



Centre for
Appearance
Research



Combat injuries, body image and romantic relationships

A stakeholder workshop to
specify new research directions

by Mary Keeling and Nick Sharratt

Acknowledgements

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Overview

The nature of military combat activities means personnel can receive injuries that result in a change to appearance, such as scarring and limb loss.

Emerging evidence from ongoing research and public involvement work with combat-injured veterans has highlighted the potential impact of appearance-altering injuries on the romantic relationships of injured veterans.

A program of work including a small interview study and a stakeholder workshop, was conducted to ignite investigation into the experiences of combat-veterans in terms of their romantic relationships, following an appearance-altering injury.

This report presents the outcomes of the stakeholder workshop including the objectives, activities, and outcomes, highlighting gaps in knowledge and support, identifying challenges to researching this specific population of veterans, and their partners, defining research areas and questions that if attended to could address the gaps in knowledge and support, and determining short-medium term and long-term research priorities.



Background

The nature of military activities means personnel can receive injuries that result in a change to appearance, such as scarring and limb loss. Between 2003 and 2019, 333 UK military personnel received traumatic or surgical amputations due to injuries sustained during deployment in Iraq and Afghanistan and 10,100 UK military service and ex-service personnel were in receipt of Armed Forces Compensation due to 'injury, wounds and scarring' sustained during military service (Ministry of Defence, 2019a, 2019b) (Ministry of Defence, 2019b, 2019a). Among the general population, research indicates that appearance-altering injuries, or disfigurements (e.g. scarring, limb loss), may affect romantic relationships due to changes in self-esteem, body image, identity, and sexual anxieties (Mathias & Harcourt, 2014; Sharratt, Jenkinson, Moss, Clarke, & Rumsey, 2018). While 'good' relationships can aid psychological resilience, relationship 'problems' can negatively affect psychosocial wellbeing (Satcher, Tepper, Thrasher, & Rachel, 2012).

The nature of military service means the relationship challenges faced by military couples likely differ from the experiences of non-military couples (Gribble, Goodwin, Oram, & Fear, 2019; Keeling, Woodhead, & Fear, 2016), this may be especially true following appearance-altering injuries, due to the unique military cultural context and post-injury care. However, the romantic relationships of military personnel who have sustained combat-related¹ appearance-altering injuries have not been studied despite their potential importance for individual, partner, and family outcomes.

Preliminary results from the Understanding Needs and Interventions for the Treatment of Scarring (UNITS): the psychosocial impact of conflict-related disfigurement study, conducted at the Centre for Appearance Research², indicate that relationship difficulties and concerns are prevalent among veterans with combat-related appearance-altering injuries. The UNITS study includes a Participant Involvement Advisory Group (AG) that consists of veterans with combat-related appearance-altering injuries. In a recent AG meeting³, all members raised the importance of considering the impact of appearance-altering injuries on romantic relationships, stressing a need for research investigating the impact of appearance-altering injuries on relationships and highlighting that relationship support is a service gap.

The importance of understanding the potential impact of appearance-altering injuries on the romantic relationships of combat-injured veterans is clear. Therefore, a program of research was designed, by Dr Mary Keeling, to start to address this gap in knowledge and to improve what is understood about the relationships of veterans who have sustained combat-related appearance-altering injuries and identify any unmet support needs. The program of research included two approaches:

- 1) A qualitative interview study with veterans with appearance-altering injuries aimed at understanding their relationship experiences following their injury.
- 2) A stakeholder workshop aimed at understanding the experiences, support needs, current support provision, and support gaps as perceived by relevant service providers, stakeholders, and academics.

This report presents the outcome of the stakeholder workshop held on 12th February 2020, at the University of the West of England.

The workshop aimed to complement the veteran interviews by garnering the experiences of service providers, relevant stakeholders, and academics to afford a holistic understanding of the impact of

¹ For the purpose of this report, 'combat-related' and 'combat-injury' refer to injuries sustained during operational deployment

² UNITS study is funded by the Scar Free Foundation as part of the Centre for Conflict Wound Research which is funded by the Chancellor using LIBOR funds

³ AG meeting held 8th February 2019

combat-related appearance-altering injuries on veterans' romantic relationships and any related unmet support needs. A secondary aim of the workshop was to discuss the scope and design of future research that could inform the development of new support if a need was identified.

This report presents the workshop objectives, activities, and outcomes, including the specification of planned future research and intervention development.

Objectives

The objectives of the workshop defined by Dr Mary Keeling and Nick Sharratt, and agreed by the delegates, were to:

- 1. Identify what is currently known about the effect of appearance-altering injuries on combat-injured veterans' romantic relationships and psychosocial wellbeing, and what support is currently available, identifying any gaps in existing knowledge and support provision.**
- 2. Understand the potential barriers and challenges to researching the romantic relationships of combat-injured veterans with appearance-altering injuries.**
- 3. Develop appropriate research questions for further study aimed at understanding the impact of appearance-altering injuries on combat-veterans' relationships and determining support needs and solutions.**
- 4. Consider how best to address these research questions.**

Delegates

Relevant delegates were identified by Dr Mary Keeling, based on previous research and academic connections in the field, attendance and networking at conferences and events, and previous collaboration with support services who have provided support for recruiting participants in previous research. The following delegates attended and contributed to the workshop alongside **Dr Mary Keeling** and **Nick Sharratt**.

Brian Chenier	BLESMA: Support Officer: Prosthetics
Steve Fraser MBE	BLESMA: Support Officer: South West
Dr Dominic Murphy	Combat Stress: Head of Research UK Psychological Trauma Society: President
Carol Betteridge OBE	Help for Heroes: Head of Welfare and Clinical Services
Dr Rachael Gribble	Kings College London: Lecturer in War and Psychiatry
Dave Henson MBE⁴	The CASEVAC Club: Co-chair and founding member (attended remotely)
Dr Rachel Paskell	Military Veterans' Complex Treatment Service: Clinical Psychologist University of Bath: Lecturer

⁴ Attended the workshop remotely and was only available to attend the latter half of the workshop, participating in activities 3 and 4 only (described in the *Workshop Structure* section of this report)

Workshop structure

In order to address the specified objectives, the workshop included four activities:

1. Group exercise: meeting Jamie Taylor

The workshop began with an activity aimed at orientating the focus of the workshop towards appearance and visible difference. While this was not aimed directly at addressing the objectives, the resulting discussion about appearance, in the context of military personnel, combat injuries, and relationships, provided content relevant to all objectives.

Delegates were asked to imagine the following scenario:

“At 20 years old ‘Jamie Taylor’ joined the Army as an infantryman. After being in the Army for 2 years, Jamie was deployed to Afghanistan as part of operation HERRICK.”

In pairs, the delegates were asked to discuss and describe the mental image they formed of Jamie immediately before he deployed, providing as much detail as possible, focusing on features such as social background, personality and individual characteristics, values and beliefs, interests and/or hobbies, relationships, sense of personal identity, and his physical appearance.

