficacy in the Perceived Social Support and Resilience Nexus

The hypothesis proposes that general self-efficacy mediates the relationship between perceived social support and personal resilience. This mediation indicates that the impact of perceived social support on an individual's resilience is, at least in part, transmitted through their self-efficacy beliefs. Theoretical and empirical literature supports the idea that self-efficacy is significantly influenced by social support and, in turn, plays a crucial role in enhancing resilience (Hamill, 2003; H. Liu et al., 2021; Sagone et al., 2020; Schwarzer & Warner, 2012).

Different dimensions of perceived social support may contribute to self-efficacy through distinct psychosocial processes. Family support provides emotional grounding and serves as an early model for coping behaviours, while friends often offer opportunities for vicarious learning and social comparison (Fitzpatrick & Bussey, 2014; Kumar & Basheer, 2019; Schunk & Meece, 2006). In contrast, support from significant other(s) has been shown to have a meaningful impact on internalised identity processes, such as the reduction of internalised homophobia (Anil & Raveendran, 2022; Nel et al., 2025; Randall & Lannutti,

2025; Wang et al., 2021). Collectively, these sources of support are expected to strengthen self-efficacy, thereby facilitating resilience.

Moreover, Bandura's theory acknowledges a bidirectional relationship between self-efficacy and resilience. Individuals with higher self-efficacy are more likely to demonstrate resilience, and experiences of resilience can, in turn, strengthen one's sense of self-efficacy. Salifu and Somhlaba (2015) illustrate how varying perceptions of support among children correlate with their levels of resilience, suggesting that the pathway from social support to resilience is nuanced and mediated by internal beliefs. However, as O'Neill et al. (2020) emphasised, the mechanisms underlying resilience are complex and context dependent.

Building on this theoretical foundation, the present study proposed that self-efficacy functions as the psychological mechanism through which perceived social support contributes to resilience. Given that perceived social support is conceptualised as a multidimensional construct comprising family support, friends' support, and support from significant other(s), the study examined whether self-efficacy mediates the relationship between each dimension of perceived social support and personal resilience.

Summary and Conclusion

The literature review commenced with an exploration of Ajzen's theory of planned behaviour. This theoretical framework laid the foundation for comprehending individual behaviours related to seeking social support. Subsequent discussion focused on self-efficacy, as conceptualised by Bandura, linking it to the theory of planned behaviour's component of perceived behavioural control. This shift was important as it aligned self-efficacy with resilience (Benight & Cieslak, 2011), highlighting its significance in how sexually and gender-diverse individuals respond to adversities. Building on this foundation, the literature review integrated social cognitive theory to delve deeper into the dynamics of perceived

social support and self-efficacy. In addition, the variables of perceived social support, self-efficacy, and resilience were discussed in detail.

Furthermore, the literature reviews synthesised empirical studies that informed the development of the study hypotheses by demonstrating relationships between perceived social support, self-efficacy, and resilience. These hypotheses were formulated to empirically test the proposed relationships, particularly focusing on the mediating role of self-efficacy in the social support-resilience nexus. This inclusion was essential for ensuring the robustness of the study results and for understanding the broader applicability of the research. In light of these considerations, Chapter Three proceeds to describe the quantitative research design, methods, and analysis used to achieve the aim of this study.

Chapter Three

Methodology

Introduction

This chapter outlines the methodological procedures employed to investigate the relationships between social support, self-efficacy, and resilience among sexually and gender-diverse adults in Cape Town, South Africa. It describes the research design, study setting, target population, sampling strategy, data collection procedures, measurement instruments, and data analysis methods used to address the research objectives and test the proposed hypotheses. The chapter also discusses the ethical considerations that guided the conduct of the study and the measures implemented to ensure the integrity and trustworthiness of the study.

Research Design

Quantitative and qualitative research approaches represent two fundamental methodologies in the social sciences. A research study can either be quantitative, qualitative, or both (mixed-methods design). The distinctions between quantitative and qualitative research are reflected in the different epistemological and ontological assumptions underlying these two approaches and how these assumptions shape the methods used in research studies (Bryman, 2016). Quantitative research involves the systematic empirical investigation of observable phenomena through statistical, mathematical, or computational techniques to test hypotheses and identify patterns (Creswell & Creswell, 2017). In contrast, qualitative research seeks to explore meaning and understanding through detailed, contextual, and interpretive analysis of non-numerical data (Patton, 2014).

In quantitative research, the role of the researcher is to remain detached and objective, minimising bias and subjectivity (Coolican, 2014). The research design is structured and follows a predefined plan, with the research process being more linear than in qualitative

research (Kumar, 2019). Qualitative research focuses primarily on understanding human behaviour and the reasons that govern such behaviour (Jagacinski & Flach, 2018).

This study employed a quantitative research design, with a focus on quantifying data that allowed for statistical analysis to understand and interpret relationships between variables (Creswell & Creswell, 2017; Trochim, 2001). The quantitative research approach in this study aligned with the positivist paradigm, using structured methodologies and statistical analysis to test hypotheses and understand the relationships between perceived social support, self-efficacy, and resilience among sexually and gender-diverse populations in Cape Town, South Africa. This approach was appropriate for achieving the study's objectives of quantifying these relationships and providing empirical evidence that can contribute to the broader field of study. Building on the underlying methodology that outlined the philosophical paradigm and research approach guiding this study, the methods section details the procedures used for data collection and analysis. This includes a description of the survey instruments, procedures for accessing the research population, protocols for ensuring reliability and validity, and the analytic strategies employed. Careful consideration was given to the study setting and recruitment strategy, as these factors were central to accessing sexually and gender-diverse populations relevant to the research aims.

Age as a Control Variable

Considering age as a control variable is crucial, as suggested by McCleskey and Gruda (2021), given its potential impact on resilience. The influence of age extends to the perception of social support from family, friends, and significant other(s), as both the availability and quality of these relationships may vary across the lifespan. Older adults may have established more stable and enduring relationships; conversely, they may also encounter challenges, such as the loss of peers or changes in family structure. Age also appears to influence resilience, with younger individuals being more vulnerable during developmental

transitions. In a study examining perceived social support and resilience in adolescents, with self-efficacy as a mediator, Supervia et al. (2022) found that adolescents who perceive greater social support were more likely to develop higher self-efficacy beliefs, which subsequently contributed to their resilience in the face of adversity.

However, age may also correlate with declines in specific domains of self-efficacy, influenced by physical, cognitive, or social changes. Highlighting the complexity of age-related factors, it thus becomes a critical control variable in understanding the development and expression of resilience. By controlling for age, the researcher aimed to isolate the unique contributions of perceived social support and self-efficacy to resilience among sexually and gender-diverse individuals. This approach enabled the researcher to discern how these relationships function when the potentially confounding influence of age is statistically held constant.

Population and Sampling

Setting

Colloquially known as the ‘Mother City’, Cape Town is one of South Africa’s three capital cities and the largest city in the Western Cape Province, with an estimated total population of 7 433 020 (Statistics South Africa, 2024). Cape Town has a unique demographic profile shaped by colonial history, apartheid-era classification, and migration patterns. According to Statistics South Africa (2024), the population comprises a Coloured population, representing a diverse group of mixed-race heritage which constitutes the largest proportion at approximately 42%, followed by a Black population at about 39%, many of whom are largely isiXhosa-speaking due to migration from the Eastern Cape. The White population, communities of European descent, accounts for approximately 16% and is primarily English- and Afrikaans-speaking. Indian/Asian and other population groups together constitute approximately 3% of the population.

Cape Town is known for hosting various events in solidarity with sexually and gender-diverse people and is considered one of the most LGBTQ+ friendly cities in the world according to Enjoy Travel (2025). These events include the Cape Town Pride Festival, the Mother City Queer Project, monthly social networking events at various locations hosted by Village Drinks, and Langa Pride—an annual celebration of LGBTQ+ communities in Langa, Cape Town—among several other events. Cape Town is often perceived as having elevated levels of 'outness', which refers to the extent to which a person has disclosed their SOGIE to others in their social world, and includes both the degree of openness and the visibility of one's identity across different settings, such as with family, friends, colleagues, and healthcare providers.

Cape Town also has a high concentration of human rights organisations and CSOs, including Triangle Project, Gender DynamiX, Inclusive and Affirming Ministries (IAM), Inner Circle, The Pride Shelter Trust, Sonke Gender Justice, Sex Workers Education and Advocacy Taskforce (SWEAT), among others. The presence of these organisations contributes to Cape Town being an appropriate and strategic location for this study. While the specified populations established the wider framework for this study, a thoughtfully designed sampling approach (Acharya et al., 2013) was utilised to select respondents who broadly reflect the sexually and gender-diverse populations.

Sampling

Consistent with the study objectives, non-probability purposive sampling was used to recruit sexually and gender-diverse adults living in Cape Town, South Africa who could provide data relevant to the hypothesised relationships between social support, self-efficacy, and resilience. Purposive sampling was considered an appropriate method for the study due to several reasons. In accordance with the Protection of Personal Information Act (Republic of

South Africa, 2013), probability sampling was not feasible due to the protection of privacy and prevention of unlawful collection, retention, dissemination, and use of personal information. Non-probability purposive sampling allows for the intentional selection of individuals who specifically belong to sexually and gender-diverse communities. Non-probability purposive sampling is essential in studies aiming to explore unique experiences, behaviours, or perceptions within this group that may not be apparent or prevalent in the general population (Etikan et al., 2016).

Furthermore, LGBTQ+ persons may constitute a relatively small or marginalised group within the general population, making random sampling impractical or inefficient. According to Ritchie et al. (2013), purposive sampling allows researchers to have a more effective reach and engagement with respondents who possess the specific characteristics or experiences being studied. Additionally, by specifically selecting individuals from sexually and gender-diverse communities, researchers can demonstrate their understanding and commitment to exploring issues pertinent to these groups (Liamputtong, 2006).

Selection of Respondents and Inclusion and Exclusion Criteria

The inclusion and exclusion criteria included directly targeting individuals within sexually and gender-diverse communities, as well as collaborating with selected CSOs that agreed to assist in obtaining respondents. Potential respondents were informed about the study's purpose and were invited to access the online survey questionnaire once they agreed to participate (see Appendix A). The inclusion criteria were specified as individuals who (a) were aged 18 and above; (b) resided in Cape Town, South Africa; (c) self-identified as sexually and gender-diverse persons, defined as individuals who are non-heterosexual and/or non-cisgender; and (d) were able to read and comprehend English sufficiently to complete the questionnaire. Respondents were excluded if they (a) were younger than 18 years; (b) did not currently reside in Cape Town, South Africa (e.g. resided elsewhere or were temporary

visitors); (c) did not self-identify as sexually and gender-diverse person(s) (e.g. identified as both heterosexual and cisgender); (d) were unable to read and comprehend English sufficiently to provide informed consent and complete the survey; or (e) did not provide informed consent or withdrew consent at any point during the study.

Sample / Respondents

The sample was approached by purposive sampling knock-on-the-door recruitment technique. The web survey was distributed using QR codes and URLS posted in street corners, bars, restaurants, clubs in Cape Town, and by WhatsApp groups to a large number of eligible respondents impossible to count. There were challenges faced in the sampling stage including gatekeeping by some of the well-established CSOs that work with LGBTQ+ communities, despite providing the requested supporting documentation for the study. The documentation included the (a) ethics approval letter, (b) consent-to-participate form (see Appendix C), and (c) participant information sheet (see Appendix B), as well as (d) addressing and/or clarification of all concerns raised by CSOs prior to approving access to their communities.

Although an ally of sexually and gender-diverse communities, the researcher occupied an outsider position without well-established connections within LGBTQ+ communities; hence, while being politely welcomed into sexually and gender-diverse spaces, a degree of resistance from some individuals remained. The sufficiency of the sample (Lakens, 2022) was assessed through the (1) inverse square root and (2) gamma-exponential methods for determining minimum sample size. Accordingly, minimum required sample sizes (sample adequacy) of 79 and 66, respectively, were estimated for the (1) inverse square root and (2) gamma-exponential methods, supporting the statistical power of the sample.

Demographics

The final sample comprised 82 sexually and gender-diverse adults residing in Cape Town. This section addresses the demographics of the respondents and consists of eleven

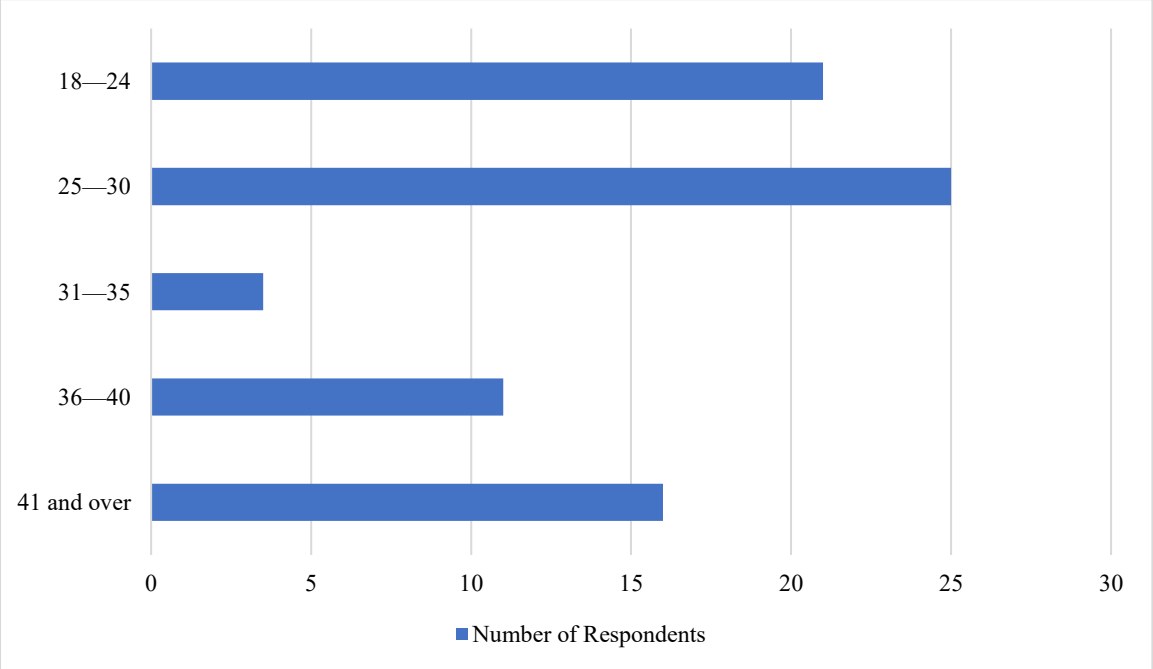
questions in total. Five of these questions were designed to assess whether respondents met the inclusion criteria, specifically regarding consent to participate in the survey, their age, geographical location, identification as sexually and/or gender-diverse, and the ability to read and comprehend the English language. The remaining six questions explored various demographic factors, including gender identities, employment status, relationship status, education level, race, and age range. However, the survey omitted to collect specified data regarding respondents' sexual orientation (e.g., whether they identify as 'gay', 'lesbian', or 'bisexual'), and it is noted as one limitation in this study.

