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In Search of "My True Self"

Transmasculine Gender Identity Processes, Stigma, and Mental Health in Peru

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The following is a fictional story comprising interwoven themes that emerged from the narratives of transgender men who shared stories of their lives with us. We mark for the reader that this is meant to be a snapshot combining diverse experiences that frequently overlap, not a summary of a homogenous reality of what it means to be a transgender man in Peru. It is important to note that we have chosen to write this narrative in the third person to respectfully acknowledge the distance between an academic retelling and the unique life experiences that are intertwined here to represent a united narrative.

"I am a man, but being recognized as one takes work every single day," Javier reflected as he recounted his experience being transgender. Javier, assigned female sex at birth, remembers always rejecting items and behaviors that symbolize femininity, such as dolls, dresses, and playing house. For him, his internal sense of self was masculine; however, what the world saw was a girl; a butch woman; and later, at times, a man.

When Javier was around age 10, his rejection of feminine dress and behaviors started to cause problems for him in his home and at school. He was labeled "unruly" and "problematic," and his parents became ashamed to take Javier into public spaces such as church on Sunday mornings or on strolls around the community plaza on weekend evenings. Concerned that he was spending too much time with his older brothers and that Javier could be a corrupting influence on his younger sister, his parents made the decision to send Javier to live with his grandmother, aunt, and two older cousins on the outskirts of Lima (a 2-hour bus ride from his home).

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To rebel against the forced move, Javier described cutting off his hair and wearing the same outfit every day, the one outfit that did not have pink in it: soccer shorts and one of his brother's old shirts. Missing his family and friends was compounded with a sense of difference as a newcomer and the questioning looks he received when introduced into a new community. Throughout adolescence, he struck a balance with his grandmother. At home, he could dress in gender-neutral clothing and keep his hair short, but he was referred to with feminine pronouns and by his legal name, Jazmin. At school, the dress code was not up for debate, and Javier was forced to wear a skirt. However, Javier described that while his aunt and grandmother continued to buy him pink and flower-printed underwear and training bras, they turned a blind eye to the boxers he would steal from his cousins. Unfortunately, this delicate balance was upset during puberty.

As his body started to change and his slim athletic build slowly began to show signs of hips and breasts that could not be hidden under shorts and baggy T-shirts, Javier recounted the growing sense of despair and isolation. Feelings of being caught in between two genders led Javier to pull away from his family and friends and even think about suicide. His daily routine now included wearing two sport bras, wrapping a medical bandage around his chest, and using duct tape to compress his growing breasts. He described that his personality was changing, and he was always irritable because of being physically constricted and battling with his fluctuating hormones.

Adolescence also introduced the complexity of sexuality. Javier described this time as marked by the constant bodily explorations that his friends and classmates engaged in through flirtations and initial heterosexual couplings. For Javier, the tensions between internal sense of self and external expressions were magnified by his fear and desire to explore his own sexuality. Around age 16, he was tired of being the odd one out and of the continual energy that he exerted to be masculine. He stopped cutting his hair, wore the bras bought for him, and started mimicking his friends by engaging in heterosexual flirtations. Javier said that during this stage, he felt like an actor and not himself but continued in the role because of the positive attention he received. At school, bullying slowed and he made more friends, he was receiving attention from boys, and his parents invited him to visit on the weekends to see his siblings.

This stage was short-lived, and he quickly realized the he felt like a stranger in his own body. Through the exploration of his sexuality, he described enjoying erotic encounters but often being more attracted to girls than boys. His denunciation of a feminine gender presentation and return to more masculine expression was rejected by friends and family. This resulted in a magnification of his sense of isolation. To cope, Javier turned to alcohol. Unable to continue to wear a female uniform, Javier dropped out of school. The growing social loneliness pushed Javier to spend the daytime hours asleep and nighttime hours awake, alone in his bedroom.