Delegates were then informed that, after being deployed for six months, Jamie sustained a blast injury resulting in a left above knee amputation, scarring on his pelvis and lower abdomen, the loss of two digits on his left hand, as well as a small (but visible) scar on his forehead. Giving due consideration to the characteristics of Jamie that they had previously discussed, delegates were asked to describe how these injuries may affect Jamie in the short-term (which the delegates themselves defined as being < 12 months post injury), medium-term (1 to 5 years post injury), and over the course of his life (long term, 5 years +).

2. Dissemination of preliminary qualitative study results

Dr Mary Keeling and Nick Sharratt shared the preliminary results from the qualitative interview study they conducted with veterans with combat-related appearance-altering injuries, as per approach 1 described above. The presentation of the preliminary results led to a discussion among the delegates of their impressions and thoughts about the preliminary results. This activity provided content relevant to addressing all four objectives as detailed below.

3. Discussion: appearance-altering injuries and romantic relationships

Directly aimed at addressing objective 1, the delegates were asked to draw on their knowledge, experience, and research in order to consider what issues, challenges, and impacts appearance-altering injuries may have on the romantic relationships of veterans injured during operational deployments. Dr Mary Keeling facilitated the discussion guided by the points raised in the previous two activities and orientating delegates to consider and identify current gaps in knowledge and support services.

4. Moving forward: planning future research in this area

Aimed at addressing objectives, 2, 3, and 4, the delegates were asked to reflect on the days' discussions, considering what gaps had been identified, what challenges to addressing the gaps had been raised, and how these translate into research questions and priorities to be addressed in future research. This discussion included consideration of how these questions might be addressed, including barriers and facilitators to successfully conducting research on this topic.

Outcomes

Since activities 1 and 2 were not directly aimed at addressing any particular objective but provided context and content to all objectives, the outcome of these two activities are briefly described.

Subsequently, the outcome of each objective is addressed in turn by synthesising what was learnt from activities 1 and 2 and the discussion activities 3 and 4.

Group exercise: meeting Jamie Taylor

The Jamie Taylor exercise afforded delegates the opportunity to consider and acknowledge their presumptions regarding the background and characteristics of veterans who have sustained appearance-altering injuries. Within these presumptions, there was recognition of the diverse social backgrounds from which the military is drawn, as well as a variety of personal motivations for joining.

The group envisaged that Jamie would either be single or in a relatively new heterosexual relationship. Delegates unanimously accepted that Jamie would (in all likelihood) be heterosexual and male. In terms of Jamie's appearance, the group agreed that their initial image of Jamie was a white, muscular, and physically fit, young man. These physical characteristics were considered important signifiers of his health and fitness that play a central role in his sense of personal identity. In addition to these physical characteristics, the group agreed that being part of a team and having a sense of belonging were attributes Jamie valued. The delegates reflected that their initial image of Jamie as a white heteronormative male matched the stereotypical image of a young soldier and considered how this is not reflective of the composition of the British military. While white men make up a large proportion of the British military force, women and non-binary individuals, individuals of varying ethnicities and of varying sexual orientations are part of the British military.

It is against the background of a heteronormative physically fit young man, that the delegates considered the potential impacts of appearance-altering injuries as they drew on their personal and professional knowledge and experience. In doing so, delegates, distinguished between the short-term (< 12 months), medium-term (the transition back into some kind of routine home life and potentially out of or away from the military, lasting from 1 to 5 years post injury), and longer-term consequences (5 years +). Though the delegates recognised that these time scales may differ for different people and may involve different partners at different times. At all times these consequences included a complex and dynamic navigation of social (e.g. transition from military to civilian-life, community and social reintegration), personal (e.g. physical and mental health, functional recovery and limitations, healthcare, housing, and finances), and professional (e.g. the end of his military career and search for employment and meaning elsewhere) experiences. Each of which was understood to carry the potential to affect Jamie's romantic relationships.

Delegates understood the short-term to be dominated by the immediate consequences of Jamie's injury, such as pain, medication and its side effects, recognition of any functional limitations, and efforts towards physical recovery and rehabilitation. Other important considerations were Jamie's mental health, his potential reaction to colleagues being injured or killed in the same incident he sustained his injuries, and the uncertainty he may feel over the continuation of his military career. While the possibility of appearance concerns was acknowledged, these were considered secondary in nature, with the immediate functional and emotional responses taking precedence at this point.

The medium-term period was considered critical in Jamie's recuperation, recovery, and to the health of his close relationships. Possible shifts in his professional and private life as Jamie's military service comes to an end and it becomes apparent that Jamie may remain more dependent upon his partner

Table 1

Combat injuries, body image, and romantic relationships interview study: participants

Participant number	Cause of injury	Physical impact	Relationship status (at the time of injury and at time of interview)*
P02	Blast	Lower limb breaks/ scars, broken nose	At injury: relationship ended after injury At interview: married (new partner)
P04	Blast	Right leg above knee amputation, left leg scar, right arm scar, left fingers missing	At injury: relationship continued after injury At interview: married (same partner)
P05	Gunshot	Right upper leg scar, muscular differences	At injury: relationship continued after injury At interview: married (same partner)
P06	Special forces selection	Right ankle injury, surgeries, elective amputation	At injury: relationship continued after injury At interview: married (same partner)
P07	Blast	Left leg, amputation	At injury: relationship ended after injury At interview: engaged (new partner)
P08	Blast	Right foot/ankle scar, left arm scar	At injury: relationship continued after injury At interview: married (same partner)

*All participants were in a relationship at the time they were injured.

and/or his family than he was pre-injury, were perceived as having the potential to significantly affect Jamie and his romantic relationships.

It was during this period that delegates believed Jamie would come to the full realisation that changes to his physical appearance and functional capabilities would endure on a permanent basis. Jamie and/or his partner (if in an established relationship) may struggle to reconcile this changed physical functionality and appearance with the strong, healthy, hyper-masculine image they previously held of him. The impact on Jamie's sense of identity and the perception of him held by his partner may be compounded by compromised sexual functionality and the unfamiliar practicalities that sexual activity may now involve.

In the longer term, if Jamie were single at the time of injury or if the previously established relationship had ended (which was recognised as a distinct possibility), Jamie may explore dating again. It was considered probable that this could be a difficult scenario to navigate and that such difficulty may be exacerbated by how he and/or potential partners may feel about his appearance and injuries. However, it is possible that his injuries could be perceived as 'heroic' by him and/or potential partners, which could have a positive effect on his dating experiences.

In summary, the delegates' initial image was of a young, white, physically fit and healthy male who values his muscular physique as a sign of his fitness and strength and as a key element of his identity. Likely to be in a relatively new heterosexual relationship, Jamie is someone who values being part of a team and feeling a sense of belonging. As a result of his combat-related appearance-altering injuries, Jamie's sense of self is compromised as his former fit and muscular physique is replaced by a self-image of a young man with physical injuries, functional limitations, and possible signifiers of disability such as prosthetic limbs and/or mobility aids. This is compounded by the loss of his military career and the associated sense of belonging. Together, these may significantly affect his existing romantic relationship and the formation of any future romantic relationships. This initial image formed by the delegates was drawn upon through the later discussions and in addressing the workshop objectives.

