



Living alongside military PTSD: a qualitative study of female partners' experiences with UK Veterans

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ABSTRACT

Introduction: An increased risk of emotional burden in partners of military Veterans with mental health difficulties has been observed. This study aimed to explore the experiences and needs of female partners of Veterans seeking help. **Methods:** Our sample of eight female partners was drawn from a population of help-seeking Veterans who had received treatment for PTSD. Qualitative data were collected using a semi-structured interview schedule. **Results:** Super-ordinate themes of *challenges faced*, *desired type of support*, and *barriers to support* were each described by a set of sub-themes. Challenges faced were described with the themes of inequality in relationship, loss of congruence with own identity, volatile environment, and emotional distress and isolation. Desired type of support was described by the themes of practical focus on improving, sharing with fellow experts, and support tailored to the partner. Barriers to support were described by the themes feeling restricted by practical barriers and ambivalence about the involvement of others. **Conclusions:** Interventions to support partners of Veterans with mental health difficulties need to address their individual needs, focus on practical techniques, and consider practical limitations.

Key words: Veterans, military, partners, carers, family, PTSD, mental health

RÉSUMÉ

Introduction : Le risque accru d'un fardeau émotionnel des partenaires des vétérans(e)s militaires avec des problèmes de santé mentale a été identifié. Cette étude visait à explorer les expériences et les besoins des conjointes de vétérans qui demandent de l'aide. **Méthodes :** Notre échantillon qui comprenait huit conjointes a été établi à partir d'une population de vétérans demandant de l'aide et qui recevaient des traitements pour l'état de stress post-traumatique (ESPT). Nous avons recueilli des données qualitatives en utilisant une grille d'entrevue semi-structurée. **Résultats :** Les thèmes principaux 'les grands défis', 'le type de soutien désiré' et 'les obstacles au soutien' ont tous été définis selon des sous-thèmes. Les grands défis ont été définis par le recours aux thèmes suivants : l'inégalité dans la relation, l'absence de cohérence dans leur propre identité, un environnement volatile et la détresse émotionnelle, ainsi que l'isolement. Le type de soutien désiré a été décrit par les thèmes pratiques qui se portent sur l'amélioration, le partage avec les autres expert(e)s et un soutien adapté au partenaire. Les défis au soutien ont été décrits par les thèmes de restrictions de barrière pratique, et des ambivalences des autres groupes. **Conclusions :** Cette étude a décrit les défis vécus par les partenaires de vétérans(e)s avec des troubles de santé mentale. Les interventions pour cette population doivent prendre en considération leur besoin individuel, se concentrer sur les techniques pratiques et prendre en considération les limites pratiques.

Mots clés : partenaire, conjoint, conjointe, carrière, vétéran, vétérane, militaire, ESPT, traumatisme

INTRODUCTION

Over the past decade, research has examined the mental health difficulties experienced by Veterans worldwide,^{1,2} showing a fourfold increase in the number of Veterans seeking help for mental health difficulties.³ However, less attention has been paid to the needs of Veterans

intimate partners, despite findings indicating that more than half of help-seeking Veterans were in a spousal relationship.^{4,5} Research by US Veterans Affairs has suggested that many military partners suffer from mental health difficulties, including depression, anxiety, sleep disorders, and acute stress reactions.⁶⁻¹⁰

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Poorer mental health outcomes among partners have been associated with increasing severity of PTSD symptoms in their Veteran partner.¹¹ This association has been found to be greater in Veteran groups compared to non-Veterans and in groups with a diagnosis of PTSD compared to groups diagnosed with other mental health difficulties.^{12,13} One suggested explanation for this pattern is the influence of the interpersonal challenges of avoidance and emotional numbing often present in PTSD,¹⁴ which may have a detrimental effect on relationship quality.¹⁵ For example, qualitative research has described these symptoms as contributing to a dynamic that exacerbates conflict and impairs the couple's capacity to communicate.¹⁶ Research has also described a gradual process of the partner's becoming enmeshed in the Veteran's pathology¹⁷ and suggested that this may lead to the partner's experiencing similar symptoms to the Veteran, a phenomenon known as *secondary traumatic stress*.¹⁸

Mansfield et al. have found evidence that Veterans' partners desire support to manage the Veterans' mental illness.¹⁹ They suggest that improving relationship quality can lead to a reduction in the severity of a Veteran's PTSD symptoms.¹⁴ Involving partners in Veterans' treatment has also been shown to improve Veterans' treatment outcomes,²⁰ and improving Veterans' mental health issues may reduce their own mental health issues. However, researchers have cautioned that partners' ability to play this supportive role can be compromised by their own increased risk of mental health difficulties.²¹

In the United Kingdom, despite the reported burden on partners' mental health, there has been little research aimed at understanding their experience and needs. Our study therefore explored the challenges faced by intimate partners of UK Veterans who had recently received treatment for military-related PTSD. This research could be used to inform treatment for partners of Veterans worldwide. Using a qualitative methodology to explore the role played by partners from their own perspective, we investigated the following research questions:

- (a) What are the experiences of partners supporting Veterans with PTSD?
- (b) How they would like to be supported in doing so?