His cousins started to refer to him as a lesbian. Unsure what that meant, he went online to figure it out. In the privacy of the night, Javier discovered

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the Internet as an oasis of information. He described the sensation of no longer being alone because of a connection with the YouTube, blog, and Facebook communities that he found. In fact, he stated that some of his closest friends are virtual friends who supported him in his exploration of gender identity. Today, at the age of 18, Javier has returned to school and is still living with his grandmother—though she still refers to him with feminine pronouns; his aunt and cousins at times call him Javier and use masculine pronouns. For Javier, online resources and virtual communities enabled him to access needed information and education about gender identity. Although he is more comfortable in his own sense of self, he described that this process is ongoing, and he recognizes that because of the daily challenges he faces, he needs to have a strong support network to help him navigate the daily prejudices in his life.

TRANSMASCULINE HEALTH AND TERMINOLOGY

Globally, transgender health as a field has grown remarkably in the past 5 years (Olson-Kennedy, 2016; Reisner et al., 2016). Yet the majority of available transgender health research tends to focus on assessments of HIV risk, prevention, and treatment among adult male-to-female transgender women populations (Baral et al., 2013; Herbst et al., 2008; Hwahng & Nuttbrock, 2014). Although some epidemiologic studies have included transmasculine communities, they are often conflated with male-to-female transfeminine populations to improve statistical power (Clements-Nolle, Marx, & Katz, 2006; Conron, Scott, Stowell, & Landers, 2012). As a result, the health needs of transmasculine individuals—those assigned a female sex at birth who identify as men, male, transgender men, or another diverse gender different from their assigned birth sex—remain largely unknown.

Evidence from available literature suggests that transmasculine people are at risk for multiple mental health challenges, including depression, anxiety, suicidal ideation, and self-harm (James et al., 2016; Olson, Schrager, Belzer, Simons, & Clark, 2015; Reisner et al., 2015, 2016; Rood, Puckett, Pantalone, & Bradford, 2015). To better understand the pathways that lead to these negative mental health outcomes, stigma needs to be recognized as a powerful social determinant of health and a fundamental cause of health disparities (Hatzenbuehler, Phelan, & Link, 2013). Assessing multilevel stigma and its impact on transgender health is crucial given the systematic discrimination and devaluation as a result of social stigma attached to gender nonconformity (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015; Poteat, German, & Kerrigan, 2013; White Hughto, Reisner, & Pachankis, 2015).

Within the field of transgender health research, it is important to recognize the dominance of scientific knowledge that is being created from the Global North. Notably, the majority of the literature on transgender health originates from the Global North (viz., the United States) and is published in English

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(Reisner et al., 2016). This dominance flags the ways in which sociocultural understandings of gender variance are primarily understood from a Global North framework (Dutta, 2013; Reicherzer, 2008; Stryker, 2008). Although there is recognition that not everyone whose behavior, appearance, or expression is gender fluid and/or nonconforming will identify as transgender, *transgender* is still considered the governing umbrella term used to describe people whose gender expression and/or identity does not align with the socially prescribed gender norms associated with their sex assigned at birth (American Psychological Association, 2015). However, it is important to note that the complexity of how gender is understood is grounded in local cultures. Thus, caution needs to be taken when categorizing which bodies and identities are legible within the transgender category across cultures and to recognize the specificity of gender norms across social contexts.

As the field recognizes that current omission of data on transmasculine health needs, more studies have begun to emerge (Peitzmeier, Reisner, Harigopal, & Potter, 2014; Rachlin, Green, & Lombardi, 2008; Reisner, Gamarel, Dunham, Hopwood, & Hwahng, 2013). However, this research includes primarily samples from the Global North. To the best of our knowledge, no publications have reported on the health needs of transgender men in Peru. To address these limitations, this chapter aims to gain a more in-depth understanding of culturally situated meanings and understandings of Peruvian transmasculine identity.