Dissemination of preliminary qualitative study results

Method

Preliminary results from the small qualitative study, conducted as part of the larger program of work, were shared with the delegates. The study involved one-to-one interviews with six veterans who sustained appearance-altering injuries during their military service in the operation HERRICK era. All but one sustained their injury during deployment. At the time of their interview, four of the six veterans were in the same romantic relationship they were in when they sustained their injuries. The other two veterans had been in relationships that had ended shortly after their injury. Both were, at the time of the interview, in a romantic relationship formed post-injury. Further participant details are included in Table 1 (page 8).

At the time of the workshop, a preliminary analysis had been conducted by Dr Mary Keeling and Nick Sharratt. The analysis involved a close reading of each of the transcripts to identify common themes within and across the veteran's experiences. Four broad themes and sub-themes, see Table 2 (page 11), were identified to represent the veterans' experiences of their appearance-altering injuries in the context of their romantic relationships.

Preliminary results

Drawing on each theme in turn, the veterans reported that *Appearance*, specifically looking fit, was a central component of their military identity. The veterans were conscious of receiving unwanted

Table 2

Combat injuries, body image, and romantic relationships interview study
preliminary analysis: themes and sub-themes*

Theme	Sub-themes
Appearance	<p>The social importance of appearance</p> <p>Pre-injury appearance: self-critical vs self-confident</p> <p>Post-injury appearance:</p> <ul style="list-style-type: none"> • self-consciousness vs self-confidence • hiding vs priding <p>Public attention</p> <p>Appearance central to military identity</p>
Injury and relationships	<p>Injury ends relationships vs injury makes relationships stronger</p> <p>Fear of 'gold diggers'</p> <p>Medication:</p> <ul style="list-style-type: none"> • reduced clarity • sexual functioning <p>Practicalities of sex</p> <p>Insecurity: will an existing relationship survive</p> <p>Fertility and family</p> <p>Lost identity and lost career</p>
Appearance and relationships	<p>Initial self-consciousness (post-injury)</p> <p>Continued vs new relationships</p> <p>Appearance being important to attractiveness</p> <p>Strong, secure relationships:</p> <ul style="list-style-type: none"> • protective • diminished importance of appearance <p>New relationships:</p> <ul style="list-style-type: none"> • disclosure and others being put off • dating someone used to disability and visible difference
Coping and support	<p>Communication:</p> <ul style="list-style-type: none"> • within relationships • with professionals <p>The function of humour (including within relationships)</p> <p>The value of shared experiences</p> <p>Downward comparisons "it could have been worse"</p> <p>The importance of appearance support</p>

*It should be noted that these ideas captured and generated in a preliminary analysis conducted by Dr Mary Keeling and Nick Sharratt have been organised and categorised into themes and sub-themes. These are provisional in nature and draw directly upon what participants said.

public attention following their appearance-altering injuries and this often led to feelings of self-consciousness and a desire to conceal their altered-appearance from public view.

Secondly, *Injury and Relationships* were understood to be closely connected. The practical and functional impacts of appearance-altering injuries were recognised. These included altered sexual practices, concerns over fertility, and reduced clarity and difficulties with sexual functioning induced as side effects of medication. The challenges of re-starting a career and reforming their identity were also relevant to the veterans' relationships, with some finding their relationship to be adversely affected. The veterans described experiencing post-injury apprehension and insecurity regarding the continuation of their existing relationships. The veterans whose relationships did end assigned this (at least in part) to their injury. Finally, injured veterans that were single were perceived to be vulnerable to exploitative potential partners seeking to acquire their compensation monies.

In addition, *Appearance and Relationships* were related to one another. The veterans believed appearance to be important to attractiveness and so described initially being self-conscious of their partner seeing their changed body. To some extent, this was true of new and existing partners alike. Such concerns were perhaps magnified in the case of new relationships. The veterans spoke about approaching the moment they would tell their new partner about their appearance-altering injuries and/or show them (the moment of 'disclosure'), with some trepidation and anxiety. It therefore seemed pertinent that the participants who had formed new relationships did so with partners who were accustomed to disability and visible difference. The accounts also indicated that strong, secure, supportive relationships were protective against some of the difficulties associated with appearance-altering injuries and could diminish the perceived importance of appearance within a relationship, although that initial self-consciousness was hard to avoid.

Finally, the *Coping and Support* mechanisms available to participants included humour and open communication (within their romantic relationships and elsewhere). Those that were able to see their experience of appearance-altering injuries as something that was shared with their partner, as a team, appeared more able to adjust to their new circumstances and to enjoy a stronger relationship. The veterans tended to compare themselves to those that may have more severe appearance-altering injuries and drew some comfort from this comparison. They commented on the paucity of appearance-based support and saw a place for this within the rehabilitation process, believing that some veterans could benefit from this being offered. The veterans believed that a strong, trusting relationship between veterans and professionals would be required. This may be difficult for civilian professionals to establish as veterans may be resistant to those whose experiences and background are so different from their own.

Delegate response

The workshop delegates confirmed that their professional experiences were broadly consistent with these preliminary findings. The delegates believed that the short to medium term (as defined above) was a period when the risk of a veteran's relationship ending as a result of their injuries was especially great. They considered that relationship dissolution could result from the impact of the injury broadly as well as specifically due to appearance-related concerns. Relationship dissolution was also considered to be closely linked to changes in veterans' employment status, likely career trajectory, and altered sense of professional (and, by extension, personal) identity. The ability of partners to offer support and help veterans rebuild in this sense was recognised as being critical to the healthy continuation of their romantic relationships.

In this respect, delegates extended the preliminary analysis by offering the understanding that the attachment style⁵ of veterans and their partners is important. Those demonstrating secure

⁵ See Box 1 (page 19) for brief details of attachment theory and styles

attachments within their relationships, and whose partners did likewise, were more likely to obtain benefit from their relationships in responding to and incorporating appearance-altering injuries into their relationship. Delegates explained that this may help develop a greater sense of intimacy within a relationship and may be likened to a shared sense of post-traumatic growth that individuals may experience in response to traumatic and challenging circumstances.

Some delegates noted that concerns about attractiveness and the disclosure of appearance-altering injuries confirmed their prior experiences and that it was not unusual for veterans to form relationships with those who provide care professionally. The reasons for this may be numerous but it was considered plausible that injured veterans may harbour concerns about their attractiveness and so are more likely to seek relationships with those that they know to be, or have reason to believe will be, particularly accepting, compassionate, and empathetic.

In response to participants' fears related to being vulnerable to those seeking to exploit their compensatory payments (in participants' language 'gold-diggers'), delegates shared that they were aware of the potential for disputes between veterans' families (especially mothers) and partners for control. Some of the delegates were, however, somewhat surprised to see the possibility of falling victim to unscrupulous potential partners mentioned so explicitly within the preliminary analysis, as it was not something that they routinely encountered.