Age

Respondents ranged in age from 18 years and older. For descriptive reporting purposes, age was grouped into five categories (18–24, 25–30, 31–35, 36–40, and 41 years and older) to facilitate interpretation of the sample profile. These categories were not based on a specific theoretical or methodological framework but were used solely to provide a concise summary of the age distribution of the respondents. The largest demographic group of respondents was between the ages of 25–30, accounting for 30.5% of the overall sample group (25 respondents). This was followed by respondents aged between 18–24, who comprised 25.6% of the overall group (21 respondents). Respondents aged 41 and above represented 19.5% of the overall sample group (16 respondents). Respondents in the 36–40 age range constituted 13.5% of the sample (11 respondents), while 10.9% of respondents were in the 31–35 age range (9 respondents). Figure 2 presents the age distribution of the sample.

Figure 2

Age Distribution



Note: Number of respondents (n = 82)

Gender Identities

Within the sample, 42.7% of the group identified as woman (35 respondents), 36.6% identified as man (30 respondents), 12.2% identified as non-binary (10 respondents), 1.2% identified as gender fluid (1 respondent), and 6.1% identified as gender queer (5 respondents). A smaller proportion, namely, 1.2% each identified as transgender man, transfeminine, or agender (1 respondent each). A representative census data on the prevalence of transgender identity in South Africa is not available, according to the Ipsos Pride Report, approximately 7% of adults in South Africa reported knowing a transgender person—a useful proxy for visibility and prevalence estimations in the population (Ipsos, 2025).

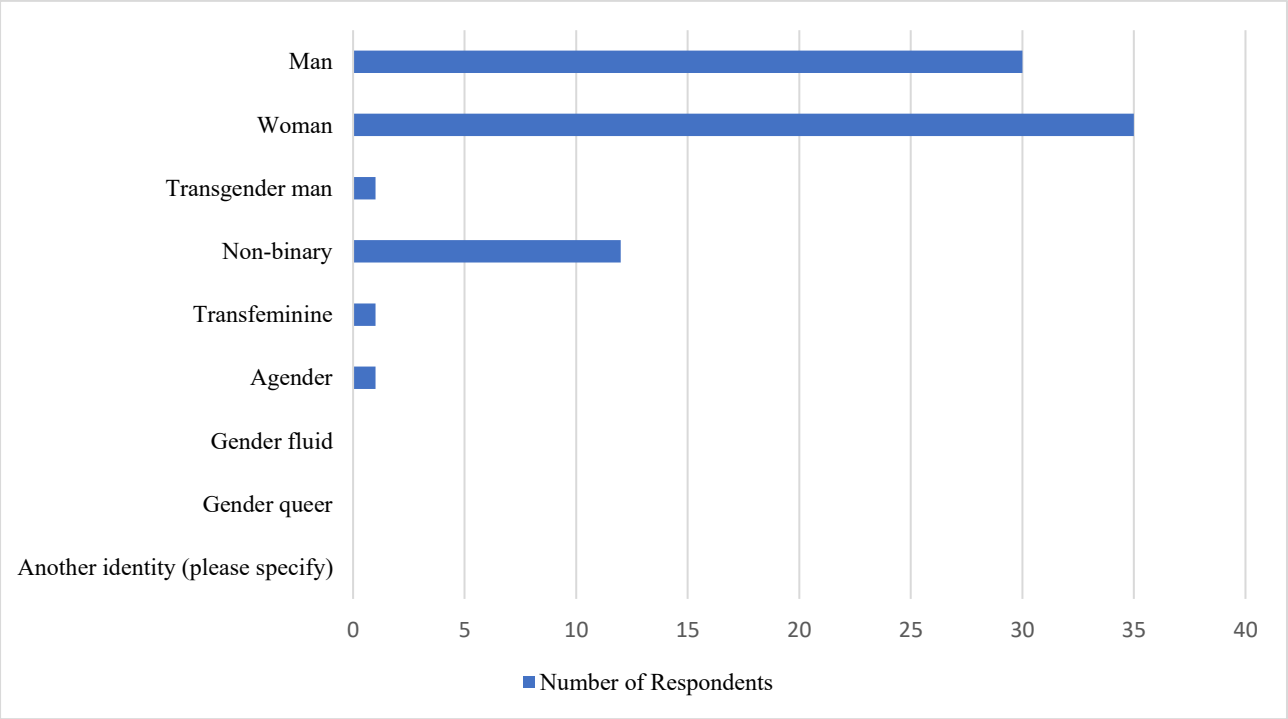
Furthermore, estimates derived from HIV service and peer outreach data suggest that about 0.3% of the South African population may identify as transgender (Bothma et al.,

2022). In light of the unavailability of transgender statistics, however, working on the estimates within literature the small sample representation of transgender individuals in this study may reflect broader structural and social barriers affecting participation by transgender individuals, including heightened mistrust of research institutions, safety concerns, gatekeeping, and research fatigue within communities that are frequently studied but less often directly resourced. It may also indicate differential access to online recruitment channels, where gender diverse individuals who are not socially and/or medically transitioning may be more visible and/or connected to queer networks. Although the transgender-specific subsample was limited, the broader representation of gender diverse identities allowed for meaningful examination of psychosocial processes related to minority stress.

Additionally, while respondents self-identified as sexually and/or gender-diverse, detailed sexual orientation categories were not collected. The survey design prioritised the inclusion of diverse gender identities in response to evidence highlighting the distinct vulnerabilities and lived realities of transgender and gender-diverse populations (Müller et al., 2021; Testa et al., 2015). Consequently, the study was unable to examine potential differences between specific sexual orientation groups. Figure 3 shows the distribution of gender identities within the sample.

Figure 3

Distribution of Gender Identities



Note: Number of respondents (n = 82)

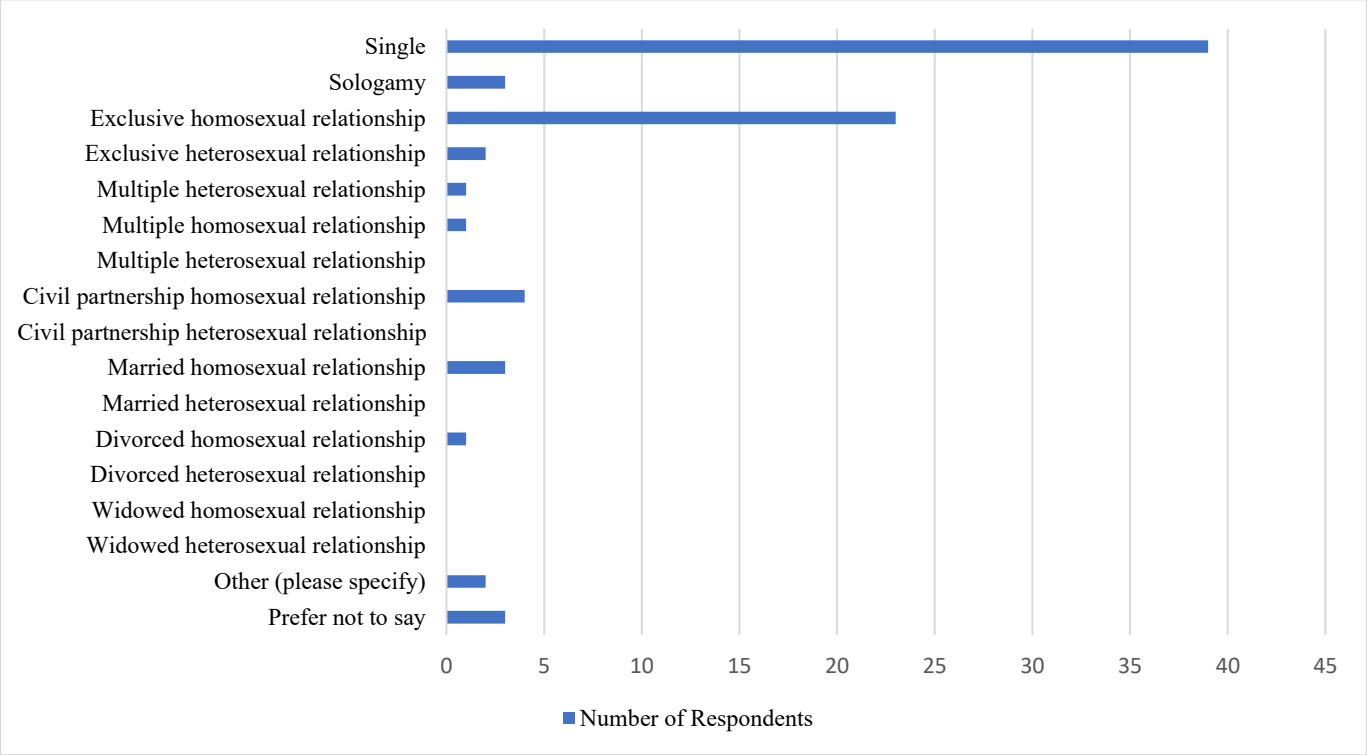
Relationship status

Within the sample, 47.6% of respondents reported being single (39 respondents), while 28.1% reported being in an exclusive homosexual relationship (23 respondents). A further 4.9% indicated being in a homosexual civil partnership (4 respondents), while 2.4% reported being in an exclusive heterosexual relationship (2 respondents). In addition, 1 respondent each reported being in multiple homosexual relationships and another reported being in multiple heterosexual relationships (1.2% each). Married homosexuals consisted of 3.7% (3 respondents), while divorced homosexual indicated as 1.2% (1 respondent). Of interest and further exploration 3.6% indicated as sologamy (3 respondents), 3.7% remained preferred not to disclose their relationship statuses (3 respondents) and lastly 2.4% reported their status as other, which was specified as pansexual and polyamorous (this last relationship status

overlaps with multiple homosexual and multiple heterosexual relationships). Figure 4 shows the distribution of relationship status.

Figure 4

Distribution of Relationship Status



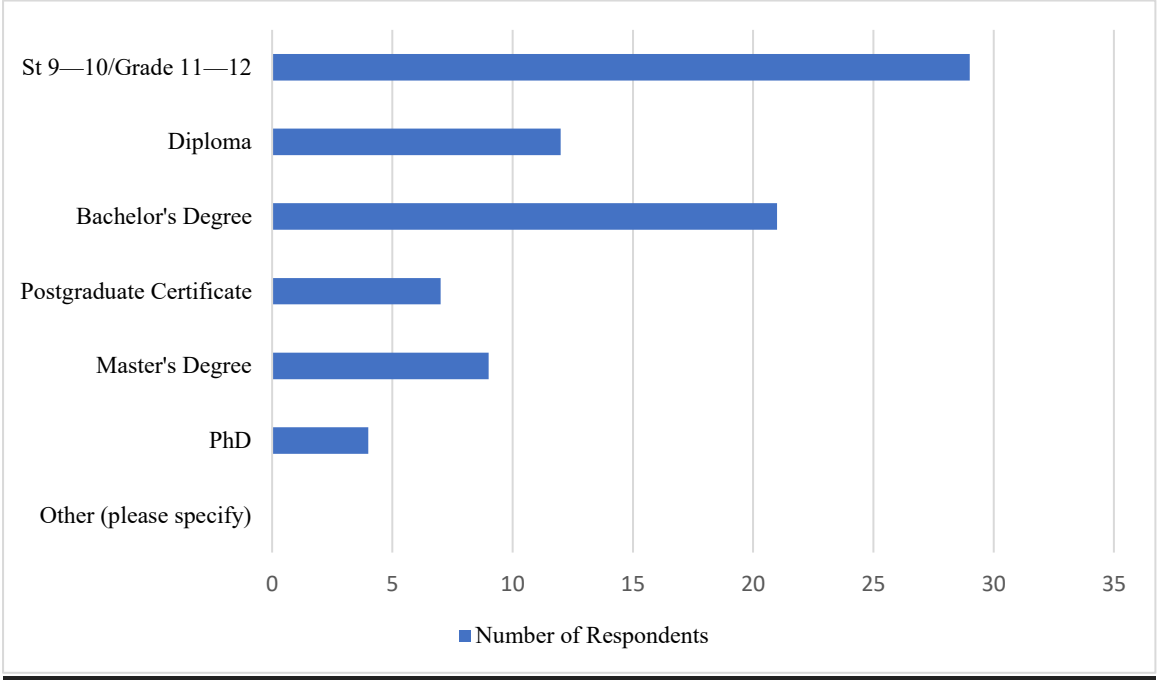
Note: Number of respondents (n = 82)

Education level

35.5% of respondents (29 respondents) reported completing Std. 9-10/Grade 11-12, which reflects completion or near completion of secondary schooling. This was followed by 25.6% who had a bachelor's degree (21 respondents), and 14.6% who had earned a diploma (12 respondents). A further 10.9% reported holding a master's degree (9 respondents), while 8.5% had earned a postgraduate certificate (7 respondents). 4.9% had earned a doctorate degree (4 respondents). Figure 5 shows the distribution of education levels in the sample.