INTERSECTIONAL UNDERSTANDINGS OF GENDER IDENTITY

We use theories of structural gender identity formation and intersectionality as guiding frameworks. To underscore the knitted relationship between power and gender, we are guided by R. W. Connell's (1987, 2010) interactional conceptualization of gender as shaped by and shaping society. Connell's formulation of gender—in particular, gender regimes—is useful here, as it allows for an analysis of gender as a dynamic process enacted within and through institutions rather than solely on gender roles or status.

Another grounding theory to the present analysis is intersectionality. Kimberlé Crenshaw (1991), building on collective theorizations by Black cisgender women feminists, introduced the theory of intersectionality to reframe and complicate the discussion of marginalization beyond a single axis concept. Crenshaw argued for multiple marginalizations by highlighting cases of overlapping systems of oppression in the realities experienced by women of color. Counter to unitary approaches, such as identity politics that posit one master category, intersectionality theory brings to light the various axes that depend on a person's age, race, gender identity, sexual orientation, economic status, ability, and education and that intersect to constitute vulnerability and inequality. Crenshaw's work has been extremely influential across academic fields, including transgender studies (de Vries, 2012; Dutta, 2012; Irving, 2013),

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marking the need to understand the lived realities of transgender people as a dynamic, interactional phenomenon.

In Peru, the importance of intersectional identity statuses (e.g., religious affiliation, positionality on a gender spectrum, age, race) among transgender women in understanding how they access social services has been documented (Perez-Brumer et al., 2017; Reisner et al., 2017; Salazar, 2015). Yet, further theoretical depth is necessary to highlight how Peruvian institutions and social spaces are key sites of power within which understandings of gender are shaped and to analyze how cultural norms and expectations regarding femininity and masculinity are enforced and disrupted among the lives of transmasculine people. As with the dominance of the Global North in the understandings of terminology and of which bodies and identities are counted within transgender health as a field, it is important to recognize the primary use of these theories in English-speaking Global North settings. As such, these theories are employed as a framework, not a rubric to guide our analyses to look at individual-, community-, and structural-level processes that influence the lives of transmasculine people in Peru.

METHOD AND CONTEXT

Between August 2016 and January 2017, we conducted a mixed methods study exploring holistic health care needs of transmasculine individuals in Lima, Peru. A sample of 36 transmasculine adults participated in four qualitative focus group discussions; subsequently, 10 in-depth interviews were conducted to further explore themes elicited from focus groups. Institutional Review Boards at the Universidad Peruana Cayetano Heredia in Lima, Peru, and The Fenway Institute in Boston, Massachusetts, approved study procedures. Participants received PEN 30 (approximately USD$10) as financial compensation for their time.

All research methods were conducted in Spanish by native Spanish speakers, and qualitative data from audio files were transcribed verbatim. Analysis involved both inductive and deductive approaches to identify salient themes across in-depth interviews and focus groups and was guided by the immersion–crystallization approach (Borkan, 1999). To organize our findings, we applied conceptual frameworks of structural gender identity formation and intersectionality to identify consistencies and discordances between selected themes.

This study was conducted in Lima, the capital of Peru and the second largest city in South America (after São Paolo), with close to 10 million inhabitants (Instituto Nacional de Estadística e Informática, 2017). Most adults in Lima receive at least a secondary education; nonetheless, the quality of education varies greatly depending on the districts in which the person resides (Brent Hall & Peters, 2003). Research within Peruvian schools has highlighted the ways in which gender and sexuality are approached and taught based on

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normative perspectives (Motta, Keogh, Prada, Núnez-Curto, & Konda, 2017). The majority of Peruvians are adherent to Christian religions (81% Roman Catholic, 15% Evangelical), which is reflected in social tensions, conservative policy agendas, and educational policies that marginalize lesbian, gay, bisexual, and transgender persons (Cáceres, Cueto, & Palomino, 2008). Specifically, although the 2016 Peruvian Department of Education curriculum included education about gender such as "construct your identity," "gender identity," and even "what is masculine or feminine is constructed day by day," extreme lobbying by the Catholic Church and affiliated organizations put pressure to excluded these changes on the grounds of "gender ideology" and reimplement the 2009 version of the curriculum (Motta et al., 2017).