As with the Jamie Taylor exercise, the delegates highlighted a limitation of this qualitative study as its focus on white heteronormative male veterans. The specific methodology used for this qualitative study requires homogenous samples. However, future research in this area should reflect the diversity of the British military and combat-veterans in terms of sexual orientation, ethnicity and gender.

Addressing the objectives

Drawing on conversation facilitated by the activities described above and the dedicated group discussions that formed the afternoon session of the workshop, each of the objectives are addressed in turn:

Objective 1: Identify what is currently known about the effect of appearance-altering injuries on combat-injured veteran's romantic relationships and psychosocial wellbeing, and what support is currently available, identifying any gaps in existing knowledge and support provision.

What is currently known and what support is currently available?

The qualitative veteran interview study is the only empirical research to date aimed at understanding the impact of appearance-altering injuries on the romantic relationships of veterans⁶. The preliminary results from the study and the delegates' responses to them as reported above indicate that for some veterans, appearance-altering injuries may have a substantial impact on their romantic relationships, including the risk of their relationship ending and introducing additional uncertainty and apprehension about the formation of new relationships.

The ability of a veteran to navigate recovery from combat injury and adjust to their appearance-altering injury within the context of their romantic relationships may vary considerably from one individual to another. Appearance concerns (e.g. self-consciousness, evaluations of attractiveness, unwanted public attention) do seem central to the experience of romantic relationships, but exist within the context of altered functional abilities, a transformed professional life, the characteristics of the relationship itself,

⁶ Finalised results from this study are being prepared for publication in a peer-reviewed journal

and a relative dearth of professional support concerned with the impact of combat-injuries on relationships and/or adjustment to a changed appearance.

In activity three, the group discussion of the delegates' experiences and knowledge highlighted that their experiences are consistent to those found in the qualitative study. In the discussion the delegates however, focussed more closely on two consequences of combat-injuries that are unrelated to the appearance aspect of the injuries, but that may affect the quality of veterans' romantic relationships. The first of these was that delegates understood that combat-injuries might lead to other social and domestic consequences, such a reduction in socialising or a reduced contribution to and participation in domestic life. This may then affect veterans' relationships as discontent and frustration may build on the part of the veteran or their partner.

Secondly, the workshop delegates discussed circumstances in which the reduced functionality resulting from a combat-injury may lead to partners adopting significant caring responsibilities. This may fundamentally change the nature of the relationship from one of mutual interdependence and intimacy towards one of dependence, altering the nature of the couple's intimacy and, potentially, affecting sexual intimacy. For example, one delegate reported being aware of an instance where a partner had said they were no longer able to be sexually intimate with a veteran because of the veteran's appearance-altering injury (a below-knee amputation), although the precise reason for this was unknown.

Current knowledge about the effect of appearance-altering injuries on combat-injured veteran's romantic relationships and psychosocial wellbeing is therefore limited and based heavily on the preliminary results of the veterans' interviews conducted as part of this program of work and the delegates' professional experiences. The existence of any previous practice notes, documentation or research evidence of the effect of appearance-altering combat-injuries on veterans' relationships or any relevant available support, was not identified. Therefore, this current work is the first to directly raise and address these specific experiences and potential challenges.

Gaps in existing knowledge

In the context of the limited existing knowledge, delegates highlighted several important gaps in knowledge relevant to the romantic relationships of combat-injured veterans with appearance-altering injuries. These are likely to be of interest and importance for researchers, clinicians, and those involved in the provision of support to injured veterans.

Prevalence and nature of the problem

Delegates noted that, fundamentally, we do not know how prevalent appearance-related concerns are among injured veterans nor whether any personal or demographic characteristics may be associated with greater appearance-related distress. This is true within the context of romantic relationships and more broadly.

Role of relationship status/type

Similarly, it is unknown whether there may be broad group differences in veterans' experiences of appearance-altering injuries within the romantic sphere. For example, whether relationship status at the time of injury and beyond (e.g. whether a pre-existing relationship ends or continues post-injury) is important in this respect.

Contributory factors

The interaction between appearance-altering injuries, occupation, identity and status, sexual orientation, and appearance-related concerns may also play a contributory role in combat-injured veterans' experience of their romantic relationships. The role of the veterans' attachment styles in the context of romantic relationships was also raised as a potentially important factor that may interact

with or influence appearance concerns or act as a protective factor in the relationships of veterans demonstrating a secure attachment style (see Box 1, page 19, for a brief description of attachment theory and styles).

The taboo of discussing appearance

The delegates who work directly with veterans in support services reported that in their experiences, appearance-related concerns are encountered relatively infrequently, and they wondered why this might be. It could be that appearance-related concerns are relevant to only a small number of veterans. Alternatively, appearance may be a topic avoided for many reasons including: embarrassment, shame, and the possibility that such concerns may be considered vain and unimportant. Furthermore, downward comparisons made against those who have died or suffered more severe physical injuries could make concerns about appearance seem illegitimate; the absence of a routine approach or culture of raising and addressing appearance-related concerns by clinicians and support services may hinder open communication; and, (generally) neither veterans nor service providers may know how to communicate effectively about this topic. This taboo may also be relevant to discussions of romantic relationships, sexual functioning and intimacy.

Communication and other issues affecting relationships

A lack of openness of communication within romantic relationships, on the topic of appearance concerns and their effect on the relationship, is likely to contribute to discord. Where appearance-altering injuries are cited as a reason for a relationship's deterioration, as noted in the preliminary results of the qualitative interview study, it is unclear whether appearance was the main reason or if other issues and concerns not expressed by the veteran may have equal or greater influence.

Vulnerability of exploitation for compensation money

The risk of being exploited by potential new partners for their compensation money was reported in the preliminary qualitative study results and supported by the delegates' experiences. The prevalence and nature of this vulnerability among combat-injured veterans requires additional investigation.

The partner's experience

The experiences and feelings of the veterans' partners and their reactions to appearance-altering injuries have received even less attention than those of veterans. While little is known about this issue, the professional experience of at least one of the delegates provided some indication that partners may find physical intimacy and sexual activity difficult or impossible following combat-injuries and that this may be for reasons other than physical or functional challenges. This was consistent with the preliminary results of the qualitative interview study.

Just as the demographics and characteristics of the veterans may be important in their ability to adapt to appearance-altering injuries, it is conceivable that those of their partner (such as their socio-economic background, age, sexual orientation, expectations of the relationship and beyond) may be of significance to their ability to cope, their resilience, and the strength and survival of their relationship.

Delegates expressed an interest in considering these specifically in connection with partners' ability to adjust where it becomes necessary for them to adopt a caring role for a veteran. Any impact might be compounded by the potential for such injuries to result in decreased social engagement, changed employment activities, and increased time spent in the home. It may be influenced by the individual characteristics of the partner and/or the veteran. Thus, the unknown impact on partners was considered to be far wider than just the role of adjusting to their partners changed appearance and any subsequent relationship difficulties.

