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Stigma Experiences in Children with Acquired or Congenital Facial Differences

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Introduction

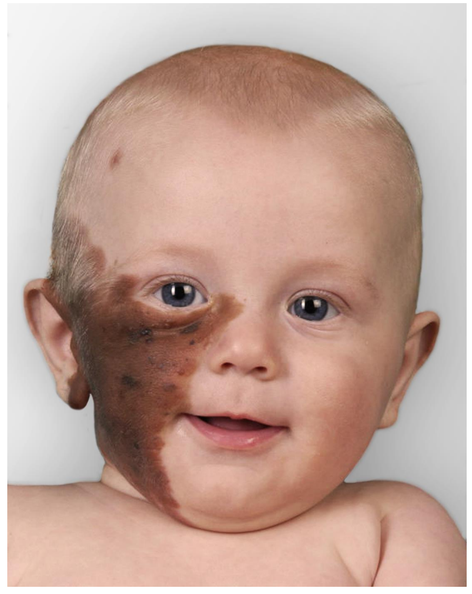
In facial surgery, the boundaries between aesthetic and reconstructive approaches are often blurred. Facial interventions may play a critical role in improving psychosocial well-being as individuals with visible facial differences frequently experience stigmatization. In children, even the risk of stigmatization and thus psychological burden later on in life is a key factor in surgical decision-making.

Patients & Methods

Participants were identified via hospital records from two institutions.
Inclusion criteria:

1) visible facial difference ≥ 1 cm² (burn scar, infantile hemangioma, capillary malformation, or congenital melanocytic nevus)
2) age 9 months to 16 years
3) ≥ 6 months post-trauma for burn patients
4) no evidence of mental retardation
5) fluent understanding of German

Parents completed questionnaires, and children ≥ 7 years participated in standardized interviews. Stigma was assessed using the Perceived Stigmatization Questionnaire. Patient data were compared to a matched control group without facial differences. Medical, demographic and parental psychological variables were examined as predictors of proxy-perceived stigmatization.



Results

Out of 124 eligible patients, 87 participated. There were no significant age or gender differences. Children with facial differences reported significantly more stigma experiences than controls. Commonly cited experiences included expressions of pity, staring and startled reactions; about 25% reported teasing. Proxy-reported stigma was predicted by larger lesion size and older child age. Type of facial difference (congenital versus acquired) and gender showed no significant effect.

Conclusion

Children and adolescents with facial differences are at increased risk of stigmatization, with psychosocial implications that go beyond functional impairments. Larger and more visible differences correlate with higher stigma exposure. These findings emphasize the importance of integrating psychosocial considerations into surgical decision-making, particularly in pediatric plastic surgery. Not only aesthetic but also reconstructive aspects must be assessed with regard to their impact on mental health and psychological well-being.