Figure 5

Distribution of Education Levels



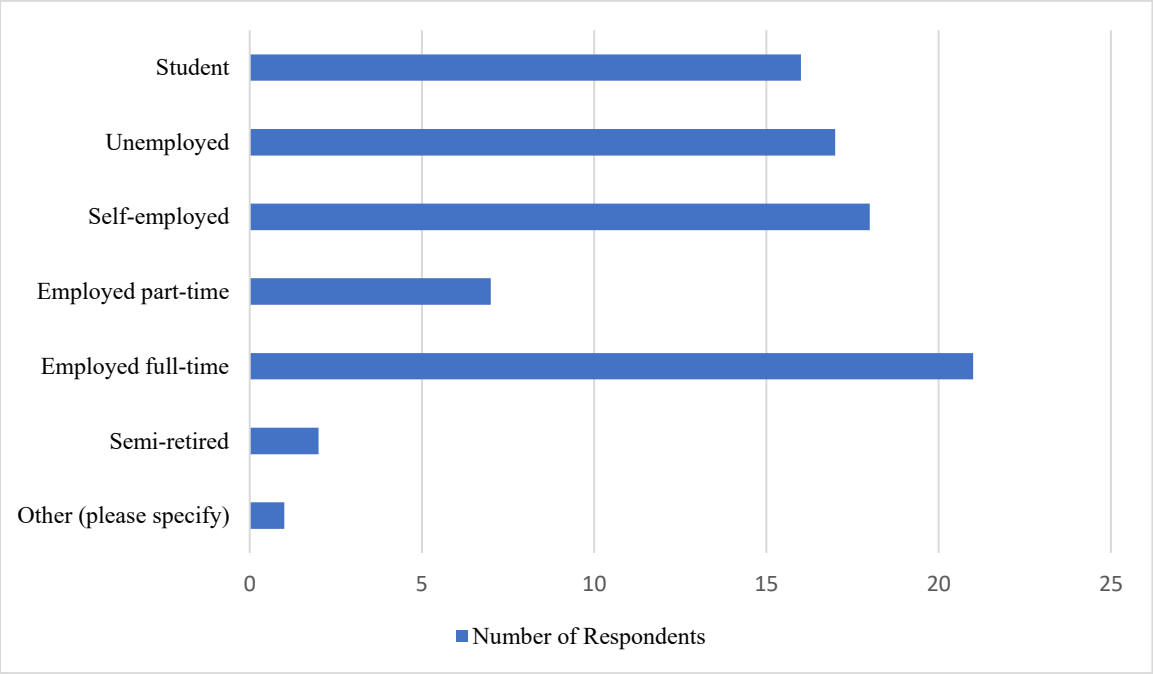
Note: Number of respondents (n = 82)

Employment

Regarding employment status, 25.6% of respondents reported having a full-time job (21 respondents), while 21.9% reported being self-employed (18 respondents). 20.8% of the respondents indicated that they were unemployed at the time of the study (17 respondents), and 19.6% indicated that they are studying full-time (16 respondents). Smaller proportions of respondents reported other employment arrangements. 8.5% indicated part-time employment (7 respondents), 2.4% of the sample, or 2 respondents, indicated that they were semi-retired, and 1.2% of the sample, or 1 respondent indicated 'other' which was specified as being a student and employed part time. Figure 6 shows the distribution of employment status in the sample.

Figure 6

Distribution of Employment Status



Note: Number of respondents (n = 82)

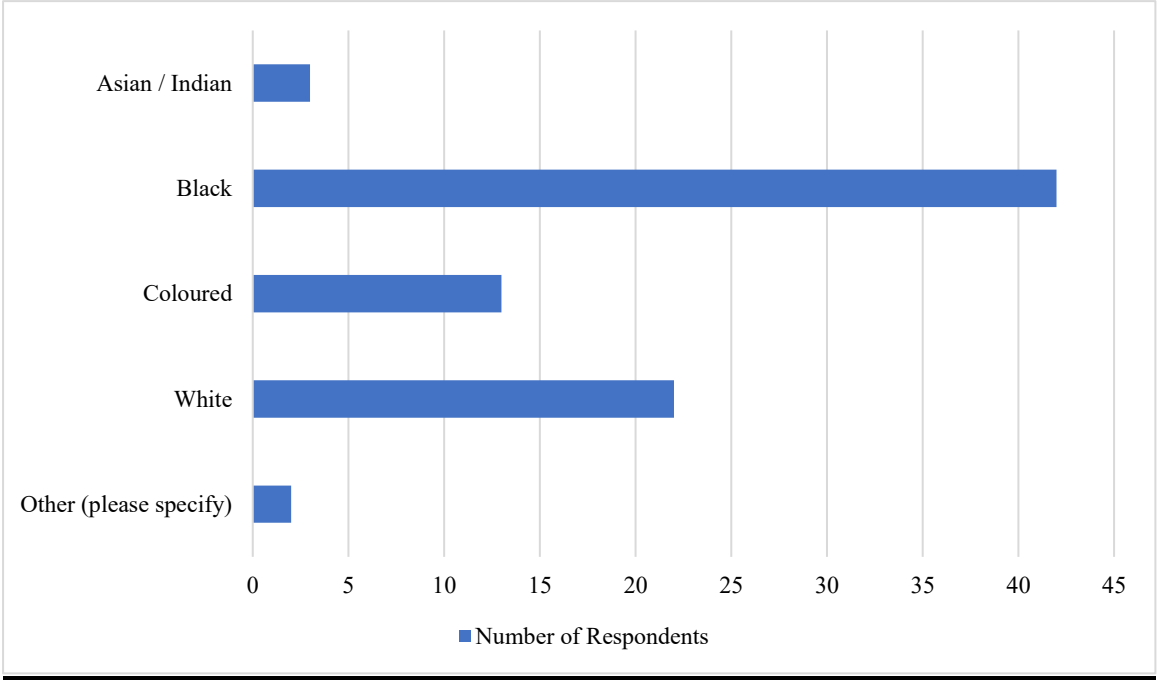
Race

In terms of racial identification, 51.2% of the group identified as Black (42 respondents). This was followed by 26.9% who identified as White (22 respondents) and 15.9% who identified as Coloured (13 respondents). 3.6% identified as Asian/Indian (3 respondents), while two respondents (2.4%) selected 'Other' which was specified as being of mixed race (not further specified) and a mixture of coloured and Indian. The comparatively lower representation of Coloured sexually and gender-diverse respondents becomes notable. This disparity may point to intersecting barriers related to socioeconomic inequality, language access, and differential engagement with university-linked research. These patterns highlight how race, class, and sexual and gender identities may intersect to shape visibility and participation in research, potentially limiting the generalisability of

findings to more marginalised sub-groups within sexually and gender-diverse communities. Figure 7 shows the distribution of race in the sample.

Figure 7

Distribution of Race



Note: Number of respondents (n = 82)

The respondents reflected considerable diversity across relationship status, age, race, gender identity, education level, and employment status. As previously established, according to the 2022 census City of Cape Town (Statistics South Africa, 2023), Cape Town's population is demographically composed of Coloured individuals as the largest (approximately 42%), followed by Black individuals (approximately 39%), White individuals as the third largest group (approximately 16%), and Asian/Indian individuals, who comprise approximately 3% of the population. Most respondents in the study sample identified as Black (51.2%), which may reflect population patterns of engagement with LGBTQ+ CSOs. Additionally, while TGD individuals may identify as 'man/woman', many respondents in this sample identified as cisgender, followed by those identifying as non-binary and gender queer individuals.

Procedure and Data Collection

In social science, researchers require respondents to reflect on their own life experiences. What is shared, however, may cause emotional or physical harm. In this study, it was vital to minimise any potential harm to respondents. Accordingly, before commencing data collection, the study followed a structured ethical and procedural protocol to ensure compliance with academic and professional standards. Ethical clearance was applied for and obtained from the University of South Africa (UNISA) College of Human Sciences, in alignment with established guidelines for research involving human participants (see Appendix E). Ethics clearance was granted for the period 27 June 2023 to 27 June 2024 and later amended with an extension approved from 18 June 2024 to 17 June 2025, as field research and data collection had not yet been completed.

To facilitate the recruitment process, the researcher collaborated with sexually and gender-diverse communities through a combination of approaches. These included engaging with various CSOs in Cape Town, such as Triangle Project, Gender DynamiX, IAM, Inner Circle, The Pride Shelter Trust, Sonke Gender Justice, SWEAT, via email or a knock-on-door recruitment technique, as well as utilising social media platforms, specifically by placing targeted Facebook, WhatsApp, Instagram and LinkedIn advertisements for the study. For additional reach, the researcher distributed flyers in public spaces where sexually and gender-diverse people often meet to network and socialise, shop, and engage in various recreational activities. In addition, the researcher engaged in one-on-one conversations with potential respondents at various events specifically targeted at LGBTQ+ communities. Respondents were invited from the selected organisations and provided with clear inclusion criteria to identify suitable respondents. Prior to participation, all respondents were invited to access the

online survey questionnaire link via a secure link (see Appendix A) and provided with a detailed information sheet (see Appendix B) explaining the purpose of the study, procedures to be followed, potential risks and benefits, and measures to ensure confidentiality and data protection. Informed consent (see Appendix C) was obtained in writing, ensuring that respondents were aware of their voluntary involvement and right to withdraw at any stage without consequence (Babbie, 2020; Creswell & Creswell, 2017).

Only after these ethical and procedural steps were completed did data collection commence by means of a structured questionnaire survey. This was administered in a consistent manner across respondents to ensure reliability, validity, and comparability of the quantitative data. Strict adherence to the approved ethical protocol, respect for respondents' autonomy, and maintenance of data integrity were upheld throughout the research process. In line with the positivist paradigm and a deductive approach to drawing conclusions from observations, as advocated by Woiceshyn and Urs (2018), a survey-based questionnaire was preferred for this study. This choice is consistent with the deductive approach and is suitable for observing populations and addressing quantitative research questions, as highlighted by LaDonna et al. (2018). Surveys prove effective in capturing psychological traits and social outcomes (Babbie, 2020), aligning seamlessly with the study's emphasis on perceived social support, self-efficacy, and resilience among sexually and gender-diverse individuals. The self-administered online questionnaire was hosted on Qualtrics and took an average of 30–45 minutes to complete. Considering the critical role of questionnaire length on data quality, reliability, and response rates, as highlighted by Sharma (2022), a brief questionnaire is justified to maintain respondent engagement and ensure high response rates. By keeping the questionnaire concise, researchers can minimise respondent fatigue and the tendency to 'speed through' questions, ultimately enhancing the quality and reliability of the collected data (Sharma, 2022).

While these procedures ensured ethical and systemic recruitment, the process was shaped by several contextual barriers that influenced access to respondents and the pace of data collection. The process of recruiting respondents was not without challenges, as the researcher encountered resistance from some CSOs. These barriers included suspicions of extractive research practices within a population deemed by some as vulnerable to exploitation. Even when the need for the research was justified and benefits were outlined, it remained difficult to gain access through self-appointed gatekeepers within the sexually and gender-diverse communities. This resulted in slower-than-anticipated progress in data collection, which in turn affected the validity period of the researcher's ethics clearance. Consequently, an extension of the ethics clearance was applied for and granted by the ethics committee, as fieldwork and data collection took several months longer than initially anticipated. Additionally, the majority of respondents from the CSOs requested financial compensation for the time required to complete the survey questionnaire. As the study did not provide participant remuneration in accordance with accepted ethical practice in South Africa, this further constrained recruitment efforts.

Some of the creative ways the researcher used to mitigate the barriers encountered during the recruitment of respondents within the sexually and gender-diverse communities included leveraging professional connections within the mental health sector and engaging respected senior personnel who then negotiated access with the target populations. Furthermore, the researcher attended in-person social gatherings organised by various LGBTQ+ networks and CSOs, used a knock-on-door method in areas with a high concentration of sexually and gender-diverse communities, and engaged with individuals in a manner characterised by dignity and humility. The researcher, who identifies as heterosexual, Zimbabwean national occupies an outsider position in relation to sexually and gender-diverse communities, while simultaneously representing institutional academic structures and

systems that have historically exercised power over marginalised populations. This positionality may have affected levels of trust and respondents' willingness to engage with the study. Although interactions were generally positive, the combined effects of outsider status, stigma associated with mental health, and longstanding mistrust of institutional research may have constrained recruitment and limited access to a broader segment of the target population. As a result, instead of achieving the initially proposed sample size of 100 respondents outlined in the approved research proposal, the final sample consisted of 82 respondents, which was deemed sufficient for the purposes of this study.

Instruments

The survey questionnaire comprised five sections, each of which is described below (see Appendix D). Section A and B consisted of socio-demographic data starting with screening questions that include consent to participate in the study, followed by the inclusion criteria, as outlined in Chapter Three. Section B collected demographic information, including age, relationship status, race, and highest level of education attained. Section C measured the independent variable of social support using a 12-item scale on perceived social support (Zimet et al., 1988). Section D assessed the significance of the mediating variable of self-efficacy using a 10-item scale (Schwarzer & Jerusalem, 1995). Lastly, Section E measured the dependent variable of resilience using a 6-item scale (Smith et al., 2008).

Section A and B: Socio-Demographic Data. This section captured respondents' socio-demographic characteristics that included age, gender, race, employment status, educational level, and relationship status among sexually and gender-diverse populations residing in Cape Town. To understand the social disposition of respondents, a multi-group analysis of different ages, race, genders, occupations, educational level, and relationship statuses was undertaken using PLS-SEM (WarpPLS 8.0).

Section C: Multidimensional Scale for Perceived Social Support. The purpose of this scale was to capture the degree to which respondents felt that they could rely on the backing and benevolence of their (a) family, (b) friends, and (c) significant other(s). The Multidimensional Scale for Perceived Social Support was developed by Zimet et al. (1988) and has a long history of robust psychometric evaluation, beginning with Dahlem et al. (1991)'s confirmation study that established its factor structure and reliability in clinical contexts, and extending through systematic reviews like that of Dambi et al. (2018), which reinforce the scale's cross-cultural validity and adaptation quality. This instrument has 12 items. It includes items such as 'I get the emotional help and support I need from my family', 'My friends really try to help me', and 'There is a special person in my life who cares about my feelings' (Fierloos et al., 2022). Responses were recorded on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores indicate greater perceived social support from family, friends, and significant other(s), whereas lower scores reflect lower perceived support. The scale reported a valid Cronbach's alpha reliability of $\alpha = 0.85$ (family dimension), $\alpha = 0.94$ (friends' dimension), and $\alpha = 0.87$ (significant other[s] dimension) (Pérez-Villalobos et al., 2021).

Section D: General Self-Efficacy Scale. The general purpose of this scale is to ascertain respondents' perception of their capacity to cope with daily challenges as well as their ability to adapt. The general self-efficacy scale was developed by Schwarzer and Jerusalem (1995). This instrument has 10 items with questions that include 'I can usually handle whatever comes my way', 'I can solve most problems if I invest the necessary effort', and 'It is easy for me to stick to my aims and accomplish my goals'. The instrument was distributed on a seven-point Likert format ranging from 1 (strongly disagree) to 7 (strongly agree), with higher scores indicating stronger self-efficacy beliefs. The scale has

demonstrated good internal reliability, with Cayır and Ulupınar (2021) reporting a Cronbach's alpha reliability of $\alpha = 0.88$, supporting its suitability for use in the present study.

Section E: The Brief Resilience Scale. The general purpose of this scale is to assess respondents' perceptions of their own ability to 'bounce back' or recover from stress. The Brief Resilience Scale was developed by Smith et al. (2008) and has 6 items in total including ascertaining the extent to which individuals 'Tend to bounce back after hard times', 'Make it through stressful events', and 'Come through difficult times with little trouble'. The Brief Resilience Scale developed in Albuquerque, New Mexico has been validated across diverse populations, including older adults, with Da Silva-Sauer et al. (2021) demonstrating that the Portuguese version exhibits strong validity and metric properties in an ageing sample, supporting its use for assessing individuals' capacity to recover from stress affirming that the Brief Resilience Scale is a reliable, valid instrument for capturing core constructs of resilience across varied cultural and clinical settings, justifying its use in research involving diverse adult populations and in this context, sexually and gender-diverse populations.

