The Associations of Gender With Social Participation of Burn Survivors: A Life Impact Burn Recovery Evaluation Profile Study

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Burn injury can be debilitating and affect survivors' quality of life in a profound fashion. Burn injury may also lead to serious psychosocial challenges that have not been adequately studied and addressed. Specifically, there has been limited research into the associations of burn injury on community reintegration based on gender. This work analyzed data from 601 burn survivors who completed field testing of a new measure of social participation for burn survivors, the Life Impact Burn Recovery Evaluation (LIBRE) Profile. Differences in item responses between men and women were examined. Scores on the six LIBRE Profile scales were then compared between men and women using analysis of variance and adjusted linear multivariate regression modeling. Overall, men scored significantly better than women on four of the six LIBRE Profile scales: Sexual Relationships, Social Interactions, Work & Employment, and Romantic Relationships. Differences were not substantially reduced after adjustment for demographic characteristics and burn size. Men scored better than women in most of the areas measured by the LIBRE Profile. These gender differences are potentially important for managing burn patients during the post-injury recovery period. (J Burn Care Res 2018;39:915–922)

Advances in burn care have led to increased survival following burns and an increased number of burn survivors.¹ The need to better understand the health issues of this population has opened an important avenue in burn research directed at assessing and optimizing the long-term outcomes of burn survivors. The development of interventions that improve burn survivors' quality of life must account for important contextual and personal factors including gender in order to be most effective. An improved understanding of the links between gender and psychosocial outcomes is important to consider when designing a personalized approach to optimizing burn recovery.

The founder of the Phoenix Society for Burn Survivors (Alan Breslau) was one of the first to note a difference in the psychosocial outcomes of women following burns. Breslau wrote in a support group newsletter in 1989 that more study is needed as to why many young women with small burns, particularly on their legs, suffered considerable psychosocial distress dealing with their burn scars.² Altered appearances due to a burn can cause stress for the burn survivor, and studies have since shown that female burn survivors report greater

body image dissatisfaction than male burn survivors.^{3,4} Gender differences in the impact of these alterations in appearance in social situations have also been reported.^{5,6} Return to work is a key social outcome following burns. Information is available on the rates of return to work and their determinants, showing that male burn survivors return to work more often than female burn survivors.^{7–9} In addition to work, sexual relationships are another important aspect of social participation important to happiness and quality of life.^{10,11} Studies found that women with burn injuries are less sexually satisfied than male burn survivors, perhaps owing in part to concerns about physical function and body image.^{12,13} Despite these informative studies, there are no reports on the associations of

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gender on recovery from burns measured using a comprehensive assessment of social participation.

Accurate measurement of complex social participation outcomes is essential to better understand the influence of gender on outcomes. The Life Impact Burn Recovery Evaluation (LIBRE) Profile is a measure created to assess the social impact of a burn injury. The measure evaluates six specific areas of community participation: Relationships with Friends & Family, Social Interactions, Social Activities, Work & Employment, Romantic Relationships, and Sexual Relationships (Table 1). The World Health Organization's International Classification of Functioning, Disability and Health (ICF) formed the basis of the conceptual framework used for developing the LIBRE Profile.^{14–16} The LIBRE Profile focuses on the ICF's construct of "Participation," which refers to a person's engagement in a life situation.¹⁷ As outlined in the ICF, participation is affected by bodily functions and structures, as well as the person's health condition. For burn survivors, this means that an individual's burn injury and the pain and discomfort it causes are understood to affect the ability to participate in certain areas of life.¹⁴ In addition, personal factors such as gender, as well as environmental factors, may modify these associations. A large population of burn survivors in the United States and Canada was involved in the development of the LIBRE Profile. The dataset from the field testing of this instrument is a fertile resource to describe social participation following burns and to examine the impact of gender differences on these outcomes.^{15,16,18,19}

In the present study, we examine the differences in responses between men and women participants of the LIBRE Profile field-test in order to better understand gender-related differences in long-term social participation outcomes following burn injury. In light of the patterns discussed above, we hypothesized that women who responded to the LIBRE Profile would have lower scores in the six scales compared to men. In addition, we hypothesized that the associations under study would differ based on the presence or absence of face and hand burns stratified by gender.