Within the health sector, the high concentration of HIV infection among transgender women has been documented (Silva-Santisteban et al., 2012). Differential access to social services has also been associated with health disparities among transgender women through exposure to high levels of stigma, discrimination, poor specialized knowledge among medical providers, and structural barriers stemming from enforced binary gender identity (e.g., legal documentation, sex-segregated hospital wards, gender-based school uniforms; Perez-Brumer et al., 2017; Reisner et al., 2017; Salazar, 2015).

RESULTS

Results are presented in three thematic groupings across social contexts and their intersections with mental health: (a) formation of gender identity, (b) challenges negotiating gender in daily life and public spaces, and (c) engaging in self-love and resiliency practices. Next we discuss each of these themes in greater detail and explore how transmasculine narratives elicited distinct understandings of mental health at the intersection of social space, cultural norms, and beliefs related to gender identity.

Formation of Gender Identity

Narratives highlighted that early in childhood (preadolescence), most participants started to question—and, in some cases, reject—their feminine gender identity. Participants recounted common questions of "Who am I?" and "What am I?" when searching for "[their] true self" (Interview 6) and a general sentiment of discomfort with games and dress that reified normative gender expression and performance. As described, "I felt like Pinocchio, I could never truly be myself, I felt as though I was always going to stay this way [in between two genders]" (Interview 1).

School emerged as an important social space for identity development, where participants described frictions between who they were and who they were expected to be, discrimination and bullying victimization based on masculine gender identity, and other forms of gender policing. For example, one participant described the following:

> I knew I was different in elementary school. I must have been around six years old and I felt like I wasn't a girl but I also wasn't a boy. I just didn't know. . . . I wanted to be like the boys, play soccer and to be part of their games, but the teachers they would always push me towards the girls. (Interview 4)

Notably, this quote shows the ways in which gender identity formation occurs within social structures (e.g., schools) and is policed by people in power within those institutions (e.g., teachers and adults in schools). Other narratives highlighted how play as a form of socialization teaches children the "ways" that girls play (e.g., swings, talking, dolls) and the "ways" that boys play (e.g., football, tag). Policies, such as sex-segregated dress code, enforced within schools further support socially constructed understandings of normative gender. As described,

> I would hate to leave my house to go to school with my skirt on. I remember purposefully staining and ruining my school uniform skirts so that I could wear my sweatpants. I always felt more comfortable in sweatpants and an oversized shirt. (Interview 1)

Long hair and uniforms were described as constant reminders of being forced to be feminine and of the discomfort when one's internal sense of self did not match a gender identity ascribed on the basis of natal sex. However, as just stated, participants shared examples of bounded agency and resistance to push back against gender norms. Regarding hair, one participant shared the following strategy:

> I remember that my family wanted me to have long hair and wouldn't let me cut it short. I didn't want this, so I told a friend who I knew had lice to infect me so that they would cut my hair off. (Focus Group 4)

Gender nonconformity within school was described as generally not accepted among peers and school faculty, resulting in discrimination and bullying victimization for people who did not fit or chose to push against binary understandings of gender. Terms such as *bicho raro* (literal translated as "strange animal," but in slang it has pejorative connotations and is more colloquially understood as "weirdo"; Focus Group 4) and *la rara* (translated as "the strange one"; Interview 8) were frequently used by participants to highlight labels placed on them as part of gender-identity-based discrimination. Beyond labels, one participant described experiences with bullying: "They [peers] would take photos of me on their cell phones while I was in the bathroom. They would mock me and talk about me as though I wasn't there. I was isolated, never included in group activities" (Interview 10). Another participant explained that the concept of transgender identity is not well understood, and thus most discrimination was due to being perceived as a lesbian. For example, "I suffered from discrimination in school mainly because people thought I was a lesbian since I was always in sweatpants and liked to play football. Even teachers would discriminate against me" (Focus Group 2).