Data Analysis

The analytic technique used was non-linear PLS-SEM (WarpPLS 8.0), with methodological procedures guided by Kock's (2019) manual to assess the conceptualised correlations among the study variables. Quantitative data analysis involves the application of statistical techniques to examine relationships between variables. Tools such as regression analysis, Structural Equation Modelling (SEM), and Analysis of Variance (ANOVA) are commonly used to analyse the collected data (Pallant, 2020). According to Ali et al. (2018), PLS-SEM is suitable for research seeking to predict measurable outcomes through correlations. The use of PLS-SEM in this research was aligned with exploratory studies and theory development, as noted by Hair et al. (2017). PLS-SEM effectively manages complex

models and multiple constructs, making it ideal for examining the intricate relationships in this study (Ringle et al., 2015).

Furthermore, PLS-SEM's robustness in handling small sample sizes is crucial for studies with specific groups such as sexually and gender-diverse communities (Hair et al., 2019). Moreover, it does not require normally distributed data (Henseler et al., 2016), a significant advantage for social science research. PLS-SEM's emphasis on prediction and explanation (Sarstedt et al., 2021) is particularly relevant for understanding resilience in this study, as it supports the empirical validation of the proposed model (Hair et al., 2011). The results were drawn through the interpretation of the p-values and path coefficients (β) of the relationships in the path model.

Reliability and Validity

Rigour in research refers to the soundness of planning, data collection, analysis, and reporting (Johnson et al., 2020). Social scientists rely on several indicators to evaluate the robustness of their inquiries and the theoretical and empirical contributions that can be inferred from them. These indicators include measures used to establish reliability and validity (Marquart, 2017). Accordingly, Cronbach's alpha and composite reliability scores that exceed 0.7 are routinely used to assess the internal consistency or homogeneity of measurement instruments (Haddoud et al., 2021).

Validity in research encompasses two key aspects: internal and external (Anderson-Cook, 2005). Internal validity assesses whether the results of a study are true for the sample studied by avoiding methodological errors, including selection bias, confounding variables, and procedural flaws (Thyer, 2012). External validity, according to Bhattacherjee (2012), concerns the degree to which the results of a study can be generalised to other settings, populations, and time periods. It therefore assesses the applicability of the research results

beyond the specific conditions under which the study was conducted (Bhattacherjee, 2012). In other words, external validity signals the extent to which the results can be transferred to other populations of interest (Lakshmi & Mohideen, 2013). In order to establish validity within a PLS-SEM framework, the Average Variance Extracted (AVE) is commonly assessed, with values exceeding 0.5 indicating adequate convergent validity (Rasoolimanesh, 2022). Hence, rigour in this study was ensured by reporting Cronbach's alpha, composite reliability, and the square root of AVE of the measurement model, while multicollinearity was assessed using the Variance Inflation Factor (VIF) scores, with values below 3.3 (Hair et al., 2019).

Assessment of the Measurement Model

Table 1 presents the reliability, convergent validity, and collinearity statistics for the latent constructs included in the study. Composite reliability values ranged from 0.84 to 0.97, while Cronbach's alpha coefficients ranged from 0.71 to 0.95, exceeding the recommended threshold of 0.70. AVE values ranged from 0.63 to 0.88, surpassing the recommended minimum of 0.50 and demonstrating satisfactory convergent validity. VIF values ranged from 1.24 to 1.46, indicating no evidence of problematic multicollinearity among the predictor constructs. All the measurement quality scores calculated using PLS-SEM (WarpPLS 8.0).

Table 1

Measurement Model Assessment

	Family	Friends	Significant Other(s)	Self-Efficacy	Resilience
CR	0.94	0.94	0.97	0.87	0.84
α	0.91	0.92	0.95	0.77	0.71
AVE	0.79	0.80	0.88	0.69	0.63
VIF	1.28	1.24	1.46	1.36	1.28

Structural model quality indices

Furthermore, to verify the compatibility of the data with the structural model, several model fit indices were examined using PLS-SEM (WarpPLS 8.0), including the VIF (Ramayah et al., 2018). VIF is a diagnostic statistic used to detect multicollinearity among constructs. VIF values are examined to assess the extent of multicollinearity and to screen for potential common method bias (Kock, 2015). Values exceeding 5.0 suggest problematic collinearity, whereas values below 3.3 in full collinearity assessments indicate a low likelihood that either multicollinearity or common method variance is distorting the model results (Kock & Lynn, 2012).

As shown in Table 2, the VIF scores indicate acceptable levels of collinearity and support the adequacy of the measurement and structural models. The Average Block VIF (1.11) and Average Full Collinearity VIF (1.28) were below the recommended threshold of 3.30, indicating no evidence of problematic multicollinearity. The Tenenhaus Goodness of Fit (GoF = 0.37) exceeded the criterion for a large overall model fit. Furthermore, the Simpson's Paradox Ratio (0.75), R-squared Contribution Ratio (0.90), Statistical Suppression Ratio (0.88), and Nonlinear Bivariate Causality Direction Ratio (0.88) all met the recommended thresholds, supporting the adequacy of the structural model. The Stone–Geisser Q^2 values for self-efficacy (0.13) and resilience (0.31) were greater than zero, indicating that the model demonstrated acceptable predictive relevance.

Table 2

Structural Model Quality Indices

Quality Index	Value	Recommended Criterion
Average Block VIF	1.11	≤ 3.30
Average Full Collinearity VIF	1.28	≤ 3.30
Tenenhaus GoF	0.37	≥ 0.36 (Large)
Simpson's Paradox Ratio	0.75	≥ 0.70
R-squared Contribution Ratio	0.90	≥ 0.90
Statistical Suppression Ratio	0.88	≥ 0.70
Nonlinear Bivariate Causality Direction Ratio (NLBCDR)	0.88	≥ 0.70
Q^2 (Self-Efficacy)	0.13	> 0
Q^2 (Resilience)	0.31	> 0

Ethical Considerations

Ethical approval for the study was granted by the College of Human Sciences Research Ethics Review Committee at the University of South Africa (UNISA), and all conditions stipulated by the committee were fully implemented. The ethics clearance certificates are provided in Appendix E. Ethical considerations are fundamental to psychological research and must be integrated throughout all stages of the research process to ensure the protection and dignity of respondents. Although multiple ethical frameworks exist, research involving human respondents is commonly guided by four core principles: autonomy, non-maleficence, beneficence, and justice (Beauchamp & Childress, 2019; Resnik, 2018).

Autonomy and Respect

In research, obtaining informed consent constitutes a central ethical concern. Armiger (in Fouka & Mantzorou, 2011) defines informed consent as the deliberate, voluntary, intelligent, and transparent act through which an individual provides their consent. Prior to participation, respondents were informed of their right to withdraw consent at any point before or during the data collection process. However, due to data collection being anonymous, no respondents were able to withdraw after survey completion. The survey questionnaire was distributed online via various platforms that included WhatsApp, Facebook, Instagram, and LinkedIn. Importantly, no identifiable information was collected in order to eliminate the risk of attribution. The collected data was password protected to prevent unauthorised access, use, disclosure, modification, loss, or theft. No false information that could potentially mislead respondents was disseminated at any point during data collection.

Non-maleficence

Non-maleficence refers to the duty not to inflict harm intentionally (Iphofen, 2020). To mitigate any potential discomfort or stress that might arise from survey participation, respondents were pre-emptively informed that this research involved medium risk. Contact details for free psychological services were also provided should respondents experience distress during or after participation. This support resource was embedded in the survey link both prior to commencement and upon completion of the survey questionnaire. This was to ensure support was available should there be any incident in which a respondent experienced discomfort or stress while answering the survey questions.

Beneficence

The ethical principle of beneficence is summarised by the Hippocratic oath's guidance to be of benefit to others while preventing harm, as highlighted by Fouka and Mantzorou (2011). Applied to research, the principle of beneficence requires researchers to provide

research outcomes to participating populations (Beauchamp & Childress, 2019). Researchers are required to maximise benefits and minimise harm to respondents in a research study. This principle is one of the core elements of research ethics, alongside autonomy, justice, and non-maleficence. To align with this principle before conducting the study, the researcher conducted a risk-benefit assessment, which was reviewed by the Ethics Committee. The study was classified as involving medium risk due to the perceived vulnerability of the target population, given the historical institutional discrimination and ongoing forms of victimisation. Therefore, as indicated, voluntary psychological support was offered to respondents, and the study adhered to ethical principles of autonomy, informed consent, confidentiality, and privacy to minimise or mitigate potential risk (Appendices B & C). The researcher further committed to disseminating the results in this study transparently and responsibly, ensuring that potential benefits from the research are shared with the broader community, relevant stakeholders, and, where appropriate, the respondents themselves.

Justice

The ethical principle of justice concerns fairness in the selection of respondents and the equitable distribution of both the burdens and benefits of research, ensuring that no individual or group is unfairly excluded from potential benefits or disproportionately exposed to risks (APA, 2017; Nagai et al., 2022). In this study, non-probability purposive sampling was employed as it allowed for the intentional selection of individuals who specifically belong to sexually and gender-diverse communities, whose experiences are unique compared to the general population. Justice holds particular significance in research involving sexually and gender-diverse populations, who have historically experienced exclusion, misrepresentation, and exploitation within medical and psychological research contexts (Pachankis et al., 2020).

In this study, justice was operationalised through inclusive recruitment strategies, affirming language practices, and the careful minimisation of respondent burden (Beauchamp, 2007). The researcher assumed the primary burden of the research process, while limiting risks to respondents. The researcher adhered to this by ensuring that any emotional or psychological distress experienced by the respondents during the study was appropriately addressed. Respondents in need of assistance were provided with details of CSOs such as Lifeline Western Cape for free online and in-person counselling services. Furthermore, the research focuses on protective factors—such as social support in strengthening resilience—aligned with ethical commitments to equity, representation, and community benefit within sexually and gender-diverse populations.

Summary and Conclusion

This chapter outlined the research paradigm, which is rooted in positivism and aligns with quantitative methodologies that focus on objective measurements and empirical evidence. In addressing the research approach, the chapter highlighted the sampling strategy, distinguishing between probability and non-probability sampling methods. Given the study's focus, purposive sampling was justified. Sample sufficiency was assessed using the inverse square root and gamma-exponential methods for determining minimum sample size, alongside a description of the sample characteristics. Furthermore, this chapter discussed the selection of respondents, including the inclusion and exclusion criteria, as well as the procedure and data collection measures. Data analysis was conducted using PLS-SEM (WarpPLS 8.0), which is suitable for predictive analysis and managing complex models. This analytic approach was particularly effective for the study's aim of examining relationships between multiple constructs.

The chapter concluded with a discussion of rigour in quantitative research, emphasising the importance of reliability and validity. Ethical considerations were also

thoroughly addressed, focusing on informed consent, respect for respondent autonomy, non-maleficence, beneficence, and justice. In conclusion, Chapter Three articulated the methodology employed in the study, aimed at ensuring a rigorous and ethically sound approach to examining the psychological factors influencing resilience among sexually and gender-diverse individuals in Cape Town. Chapter Four presents and interprets the results of the study.

Chapter Four

Research Results

Introduction

This chapter presents the research results derived from an online survey questionnaire administered via Qualtrics through a combination of face-to-face engagement with sexually and gender-diverse focused CSOs, LGBTQ+ community networking events, and online platforms, including email and social media. The final sample consisted of 82 respondents, all of whom were aged 18 years and older, resided in Cape Town and could comprehend English. Aligning with the study's inclusion criteria, all respondents self-identified as sexually and gender-diverse.

Respondents represented diverse gender identities, racial groups, educational backgrounds, employment statuses and relationship statuses. Women (42.7%) and men (36.6%) comprised the largest gender identity groups, while 12.2% identified as non-binary and smaller proportions identified as transgender men, transfeminine or agender. Black respondents constituted 51.2% of the sample, followed by White (26.9%), Coloured (15.9%), Asian/Indian (3.6%) and Other (2.4%). Respondents were predominantly younger adults, with 56% aged between 18 and 30 years. A detailed description of participant characteristics is presented in Chapter Three.

The data were analysed using PLS-SEM in WarpPLS 8.0. This chapter presents the empirical results of the study in accordance with conventional quantitative reporting standards. It begins with distributional characteristics and reliability estimates for the principal study variables, followed by the structural model. The chapter then presents the results of the hypothesis testing, including the direct and indirect relationships between perceived social support, self-efficacy, and resilience. The chapter concludes with a summary of the findings. The results reported in this chapter provide the empirical basis for the discussion presented in

Chapter Five, where the results are interpreted in relation to the theoretical framework and existing literature.

Distributional Characteristics and Reliability of the Main Study Variables

Prior to structural model assessment, the distributional characteristics and measurement properties of the principal study variables were examined (Table 3). Because PLS-SEM is a variance-based, non-parametric technique, it does not require multivariate normality and is robust to moderate departures from normality (Ali et al., 2018; Sarstedt et al., 2021). Nevertheless, skewness and kurtosis statistics were examined to describe the distribution of the study variables and to assess the suitability of the data for subsequent analysis.

Skewness values ranged from −1.28 to −0.29, while kurtosis values ranged from −1.02 to 2.12. These values fall within commonly accepted thresholds for approximate normality (Kim, 2013), indicating that none of the latent constructs exhibited substantial departures from normality. The reliability statistics further indicate acceptable to excellent internal consistency, with Cronbach's alpha coefficients ranging from .71 to .95 and Composite Reliability values ranging from .84 to .97. Similarly, all Average Variance Extracted (AVE) values exceeded the recommended threshold of .50, providing evidence of satisfactory convergent validity. Collectively, these findings support the adequacy of the measurement model for subsequent structural model assessment and hypothesis testing.

Table 3

Distributional Characteristics and Reliability of the Main Study Variables

Construct	α	CR	AVE	Skewness	Kurtosis
Family	.91	.94	.79	.29	1.02
Friends	.92	.94	.80	.97	.19
Significant other(s)	.95	.97	.88	.89	.58
Self-Efficacy	.77	.87	.69	1.28	2.12

Resilience	.71	.84	.63	.35	.49

Structural Model

As outlined in Chapter One, the hypothesised relationships between perceived social support, self-efficacy, and resilience were examined using PLS-SEM in WarpPLS 8.0. Age was included as a control variable in the structural model. The path coefficient indicated a small, negative, and statistically non-significant association between age and resilience (β = −.07, p = .27), suggesting that age did not significantly predict resilience in the present sample. The structural model was then used to evaluate the hypothesised relationships between the latent constructs. Standardised path coefficients (β), significance levels (p), and coefficients of determination (R^2) are presented in Figure 8 and Table 4. The hypothesised relationships were evaluated based on the direction, strength, and statistical significance of the path coefficients (β). Hypotheses were assessed using conventional significance thresholds ($p < .05$), with both supported and unsupported hypotheses reported and accordingly the following results were obtained.