METHODS

A sample of 601 adult burn survivors responded to 192 items about social participation during the field testing phase of the LIBRE Project. Burn survivors were recruited between October 2014 and December 2015 through peer support groups, social media, burn clinics, and the Phoenix Society for Burn Survivors. Survivors, aged 18 years and older with injuries $\geq 5\%$ TBSA burned or with burns to critical areas (hands, feet, face, or genitals), were eligible to participate. The present study describes a secondary analysis of the cross-sectional survey.

Participants responded to the 192 items on social participation via a telephone interview or a self-administered online survey. Responses to all items were recorded on a Likert scale of 1–5, with 5 representing the most positive response. These data points were used to develop the final measure, called the LIBRE Profile, as described previously.¹⁶ The LIBRE Profile measures six areas of social participation: Relationships with Family & Friends, Social Interactions, Social Activities,

Work & Employment, Romantic Relationships, and Sexual Relationships. The latter three scales were introduced with a screening question, and only those subjects who responded "yes" to "Are you currently working for pay?" answered the Work & Employment Scale items. Similarly, only those who responded "yes" to "Are you currently in a romantic relationship?" or "Are you currently in a sexual relationship" received the items for the Romantic Relationships and Sexual Relationships scales. There are between 15 and 28 individual items in each of the scales. Higher scores indicate better social participation. Participants who take the LIBRE Profile will receive a score for each completed scale, which has been standardized to a mean of 50 and *SD* of 10, based upon the mean of the overall LIBRE sample. For the present analysis, we examined both the six scale scores as well as responses to individual items.

The LIBRE Profile was created using a multi-faceted approach based on a strong conceptual framework centering on the WHO ICF and incorporating a structured literature review, focus groups, cognitive testing, and a large sampling frame of over 600 burn survivors with a calibration study using item response theory with a graded response model and giving six principal domains on which the metrics are based. The six domains demonstrated construct validity and are previously reported.^{15,16} Other analyses based on the LIBRE Profile data have found associations between work-related burn injuries and lower scores on the Work & Employment scale¹⁸ and between participation in peer support programs and higher scores in social participation,¹⁹ thus lending support to the construct validity of the instrument. For more information on the LIBRE Profile calibration process and the LIBRE Profile scoring, see Kazis et al.¹⁶ Effect size was determined using the method of Cohen, where an absolute *B* value of 0 to 0.20 is considered no important effect, ≥ 0.20 to < 0.40 is a small to moderate effect, ≥ 0.40 to < 0.60 is in the moderate effect range, and ≥ 0.60 to < 0.80 is in the range of a moderate to large effect.^{20,21}

Demographic and clinical characteristics were compared between men and women in the study using chi-square tests. Mean scores of the six LIBRE Profile scales and of the individual item responses were then compared between men and women using analysis of variance. Linear multiple regression models were constructed to evaluate associations between gender and scale scores with adjustments for potential confounding variables including age, education level, marital status, and burn size. As we hypothesized that the associations under study might also be related to burn location, we ran stratified regression models based on hand burns and face burns.