METHODS

Design

Our study used a qualitative approach to explore the experiences of partners of Veterans with mental health

difficulties. We chose Interpretative Phenomenological Analysis (IPA) as the preferred methodology because we were interested in understanding the lived experiences of participants from their perspective.²² IPA has proved effective at yielding accounts of integrated experiences and has previously been used in research with Veteran partners in different settings.²³

Setting

Participants were recruited from a population of help-seeking Veterans who had received a formal diagnosis of PTSD and completed treatment with Combat Stress (CS), a national mental health charity that offers clinical services for UK Veterans with mental health difficulties. CS is funded by the National Health Service and independent stakeholders; veterans are either referred by a GP or other medical professional or self-refer to the charity. We considered CS the appropriate setting for recruitment because it provided access to a UK-wide population with diversity in military branch and deployments.

Sample

We recruited female partners by gaining permission for contact from Veterans (defined as an individual who had served at least one day in the UK armed forces) who had attended a treatment program for PTSD over the previous 18 months. Inclusion criteria for the sample were that (a) the partner had been in an intimate relationship with a Veteran for at least one year, and (b) their Veteran partner had a diagnosis of military-related PTSD. Of 144 Veterans eligible for inclusion in the study, we randomly selected a sample of 10 partners, informed by research suggesting that between 5 and 10 is the optimum sample size for studies using IPA.²⁴ However, one partner was used as a pilot case and another was excluded because she decided to opt out of the project; therefore, our final sample size was eight. This number of participants is considered sufficient to allow themes to emerge and to reach a saturation point for new ideas within a relatively homogenous sample. Partners varied in age, relationship duration, and Veteran military experience, creating a representative sample, but all were female and heterosexual. The majority of Veterans had served in the Army; while this distribution reflects the typical presentations of Veterans to CS, this may have led to veterans from other branches of the military being under-represented.

Data collection

After developing a semi-structured interview schedule to elicit qualitative data in line with our research questions

and allow for flexibility around the participants' experiences, we piloted the schedule with one partner to ensure acceptability. Participants were asked three set questions about their experience of being in a relationship with a Veteran with PTSD:

- (1) Could you tell me about your experience of being in a relationship with a Veteran with PTSD?
- (2) What are the most challenging things about it?
- (3) What has the impact been on you, your relationship and your family?

Partners were then asked four set questions regarding support:

- (1) What support have you previously had and was it helpful?
- (2) What sort of support would you like?
- (3) What would stop you from accessing this support if it was available?
- (4) What would encourage you to access this help if it was available?

The set questions were followed by a series of exploratory prompts, such as "What was it like to experience that?" and "What was your role?" One of the authors (EP) conducted all interviews and transcribed them verbatim. The interviews ranged from 30 to 60 minutes in length, as guided by the participants. Participant demographics were collected via a written questionnaire.

Data analysis

The interview transcripts were analyzed based on the established guidance for IPA,²⁵ which involves a process of initial familiarization, re-reading and noting of the transcript, collating interpretive statements, developing emerging themes, and then grouping these themes based on connections. The same author (EP) who conducted the interviews also analyzed each transcript, following the procedure outlined above, in order to preserve interpreter singularity in the double hermeneutic employed in an interpretative approach. Discussion with co-authors (DM and KH) about the derived themes served the process of triangulation, ensuring that the themes were accurately reflected in the raw data.

We combined the emerging themes of a sense of responsibility, making sacrifices, and unequal energy exertion by the partners to create a more general theme of *inequality in the relationship*. Throughout the analysis process, several themes of psychological difficulties

emerged, including depression, anxiety, and helplessness; we created a sub-theme of *emotional distress and isolation* to encompass these connected themes. The super-ordinate theme of *practical barriers* was created to bring together participants' concerns in many areas of support, such as cost, travel, time, and effort. Finally, one of the initial themes – that of a partner having an interest in something to help them but not knowing what – was discarded due to a lack of clarity.