H_{1a} proposed that perceived family support would be positively associated with self-efficacy. Although the estimated path coefficient was positive (β = .15), the relationship was not statistically significant (p = .08). Therefore, H_{1a} was not supported.

H_{1b} proposed that perceived family support would be positively associated with resilience. The relationship was not statistically significant (β = −.01, p = .46). Accordingly, H_{1b} was not supported.

H_{2a} proposed that perceived friends' support would be positively associated with self-efficacy. Although the estimated relationship was positive (β = .13), it did not reach statistical significance (p = .12). Consequently, H_{2a} was not supported.

H_{2b} proposed that perceived friends' support would be positively associated with resilience. The relationship was positive and statistically significant (β = .28, p < .01). Accordingly, H_{2b} was supported.

H_{3a} proposed that perceived support from significant other(s) would be positively associated with self-efficacy. The relationship was positive and statistically significant (β = .24, p = .01). Therefore, H_{3a} was supported.

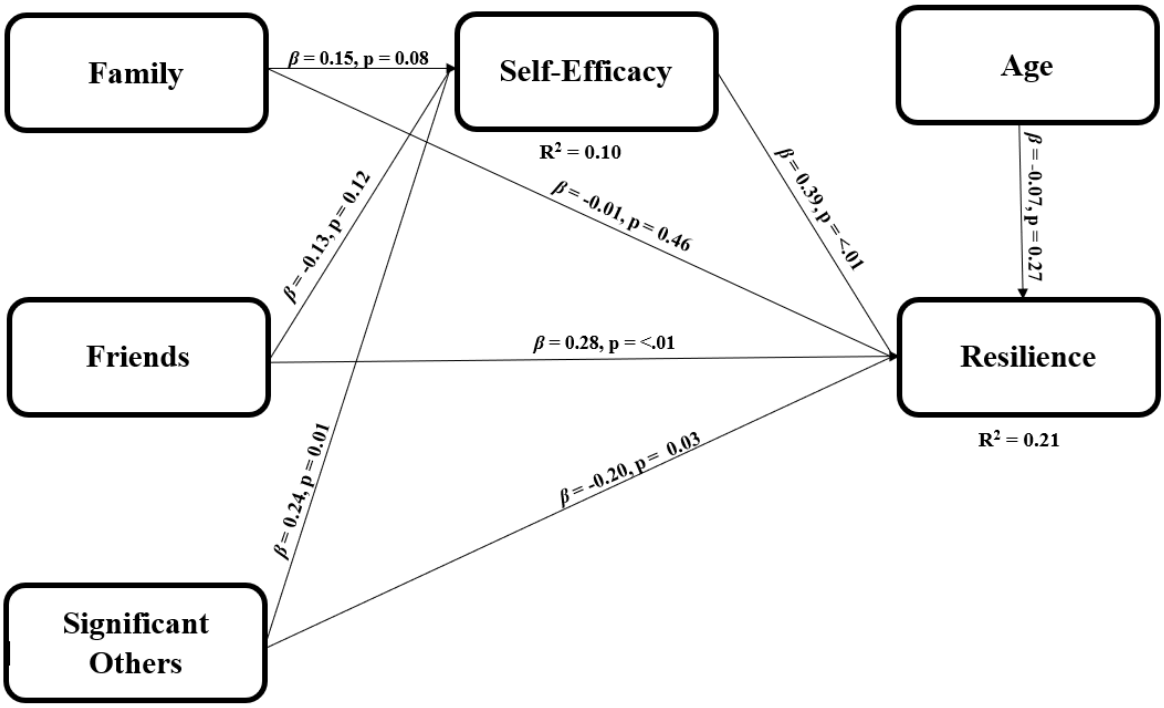
H_{3b} proposed that perceived support from significant other(s) would be positively associated with resilience. Although the relationship was statistically significant (β = −.20, p = .03), the direction of the relationship was negative rather than positive as hypothesised. Consequently, H_{3b} was not supported, despite the statistically significant association.

H_1 – H_3 proposed that self-efficacy would mediate the relationship between perceived social support and resilience. However, based on the results none of the indirect effects reached statistical significance (p > .05). Accordingly, H_1 – H_3 were not supported.

Examination of the coefficient of determination (R^2) indicated that the model accounted for 10% of the variance in self-efficacy (R^2 = .10) and 21% of the variance in resilience (R^2 = .21). These values suggest that while the model explains a modest proportion of variance in the outcome variables, it captures meaningful relational patterns consistent with psychosocial research in minority populations. Figure 8 illustrates the structural model, while Table 4 summarises the hypothesis testing results.

Figure 8

Path Model with Results



Data Analysis

As outlined in Chapter Three, the data were analysed PLS-SEM in WarpPLS 8.0. Statistical significance was evaluated using the standardised path coefficients (β) and associated p-values in the path model as reflected in Table 4 below.

Table 4

Tests of Hypotheses

	Hypothesised Relationships	β	*SE*	*t*	*p*-Value	Decision
H_{1a}	Family ⇒ Self-Efficacy	.15	.11	1.30	.08	Not supported
H_{1b}	Family ⇒ Resilience	-.01	.11	-.14	.46	Not supported
H_{2a}	Friends ⇒ Self-Efficacy	.13	.11	1.36	.12	Not supported
H_{2b}	Friends ⇒ Resilience	.28	.10	2.71	<.01	Supported

H_{3a}	Significant Other ⇒ Self-Efficacy	.24	.10	2.65	.01	Supported
H_{3b}	Significant Other ⇒ Resilience	-.20	.11	1.69	.03	Statistically significant; hypothesis not supported (opposite direction)
$H_{1\text{-}3}$	Family ⇒ Self-Efficacy ⇒ Resilience				.23	Not supported
	Friends ⇒ Self-Efficacy ⇒ Resilience				.22	Not supported
	Significant Other ⇒ Self-Efficacy ⇒ Resilience				.07	Not supported

Summary of Hypothesis Testing

Across the hypotheses examining family support, neither the association with self-efficacy (H_{1a}) nor with resilience (H_{1b}) was supported. These results indicate that, within the present sample, perceived support from family did not significantly predict sexually and gender-diverse individuals' confidence in their ability to cope with challenges or their capacity to recover from adversity. Further interpretation of these findings in relation to family dynamics, minority stress, and the broader literature is presented in Chapter Five. Friends' support was not significantly supported with self-efficacy **(**H_{2a}**)**; However, friends' support demonstrated a significant positive association with resilience **(**H_{2b}**)**. The results indicate that higher levels of perceived support from friends were associated with higher levels of resilience among sexually and gender-diverse respondents.

Perceived support from significant other(s) was positively associated with self-efficacy, supporting hypothesis 3a. Notably, support from a significant other(s) showed a significant but negative association with resilience; therefore, hypothesis 3b was not supported. Lastly, self-efficacy did not mediate the relationships between perceived family support, friends' support, significant other(s) support, and resilience. As all indirect effects were non-significant,

hypothesis $\boldsymbol{H_{1\text{-}3}}$ were not supported. The theoretical implications of these findings are considered in Chapter Five.

Summary of Relationships Between Perceived Social Support and Resilience

The following section synthesises the results across hypotheses by grouping findings according to the outcome variables of interest. This presents an integrated interpretation of how different sources of perceived social support relate to self-efficacy and resilience.

Relationship Between Perceived Social Support and Resilience: H_{1b}, H_{2b}, and H_{3b}

To summarise, perceived family support did not show a significant relationship with personal resilience within the sample of sexually and gender-diverse individuals, therefore Hypothesis 1b (*H_{1b}*: Perceived family support will positively and significantly impact on personal resilience) was not significant and not supported. In contrast, perceived friends' support was a positive predictor of resilience by 0.28 standard deviation units (β = .28) making the relationship significant, hence hypothesis 2b (*H_{2b}*: Perceived friends support will positively and significantly impact on personal resilience) was supported and thus significant. Although a significant relationship was determined between significant other(s)' support and resilience, the association was negative (β = -.20). As this finding contradicts the positive direction of Hypothesis 3b (Significant other[s] support will positively and significantly impact on personal resilience), it was therefore not supported. These results are presented in Table 4.

Relationship Between Perceived Social Support and Self-Efficacy: H_{1a}, H_{2a}, and H_{3a}

With regard to self-efficacy, the analysis revealed that support from family (*H_{1a}*: Perceived family support will positively and significantly impact on self-efficacy) and friends (*H_{2a}*: Perceived friends support will positively and significantly impact on self-efficacy) did not show a statistically significant relationship with the self-efficacy of sexually and gender-diverse individuals in the sample. Therefore, H_{1a} and *H_{2a}* were not supported. Only perceived

support from significant other(s) (H_{3a}: Significant other(s) support will positively and significantly impact on self-efficacy) was found to increase the self-efficacy of the sample of LGBTQ+ individuals. The analysis revealed that higher levels of support from significant other(s) were associated with increased self-efficacy among sexually and gender-diverse individuals, with each incremental increase in significant other(s) support corresponding to a positive gain in self-efficacy (β = 0.24), as shown in Table 4. Accordingly, H_{3a} was supported.

Outcome of the Mediating Role of Self-Efficacy in the Relationship between Social Support and Resilience $H_1 – H_3$

H_4 proposed that self-efficacy would mediate the relationship between perceived social support and resilience. The structural model indicated that self-efficacy was positively and significantly associated with resilience (β = .39, $p < .01$; see Figure 8), demonstrating that higher levels of self-efficacy were associated with higher levels of resilience. Despite this significant direct relationship, the indirect effects of perceived social support on resilience through self-efficacy were not statistically significant. Specifically, the *p*-values were 0.23 ($p = .23$) for the link between family support, self-efficacy, and resilience; 0.22 ($p = .22$) for the link between friends' support, self-efficacy, and resilience; and 0.07 (p = .07) for the link between significant other(s)' support, self-efficacy, and resilience. All *p*-values were higher than 0.05 ($p > .05$), hence no mediation was evident as hypothesised in $H_1 – H_3$. Accordingly, hypotheses were not supported. The mediation results are presented in Table 4.

While the inferential analysis established the statistical significance and direction of relationships within the model, it did not explain why certain relationships emerged as supported, not supported, statistically, or contrary to expectations. Chapter Five discusses the results within existing theoretical frameworks and empirical literature, with particular attention to minority stress processes, relational dynamics, and contextual factors shaping resilience

among sexually and gender-diverse individuals. The chapter further discusses strengths, limitations and possible recommendations for future research, policy, and practice.

Summary and Conclusion

Chapter Four presented the empirical results of the study using PLS-SEM in WarpPLS 8.0. The chapter commenced with an assessment of the distributional characteristics and measurement properties of the principal study variables, including skewness and kurtosis statistics, internal consistency reliability, convergent validity, collinearity diagnostics, and structural model quality indices. Collectively, these results demonstrated that the measurement model exhibited acceptable reliability, validity, and overall model quality, supporting the suitability of the data for structural model analysis.

The structural model was subsequently evaluated to test the hypothesised relationships between perceived social support, self-efficacy, and resilience among sexually and gender-diverse individuals living in Cape Town. The results indicated that perceived friends' support was positively and significantly associated with resilience, while perceived support from significant other(s) was positively associated with self-efficacy. Although support from significant other(s) demonstrated a statistically significant association with resilience, the relationship was negative and therefore contrary to the hypothesised direction. No statistically significant relationships were found between perceived family support and resilience or self-efficacy, nor between perceived friends' support and self-efficacy. Furthermore, self-efficacy did not mediate the relationship between perceived social support and resilience.

Overall, the structural model explained 10% of the variance in self-efficacy and 21% of the variance in resilience. These findings provide the empirical basis for the discussion presented in Chapter Five, where the results are interpreted in relation to the theoretical

framework, existing literature, and the broader context of resilience among sexually and gender-diverse individuals in Cape Town, South Africa.

Chapter Five

Discussion, Summary and Conclusion

Introduction

The central aim of this study was to explore the mediating role of self-efficacy in the relationship between perceived social support and resilience among sexually and gender-diverse adults aged 18 years and older living in Cape Town, South Africa. Respondents represented a range of racial backgrounds, as captured in Section B of the survey questionnaire (see Appendix D). The age distribution was skewed toward younger adults, with most respondents falling between the ages of 18 and 35 years. Specific sexual orientation categories (e.g., lesbian, gay, bisexual, queer, and asexual) were not explicitly collected, as the survey design inadvertently prioritised broader inclusivity through gender identity categories (man, woman, transgender man, non-binary, transfeminine, agender, gender fluid, gender queer, and other identity). This design choice facilitated the inclusion of diverse gender identities and expressions across age and race groups; however, it resulted in a relatively small subsample of respondents who specifically identified as transgender.

In keeping with the objectives stated in Chapter One, the study was designed to contribute to a deeper understanding of how internal psychological resources interact with external social supports to shape resilience within communities that continue to experience systemic prejudice, discrimination, and minority stress. Guided by the theoretical framework of Ajzen's theory of planned behaviour (Ajzen, 2011; Ajzen et al., 2018) and, as reiterated in the research design, operationalised through a quantitative approach using a Qualtrics survey-based questionnaire, the study sought to investigate whether self-efficacy mediates the relationship between perceived social support (from family, friends, and significant other[s]) and personal resilience. By focusing on sexually and gender-diverse individuals residing in Cape Town, South Africa, the study was deliberately situated within a local context marked

by progressive legal protections (Nel et al., 2025) alongside deeply entrenched societal hetero-cisnormativity (Bimha & Francis, 2025; Maake, 2024; Maimela & Mleya, 2023; Marais et al., 2022; Mkhize et al., 2024). This dual reality made it particularly important to examine how support structures and self-beliefs interact to either enhance or hinder resilience among LGBTQ+ populations. This final chapter discusses the results, synthesising key findings, linking them back to the research objectives, and offers recommendations for future research, policy, and practice.

Discussion of Results

The study explored the relationships between perceived social support and the mediating role of self-efficacy on resilience among respondents in sexually and gender-diverse populations in Cape Town. The collected data was analysed using PLS-SEM (WarpPLS 8.0) and results were presented in the *Path Model* (see Figure 8) and the *Tests of Hypotheses* (see Table 4) in Chapter Four. The results revealed that support from significant other(s) was associated with a positive influence on self-efficacy in the sample (H_{3a}), while support from friends was associated with enhanced resilience (H_{2b}). Support from significant other(s) was also significantly associated with resilience; however, this association was negative. As a result, Hypothesis H_{3b} was not supported, warranting further investigation. In contrast, the hypothesised relationships between family support and self-efficacy (H_{1a}), friends' support and self-efficacy (H_{2a}), and family support and resilience (H_{1b}) were not supported, as none of these associations reached statistical significance within the sexually and gender-diverse sample. Furthermore, self-efficacy did not mediate the relationship between social support and resilience ($H_1 – H_3$).