RESULTS

Data on gender were missing for one participant from the sample of 601 burn survivors, leaving an analytic sample of 329 women and 271 men (Table 2). Men in the sample were on average slightly older than women, were more frequently married, and tended to have lower educational levels. Men were also slightly more likely than women to have burns to critical areas such as hands, face, and genitalia. Women were

Table 1. Description of item content in LIBRE Profile scales

LIBRE Scale	Description
Relationships with Family & Friends	Items ask about the level of closeness with friends and family members, the quality of those relationships, if the survivor feels supported, and if the survivor feels he/she can be helpful and social with others.
Social Interactions	Items ask about how the look of the burn affects the survivor's participation in social events, such as parties and sports. Other items ask more generally if the burn affects the survivor's decision to be in public, for reasons such as being uncomfortable, wanting to avoid talking about the burn, or wanting to avoid attracting attention.
Social Activities	Items ask about the burn survivor's ability to participate in leisure and social activities, such as community events, as well as going outside and being active. Items also ask about the impact of the burn on the survivor's ability to do things for others, and if the burn diverts time and attention away from activities.
Work & Employment	Items ask about relationships with peers, satisfaction with the survivor's ability to do the job, for both physical and emotional reasons, and absences due to the burn injury.
Romantic Relationships	Items ask about the communication between the burn survivor and his/her partner, the comfort level between the two, and the ability to have fun with each other.
Sexual Relationships	Items ask about sexual functioning, including the physical aspects of sex, as well as the impact of sex on the relationship between the burn survivor and his/her partner.

less likely to report being sexually active, with 40% of the female respondents reporting that they were not in a sexual relationship compared to 29% of the males (Table 2).

Overall, 47% of participants were more than 10 years out since the burn injury, 28% were 3 to 10 years since the injury, and 26% had been injured less than 3 years before completed the study questionnaire; 9.1% of participants were less than 1 year out from the burn injury, 5.7% were less than 6 months out, and 3.4% were less than 3 months from burn injury. Twenty-eight percent of participants overall (33% of women and 21% of men) had been under age 18 at the time of injury.

Men had higher mean scale scores than women for all six LIBRE Profile scales (Supplementary Appendix Table S1). The differences between mean scores for men and women were statistically significant for four scales (Social Interactions, Work & Employment, Romantic Relationships, and Sexual Relationships). The largest differences in mean scores by gender were found on the Sexual Relationships and Social Interactions scales (difference of 4.8 and 4.7 points, respectively, while the difference in scores for Social Activities was 1.2 points and was not statistically significant). Statistically significant differences in scale scores between men and women were not attenuated in an important way in adjusted regression analyses (Table 3, Figure 1A). Using the adjusted analysis, the significant differences in the Sexual Relationships scale and the Social Interactions scales are considered to be of moderate to large effect size, while the differences in the Romantic Relationship scale was small to moderate, and differences in the Work and Employment scale were small.^{20,21} The differences observed in scale scores between men and women in adjusted regression analyses were predominantly accounted for by participants with face burns (Figure 1B). However, the adjusted difference in scores on the Sexual Relationships scale was more than twice as large (moderate to large effect size) among participants *without* face burns compared to differences in scores between genders in Sexual Relationships with face burns (small to moderate effect size) (Table 3, Figure 1B and C). Results from regression analyses did not differ substantially based on the presence or absence of hand burns (Supplementary Appendix Table S2).

Analysis at the item level paralleled results found in analyses done on the six LIBRE Profile scales. Table 4 presents items with a mean item level difference by gender of ≥ 0.40 . This cutoff was chosen arbitrarily to give an overview of the items with the largest differences by gender. There was a mean item score difference by gender of ≥ 0.40 for 24 of the items, of which women scored lower on 23 items. Ten items were from the Social Interactions scale, four items from the Sexual Relationships scale, and one item from the Work & Employment scale. The remainder of the items that had a mean item level difference by gender of ≥ 0.40 are not in the LIBRE Profile, but are part of the original item bank from which the LIBRE Profile was calibrated. They are retained for this paper because they contribute to better clinical understanding of this research question with some greater granularity at the item level. The biggest identified gender-based differences were found for two items from the Social Interactions scale ("I dress to avoid stares" at a mean item score difference of 1.04, and "I avoid doing things that might call attention to my burns" at a mean item score difference of 0.72) and one item from the Sexual Relationships scale ("I have difficulty having an orgasm" at a mean item score difference of 0.72). In each of these cases, the men scored higher than the women. Women scored higher than men on one item from the Sexual Relationships scale ("My partner does not want sex when I do"), with a mean item score difference of 0.67).