Many of our participants either attended a religious school or were raised in religious families. Religion was described as heightening the level

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of rejection by family, peers, and oneself due to teachings on the sin of homosexuality:

> I went to an evangelical school and in those years, I didn't know what I was [regarding gender identity] but I knew I was different. . . . We were taught that homosexuality was a sin and that homosexuals would go to hell, and at that age I believed it. Psychologically, I couldn't accept myself because I thought I would go to hell. . . . I tried to remind myself that I wanted God to love me and forced myself to dress like a woman and to try and forget how I felt. (Interview 1)

Assessments of mental health were retrospective, and most participants recounted that in those moments, particularly during school, stressors primarily manifested into feelings of isolation and confusion. Continual harassment and routinized practices to enforce normative understandings of gender (e.g., uniforms, child play) were described as cumulative stressors. Exposure to these stressors were described as negatively impacting mental health and well-being, resulting in outcomes including depression, anxiety, self-harm, and in some cases suicidal ideation and even suicide attempts. For example, one participant shared this experience: "In my head I thought that I would kill myself. My grandfather was a cop and had a gun in the house. One day I grabbed it, looked at it, and felt no, no I can't do this" (Interview 7). Another participant stated, "I was isolated and ridiculed. . . . I only went between school and my room. I was super depressed and trying to kill myself two times" (Interview 1).

Challenges Negotiating Gender in Daily Life and Public Spaces

The second emergent theme highlights how standards of gender are maintained, managed, and deciphered in everyday practices. Intersections of gender identity formation processes and multilevel stigma show the continual work and energy required to be recognized as masculine in Peruvian society. Intrapersonally, participants described exhaustion in constantly asserting their gender identity to the outside world, often not having it reflected back to them, which resulted in self-blame or internalized stigma. Interpersonal barriers in relationships, particularly with family, were challenging, as names and pronouns were constant sites of gender negotiation. Structural barriers, namely, legal forms of identification, were described as delegitimizing and violently invalidating one's felt gender identity because of the contradiction presented between presentation of self as masculine and legal documentation. This theme emerged across multiple domains including school, work, public life, and health.

Although initial questioning of nonbinary gender identity was described across narratives as a slow process, starting in early childhood and continuing through formative years of adolescence, the act of "coming out" was recounted as abrupt and a turning point for one's felt and expressed gender identity. For most, the first time they disclosed their transmasculine gender identity

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was to their family members—in particular, their mothers. One participant recounted, "I felt that I just couldn't do it anymore and I told my mother everything" (Focus Group 1). Familial acceptance was mixed among participants. Whereas some maintained relationships with their family, others were no longer able to continue a relationship postdisclosure of a transmasculine identity. However, across all narratives the way in which participants expressed their gender identity within familial spaces was described as a delicate balance: "They [family members] know and accept it but still call me by female pronouns" (Interview 6).

Gender affirmation as described by participants primarily included behavioral practices for social gender affirmation such as binding (using constrictive materials to flatten the breast tissue and create a male-appearing chest) and packing (using a nonflesh penis to give the appearance of having a male bulge in one's pants). Although most participants were interested in accessing masculinizing hormone therapy (testosterone), only about 30% reported currently using hormones. Furthermore, only one participant reported being able to obtain "top" surgery (a mastectomy for male chest contouring). Gender-affirming procedures were described as important for the individual, as well, as increasing ease of navigating social spaces:

> If you physically look like a man, people will think you are a man, and they will treat [you] as such. The problem if you still have feminine characteristics people will see you and think "here something is weird." For example, I always have issues entering a bathroom. Honestly, I am scared to enter a public bathroom. Because in the women's bathroom I am not enough of a woman to enter and for the men's bathroom I am not masculine enough. (Focus Group 4)

This quote also highlights embedded natal sex-segregated structures (e.g., bathrooms) within society that function to police normative gender practices. As described, this is particularly problematic for transgender, gender-nonconforming, and other people whose gender expression does not conform with their sex assigned at birth.