The existing literature indicates that perceived social support from family, friends, and significant other(s) plays a crucial role in enhancing self-efficacy and resilience (Pan et al.,

2022; Supervia et al., 2022; Zhang et al., 2018). However, notable gaps in the literature remain regarding how these relationships function specifically within sexually and gender-diverse populations in the Global South. In particular, uncertainty persists regarding whether self-efficacy operates as a mediating mechanism between perceived social support and resilience in these contexts (O'Neill et al., 2020). The findings of the present study revealed varying levels of significance across the hypothesised relationships. While some results aligned with prior literature, others diverged from established expectations and presented unexpected outcomes. This discussion therefore synthesises the study's results within the existing research, highlighting consistencies, discrepancies, and potential explanations.

Age and Developmental Considerations

Although resilience is often conceptualised as increasing with life experience, age did not emerge as a significant predictor in this study. This may reflect that sexually and gender-diverse individuals are exposed to minority stress across the lifespan (Pereira et al., 2021). Chronological age did not explain variation in resilience within this sample. One possible explanation is the relatively young age profile of the respondents, which may have limited variability across age groups. Alternatively, resilience among sexually and gender-diverse individuals may be influenced by factors other than age, such as psychosocial and contextual resources, although these mechanisms were not directly examined in this study.

The Role of Significant Other(s) in enhancing Self-Efficacy and Resilience

The results of the present study suggest a nuanced role for significant other(s)' support within the psychosocial functioning of sexually and gender-diverse respondents. The positive and significant relationship between support from significant other(s) and self-efficacy, as hypothesised in H_{3a}**,** was confirmed, with support from **s**ignificant other(s) being positively and significantly associated with self-efficacy ($\beta = .24$) as shown in Table 4. This

finding aligns with previous research demonstrating the importance of how close, emotionally salient relationships can shape individuals' beliefs about their capacity to cope with challenges (Adler-Constantinescu et al., 2013; Bockting et al., 2013; Testa et al., 2015). This pattern is also consistent with Social Cognitive Theory, which emphasises that self-efficacy is strengthened through supportive social contexts that provide encouragement, affirmation, and opportunities for mastery and problem-solving (Bandura, 2001).

Within intimate relationships specifically, emotional reassurance, validation, and collaborative coping may reinforce a person's confidence in their ability to manage stressors, navigate discrimination, and persist in the face of adversity (Wang et al., 2021). Thus, significant other(s) support may operate as a proximal interpersonal resource that directly feeds into cognitive appraisals of competence, thereby enhancing self-efficacy. For sexually and gender-diverse individuals, according to previous studies, significant other(s) may provide a unique form of affirmation that protects against minority stress and strengthens confidence to navigate stigma-related stressors (Müller et al., 2019; Shabalala et al., 2023). While the support may not necessarily remove stressors, it can increase a person's perceived ability to respond to them effectively.

Resilience remains an essential area of exploration and intervention among sexually and gender-diverse (Wilks et al., 2022). Prior research highlights the dynamic nature of resilience across the life span and its close relationship with intimate relationships, dyadic coping and attachment processes (Herrman et al., 2011). Several studies indicate the positive and significant relationship between significant other(s)' support and resilience (Eres et al., 2021; Nel et al., 2025; Randall & Lannutti, 2025; Randall & Messerschmitt-Coen, 2019). Further research, guided by resilience theories, emphasises the need for a multi-tiered support system, encompassing family, peers, intimate partner relationships, and the broader community, to cater to the needs of LGBQ youth and adults (Shilo et al., 2015).

In testing Hypothesis 3b (H_{3b}: Significant other(s) support will positively and significantly impact personal resilience), the results revealed a statistically significant relationship; however, contrary to expectations, the association was negative ($\beta = -0.20$), as shown in Table 4. The results that significant other(s)' support was significant but negatively related to resilience among LGBTQ+ individuals introduces an important discrepancy. Although unexpected, this finding is consistent with previous research suggesting that intimate relationships do not always function as uniformly protective resources, particularly under conditions of chronic stress (Randall & Messerschmitt-Coen, 2019). Because relationship quality, minority stress, and dyadic coping were not measured in the present study, it is not possible to determine the mechanisms underlying this association. These factors therefore represent important directions for future research.

If resilience is viewed as the ability to bounce back from stress (Masten, 2018), one might expect relational support to increase resilience rather than reduce it (Bodenmann, 2005; Randall & Lannutti, 2025). Several potential explanations that could account for the negative association between significant other(s)' support and resilience may include support quality and minority stress spillover into relationships (Falconier et al., 2016; Frost et al., 2016). Social support is not uniformly protective, as research literature distinguishes between high-quality, autonomy-supportive relationships and ambivalent or strain-inducing support, with the latter associated with poorer psychological outcomes despite the presence of nominal support (Cohen et al., 2000; Rook, 1984; Uchino, 2009).

The negative association between significant other(s)' support and resilience among LGBTQ+ individuals may suggest that greater reliance on significant other(s)' support may, under certain conditions, coincide with lower perceived capacity to recover from stress (Randall & Messerschmitt-Coen, 2019). This does not necessarily imply that significant other(s)' support is harmful; rather, it may reflect more complex relational processes in which

the context and function of support shape adaptive outcomes differently across constructs (Masten, 2002; Ungar, 2011).

Within sexually and gender-diverse populations, intimate relationships may simultaneously function as sources of affirmation and sites of minority stress spillover, particularly under conditions of chronic stigma and social vulnerability (Falconier et al., 2016; Frost et al., 2016; Testa et al., 2015). For SOGIE respondents, relationships may be shaped by external stressors like family rejection, housing insecurity, and discrimination (DeChants et al., 2022; McMillon, 2024), which can place pressure on intimate partnerships. In such contexts, even when support is present, the relationship environment may be emotionally taxing, potentially lowering resilience. This result supports further examination of minority stress (Meyer, 2003, 2015), which often arises from the experience of living in a society that is not always accepting or understanding of sexual orientations and gender diversities, and highlights minority stress as a focal framework understanding the challenges faced by these communities. Additionally, it may be valuable for future research to examine whether this negative association is more pronounced within specific subgroups, such as transgender respondents (Bockting et al., 2013; Jacobs, 2025; Shabalala et al., 2023), individuals with lower family acceptance (Hatzenbuehler, 2009; Ryan et al., 2010), or younger respondents (Craig et al., 2015; Wise et al., 2019), where intimate partnerships may carry a greater protective burden in the absence of other support systems.

The Consequence of Friends' Support on Resilience

Friendship consists of voluntary, mutual, and exhibiting qualities that include affection, trust, and support between individuals (Kitts & Leal, 2021). Resilience, also as previously discussed, refers to the capacity to adapt successfully to adversity, trauma, and significant stress (Masten, 2018). In this study, under H_{2b} (Perceived friends support will positively and

significantly impact on personal resilience), the research results showed that support from friends was positively associated with resilience (β = 0.28). This result suggests that respondents who perceived higher levels of support from friends also reported a greater ability to recover from stress. This finding is consistent with conceptualisations of resilience as a dynamic process that is fostered through social connectedness, validation, and shared coping resources (Masten, 2014). The positive association between friends' support and resilience is consistent with literature suggesting that friendships often function as important sources of affirmation and belonging among sexually and gender-diverse individuals (Frost et al., 2016; Weston, 1997). However, because the study did not examine the quality or functions of friendships, it cannot be concluded that these mechanisms account for the observed relationship.

Significant other(s) relationships among sexually and gender-diverse individuals may be vulnerable to strain and instability due to minority stress and the absence of consistent familial, institutional, and community validation, especially when compared to heterosexual relationships (Meyer, 2003; Peplau & Fingerhut, 2007). In contrast, friendships frequently function as enduring chosen-family networks that provide continuity of affirmation, belonging, and practical support across the life course (Weston, 1997). Empirical research indicates that peer relationships are often more reliable and less conflictual sources of support than romantic partnerships in contexts of chronic stigma, thereby contributing more consistently to resilience over time (Frost et al., 2016). This distinction may help explain why support from friends—rather than significant other(s) or family—emerged as a stronger positive predictor of resilience in the present study.

The supported association between friends' support and resilience aligns with the minority stress theory, which emphasises the protective role of affirming social environments

in buffering the psychological impact of stigma, discrimination, and social exclusion. Supportive peer networks can offer emotional validation, practical assistance, and opportunities for collective meaning-making, all of which may facilitate adaptive recovery following stress. Unlike some forms of intimate relationships or family support, friendships may also afford greater autonomy and reciprocity, reduce the risk of dependency or relational strain, and thereby strengthen individuals perceived capacity to recover from adversity. This positive impact of friends' support on resilience highlights the importance of peer networks in fostering resilience, which is consistent with previous studies (Graber et al., 2016; Krishan et al., 2016). Furthermore, peer support may be especially relevant in younger and urban sexually and gender-diverse populations, such as those represented in the current study sample, where friendships often constitute primary sources of belonging and safety (Liu et al., 2021b). Within this context, friends' support appears to function as a resilience-enabling resource, reinforcing the importance of community- and peer-based interventions aimed at strengthening wellbeing among sexually and gender-diverse individuals.

The Limited Role of Family Support

Family as discussed previously refers to a group of people who are connected by blood, marriage, adoption, or strong emotional bonds. Contrary to previous studies grounded in resilience theory, which found that family support was associated with enhanced resilience and/or self-efficacy (An et al., 2024; Dorri et al., 2023; Hamovitch et al., 2019; He et al., 2023; Masten, 2018; Prawita et al., 2024), the present study revealed no such effect. Under H_{1b} (Perceived family support will positively and significantly impact personal resilience), family support was found to have no significant relationship with resilience, therefore the hypothesis was unsupported. Similarly, H_{1a} (Perceived family support will positively and significantly impact self-efficacy) was unsupported, as no significant association was observed between family support and self-efficacy among sexually and gender-diverse respondents in the study

sample. This lack of significance, when considered in relation to prior research, may reflect the complex dynamics within families of LGBTQ+ individuals, where acceptance and support often vary widely, and, in some cases, rejection or ambivalence undermines the protective role of family (Ryan et al., 2009). The absence of a significant relationship between family support and either self-efficacy or resilience differs from results reported in several previous studies. One possible explanation, supported by qualitative South African literature, is that family support among sexually and gender-diverse individuals may be experienced as conditional or inconsistent. However, the present study did not assess family acceptance, rejection, or relationship quality, and therefore cannot determine whether these factors explain the observed findings.

In contrast, chosen family and peer networks—frequently characterised by more consistent identity affirmation—tend to be stronger predictors of resilience and adaptive coping among sexual and gender minorities (Frost et al., 2016; Puckett et al., 2019; Singh, 2018; Weinhardt et al., 2019). This pattern may be particularly salient in cultural contexts where normative family structures and heteronormative expectations influence family reactions to non-heterosexual identities, as highlighted in research on Black lesbian experiences, parental 'coming out' processes, and father–son relationships in LGBTQ+ populations (Dlamini, 2025; Livingston & Fourie, 2016; Soldati-Kahimbaara, 2016).

Furthermore, in the present study sample, the lack of a significant association between family support and both self-efficacy and resilience may be understood within broader social contexts marked by enduring stigma and hostility toward sexual and gender diversity. This includes contexts within some African families where dominant narratives continue to construct homosexuality as *un-African* or culturally incompatible (Bertolt, 2019; Hoad, 2007; Kaoma, 2018). Qualitative research conducted in South Africa further demonstrates that family

support for LGBTQ+ individuals is often conditional, uneven, and negotiated over time, rather than consistently affirming (Dlamini, 2025; Nel & Judge, 2008; Soldati-Kahimbaara, 2016). Similarly, parental acceptance of LGBTQ+ identities may present as family members expressing care, yet simultaneously struggles with identity affirmation, resulting in ambivalent or contradictory responses (Livingston & Fourie, 2016; Soldati-Kahimbaara, 2016). This complexity may help explain why family support, as measured in this study, was not significantly associated with self-efficacy or resilience, given that conditional or ambivalent family responses may lack the consistent affirmation necessary to strengthen these personal resources.

The results in this study sample suggest that while family support is often considered a cornerstone of resilience, it may not always be available or effective for sexually and gender-diverse individuals, particularly in contexts where familial acceptance is lacking. The PsySSA (2025) practice guidelines caution against assuming that family support is uniformly protective for sexually and gender-diverse individuals, noting that families may function as sources of rejection, coercion, or psychological harm in contexts where acceptance is lacking. The PsySSA guidelines emphasise that conditional or ambivalent familial responses—including silence or expectations of concealment—can undermine identity affirmation, self-efficacy, and resilience.

Furthermore, PsySSA identifies families as common sites through which conversion practices also known as change efforts are initiated, highlighting the potential for familial relationships to erode psychological safety and agency rather than promote adaptive coping. In such contexts, the PsySSA guidelines recognise chosen family and peer networks as critical alternative sources of support, which aligns with the present study results that friends' support, but not family support, was significantly associated with resilience (PsySSA, 2025). These

results underscore the importance of initiatives that educate and collaborate with families to promote acceptance and supportive practices toward sexually and gender-diverse individuals, with the potential to improve family dynamics and strengthen psychosocial outcomes.

The Mediating Role of Self-Efficacy in the Nexus between Social Support and Resilience

Hypotheses H_1 – H_3 proposed that general self-efficacy would mediate the direct relationship between perceived social support and personal resilience. However, results from the present study indicate that self-efficacy did not mediate the relationship between social support and resilience. This suggests that the influence of social support on resilience among sexually and gender-diverse respondents was not transmitted through self-efficacy as reflected through the sums of indirect effect generated through PLS-SEM (WarpPLS 8.0) (Sarstedt et al., 2021). Specifically, the indirect effects for family support (p = .23), friends' support (p = .22), and significant other(s)' support (p = .07) all exceed the conventional significance threshold of $p > .05$, indicating that the mediation hypothesis was not significant therefore unsupported.

These results contradict aspects of existing literature that indicate social support significantly predicts self-efficacy, and that self-efficacy subsequently plays a key role in strengthening resilience (Hamill, 2003; Liu et al., 2021a; Sagone et al., 2020; Schwarzer & Warner, 2012). Instead, the results of this study suggest that social support may exert a more direct influence on resilience rather than operating indirectly through cognitive appraisals of competence. In other words, supportive relationships, particularly support from friends, may enhance LGBTQ+ individuals' capacity to recover from stress without necessarily increasing their beliefs in personal mastery or control.

The absence of a significant mediation effect suggests that self-efficacy did not explain the relationship between perceived social support and resilience in this sample. This finding

differs from some previous studies but is consistent with the possibility that other psychosocial mechanisms may account for the relationship between social support and resilience. Because these alternative mechanisms were not examined, further research is required.