DISCUSSION

Burn injury can be a profoundly devastating experience, especially with regard to the psychosocial challenges that can occur.²² The results of this study suggest that men and women experience differences in social participation following burn injury with varying levels of severity across four of the six LIBRE Profile scales and a number of the specific items measured. In this study, female burn survivors generally scored lower than the male burn survivors. The female burn survivors were less likely to report being in sexual relationships than male burn survivors; however, in this sample, there were no differences between men and women in burn survivors

Table 2. Patient demographics for burn survivors completing the LIBRE survey

	Women	Men
	N	N
All participants	329	271
Age at time of survey*		
Mean	43.1 years	46.3 years
≤30 years	27.4%	24.7%
31–50 years	38.0%	29.9%
51–65 years	28.3%	32.5%
>65 years	6.4%	12.5%
Race/ethnicity		
White non-Hispanic	75.7%	79.7%
Black or African-American	11.6%	6.6%
Hispanic/Latino	6.4%	7.4%
Other	5.8%	5.2%
Married*	40%	52%
Time since burn		
Mean	16.2	14.3
≤3 years	24.3%	28.0%
3–10 years	27.7%	27.7%
>10 years	48.0%	44.3%
Age at burn		
Mean	27.1	32.2
≤30	27.4%	24.8%
31–50	38.0%	30.0%
51–65	28.3%	32.6%
>65	6.4%	12.6%
Burn size, TBSA		
Mean	38.6	42.7%
0–20	27.7%	19.2%
21–40	29.8%	32.1%
41–60	18.8%	19.6%
61–80	13.1%	15.5%
81–100	4.6%	6.6%
Missing	6.1%	7.0%
Burn location		
Face	53.5%	59.4%
Hand	55.6%	61.3%
Genitalia	6.4%	5.2%
Currently working for pay		
Yes	54.4%	52.4%
No	45.6%	47.6%
In a romantic relationship		
Yes	62.6%	66.8%
No	37.4%	33.2%
Sexually active*		
Yes	59.9%	70.9%
No	40.1%	29.2%

*Statistically significant differences by gender ($P < .05$).

who were working for pay or who were in a romantic relationship. Female burn survivors reported significantly lower scores than male burn survivors in the Social Interactions,

Work & Employment, Romantic Relationships, and Sexual Relationships scales.

Women reported significantly lower scores in the areas of Social Interactions and Work & Employment, both of which could be affected by perceptions of appearance. Women may be more subject to being judged on the basis of their appearance than men; in studies of appearance, both men and women placed considerably more importance on female attractiveness than on male attractiveness.^{23,24} In addition, attractiveness carries symbolic meaning in our society, as attractive individuals are often perceived as holding positive qualities, and are more likely to receive more favorable judgments, have more job opportunities and higher salaries. Because physical appearance plays an important role in determining the social and economic status of women in particular, this may provide at least a partial explanation for why many women are more highly concerned about their appearance.²⁵ In addition, this study sheds light on how an alteration in appearance may play an important role in influencing women's perceptions of their social interactions as well as their performance and interactions in the workplace.²⁵

Self-esteem differs based on gender and these differences may help explain why women reported lower scores in the Social Interactions scale than men.^{3,5,6,26,27} A significant difference between men and women was not found in Social Activities and Relationships with Family & Friends. Social Activities measures the burn survivors' perceptions of their ability to accomplish activities and their ability to participate with others in these activities. Unlike some items in the Social Interactions scale, the Social Activities questions are not focused on limitations because of appearance. This may explain why men and women reported more similar experiences in the Social Activities scale than in the Social Interactions scale. It should be noted that different individuals taking the survey, depending on their age and family structure, might interpret Relationships with Family & Friends items differently. While the gender differences were not statistically significant for this, the directions descriptively suggested some difference. Future work with larger sample sizes are warranted to explore this relationship. Some respondents may have thought primarily of their spouse and/or children as their family, whereas others may focus on siblings and/or parents. We cannot estimate how these differences may have affected the outcomes reported for this scale.