Ethical considerations

We obtained informed written consent from each participant before the interview, highlighting their right to withdraw at any time. While our recruitment used the Veteran as a conduit, once the Veteran had consented to our contacting his partner, the partner's confidentiality was assured. All participants were offered debriefing following the interview and given guidance on how to seek further support if required. Ethical approval for this study was granted by the Combat Stress ethics committee.

RESULTS

Sample

Table 1 outlines participants' demographic characteristics, including details of each participant's relationship and her Veteran partner's military history. The sample was all female, but covered a range of ages, relationship types, and military backgrounds similar to those of the general population of Veterans seeking treatment from CS.

Results of IPA

Analysis of the transcripts yielded three super-ordinate themes, each described by several sub-themes (see Table 2). The first describes the challenges partners faced; the second outlines their desired type of support; and the third outlines the barriers to accessing such support.

Super-ordinate theme 1: Challenges faced by partners

This theme encompasses the challenges participants faced in caring for their unwell Veteran partner.

Inequality in relationship

Participants described practical and emotional inequalities in their relationships. For example, activities and decisions were solely oriented to the Veteran's needs, while the partner performed a disproportionate amount of everyday

Table 1. Participant Demographics

Participant no.	Age bracket	Length of relationship (years)	Living together	Living with dependents	Veteran's length of service (years)	Veteran's service	Veteran's rank	Veteran's role	Veteran's discharge
1	30–39	2	No	Yes	2	Army	Private	Combat	Medical
2	40–49	9	Yes	No	11	Army	Lance corporal	Support	Medical
3	40–49	15	Yes	Yes	7	Army	Private	combat	Voluntary
4	40–49	16	Yes	Yes	8	Army	Private	Non-combat	Medical
5	50–59	38	Yes	Yes	6	Army	Private	Combat	Voluntary
6	70–79	51	Yes	No	38	Army	Chief petty officer	Support	Voluntary
7	50–59	14	Yes	No	9	Army	Private	Combat	Other
8	50–59	2	Yes	No	9	RAF	Corporal	Support	Redundancy

Table 2. Master list of super-ordinate themes and sub-themes

Super-ordinate themes	Sub-themes
Challenges faced	Inequality in relationship Loss of congruence with own identity Volatile environment Emotional distress and isolation
Desired type of support	Practical focus on improving Sharing with fellow experts Tailored to the partner
Barriers to support	Feeling restricted by practical barriers Ambivalence about involvement of others

responsibilities, resulting in a great strain and sacrifice from the partner's perspective:

He doesn't do anything. He watches television ... he goes on his computer ... and sits and reads. I have to do absolutely everything! He won't help, he won't do anything although I am having great difficulty.

I don't do things I like to do or say can we go here because of the effect it will have on him... Nothing else matters but how things affect him ...

This inequality resulted in partners feeling they must compromise on fulfilling their needs:

It's like I am invisible. Even though I feel rubbish or don't feel well, he will still expect to be waited on. It's ... well... You gotta do it!

I feel like his carer. And that he is taking me for granted. Because all the sort of ... companionship of doing anything together at the moment has gone ... completely.

Relationship inequality was also reflected tangibly in different standards for financial spending:

I feel like every penny I spend is being monitored and he spends willy nilly sometimes ... and it's like ... no that's not quite how it should be.

Some partners also mentioned discomfort about the inequality on the part of the Veteran partner:

He's not bringing anything into the relationship, it hurts him that he can't do that. He thought I would end up leaving him because of that.

Loss of congruence with own identity

Linked to but distinct from relationship inequality, partners described a loss of congruence with their own identity and personality traits. They have had to adapt certain attributes, which has led to sense of suppressing their true self:

I am quite feisty and I stand up for myself and you know ... if it upsets you then tough, in a way.

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That sounds harsh ... but I like to get my opinion across ... Now I feel as though I can't be that person. I've gone into a shell ... I feel like I am in the shadow.

I was always sort of like the introverted person ... you know the quiet one. And [Veteran] was always very outgoing, you know could talk to anybody ... and now we've had to have a complete role reversal... I've had to become the man of the house.

This phenomenon was reflected in behaviours as well as in adaptation of traits:

I can't go out and just have a coffee with somebody else, because I am needed at home or I am needed to be somewhere with [Veteran]. Time to myself is just something I cannot get.

Volatile environment

Participants reported feeling significant negative affect from their Veteran partner, which they found particularly challenging to deal with because of its unpredictable nature:

I don't know how he's gonna be from one day to the next really ... It's just one minute he can be OK and the next minute he is different ...