Within minority stress frameworks (Meyer, 2003, 2015), resilience is often understood as emerging from external protective conditions, such as affirming social environments, as much as from internal psychological resources. Chronic exposure to stigma and discrimination may limit the extent to which self-efficacy can translate into recovery, particularly when stressors are structural and ongoing. Prior research has shown that higher levels of social support are directly associated with resilience and positive adaptive outcomes among LGBTQ+ individuals (Pereira et al., 2021), that connectedness and belonging mitigate social isolation and enhance wellbeing (Garcia et al., 2020), and that acceptance and comfort within supportive networks promote identity affirmation and confidence (Cavarra et al., 2025), underscoring the importance of affirming social environments alongside individual coping resources.

This may explain why self-efficacy did not mediate the relationship between social support and resilience in the present sample. While self-efficacy is an important psychological resource, other mechanisms—such as coping processes, supportive environments, and community engagement—may represent more influential pathways through which social support contributes to resilience (Folkman & Moskowitz, 2004; Ungar & Theron, 2020; PsySSA, 2025). Future research should therefore explore these alternative mediators to develop more comprehensive understanding of resilience mechanisms in sexually and gender-diverse populations.

Summary and Conclusion

Drawing together the operational definitions and inferential findings presented earlier in this chapter, the results collectively highlight distinct pathways through which different

sources of social support relate to self-efficacy and resilience. The research uncovered both existing and new insights into perceived social support and its impact on self-efficacy and resilience among sexually and gender-diverse individuals, as well as the mediating role of self-efficacy within the social support and resilience nexus. The results suggest that while support from significant other(s) and friends plays a crucial role in enhancing self-efficacy and resilience, family support may not always function as an effective protective resource within this population.

While support from significant other(s) had a statistically significant impact on resilience, the association was negative. This negative association between significant other(s)' support and resilience may be understood through dyadic coping theory, which emphasises that intimate relationships do not uniformly function as protective resources under conditions of chronic stress, particularly when both partners are exposed to shared minority stressors (Bodenmann, 2005; Randall & Lannutti, 2025; Randall & Messerschmitt-Coen, 2019). Regarding self-efficacy and resilience among sexually and gender-diverse individuals in the sample, findings suggest that affirming intimate relationships may enhance adaptive functioning through strengthened self-beliefs. Nel and colleagues highlight how intimate relationships provide crucial affirmation and recognition in the South African context, where familial or community support may often be inconsistent or absent. In these circumstances romantic partners become central sources of relational wellbeing, offering security, validation, and social safety that enhance self-efficacy and foster resilience (Nel et al., 2025). Additionally, the PsySSA (2025) guidelines identify affirming and supportive partnerships as a core protective factor for mental health among sexually and gender-diverse individuals as they stress that the presence of caring and validating significant other(s) contributes to hope, belonging, and adaptive coping, thereby counteracting the psychological burden of discrimination and systemic prejudice.

However, in the relationship nexus between social support and resilience with self-efficacy as a mediator, findings indicate that other mechanisms beyond self-efficacy should be explored in understanding the relationship between social support and resilience, as self-efficacy did not mediate this relationship in the present study. The results in this study have important implications for interventions aimed at improving the mental health and wellbeing of sexually and gender-diverse individuals. Programmes should focus on strengthening peer networks and providing support for significant other(s), while also addressing the potential current limitations and complexities of family support.

Strengths

Despite the limitations noted below, this study has several important strengths. First, it contributes to a limited South African quantitative evidence base by examining social support, self-efficacy, and resilience among sexually and gender-diverse adults within an urban context. While the sample was not fully representative of all SOGIE subgroups, the inclusion of respondents across diverse gender identities, racial backgrounds, and age groups strengthened the study's capacity to examine psychosocial processes associated with minority stress and adaptive functioning. Second, the study employed well-established and psychometrically validated instruments, namely the Multidimensional Scale of Perceived Social Support, the General Self-Efficacy Scale, and the Brief Resilience Scale, enhancing the reliability and internal consistency of the results. Although reliance on self-report measures introduces potential bias, this methodological approach remains a recognised strength, as the use of standardised tools enables comparison with prior research and supports the interpretability of the results within existing theoretical frameworks.

Third, the application of PLS-SEM represents a methodological strength, as it enabled the simultaneous examination of multiple relational pathways and the differentiation between sources of perceived social support, namely family, friends, and significant other(s). This

analytic approach was particularly valuable in identifying non-significant and counterintuitive relationships, such as the limited role of family support and the negative association between significant other(s)' support and resilience—findings that may have been obscured in simpler analytic models. Finally, beyond its methodological contribution, by situating the results within South Africa's socio-cultural and policy context, the study offers contextually grounded insights with relevance for both practice and policy, while remaining cautious about generalisability. In doing so, the study complements existing qualitative research by providing quantitative evidence that highlights the complexity and variability of support processes among sexually and gender-diverse individuals, thereby laying a foundation for more targeted, longitudinal, and participatory community-engaged research in the future.

Limitations

Notwithstanding the contributions outlined above, this study has several limitations that may affect the interpretation and generalisability of the results. First, the relatively small sample size of 82 respondents, while adequate for the specific analytic context (Lakens, 2022), may not fully capture the diversity of experiences and perspectives within sexually and gender-diverse populations. Second, the study focused specifically on sexually and gender-diverse individuals residing in Cape Town, which may limit the generalisability of the findings to individuals living in other cities or provinces within South Africa. Third, the reliance on self-reported data introduces the potential for response and social desirability bias, which may have influenced respondents' reporting of social support, self-efficacy, and resilience, which may affect the accuracy of the data collected (Andrade, 2020). Finally, despite efforts to be inclusive, certain sexually and gender-diverse subgroups may remain underrepresented, reflecting broader challenges in accessing and engaging marginalised populations in quantitative research.

A key limitation of this study concerns the representation of transgender-identified respondents, which extends the broader sampling limitations outlined above. While the sample reflected meaningful diversity in gender identities and expressions more broadly, the number of respondents who explicitly identified as transgender was too small to permit subgroup-specific analyses or to confidently extend the results to transgender populations. As such, the results should be interpreted as reflecting experiences of gender diversity in a broader sense, rather than transgender-specific psychosocial processes. Research focused explicitly on transgender health and wellbeing demonstrates that transgender individuals often face distinct and intensified stressors, healthcare barriers, and relational dynamics that may not be fully captured within more aggregated gender-diverse samples (Camminga, 2019; Müller et al., 2021; Murchison et al., 2023; Shabalala et al., 2023). In addition, although the study was situated within a sexually and gender-diverse framework, self-identified sexual orientation categories were not explicitly ascertained in the survey questionnaire. This constitutes a methodological oversight and limits the study's ability to examine potential differences across sexual orientation groups, for example lesbian, gay, bisexual, queer, and asexual orientations. Consequently, it is not possible to determine whether the observed relationships between social support, self-efficacy, and resilience vary by sexual orientation, nor to disentangle sexual-orientation-specific stressors from those associated with gender diversity. This limitation may have contributed to the non-significant findings for certain hypothesised pathways and constrains the granularity of interpretation.

Similarly, the cross-sectional nature of the study limits the ability to establish causal relationships between variables (Spector, 2019). Furthermore, although the reliance on quantitative methods was appropriate for examining correlations and associations, this approach may have overlooked qualitative dimensions that could provide deeper insights into the experiences and perceptions of sexually and gender-diverse populations regarding their

self-efficacy, social support, and resilience. In addition, ambiguities surrounding certain survey terms—such as distinctions between relationship status versus sexual orientation, as well as meanings assigned to 'family' or 'significant' within sexually and gender-diverse populations—may have contributed to confusion among respondents. This may have affected how some participants interpreted and responded to the survey questionnaire items, potentially influencing the observed patterns in the data.

In conclusion, while this study provides insights into the relationships between self-efficacy, social support, and psychological resilience among sexually and gender-diverse individuals, the sample size was too small, thereby limiting PLS-SEM's ability to conduct a multi-group analysis (Kline, 2023). Future research could address these limitations by using larger and more diverse samples, as well as incorporating qualitative or mixed-methods approaches to gain deeper insights into the experiences of sexually and gender-diverse individuals. Moreover, future studies may benefit from the use of more granular SOGIE measures and targeted, community-engaged recruitment strategies to better capture transgender-specific experiences. Further research could also explore the impact of intersectional identities, such as race, age, and socioeconomic status, in shaping resilience outcomes. These considerations underscore the need for caution in interpreting the present findings and highlight important directions for future research aimed at addressing these constraints.

Recommendations and Conclusion

Results from this study may inform future research and interventions aimed at better supporting the resilience of sexually and gender-diverse populations, thereby contributing to their overall mental health and wellbeing. Based on the research results and literature consulted, several recommendations are proposed in relation to programme development, intervention design, and the identification of key research gaps.

The first recommendation is for practice based on friends' support and resilience. The present study found that support from friends was the only dimension of perceived social support that demonstrated a significant positive association with resilience. This result suggests that affirming peer relationships play a particularly important role in facilitating adaptive coping among sexually and gender-diverse individuals. Accordingly, LGBTQ+ organisations, community groups, and mental health practitioners should prioritise the development of peer-support initiatives, chosen-family programmes, and community-based interventions that strengthen supportive friendship networks as a means of promoting resilience. Programmes that facilitate peer support and friendship-based networking may also foster identity affirmation and collective activism (Craig et al., 2015), which have been found to positively boost self-efficacy and resilience, respectively.

The second recommendation is for family interventions. Family support was not significantly associated with either self-efficacy or resilience in the present study. This finding suggests that the presence of family relationships alone may be insufficient to promote positive psychosocial outcomes when support is conditional, inconsistent, or lacking affirmation. Consequently, interventions should extend beyond encouraging family involvement and instead focus on improving the quality and affirming nature of family relationships through family education, counselling, and LGBTQ+-affirmative support programmes. Furthermore, educational campaigns should include psychoeducation on SOGIE, the documented harms of conversion practices, and the role of affirming family responses in promoting wellbeing and resilience (McGregor et al., 2024; Ryan et al., 2010). In addition, family-inclusive but consent-driven interventions—such as facilitated dialogue, support groups for parents, and referral pathways to affirming services—may help transform family relationships from sources of minority stress into protective contexts. This is supported by South African qualitative research examining processes of family acceptance

(Dlamini, 2025; Livingston & Fourie, 2016; Soldati-Kahimbaara, 2016). Similarly, future studies could explore the distinction and meaning between family of origin (Bertone & Pallotta-Chiarolli, 2014) and chosen family (Cloyes et al., 2022) and examine their respective implications for resilience and self-efficacy within sexually and gender-diverse communities.

The third recommendation is on mental health interventions based on the negative association observed between significant-other(s) support and resilience. This result may suggest that intimate relationships do not invariably function as protective resources for sexually and gender-diverse individuals. Relationship interventions should therefore incorporate components that strengthen healthy communication, minority stress coping, and dyadic resilience rather than assuming that intimate relationships are inherently beneficial. Interventions that promote dyadic coping have been shown to bolster resilience, depending on the quality of the relationship (Haas & Lannutti, 2022; Nel et al., 2025; Randall & Lannutti, 2025). Such initiatives should be led by mental health professionals and community-based CSOs and should focus on challenging beliefs that frame sexual and gender diversity as pathological or un-African (Hoad, 2007; Kaoma, 2018).

The fourth recommendation is on policy based on minority stress and peer support networks. Given that resilience was more strongly associated with friends' support than with family support, policies aimed at improving LGBTQ+ wellbeing should recognise peer-led programmes as important psychosocial resources deserving institutional support and funding. The study results also have relevance for existing South African policy and practice framework these are the Mental Health Care Act, No 17 of 2002 (Republic of South Africa, 2002) and the National Mental Health Policy Framework (Lund, 2023), both of which mandate rights-based, community-oriented mental health care that respects service users' dignity, autonomy, and psychosocial context. Together, these frameworks reinforce the need for affirming, non-coercive support structures rather than reliance on potentially harmful

environments. Additionally, these imperatives also give effect to the equality and non-discrimination guarantees enshrined in the Constitution of the Republic of South Africa (Nel et al., 2025), while providing empirical justification for CSOs to implement peer-led, community-based interventions consistent with the study findings.

The fifth recommendation based on study limitations which include the omission of sexual orientation data in the survey, a small TGD sample as well as a cross-sectional design, future research should employ community-engaged recruitment strategies and collect more granular SOGIE measures to better understand variation within sexually and gender-diverse populations as well as conduct comparative examination of differences across specific sexual orientation and gender identity groups. Furthermore, future research should also explore the role of additional potential mediators, such as coping strategies or community involvement, in the relationship between social support and resilience. Longitudinal studies may also provide greater insight into how these relationships evolve over time. Similarly, because self-efficacy did not mediate the relationship between social support and resilience, interventions should avoid relying exclusively on individual-level confidence-building approaches. Rather, programmes should integrate personal empowerment with strategies that strengthen affirming social relationships and community connectedness.

In conclusion, this study both affirms and extends existing literature on the compounded psychosocial challenges faced by sexually and gender-diverse individuals within the South African context. In line with prior research highlighting the pervasive effects of stigma, minority stress, and uneven social support (An et al., 2024; Bockting et al., 2013; Meyer, 2003; Russon et al., 2022; Wang et al., 2021), the results underscore the importance of relational environments in shaping resilience (Bodenmann, 2005; Randall & Lannutti, 2025). At the same time, the study makes a distinct contribution by quantitatively differentiating between sources of social support, revealing that friends' support emerged as a key resilience-

building resource, whereas family support was non-significant and significant other(s)' support was negatively associated with resilience. These results challenge assumptions that intimate partner(s) and family relationships uniformly function as protective factors (Müller et al., 2019; Nel et al., 2025; Shabalala et al., 2023; Wang et al., 2021) and instead point to the need for more nuanced interventions and support structures. Overall, this study provides a framework that highlights the importance of targeted, policy-aligned interventions, continued advocacy, and future research aimed at promoting health equity, dignity, and social justice for sexually and gender-diverse populations.

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Appendices

Appendix A: Covering Letter for Calls to Participate in Research

Dear XXX

My name is Tendai Chisirimunhu, currently advancing my master's degree in psychology at the University of South Africa (UNISA). I am conducting research titled, **'Mediating Effect of Self-Efficacy in the Relationship Between Perceived Social Support and Resilience among Sexually and Gender-Diverse People'**.

This is an invitation to share your unique perspectives and experiences, which are invaluable to my research. Before you decide, we ask you to read through the following information and sign the consent form provided, using a pseudonym if you prefer, to protect your identity. This research is designed to explore how self-efficacy influences the connection between perceived social support and resilience within the sexually and gender-diverse communities. The research aims to gather insights that could significantly impact mental health interventions, policy formation, and the promotion of an inclusive society that values diversity.

The study aims to accomplish its objectives by surveying individuals residing in Cape Town, South Africa, who identify as sexually and gender diverse. Participation involves completing an online survey at the respondent's convenience, requiring approximately 30-45 minutes. Your participation would provide valuable data towards understanding and supporting the mental health of sexually and gender-diverse communities in South Africa.