Fewer women than men reported being in a sexual relationship, and the group of women that reported being in a sexual relationship scored significantly lower on the Sexual Relationships scale than the men. A recent review of sexual function following burn injury details some of the themes in the literature associated with poor sexual function following burn injury.^{27,28} Issues with impaired ability to achieve orgasm can be associated with post-traumatic stress disorder, other psychological conditions, or even medications related to the treatment of these conditions. These conditions may be associated with hormone disruption or a hyperarousal state, interfering with the normal arousal phase and the androgenic-mediated emission phase of orgasm.²⁹ There are sensory problems that can occur when the burn involves the genitalia or when the survivor experienced an electrical injury. Most notable for the current study is the decrease in sexual

Table 3. Linear regressions, female gender, and scale scores, overall and stratified by face burns

Scale	Crude Results			Adjusted Results		
	<i>B</i> *	95% CI	<i>P</i> Value	<i>B</i> *	95% CI	<i>P</i> Value
All participants (<i>N</i> = 600)						
Sexual Relationships	-4.55	-6.73, -2.37	<.01	-5.18	-7.38, -2.98	<.01
Family & Friends	-1.52	-3.25, 0.21	.09	-1.20	-2.92, 0.51	.17
Social Interactions	-4.51	-6.11, -2.90	<.01	-4.31	-5.92, -2.70	<.01
Social Activities	-1.07	-2.79, 0.66	.23	-1.45	-3.17, 0.27	.10
Work & Employment	-2.51	-4.65, -0.36	.02	-2.57	-4.74, -0.41	.02
Romantic Relationships	-2.18	-4.13, -0.23	.03	-1.95	-3.91, 0.01	.05
Face burn (<i>N</i> = 337)						
Sexual Relationships	-3.26	-6.05, -0.47	.02	-3.37	-6.17, -0.56	.02
Family & Friends	-2.02	-4.30, 0.26	.08	-1.72	-3.93, 0.49	.13
Social Interactions	-4.50	-6.85, -2.15	<.01	-4.18	-6.47, -1.89	<.01
Social Activities	-2.30	-4.68, 0.09	.06	-2.54	-4.83, -0.24	.03
Work & Employment	-4.96	-7.93, -1.99	<.01	-4.73	-7.73, -1.74	<.01
Romantic Relationships	-3.02	-5.68, -0.36	.03	-2.60	-5.24, 0.05	.05
No face burn (<i>N</i> = 263)						
Sexual Relationships	-5.78	-9.26, -2.30	<.01	-7.69	-11.18, -4.19	<.01
Family & Friends	-0.70	-3.36, 1.97	.61	-0.67	-3.39, 2.05	.63
Social Interactions	-4.49	-6.62, -2.35	<.01	-4.69	-6.91, -2.47	<.01
Social Activities	0.50	-2.01, 3.01	.69	0.04	-2.57, 2.64	.98
Work & Employment	0.42	-2.65, 3.49	.79	0.15	-3.00, 3.29	.93
Romantic Relationships	-1.06	-3.94, 1.83	.47	-1.21	-4.19, 1.77	.42

Coefficients represent the difference in scale scores for females compared to males. Adjusted models include age, education level, marital status, and TBSA.