In addition, reference was made to evidence that suggests the partners of military personnel might be less satisfied with their relationships than the military personnel themselves. These issues, however,

have not been explored within a veteran population nor among veterans who had appearance-altering injuries (nor, in either case, their partners). The existence of this discrepancy and, if applicable, the reasons explaining its presence could be an appropriate research objective.

Wider family

Finally, we do not know how appearance-altering injuries may impact on, be perceived by, or affect other family members such as veterans' children and parents, and veterans' relationships with them.

Support gaps

In addition to the determined gaps in knowledge, the delegates identified several unmet support needs and gaps in current support provision related specifically to appearance and romantic relationships.

Limited appearance specific or relationship specific support

Delegates agreed that appearance and/or relationship focussed support needs were appropriate considerations for veterans with appearance-altering injuries. It was apparent however, that these issues were not resourced nor prioritised clinically. As with all facets of care, the delegates highlighted that this can be complicated by the challenges of coordination between military and civilian healthcare when veterans' transition from one system into the other, and the unclear pathway through care. Consequently, veterans may not know where to turn in the event they do require support connected to these issues. Highlighting these issues as being of potential importance and providing appropriate guidance for clinicians would represent a desirable goal for future work.

Long-term focus on mental health

The delegates considered that the charitable and voluntary sector has become predominantly concerned with utilising the available resources in order to offer help and support to those with post-traumatic stress disorder (PTSD). While the value of this was not disputed, physical injuries in and of themselves along with the social, (sub-clinical) psychological, and emotional consequences, receive relatively less attention, both from this sector and within the healthcare system. This should however, be considered in the context that the numbers of veterans affected by appearance-altering injuries is less than those affected by PTSD.

Limited couples and family support

Couples-based therapy or coaching was considered to be in short supply. Organisations that historically offered this were known to lack capacity, be under resourced, and to have restricted their service provision. Similarly, the formal support available to families of injured veterans, once they have been discharged from the military, is limited. This support vacuum has contributed to the scenario where both veterans and their families may be unable to locate desired sources of support. There was some feeling that this could leave them somewhat exposed to the efforts of enthusiastic, well meaning, but ultimately untested (non-evidence based) and, potentially, incompetent individuals and groups that may not have the knowledge, expertise, and experience required to function effectively.

Staying together is not always the best outcome

Delegates felt it was important to acknowledge that the desire for greater provision of support within the romantic sphere does not mean, and should not equate to, attempts to preserve veteran's romantic relationships regardless of context and circumstance. Sometimes it would be appropriate for that support to include assistance in managing the dissolution of a relationship.

Summary

The workshop activities highlighted several significant gaps in knowledge about the association between combat-injured veterans' appearance-altering injuries and their romantic relationships.

These knowledge gaps include: the prevalence of appearance concern and associated relationship experiences; individual characteristics of veterans and partners that may predict appearance distress and/or an impacted romantic relationship; limited understanding of the contribution of dyadic factors such as communication and attachment styles of veterans and partners; and, the possibility that the topics of appearance and romantic relationships may be seen as ‘taboo.’ There is also little understanding of the experiences of partners and the wider family.

Delegates also identified a number of gaps in available support highlighting that appearance and relationship issues may, in general, be somewhat overlooked and under-resourced. There appears to be little guidance and no appropriate tools available to clinicians, couples or family. Family focused support is in short supply, and priority is given to potentially debilitating mental health conditions, such as PTSD. Research and support services specifically aimed at understanding and supporting homosexual, lesbian and bisexual relationships; that include female and non-binary veterans; and, that consider the needs and experiences of those from diverse ethnicities, were also identified as being limited.

Objective 2: Understand the potential barriers and challenges to researching these issues with this population

After identifying the gaps in knowledge and support needs, the discussion moved to considering the barriers and challenges to researching these issues and addressing the gaps. It was clear from discussion between the delegates that they considered researching this population to involve a number of difficulties that may not always be easily overcome and which may be exacerbated when introducing the topic of appearance.

Taboo of talking about appearance and relationships

A pertinent barrier highlighted by the delegates was that appearance and romantic relationships may be difficult and unusual topics for veterans to discuss, as established in response to objective 1 (above). In addition to recognising that veterans may not ask for support connected to appearance concerns or relationship difficulties within the clinical context, delegates acknowledged that veterans may not talk about these topics with their partners and may feel ashamed to broach them with others. It is also likely that the taboo about appearance and relationships includes sexual dysfunction, which is an additional challenge reported among some combat-injured veterans.

Encouraging free and open communication about such topics may present a barrier to conducting research in this area. This observation by the delegates is consistent with the experience of recruiting veterans to the qualitative interview study and with the accounts of the participants. A small number of potential participants indicated they were not comfortable talking about their injury specific to their appearance and relationships. Those who did take part spoke about the necessity of trust, the desirability of having a similar professional background, and the difficulties inherent in encouraging veterans to speak on these topics with civilian professionals. While the veteran participants were discussing the clinical context, such considerations might extend to conversations conducted for research especially where highly sensitive and personal issues, such as appearance and relationships, are discussed.

Illegitimacy of concerns and the right to talk

Delegates noted that the downward comparisons veterans often make might limit the opportunities available for them to speak freely about appearance and/or romantic concern. This may occur as their concerns are situated within a perceived hierarchy of injury and need. Those who have suffered more severe injuries are assumed to have the greatest need and afforded the greatest ‘right’ to speak, potentially acting to silence others who may feel their concerns are not legitimate enough to warrant breaking the culture of hardiness that permeates the military.

Confidentiality and anonymity

The intended population of veterans with appearance-altering injuries is small and those working in this field and others who know the veterans personally may be able to identify research participants relatively easily. While this risk can be accounted for, minimised, and made explicit, it may represent a barrier to research participation. This is especially pertinent when considered alongside the possibility of veterans feeling shame at talking about these issues or where they are reluctant to do so because they feel their concerns are less legitimate than those of more severely injured peers.

Opening “cans of worms”

Concern was expressed that addressing the topic of relationships with veterans, whether clinically or within a research context, could lead to additional distress being experienced or raise challenging issues that are better ‘left alone.’ Rather than viewing this as something that should preclude work focussed on this topic, delegates reiterated the importance of acting in a non-judgemental, sympathetic, and empathetic way. Provided such conversations were conducted in such a manner, framed appropriately, and supported by suitable referral routes, delegates challenged the contention that discussing these matters within a clinical or research setting would be likely to cause harm.

An over researched population

Delegates reported that the most recent cohort of veterans who will have received appearance-altering injuries in large numbers and who had served during operations HERRICK (Afghanistan) and TELIC (Iraq), might experience research fatigue. They will likely have received multiple requests to participate in research and so, for the purposes of engagement and recruitment, it is important that there should be some tangible benefit of participation. For some, altruistic motivations may satisfy this requirement, but these should not be relied on exclusively. A small amount of money as a ‘thank you’ and/or the payment of expenses may not be sufficient. What may prove more persuasive would be access to care that might be required to enable participants to navigate the issues that form the focus of the research. In addition, conducting research that includes previous cohorts of veterans such as those who served during the conflicts in Northern Ireland, the Falklands, Bosnia, and Kosovo, would widen the participant population pool.