One day they are not too bad, the next day ... he's quite bad and you know ... different things will set it off. It's just you don't know on a day-to-day basis how that day is going to go ...

He draws into himself and gets very sharp and snappy at everybody and everything ... And just wants to be left alone. And then other times, he's just overly happy! And overly ... telling jokes and things ... He goes from one extreme to the other.

Several participants used the metaphor of "walking on eggshells," which resonated with the impact of the volatile environment on how partners moderate their behaviour to the context. It implies a sense of continual anxiety:

You are permanently walking on eggshells ... I just feel constantly on edge, you know ... you are frightened to voice an opinion.

You know, we are all walking on eggshells all of the time. We have to. When he's on a really bad day ... we just have to do what he has to do ...

Emotional distress and isolation

As described by participants, living with a Veteran with PTSD created significant emotional distress, involving often relatively passive feelings of sadness and frustration. Their distress seemed to be heightened by the lack of an outlet for its expression, linked to the above themes of loss of congruence with own identity and of living in a volatile environment, which had both mental and physical impacts on their energy levels and their behaviours, such as eating and sleeping:

Some days I feel sad ... other days I feel frustrated, I suppose upset really.

I end up sort of ... shattered. Physically shattered and emotionally shattered.

I became quite ill really ... lost a lot of weight. But the stress is getting to me in terms of not being able to eat, and nightmares. Yeah it has been really tough.

Some participants reported the extent of their emotional distress reaching clinical levels, specifically depression, which they attributed to dealing with the mental and emotional impact the Veteran has on them:

I've got no confidence and that anyway, so it's just pulling me down a lot ... it triggered my depression, cos I have suffered for years ...

Very drained. Erm ... near to tears, in fact, in tears quite a few times. I just don't ... I can't cope with it myself. I have got depression myself, which is probably from it all ... dealing with all of this.

The distress participants described was exacerbated by emotional isolation, as they lacked opportunities for support and emotional containment, both from their Veteran partner and wider social support:

I feel sometimes I am quite alone. I've got no one to talk to ... And others not in this situation ... they don't understand.

Sometimes it's quite upsetting, and I have nobody to talk to when I get home. So it does, yeah ... I just feel our relationship is ... we are more like two individuals now.

Super-ordinate theme 2: Desired type of support

This theme encompasses the connected ideas generated by participants around the concept of what types of beneficial support they needed.

Practical focus on improving

Driven by a desire and a sense of responsibility to improve the well-being of their Veteran partners and their families, participants expressed value in practically oriented learning about what to do or say. Beneficial support would consist of advice being provided, instead of or in addition to space to express thoughts and feelings:

How to approach them really ... if they are having a bad day. You know, what is the best action to take or things to say. You know some days, I just don't know what to say ...

As long as it's constructive and you are talking about strategies of dealing with it ... then it's great. [What] I wouldn't like is having a place to just air ... kind of ... all the negative things that go on. (8, 4, 14)

I want to learn as much as I can about PTSD and the treatment ... Perhaps if I understood more about the whole PTSD and triggers, it might help.

Sharing with fellow experts

Participants reported a need to share their experiences with fellow experts, in terms of both peers experiencing the same thing and professionals with in-depth knowledge of their situation. This kind of sharing provided reassurance through normalization and confidence that their experiences would be understood. This theme expresses participants' sense of distinction from those not deeply familiar with their context:

That has been good to know ... that there is someone else out there going through the same thing. It is reassuring ... because it's all about the sufferer isn't it?

I just want someone really who can understand it. So they can say maybe that's happening because of so and so.... Probably someone with training or someone in the same position as me.... So another wife or partner of somebody with PTSD. If you don't live it, you don't know it do you?

Tailored to the partner

Building on the theme of sharing with fellow experts, partners expressed the value they place on support that is specific to them – that is, both support aimed at them as partners, rather than at the Veteran, and support tailored to their personal situation:

Just something that made it about you, rather than about your husband or your wife or whatever.

A [phone line] is a little bit impersonal ... It's almost ... having somebody who know your situation a bit and somebody who can listen and provide advice to *you*. Not just, right ... this is the situation so they could try ... this.

Super-ordinate theme 3: Barriers to support

This theme is connected to aspects of support that participants were concerned about and thought would need to be addressed in order for them to engage in seeking help.

Feeling restricted by practical barriers

Partners had experienced practical barriers to support across specific areas of travel (time and financial barriers), work commitments, and feeling unable to leave their family or caring duties:

You know it's the drive ... and plus I'd have to stay somewhere so it's finances as well.... So you know, that is a bit of a barrier.