*A negative value indicates that the women scored lower than the men.

function associated with low self-esteem and dissatisfaction with appearance, both of which are more apparent in women than men following burn injury. Burns to the female breasts or close to the sexual organs were considered by the survivors to be particularly disfiguring and associated with a lack of perceived attractiveness and poor self-confidence.³⁰

There is sparse information in the literature on the impact of burn injury on romantic relationships, and on why women would have lower scores on this domain compared with men. It is possible that situations where there are hormonal changes, psychiatric disturbances or medication effects could impact women differentially. Connel et al³¹ found that females scored lower in the Relationship domain of the Burn Specific Health Scale-Brief (BSHS-B) as well as the Sexuality, Affect and Body Image domains than men. This effect was more pronounced in those with large burns. It is likely that lower self-esteem plays an important role in this difference. Patients who are in a relationship at the time of the injury tend to have better recovery than those who were not in a relationship at the time of injury.

We examined these data at a more granular level, focusing on the items where men and women differed the most in their scores. At the item level, women responded to the items “I have difficulty having an orgasm” and “My burns affect my confidence as a sexual partner” differently than men, and these lower responses accounted for some of the largest differences between the genders among the 192 items administered in this study (Table 4). Many of the items fell within the Social Interactions scale. These items included, among others: “I dress to avoid stares” and “I avoid doing things that might call attention to my burns.”

Another interesting finding in our study was that the differences between men and women were highlighted in those with “hidden burns” at both the scale and the item level. Considering “hidden burns” as those without face and hand burns, the difference in the Sexual Relationships scale between men and women with hidden burns is found to be a large effect (Figure 1C). The difference between men and women with hidden burns on items such as “I dress to avoid stares” and “I avoid doing things that might call attention to my burns”, in the Social Interactions scale, was also greater. This is consistent with other studies of “hidden burns.”^{32–37} Stoddard³² tied hidden burns with fear of discovery and subsequent guilt. Individuals with hidden burns must make a decision to disclose their injuries, which may leave them open to having to field questions by others and deal emotionally with others’ perceptions of their scars. In contrast, those with facial injuries have no choice but to disclose their injury daily; thus, this topic has usually been addressed in a relationship prior to the moment of intimacy or the trip to the beach with new friends.³⁶ Given that choice of clothing to hide a scar was the item with the highest difference between men and women, assessment of distress should be performed in women with “hidden burns.” Peer support interventions should be designed and clinically tested in women with hidden burns.

Strengths and Limitations

A limitation of our study is that the survey participants were recruited from support groups and major burn centers. While participants had often heard about the study from several sources, slightly over half (53%) were recruited through the Phoenix Society, and generalizability of the study results to

Figure 1. A. Impact of gender on community participation after burn injury, all study participants. Male burn survivors scored higher relative to female burn survivors in all scales of the LIBRE Profile. After adjustment for age, education level, marital status, and burn size, differences of moderate to large effect size were noted in the scales for Sexual Relationships and Social Interactions; differences of small to moderate effect size in Work & Employment and small effect size in Romantic Relationships.^{18,19} Darkened bars denote statistically significant results. B. Impact of gender differences on community participation after burn injury, survivors with face burns. Male burn survivors with face burns scored higher relative to female burn survivors with face burns in all scales of the LIBRE Profile. After adjustment for age, education level, marital status, and burn size, differences of moderate to large effect size were noted for Work & Employment and Social Interactions. Small to moderate effect size differences were found in Sexual Relationships, Social Activities, and Romantic Relationships.^{18,19} Differences between genders in those with facial burns did not reach statistical significance on the Family & Friends scale. Darkened bars denote statistically significant results. C. Impact of gender differences on community participation after burn injury, survivors without facial burns. After adjustment for age, education level, marital status, and burn size, statistically significant gender differences in community participation were found in survivors without facial burns in two LIBRE Profile scales. Differences of moderate to large effect size were found in Sexual Relationships and Social Interactions. Darkened bars denote statistically significant results.