I am hereby seeking your assistance and willingness to obtain up to 100 hundred willing respondents to partake in the research study. I am providing you with a copy of the information sheet and informed consent forms, as well as a copy of the ethics certificates

41986202_CREC_CHS_2023 and 41986202_CREC_CHS_2024 which I received from UNISA's Research Ethics Committee. Upon completion of the study, I undertake to provide all participating organisations with an electronic copy of the full research report. If you require any further information, please do not hesitate to contact me on 0027760295970 or 41986202@mylife.unisa.ac.za.

I look forward to hearing from you soon and thank you for your time and consideration in this matter.

Yours Sincerely,

Tendai Chisirimunhu

Appendix B: Information Sheet

My name is Tendai Chisirimunhu, and I am pursuing my master's degree in psychology at the University of South Africa (UNISA). I am conducting a research study entitled **'Mediating Effect of Self-Efficacy in the Relationship Between Perceived Social Support and Resilience among Sexually and Gender-Diverse People.'**

Sexually and gender-diverse individuals, encompassing diversities in sexual orientations, gender expressions, and identities and sex characteristics beyond traditional binaries, often confront stigmatisation, marginalisation, violence, and discrimination due to prevailing hetero-cisnormative societal norms. This study emerges from the critical need to understand the resilience of sexually and gender-diverse individuals amidst these adversities, particularly in South Africa, where sexually and gender-diverse communities face heightened risks of abuse and victimisation. Leveraging the theory of planned behaviour, my research seeks to investigate how perceived social support and self-efficacy influence resilience among sexually and gender-diverse individuals.

The core of the research revolves around understanding how self-efficacy affects the relationship between the social support they perceive to receive from a significant other, family and friends and their resilience. To delve deeper into this, I am interested in your experiences, perceptions, and opinions related to social support, self-efficacy, and resilience in your life.

Participation in this study involves completing an online survey questionnaire, taking approximately 30-45 minutes, at your convenience. This survey is designed to gather insights without requiring any direct personal contact, ensuring your comfort, confidentiality, and privacy throughout the process. The ethical backbone of this study prioritises your autonomy, confidentiality, and wellbeing. Participation is voluntary, with informed consent being

paramount. All data collected will be anonymised to protect your identity, stored securely, and used solely for the purposes of this research. Should any respondent experience discomfort or require support, contact information for free counselling services will be provided. Your participation in the research will be much appreciated and valued; therefore, I would like to thank you for agreeing to participate. Below is a consent form I need you to sign. Please read through the following section and sign the consent form on page three using a pseudonym (a random name chosen to protect your real identity).

I, Tendai Chisirimunhu (main researcher), am responsible for compiling and analysing the data collected, ensuring the discussions and responses remain confidential. The research is sensitive and can evoke emotions. If at any point you feel uncomfortable during the completion of the survey questionnaire, you are welcome to withdraw without any consequences. However, once the survey questionnaire is completed and submitted, you can no longer withdraw from the study.

Appendix C: Consent Form

I, _____ (pseudonym), confirm that I was informed about the purpose of this study and that I understand what will happen over the next 30-45 minutes online.

I have read and understood the study as explained in the information section above.

I have had enough opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time during the completion of the online survey questionnaire session without any consequences.

I am aware that I will not be able to withdraw myself from this study once the questionnaire is completed and submitted.

I am aware that the results of this study will be processed into a research report, journal publications and conference proceedings, but that my participation will be kept confidential since I only give a pseudonym.

I understand that I will not get any payment for participating in the research.

I have received a signed copy of the informed consent agreement.

First Name/Nick Name……...

Respondent Signature…… Date……

Researcher's Name & Surname……. …… (please print)

Researcher's signature……. Date……

Appendix D: Study Measures - Project Code (LGBTQ+ Resilience) Instruments

- Section A: Screening Questions
- Section B: Demographics Questions
- Section C: Independent Variable - Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)
- Section D: Mediating Variable - General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995).
- Section E: Dependent Variable - Brief Resilience Scale (Smith et al., 2008)

Section A

Screening Questions

1. **I give my consent to participate in this survey?**

- ❑ Yes
- ❑ No

2. **Are you 18 years of age or older?**

- ❑ Yes
- ❑ No

3**. Do you identify as a sexually and/or gender-diverse (SGD) individual?**

- ❑ Yes
- ❑ No

4. **Do you currently live in Cape Town?**

- ❑ Yes
- ❑ No

5. **Can you read and comprehend the English language?**

- ❑ Yes
- ❑ No

Section B

Demographics Questions

What kind of relationship are you currently in?

- ❑ Single
- ❑ Sologamy
- ❑ Exclusive homosexual relationship
- ❑ Exclusive heterosexual relationship
- ❑ Multiple homosexual relationship
- ❑ Multiple heterosexual relationship
- ❑ Civil partnership homosexual relationship
- ❑ Civil partnership heterosexual relationship
- ❑ Married homosexual relationship
- ❑ Married heterosexual relationship
- ❑ Divorced homosexual relationship
- ❑ Divorced heterosexual relationship
- ❑ Widowed homosexual relationship
- ❑ Widowed heterosexual relationship
- ❑ Other (Please specify) _____
- ❑ Prefer not to say

What is your age range?

- ❑ 18 - 24
- ❑ 25 - 30
- ❑ 31 - 35

- ❑ 36 - 40
- ❑ 41 and over

Which best describes your race?

- ❑ Black
- ❑ Coloured
- ❑ Indian/Asian
- ❑ White
- ❑ Other (Please specify) _____

What is your gender identity? (check all that apply)

- ❑ Man
- ❑ Woman
- ❑ Transgender man
- ❑ Transgender woman
- ❑ Non-Binary
- ❑ Transmasculine
- ❑ Transfeminine
- ❑ Agender
- ❑ Gender fluid
- ❑ Gender queer
- ❑ Another identity (please specify) _____

What is your highest academic qualification?

- ❑ None
- ❑ St 8/Grade 10 or less

- ❑ St 9-10/Grade 11-12
- ❑ Diploma
- ❑ Bachelor's degree
- ❑ Postgraduate certificate
- ❑ Master's degree
- ❑ PhD
- ❑ Other (please specify)

What is your current employment situation?

- ❑ Student
- ❑ Unemployed
- ❑ Employed (full-time)
- ❑ Employed (part-time)
- ❑ Self-employed
- ❑ Semi-retired
- ❑ Other (Please specify): _____

Section C

Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

Instructions: Below are statements that might reflect how you feel about the support you receive from people around you. Please read each statement carefully and indicate your level of agreement using the scale provided. Select the number that best represents your feelings about each statement.

Note: The items are categorised according to the source of social support they relate to, namely: family (Fam), friends (Fri), or significant other (SO). Please consider the source of support when reflecting on your level of agreement with each statement.

- ❑ 1 - Strongly Disagree
- ❑ 2 - Disagree
- ❑ 3 - Somewhat Disagree
- ❑ 4 - Neither Agree nor Disagree
- ❑ 5 - Somewhat Agree
- ❑ 6 - Agree
- ❑ 7 - Strongly Agree

	Statement	Response options
1.	There is a special person who is around when I am in need.	1 2 3 4 5 6 7
2.	There is a special person with whom I can share my joys and sorrows.	1 2 3 4 5 6 7
3.	My family really tries to help me.	1 2 3 4 5 6 7
4.	I get the emotional help and support I need from my family.	1 2 3 4 5 6 7
5.	I have a special person who is a real source of comfort to me.	1 2 3 4 5 6 7
6.	My friends really try to help me.	1 2 3 4 5 6 7
7.	I can count on my friends when things go wrong.	1 2 3 4 5 6 7
8.	I can talk about my problems with my family.	1 2 3 4 5 6 7
9.	I have friends with whom I can share my joys and sorrows.	1 2 3 4 5 6 7

10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

Section D

General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995).

Instructions: The following questions assess your self-efficacy [belief in your own ability]. Please respond to each item by ticking the box that best represents your agreement with the statement. The options range from 'Not at all true' to 'Exactly true'.

	Not at all true	**Hardly true**	**Moderately true**	**Exactly true**
1. I can always manage to solve difficult problems if I try hard enough.				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events.				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution.				
10. I can usually handle whatever comes my way.				

Section E

Brief Resilience Scale (Smith et al., 2008)

The following questions assess your resilience [ability to overcome setbacks]. To what extent do you agree to the following statements?

Please respond to each item by marking one box per row	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
1. I tend to bounce back quickly after hard times.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
2. I have a hard time making it through stressful events.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1
3. It does not take me long to recover from a stressful event.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
4. It is hard for me to snap back when something bad happens.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1
5. I usually come through difficult times with little trouble.	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5
6. I tend to take a long time to get over setbacks in my life.	❑ 5	❑ 4	❑ 3	❑ 2	❑ 1

Appendix E: Ethics Clearance Certificates

UNISA university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

27 June 2023

NHREC Registration # :
Rec-240816-052
CREC Reference # :
41986202_CREC_CHS_2023

Dear Ms Tendai Chisirimunhu

Decision:
Ethics Approval from 27 June 2023 to 27 June 2024

Researcher(s): Name: Ms. T. Chisirimunhu
Contact details: 41986202@mylife.unisa.ac.za
Supervisor(s): Name: Prof. J. A. Nel
Contact details: nelja@unisa.ac.za
Supervisor(s): Name: Dr. A. O. Olaseni
Contact details: contactolaseni@gmail.com

Title: The mediating effect of Self-efficacy in the relationship between Perceived Social Support and Resilience among Sexually and Gender-Diverse People
Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *medium risk application was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

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UNISA

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

18 June 2024

NHREC Registration # :
Rec-240816-052
CREC Reference # :
41986202_CREC_CHS_2023

Dear Ms Tendai Chisirimunhu

Decision:
Ethics Approval from 18 June 2024 to 17 June 2025

Researcher(s): Name: Ms. T. Chisirimunhu
Contact details: 41986202@mylife.unisa.ac.za
Supervisor(s): Name: Prof. J. A. Nel
Contact details: nelja@unisa.ac.za
Supervisor(s): Name: Dr. A. O. Olaseni
Contact details: contactolaseni@gmail.com

Title: The mediating effect of Self-efficacy in the relationship between Perceived Social Support and Resilience among Sexually and Gender-Diverse People
Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

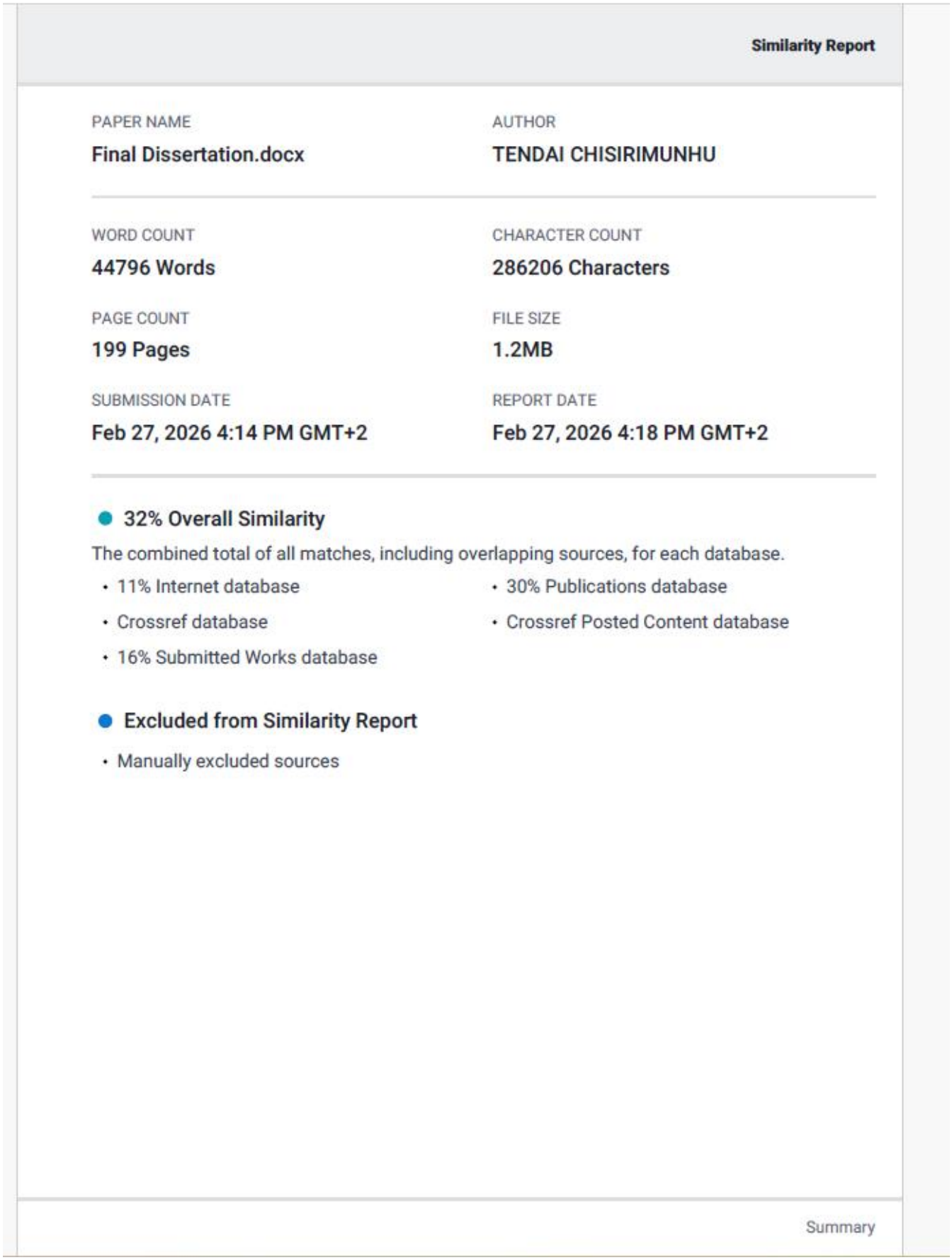
The ***medium risk application*** *was reviewed by* College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
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Appendix F: Turnitin Report



Similarity Report

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Sources overview

Appendix G: Proof of Professional Language Editing



Date: 16 February 2026

Document Author: Tendai Chisirimunhu

Title: **Mediating effect of self-efficacy in the relationship between perceived social support and resilience among Cape Town-based sexually and gender-diverse people**

To whom it may concern,

This letter confirms that Jenean van Muylwijk edited and proofread the aforementioned dissertation. The author was provided with two versions of the document: one with tracked changes and one with finalised changes.

The scope of language editing and proofreading services included spelling, punctuation, grammar, sentence structure and overall style. The quality of the English language in this dissertation is affirmed, provided the editing changes were accepted and further changes made to the paper were also been professionally reviewed and approved.

Sincerely,