Another structural barrier cited across narratives was difficulty with natal sex gender markers on legal forms of identification. Specifically, although changing gender markers on *Document Nacional de Identidad* (DNI)—the national identity document required of all adult Peruvian citizens—is possible, none of the participants interviewed reported being able to successfully do so or have knowledge of other individuals who had successes. Instead, the DNI was described as the main barrier for accessing employment, health services, and other resources (e.g., banking). For example, "I have never liked going to the hospital or a doctor because of my DNI . . . the contradiction between my name and my appearance" (Focus Group 1). Within the employment domain, participants described that they were offered jobs until they presented their identity documents, and then employment offers were withdrawn. To explain the crucial role that legal documents play in everyday life, one participant stated the following:

> My physical appearance is an important factor. I undergo hormone therapy but if I want to change my name and gender on my DNI what can I do? I can't,

> at least in this country I can't. So physically I will be a man, with a deep voice, beard, but my DNI? Whenever I show my DNI they will look at me and say "no this isn't you." (Focus Group 4)

The structural barrier of not being able to change one's name and gender marker on the DNI in Peru was described as a source of chronic stress and strain. Constantly negotiating a masculine presentation not supported by a legal identity document meant that gender, specifically nonconformity to societal gender standards, was at the forefront of everyday living.

Engaging in Self-Love and Resiliency Practices

The third emergent theme showcases the enacted practices that participants engaged in to promote self-love and seek support. Recognition of and identification with a transmasculine identity was described as a key step to self-acceptance and, for some, happiness. One participant shared, "When I began my transition socially I began to feel better. This was my true self and through acceptance and expression I felt better" (Focus Group 1). Another stated,

> One needs to be true to themselves, it shouldn't matter what people think. . . . One needs to be strong, move forward, and always look ahead. I won't bow my head anymore; I won't feel shame for who I am because I am a human. (Focus Group 2)

Furthermore, self-acceptance of a transmasculine identity was often described as increasing self-confidence.

Participants reported that virtual networks facilitated through online social media platforms (e.g., Facebook, YouTube, Instagram) were an important source of educational resources and support from peers. Of interest, one participant describes the importance of being able to create three Facebook profiles while investigating and learning about their felt sense of gender identity: "Yes, I had about three Facebook accounts, one for my family, another for my friends, and a third for my friends who knew [about my transmasculine gender identity]. . . . [Facebook] was the only place I felt free expressing myself" (Interview 4). This quote highlights the multiple intersecting identities (child, friend, transgender, etc.) that jointly reflect this person's identity status.

The importance of WhatsApp to create a virtual support network and community was also described:

> On Tumblr I saw an advertisement about an LGBT group and to leave your WhatsApp information to join. So, I left my information and they added me right away. It's been about two or three years since I began to speak with them. I began to speak to everyone, they were from Chile and other places, not one person from Peru, I was the only one. So I began to talk to them about everything and we became super friends. There was even a girl in the group that I began to like, she was from Panama. (Interview 1)

Online spaces were voiced as a respite from daily oppression, social marginalization, and exclusion experienced. In addition, they are resources that can be accessed any time of day and in the privacy of one's room, which participants

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explained as key attributes as to why a virtual platform became a key foundation of information and support. Interfacing with other transmasculine people and finding supportive people and communities were also described as lessening feelings of isolation and alienation and increasing a feeling of belongingness.

