

# Transgender Patients with Assault by Burn

Uriel Sanchez Rangel, BS<sup>a</sup>; Clifford Sheckter<sup>a</sup>, Yvonne Karanas, MD<sup>ab</sup>

<sup>a</sup>Division of Plastic & Reconstruction Surgery, Department of Surgery, Stanford University School of Medicine

<sup>b</sup>Santa Clara Valley Medical Center—Regional Burn Center.

We describe the first known reports of burn injuries to transgender patients

*Burn providers at all levels should be trained in the unique management of transgender patients in the acute and rehabilitative phases of care*

## BACKGROUND

- The transgender population is estimated at 25 million worldwide and 1 million in the United States.
- Transgender individuals or those experiencing gender dysphoria are at a higher risk of intimate partner violence and assault (60%) as well as suicide (40%), with reports of 18 transgender individuals killed this year alone in the United States.
- Trauma and burn care providers are encouraged to be aware of this population's unique medical and surgical needs.

## AIMS

### Aims:

This study aims to:

1. Describe cases of transgender patients assaulted by burn injuries
2. Characterize the unique hospital course of transgender patients in burn care
3. Determine the limitations in research and clinical care guidelines needed to care for transgender patients

## POPULATION & OUTCOMES

- We performed a retrospective review of all transgender or gender dysphoric patients admitted to a regional burn center from 2010 to 2019 with a diagnosis.
- Patients were identified by International Classification of Disease codes in addition to self-identification at time of admission.
- We describe the mechanism of injury, circumstances surrounding the incident, hospital course, disposition at discharge, and outcomes in clinic follow up.

## RESULTS

- The cohort consisted of two patients who were transgender females (i.e. born biologic male and identified as female), aged 31 and 36.

## RESULTS

- The burn sizes were 20% and 80%, and both were flame injuries. One was injured by her domestic partner. The other was injured in a tent fire that was started by an unknown assailant. The 20% TBSA patient underwent 3 operations and was discharged to medical respite on postburn day #55. The 80% TBSA patient underwent 9 operations and was discharged to inpatient rehabilitation on post-burn day #75.
- Both patients were homeless and had histories of substance abuse and mental health issues.
- Neither patient was actively being treated by a medical professional although they both reported taking estrogens. Neither patient had undergone transgender surgery.
- Hormone therapy was not continued during their hospital stay due to lack of information surrounding prior use and limited knowledge regarding the safety of hormonal therapy during burn treatment.
- Both patients were initially lost to follow up but subsequently reentered our health care system. Both patients have since been referred to our county transgender clinic and are now actively followed by a transgender provider.

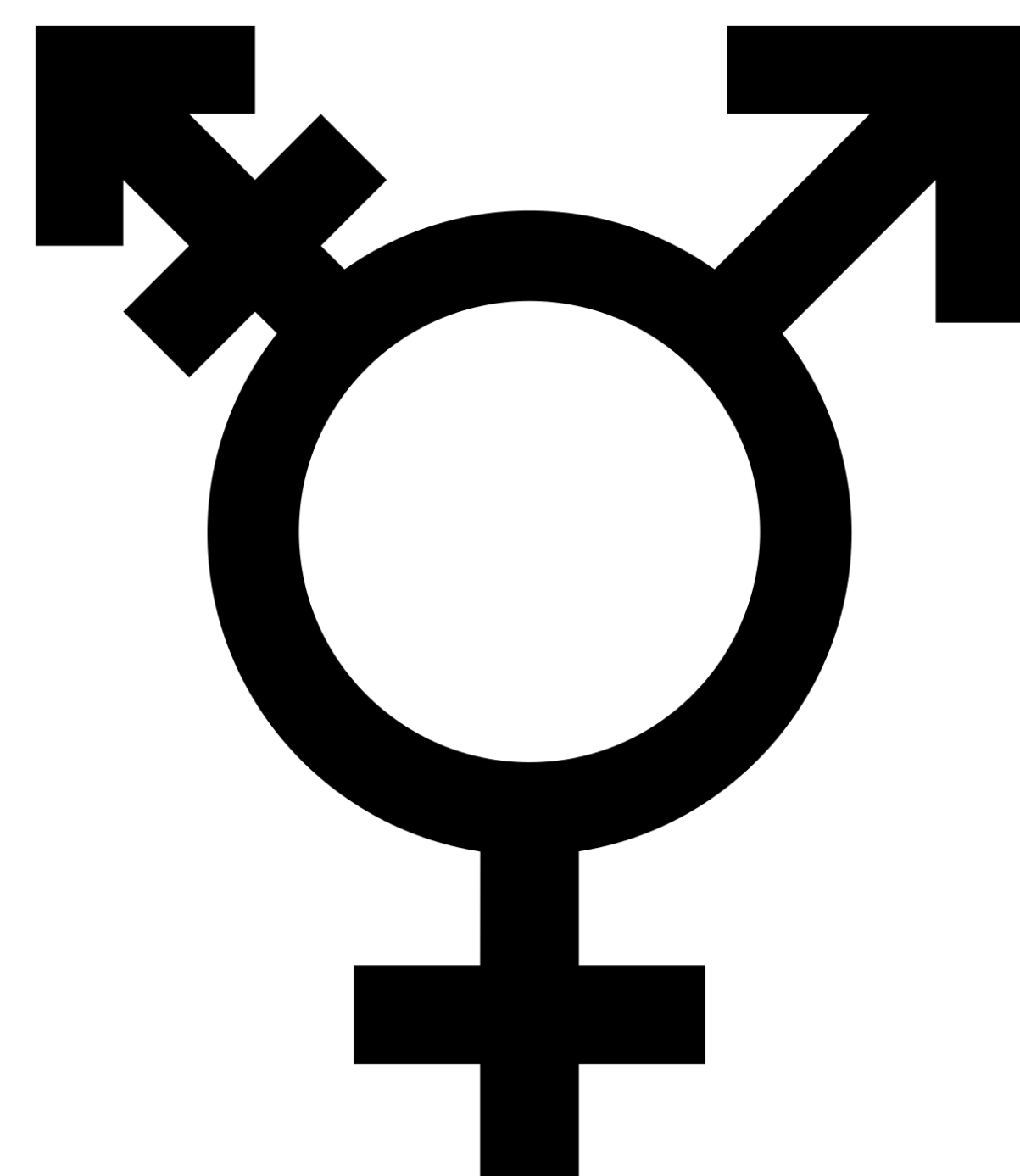


Table 1:

Additional cases of assaults or murders of transgender people collected from news reports. Since 2019 the AMA recognizes violence to transgender patients to be an "epidemic".

Name	Date	Location
Shelley "Treasure" Hilliard, 19	2011	Burned Detroit, MI
Yaz'min Shancez, 31	2014	Fort Myers, FL
Yazmin Vash Payne	2015	Van Nuys, California
Goddess Diamond, 20	2016	New Orleans, Louisiana
Kendra Marie Adams, 28	2017	Ithaca, New York
Ally Steinfeld	2018	Texas County, Missouri
Bee Love Slater, 23	2019	Clewiston, Florida

## CONCLUSIONS

Transgender patients are at high risk for violence and assault, which includes burn. These patients are more difficult to identify and may have inadequate transgender medical care. Burn providers of all levels are encouraged to be aware of the unique needs of this population and involve transgender medical providers in the acute and rehabilitative care when feasible.