Limited onward referral – an ethical and duty of care consideration

What was of great concern to delegates, and represents a significant obstacle to recruitment to research, is the lack of care pathways or referral routes in the event that participants express considerable distress or request further advice and information. It would therefore be important to investigate the availability and suitability of any organisations to which veterans may, potentially, be signposted. In addition, the absence of appropriate support services could constitute a significant ethical dilemma when considering research with this population.

Temporal relevance

In light of the distinction made by the delegates between the short-term, medium-term, and longer-term consequences and recovery, it seemed pertinent that most of the potential participants would be in the long-term stage of recovery. This may pose a challenge to future research, limiting the availability of research participants at differing stages of recovery and, potentially, dampening the call for the work due to low levels of perceived demand.

Despite this, the delegates expressed a preference for the research to proceed so that it could inform service provision for those veterans who have appearance-altering injuries and experience difficulty in their romantic relationships. Equally, such work would benefit those who may sustain injuries in the future. It was also noted that the research and its application could extend beyond those who sustain injuries in combat situations and include those involved in other traumatic incidents, such as appearance-altering injuries sustained during training exercises and when off-duty.

Box 1

Attachment theory and styles

According to attachment theory (Bowlby, 2005) when a couple have a “secure attachment” they become each other’s secure base which allows exploration of the outside world safe in the knowledge that on return you will be fully accepted back and comforted if distressed.

Alternatively, an ‘anxious’ attachment style may result in feelings of uncertainty of the availability of the attachment figure leading to constant monitoring for cues that they will lose the attention of their partner.

Those with ‘avoidant’ attachment styles relate attachment with a loss of independence and are hesitant about forming close relationships with others; they may desire close relationships but are fearful of being rejected (Collins & Feeney, 2004).

There is evidence to suggest that secure attachment styles can be protective for the relationships of military personnel during and following operational deployments (Keeling, Woodhead & Fear, 2016).



Research with partners of veterans

As experienced by the academic delegates in their own previous research with partners, research with the partners of injured veterans was understood to be subject to some challenges, which would need to be considered and overcome.

Injury legitimacy: As with veterans, who may subscribe to implicit hierarchical structures of injury severity and need, that dictate their perceived right to speak, partners of veterans may feel reluctant to speak about their response to the injuries sustained. This may be because their own feelings may be somewhat invalidated by the idea that they should be grateful to have 'their' veteran back when others will never return.

Impact of rank: In addition to a perceived hierarchy of injury severity, the institutional hierarchical rank system of the military may also cause complications, where the military rank of their (veteran) partner may be carried-over into interactions with other partners of veterans. This may influence partner participants' willingness to speak openly, especially where designs such as focus groups are utilised. Indeed, while well-composed, facilitated, and managed focus groups may be appropriate for this topic and, in some circumstances, facilitate open discussion, the logistics of organising them can prove problematic. Geographical separation, and family, caring and work commitments may make this difficult to achieve. Such considerations would demand some flexibility on the part of the research team.

I am fine; the Veteran needs support, not me: This version of 'survival-guilt' may combine with the fact that it is their (veteran) partner rather than themselves that has sustained an injury. Partners may perceive the veterans as having suffered more and the veterans' responses and needs as taking priority over their own. The partners may feel guilty for expressing their own feelings and obligated to perform a social role, the 'good military wife.' That role may preclude them focussing on their own thoughts, feelings, and experiences. The partners may even feel that their perceived right to feel and express is revoked. Delegates highlighted the potential for dyadic research interviews to be greatly influenced by this dynamic. Similarly, in some cases, this may represent an historic and ongoing barrier to communication within a relationship. Research that required the discussion of such issues within a dyadic interview scenario may therefore be considered ethically problematic.

Lack of validation and understanding: Similarly, the inability of others who do not share their experiences (including friends and families) to empathise with them and fully understand their position may discourage partners from talking and contribute to a sense of social isolation. These considerations transfer to the research context and make engagement, recruitment, and data generation difficult to achieve as partners may not be accustomed to speaking about their own position and may feel reluctant to do so. Any research involving partners will need to pay specific attention to ensuring that participants feel confident that it is their story and experiences that the research team is interested. It should be made clear that these are not considered subservient to those of their (veteran) partner.

How to include ex-partners: Delegates agreed that failing to include ex-partners may skew data towards successful, or at least sustained, relationships. Depending upon the specific research question, this could be troublesome. Ex-partners, being a further step removed from veterans, relevant charities and support groups, and the military itself would be difficult to target and may lack motivation to participate. Moreover, the difficulties and the ability to identify and access current partners would be exacerbated in the case of ex-partners.

Summary

Research with veterans focussed on appearance-altering injuries and romantic relationships, was understood by the delegates to be fraught with difficulties. This included recognition that, for a

variety of reasons, encouraging veterans and their partners to engage with the research process and talk about their experiences may not be a straightforward process. Challenges may be met in establishing potential participants' willingness to talk openly about an often 'taboo' subject, convincing them of the legitimacy of their concerns, and overcoming embedded hierarchies of perceived need and rank. What's more, concerns that the research process could be harmful to some of those that do participate and that onward referral routes are limited in nature may present an ethical dilemma. Temporal and cohort effects could act to restrict the availability of participants at different stages of recovery and even act to dull the call for the research to be conducted during a period of time when a pressing need may not be apparent. Recruiting ex-partners and ensuring a broad range of experiences are captured would represent a further challenge. Despite these challenges, the delegates agreed that addressing the gaps in knowledge and support is important and methods and approaches to overcome these barriers and challenges could be identified.

Objective 3: Develop appropriate research questions for further study aimed at exploring these issues and identifying related support needs and solutions

In consideration of the issues discussed above, the workshop delegates identified three research questions/areas for further study that might go some way to address the gaps in knowledge and support identified in response to objective 1. The delegates expressed a desire to work together in addressing some or all of these questions as well as a desire to work with other groups and individuals who might have an interest and/or expertise in this field. As highlighted by the delegates, this group of veterans is at risk of research fatigue, any research that is collaborative and might alleviate some of the participation demand, is desirable.

Investigation of attachment style in the context of adjustment to appearance-altering injuries among combat veterans and their partners

The delegates believed that a focussed examination of the role veterans' attachment style might play in their feelings about their post-injury appearance, their feelings and experiences in their relationship, and their ability to overcome any personal and social consequences of their appearance-altering injuries, would be beneficial to addressing the gaps in knowledge and support. This research would also benefit from considering the attachment style of veterans' partners, as well as their demographic and personal characteristics, and any interaction between the attachment styles demonstrated by each partner within their relationship (see Box 1, page 19, for a brief description of attachment theory and styles).