the overall burn population may be limited. However, the sample was quite heterogeneous in terms of demographic and clinical characteristics. While we stratified our adjusted analyses by hand burns and face burns, we were not able to separately examine scores among participants with genital burns due to the low sample size ($N = 35$). The differences found between men and women in this work could be confounded by the cross-sectional nature of the study. Findings could be different very early in recovery, particularly in those with facial burns.³⁶ While we controlled for time since burn, the presence of open wounds was not recorded. However, fewer than 10% of the study participants had been burned within the last year before participating in the study, so the results are not likely to be drastically impacted by participants with very recent burns. The study also does not explore how sexual orientation or gender assignment might impact

social reintegration, nor does it examine cultural differences between the samples from different geographical areas in the United States and Canada. Differences in burn care, such as laser treatments, have evolved over the past 25 years. Patients with more recent burns may have had very different medical treatments and recovery experiences compared to patients with older injuries. However, it is unclear if changes in treatment patterns over time differentially affect men and women. Finally, the differences we observed between men's and women's responses to the LIBRE items may reflect differences in how women fare after a burn injury compared to men, or they may be a result of gender differences in responses to quality of life measures. Future work will compare the burn survivor outcomes to a normative, gender-matched sample on selected domains in order to more specifically quantify the effect of a burn injury on an individual.

Table 4. Items from the LIBRE 192 with a difference in mean response score by gender of ≥ 0.40

Item	Mean Score for Women	Mean Score for Men	Difference
I dress to avoid stares	2.86	3.90	1.04
I avoid doing things that might call attention to my burns	3.15	3.87	0.72
I have difficulty having an orgasm	3.61	4.33	0.72
My burns affect my confidence as a sexual partner*	3.04	3.75	0.71
I am able to have an orgasm*	3.82	4.48	0.65
It bothers me when strangers feel sorry for me*	2.46	3.04	0.58
Because of my burns, I am uncomfortable around strangers	3.35	3.91	0.56
I have trouble becoming sexually excited	3.79	4.34	0.55
I am comfortable with strangers seeing my burns*	3.42	3.96	0.54
Stares from strangers bother me*	2.74	3.27	0.53
I feel embarrassed about my burns	3.43	3.95	0.52
I am comfortable with my partner touching my burns*	3.89	4.39	0.50
I limit my activities because of how my burns look	3.60	4.10	0.50
I feel uncomfortable in crowds because of my burns	3.51	4.01	0.50
Because of how my burns look, I am uncomfortable when I meet new people	3.46	3.95	0.49
Sex is fun for me	3.99	4.48	0.48
I am upset when strangers avoid looking at me	3.40	3.88	0.48
It bothers me when strangers don't know how to act around me*	3.12	3.60	0.47
I do not want sex when my partner does	3.57	4.04	0.47
I don't worry about other people's attitudes towards me	3.31	3.77	0.46
I have difficulty becoming sexually excited*	3.88	4.32	0.44
I feel like I don't fit in with other people	3.45	3.88	0.43
My emotions make it difficult for me to go to work	3.91	4.31	0.40
My partner does not want sex when I do	4.05	3.38	-0.67

P values for all comparisons $< .01$.

*Not included in the LIBRE Profile.¹⁶

These results may help clinicians treating burn survivors to identify and address specific, individual patient concerns and struggles. Clinicians may wish to incorporate an inquiry into sexual function in the routine follow-up care of burn survivors, particularly women with “hidden burns.” Use of support interventions for body image and self-esteem, such as found in the curriculum of the Phoenix Society for Burn Survivors,³⁸ should be considered and studies should assess the effectiveness of these interventions. These programs include counseling, peer support, and social skills training.

CONCLUSIONS

Men and women experience differences in social participation following burn injury. Women fared less well, particularly in Social Interactions, Work & Employment, Romantic Relationships, and Sexual Function scales. Given this knowledge, burn surgeons and other practitioners caring for burn survivors should be cognizant of these differences and incorporate this knowledge into the care of the burn patient in the extended post-treatment period.

SUPPLEMENTARY DATA

Supplementary data is available at *Journal of Burn Care & Research* online.

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