CONCLUSION

Our findings highlight the extent to which intersectional stigma management processes dominate Peruvian transmasculine people's lives and directly influence mental health and well-being, both negatively and positively. Although meanings and expressions of gender identity are profoundly personal, emergent themes across these narratives showcase the ways wherein personal self-understanding intersects and implicates intrapersonal, community, and structural domains. These qualitative data provide key insights concerning how cultural dynamics and active policing of gender identity and gender norms oppress, marginalize, and stigmatize gender fluid individuals. While not taking away or distracting from the barriers and challenges faced by the transmasculine people we interviewed, our results also underscore the collective strategies evoked to disrupt the gender binary; build community; and, very important, prompt self-love. Given the dearth of literature on transmasculine identity and health care needs in Latin America, and no current evidence from Peru, this chapter provides preliminary information to raise awareness on the health needs of transgender men in Peru and to advocate for the incorporation of culturally appropriate mental health strategies within existing Peruvian health care systems.

Paralleling existing global literature, analysis emphasizes the role of multilevel stigma in negatively influencing transmasculine health (Reisner, Gamarel, et al., 2013; Reisner, Poteat, et al., 2016; Schilt & Westbrook, 2009; White Hughto et al., 2015). *Stigma* refers to a socially devalued identity (e.g., transmasculinity) or an unwanted characteristic (e.g., gender nonconformity) ascribed to a particular group (Goffman, 1963). As described, visible stigmas (e.g., those that are legible and readily read by others, passing) shaped personal safety in public spaces, including in schools and health care settings, and discrimination experienced. Visible stigmas were voiced as marking a social devalued identity or characteristic that was constantly present. Furthermore, participants recounted how being in-between gender categories or presenting social markers (e.g., identity documents) that disclose gender fluidity was frequently met with an onslaught of discrimination and stigma because of making gender transgressions societally visible.

Although more research is needed, these findings have implications for clinical practice. Namely, being visibly legible as transmasculine necessitates deploying strategies for stigma management that are intersectional and occur across multiple domains (e.g., home, school, work). Strategies are learned and

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can include self-monitoring (adjusting self-presentation to match the expectations of others) and presenting different gender expressions and performances based on social context. Such impression management approaches to navigating stigma can be detrimental to mental health and well-being, particularly when personal control over whether and how identity is visible is constrained by economic resources. Internalized stigma, whereby stigmatized communities cognitively or emotionally internalize or absorb negative attitudes or stereotypes from others, appears particularly salient for transmasculine people in Peru. Literature from the United States has found that internalized stigma among transgender individuals is associated with increased probability of lifetime suicide attempts, reduced help-seeking behaviors for mental health problems, and may negatively impact one's ability to cope with external stressors (Hendricks & Testa, 2012; Mizock & Mueser, 2014; Perez-Brumer et al., 2015). Our results support the need to provide accessible transgender-specific mental health services, including awareness as to the heterogeneous needs within transgender communities (e.g., for transmasculine *and* transfeminine individuals), to mitigate the impact of continued stigma management processes.

These results are a first step to understanding health needs and gender identity formation processes among Peruvian transmasculine communities and are limited because of the small sample size and scoping focus of this research. Other co-occurring psychosocial risk factors (e.g., anxiety, suicidality, posttraumatic stress) were not directly asked during qualitative interviews. Evaluating risk factors specific to mental health outcomes is a needed next step for this line of research. In addition, our sample represents people from the middle socioeconomic stratum in Peruvian society, and emergent themes are therefore not generalizable.

Despite these limitations, our data underscore the importance of assessing culturally situated meanings of gender identity and understanding stigma management processes among Peruvian transmasculine people. Intersections of gender identity formation processes and multilevel stigma suggest that depression, isolation, and experiences of discrimination could represent critical targets for intervention in clinical practice and care. To fully support individual-level mental health care and enhance the well-being of Peruvian transmasculine communities, results highlight the urgent need for structural interventions including, but not limited to, capacity building of educators and health care providers on transgender identity, legal systems that allow for natal sex and/or gender markers on governmental documents to reflect an individual's gender identity, and recognition that transmasculine people exist and deserve to not just survive but thrive.

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