Of particular interest would be attempting to identify how "securely attached" veterans and partners with strong and secure relationships have adjusted to appearance-altering injuries. What has enabled their relationships to function in this way? How have they worked together and potentially grown as a couple in response to or following injuries? It would also be enlightening to consider this issue in the context of veterans and their former partners in cases where their relationship did not endure.

Inherent within such research would be a focus on the support needs of veterans and their partners from an attachment perspective, the value of developing attachment informed relationship support, determining how and at which point post-injury such support would be beneficial, and the acceptability of attachment informed relationship support among veterans and their partners.

Development of a guidance tool for clinicians, veterans, and their partners

The delegates agreed that the development or adaptation of a guidance tool for use by clinicians, health professionals, and others working in a supportive role with combat-injured veterans with appearance-altering injuries would be a valuable contribution to addressing the gaps in knowledge and

support. The development and implementation of the guidance tool would aim to be of benefit to both those working with combat-injured veterans who may previously have been reluctant to talk to veterans and their partners about appearance and relationship concerns and to veterans and their partners who may also have been reluctant to speak about such issues.

The guidance tool would aim to facilitate discussions initiated by support providers, with veterans and their partners, to consider the possibility that combat-related appearance-altering injuries may result in appearance related-concerns and associated relationship difficulties, to encourage support providers to normalise such challenges and, to explore such concerns with veterans and their partners. In the absence of any current existing support, the delegates considered this a research priority.

In the first instance, this would require a program of research to identify the key issues and areas of concern experienced by veterans with appearance-altering injuries, and their partners. This research should aim to determine factors contributing to positive relationship experiences and outcomes, including amicable termination of relationships, and challenging experiences and outcomes. The identification of 'risk' and 'resilience' factors would form part of this work. The research should also include those currently working in a supportive role with combat-injured veterans to help determine the content of the guidance tool.

The research would inform the development of an evidence-based guidance tool for use across the various temporal stages of recovery. The tool could include guidance for those providing support and, depending upon the evidence that is generated, address: how and when to sensitively broach the subject of appearance and relationships; risk factors and the types of issues that may commonly be encountered; suggestions for treatment modalities; and, guidance on how to support the veteran and/or their partner through the amicable termination of a relationship.

Delegates also discussed the possibility of exploring ways in which the guidance tool could be supplemented with complementary psychoeducational materials for veterans. Issues such as the goals and purpose of these materials as well as their format, content, distribution, and ultimate desirability and utility would be informed by the research process.

Following development, the tool would be evaluated for its feasibility and acceptability by those who it is intended would use it (support providers) and benefit from it (veterans and their partners).

One consideration the delegates raised was whether the guidance tool should focus on romantic relationships in the context of appearance-altering injuries only, or if the scope should be broader to any veteran with a combat-injury, any veteran with a non-combat related appearance-altering injury, or any veteran at all. This would be determined as part of the program of research.

Appearance-altering combat-injuries and relationships – the broader approach

Throughout the days' discussion, the delegates highlighted how the matter of appearance and relationships exists within the broader context of the overall severity and physical nature of the veterans' injuries. Combined with the proposition that appearance and relationships might be considered 'taboo' topics, the delegates suggested that a research project encompassing the broader injury experience in terms of the impact on romantic relationships might be more beneficial in addressing the identified gaps in knowledge and support.

The impact of appearance and relationship concerns would be relevant here, but this project would involve a broader emphasis on other domains such as veterans' health and well-being, professional life, personal and social identity, social relationships and networks, cultural positioning, and engagement in, with and by communities. This project would be framed by Military Transition Theory (Castro, Kintzle, & Hassan 2014), representing a theorised and structured conceptualisation of the short, medium, and

long-term configuration of adjustment to injury that the delegates drew on in the Jamie Taylor exercise. This project would address the three phases of military to civilian transition: approaching the military transition, managing the transition, and assessing the transition with key outcomes including work, family, health, general well-being, and community (Castro, Kintzle, & Hassan 2014). It would place specific focus on veterans who sustained physical combat-injuries.

The delegates highlighted that this would need to be a large-scale project likely requiring a longitudinal approach that would mean the need for prolonged funding. Moreover, it was discussed how this might overlap with the existing ADVANCE study. Addressing this research area was considered important but would necessarily require a long-term commitment.

Objective 4: Consider how best to respond to these research questions

The delegates were unanimous in agreeing that these three research questions/areas justified further research attention as they could significantly address the gaps in knowledge and support identified by objective 1. In addition to gaining an understanding of the experiences of existing veterans and developing support materials that may be beneficial to that population, it was considered important that future cohorts of injured veterans and those whose injuries were not incurred during operational deployment benefit from the application of the envisaged work. Furthermore, delegates expressed the desire to aid the broader, civilian population, noting that, in time, civilian medicine often benefits from incorporating advances made in military medicine. The delegates also considered how future research should be inclusive and actively seek to represent those of varying sexual orientations, diverse ethnicities, and female and non-binary military personnel and veterans. Using quota sampling could be one approach to doing inclusive research.

After weighing the benefits and challenges expressed above regarding dyadic studies, the delegates agreed that research including veterans and their partners would be best conducted separately rather than as dyads. Including and representing partners in future research was however, considered essential.

Three approaches to addressing the research questions were proposed and discussed by the delegates:

1. Overcoming the challenge of researching partners:

Preliminary research focussed on members of the Guinea Pig Club

One suggestion regarding the involvement of partners, that could minimise ethical concerns inherent in researching on-going relationships more recently impacted by appearance-altering injuries, was to draw on the experiences of members of The Guinea Pig Club, their partners, and their families. As this would involve an older cohort, namely, veterans from the World War II era, this approach would enable a lifetime perspective to understanding the impact of appearance-altering injuries on relationships. A lifetime perspective could afford an understanding of the breadth and depth of appearance concerns and the interaction with romantic relationships. In addition, this approach might provide access to the experiences of veterans and partners who had long-term relationships.

While this approach presents many benefits, the delegates identified that a significant amount of time had passed since members of the Guinea Pig Club were injured. This may result in difficulties with recall, especially when considering the age of many of the Guinea Pig Club members and their partners. More importantly, there may be cohort or generational effects. Broad and fundamental differences in the social context within which they were injured and that which subsists now may jeopardise the transferability and relevance of any findings to veterans of more recent and, indeed, future conflicts. The delegates concluded that while research with the Guinea Pig Club members, their partners, and their families, could add to knowledge, these differences would mean that this approach would not necessarily address the identified gaps in knowledge and support relevant to the current and future cohort of injured veterans.

2. Research to develop a guidance tool

Delegates considered that the development of guidance for professionals engaged in supporting veterans, coupled with psychoeducation materials for veterans, would represent the most effective and viable short-medium-term project with a clear output and the potential for significant impact. This would include conducting research to inform the development and/or adaptation of a tool for those working with combat-injured veterans with appearance-altering injuries.

Two of the delegates suggested the adaptation of an existing resource, HARDFACTS. This is currently used by the Ministry of Defence and addresses the following topics: Health and stress, Accommodation, Relocation, Drugs and Alcohol, Finance, Attitude, Children & family, Training and education, Supporting agencies. The suitability and utility of the HARDFACTS tool for use in the context of supporting those with appearance-altering injuries would be determined by the proposed research.

The delegates agreed that development or adaptation of a guidance tool would require:

- a) Qualitative research with relevant veterans, their partners, and those working with them, to understand their relationship experiences in the context of appearance-altering injuries, identify potential areas to target or address in a guidance tool, identify anticipated benefits and challenges to developing and implementing the tool, and preferences for format and content.
- b) Quantitative research to determine factors associated with various relationship experiences, strengths and challenges, in the context of appearance-altering injuries, which could be targeted in the tool.
- c) Action research involving the implantation of the tool to assess its feasibility, acceptability and effectiveness as perceived by those providing support and utilising the tool, and by the veterans, and their partners receiving support guided by the tool. This might lead to further development and refinement of the tool and further rounds of this process.
- d) Evaluation of the feasibility, acceptability and effectiveness of the tool once fully implemented.

In order for this research to be successful, delegates considered that:

- The qualitative research could be achieved by undertaking a series of linked studies, utilising modified and tailored methods with different groups of participants such as offering the choice of focus groups or individual interviews to veterans, veteran partners, and service providers. The composition of focus groups would need to consider factors such as age, military cohort, nature of injuries, rank, and familiarity with other group members. These factors would likely influence group dynamics and the willingness of participants to contribute openly.
- Public involvement work throughout the entirety of the project with veterans with appearance-altering injuries and partners of veterans with appearance-altering injuries will be crucial. However, this could be challenging with a smaller potential pool of participants.
- The research could be conducted in conjunction with events, such as residential trips organised by support organisations. As well as being convenient for recruitment, recruitment in the context of an existing event could mean existing peer and formal support might be on hand should any concerns or challenges arise as a result of participation. This is pertinent in light of the previously highlighted challenge of limited resources and services being available for onward signposting should participants experience distress due to participation.
- Story completion, entailing remote, written participation at the participant's leisure, was discussed as a viable approach to conducting research with the partners of veterans, who may reasonably be assumed to be time-deprived and have many competing demands placed upon them. This method

would also negate some of the difficulties of group logistics, composition, and dynamics that have already been identified in connection with research involving partners of veterans;

- Experiences of successful relationships should be targeted; focusing on what veterans and their partners feel has been beneficial to their relationships and facilitated healthful adjustment would be especially beneficial to the development of the guidance tool;
- It could be invaluable to capture the experiences of ex-partners, although identifying and recruiting this population may be challenging;
- Developing materials that have a personal feel or storied orientation may be particularly powerful and useful for this population. The delegates also indicated that something that is distinct from the general civilian population and tailored to the circumstances of veterans might be desirable. These considerations could be addressed in the research;
- As identified above, the use of small 'thank you' payments and the provision of a valued benefit to the individual participant or the population from which they are drawn should be included. Ensuring the research is beneficial to families and children of veterans and their partners may be important in this regard.

3. Large-scale study to investigate transition to civilian life in the context of combat-injuries

The second potential stream of work that delegates considered viable was a longer-term, large-scale, project focussing on injured veterans' transition from military to civilian life in the context of recovery from their injuries. This research would be informed by Military Transition Theory (Castro, Kintzle, and Hassan, 2014) and therefore the key pillars of employment, physical health, mental health, community reintegration, and family would be critical components to explore, individually and to the extent that they may interact and influence one another. Within the scope of this work, relationships and appearance would be important but not the sole focus. Instead, they would be captured in their interactions within and across the key pillars.

This research would prioritise the identification of risk factors or points across transition that may make injured veterans particularly vulnerable to poor outcomes in these key domains. These may vary depending on an individual's position in their transition or recovery, individual differences related to pre-military experiences, and pre and post-injury experiences.

It would be crucial to explore protective factors and those that facilitate positive outcomes. As with the potential research programme identified above, this would necessitate the inclusion of veterans and their partners who have enjoyed a healthful, supportive, enduring relationship in order to learn from their experiences and identify the factors that facilitated or contributed to this. Indeed, relationship history and dynamics should be explored in detail in order to ascertain how these are important to the survival of the relationship and its ability to thrive and how they may contribute to other key outcomes.

It is within this scheme of research that delegates thought the importance of attachment styles, of the veteran, the partner, and the combination of the two, could be explored. This was something that the delegates' previous research and experience suggests may be central to the ability of a relationship to subsume an appearance-altering injury, overcome challenges it may pose, and subsequently grow or become stronger, but which required further, dedicated exploration.

This second stream of work may build upon the first and, in that respect, it could be possible to plan and conduct the first with this second, larger project in mind so that the outcomes and findings may be applied and utilised in this further work.

Going forward

Two streams of work were deemed necessary, appropriate, and viable to address the gaps in knowledge and support determined by objective 1, while considering the barriers and challenges identified by objective 2.

Going forward, conducting the research to develop the guidance tool is considered a priority. A research proposal is to be developed and an application for funding is to be submitted to an appropriate research council/research funding organisation in order to secure the funds needed to undertake the required program of work. Where viable, delegates will work collaboratively in the development of the proposal and, if funding is secured, work in collaboration to conduct the research, develop, evaluate, and implement the guidance tool.

Development of the large-scale project will be considered against the progress and outcome of the first project with the desired aim of continuing this program of work to further address the gaps in knowledge and develop support where identified as necessary.

All future research will be committed to being representative of the diversity of the British military in terms of sexual orientation, ethnicity and gender.

Summary

To date, research specifically examining the experiences of combat-veterans in terms of their romantic relationships, following an appearance-altering injury has been overlooked. Moreover, specially tailored support for the romantic relationships of combat veterans who have sustained appearance-altering injuries appears limited. Research and public involvement work conducted as part of the UNITS study, highlighted a potential need for research and support in this area.

A program of work specially designed to ignite investigation and efforts in this specific area included a small-scale qualitative interview study and a stakeholder workshop attended by relevant support service and academic delegates.

This report has presented the objectives, activities, and outcomes of the stakeholder workshop, highlighting gaps in knowledge and support, identifying challenges to researching this specific population of veterans, and their partners, defining research areas and questions that if attended to could address the gaps in knowledge and support, and determining a short-medium term and long-term research priority.

Conclusion

A stakeholder workshop bringing together key academic and support service delegates demonstrated the value of seeking the experiences of those currently working with veterans with combat-injuries to provide a holistic understanding of the impact of combat-related appearance-altering injuries on veteran's romantic relationships and any unmet support needs. The workshop was successful in addressing its objectives, having identified relevant gaps in knowledge and service and determining a program of future research. Moreover, the stakeholder workshop ignited new collaboration and the potential for conducting research that will not only address gaps in knowledge, but also lead to the development and implementation of needed support, and create real impact for the veteran and armed forces community.

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