Cos I work it would be ... obviously I wouldn't want to be talking about it at work, cos it's private ... It's the hours of it really ... outside working hours, of an evening really.

I had a weekend away before, and there was an incident between him [Veteran] and my son ... which triggered everything off. So, now, if I go out again, is it going to happen again?

Ambivalence about involvement of others

Contrasting experiences were reported, both between and within participants, about direct involvement of others in the support they received. Some expressed concern about group settings or about including their Veteran partner in any support they experienced, which they felt could reduce their ability to express themselves honestly:

At some of those things [group sessions] ... there are stronger characters and they dominate. By the time they finished talking the time is up!

Maybe even when [Veteran] isn't there ... cos you know there are things I want to say that I don't really want him to hear ... cos it might upset him.

I think he'd be quite upset if I asked for any help.... I wouldn't want to upset him and I know he'd be upset

In contrast, and in line with the theme of sharing with fellow experts, participants found value in experiences of meeting face to face with people to form a relationship:

So if I could go and physically sit, and have a coffee with someone ... you know make friends in that way. [Name] lived not far from me ... so we met up and chatted face to face, that was nice.

DISCUSSION

Our study examined the lived experience of partners of Veterans with military-related PTSD. Three super-ordinate themes emerged from the interviews: the challenges partners faced, the desired type of support they felt would be beneficial, and the barriers to accessing this support. The *challenges faced by partners* encompassed four sub-themes: inequality in the relationship, loss of congruence with one's own identity, volatile environment, and emotional distress and isolation. The *desired type of support* encompassed three sub-themes: practical focus on improving, sharing with fellow experts, and tailored to the partner. *Barriers to support* were described by sub-themes connected to feeling restricted by practical barriers and ambivalence about involvement of others.

In many ways, the themes describing the challenging experiences of this sample of partners in many ways align with previous research findings highlighting the increased burden and distress that partners of Veterans undergo compared to partners of civilians.²⁶ The theme of *emotional distress and isolation*, describing mental strain without an outlet for containment, which participants attributed to being exposed to their Veteran partner's challenging PTSD symptoms, supports the quantitative links observed between severity of PTSD and partner distress.¹¹ Attempts at coping mechanisms (e.g., avoiding conflict by suppressing their own emotions) appears to have had the compounding effect of partners *losing congruence with their authentic identity*, which has been shown to affect both well-being and relationship quality.²⁷ This effect seemed to be further compounded by the perceived *inequality in relationships* in which decisions are often out of the partner's control and relational benefits are minimal. The *volatile and unpredictable* nature of the home environment suggests that consistent helpful coping mechanisms may be difficult to apply and points to a continual state of anxiety that will ultimately lead to a reduction in resilience.

Implications

This study documents several challenges faced by military partners in their relationships. The implications of the findings have the potential to improve treatments in clinical practice. For example, our findings suggest that psychological interventions should address each of the interpersonal challenges faced by providing partners with appropriate coping strategies. The common issues of inequality and volatility observed in this study could be addressed through psycho-educational sessions on communication and anger management techniques. Themes of emotional distress and isolation suggest that social skills and mood management should be explored to improve the relationship and thus reduce symptoms of mental illness in partners. These findings align with the approach of current programs used with military partners in the United States, such as the SAFE program.²⁸ Loss of congruence with one's own identity, on the other hand, is not covered in currently existing psycho-educational programs; our findings suggest that this issue should be added to the treatment program.

While participants often reported having received little formal or informal support, several themes emerged that described the characteristics of the support they believe would be beneficial. These findings can help to improve the interventions currently in use, in order to produce better treatment outcomes, and to develop a suitable model for use in the United Kingdom. The drive to improve family well-being underpins participants' desire for support that provides practical advice and techniques. Proactive psycho-educational interventions offered to Veteran families in the United States have been shown to reduce caregiver distress;²⁹ however, our study also highlighted the need for support to be tailored specifically to meet each partner's individual needs, rather than offering generic advice. Participants also expressed a desire for opportunities to share with fellow experts; perhaps treatments could benefit from incorporating group psycho-education sessions with individualized treatment, to balance these two themes. The themes of tailoring support and sharing with fellow experts would help to ensure that partners feel understood by those involved in designing and delivering support, which could be important in surmounting barriers to accessing support.

Within the theme of *barriers to support*, participants emphasized that they felt restricted in seeking treatment

by practical barriers. A wide range of logistical concerns was reported, in keeping with the demanding role of a caregiving partner, including concerns relating to work, family, caring, and financial and travel restrictions. In line with discussions in the wider field, this finding highlights the importance of logistical barriers to help-seeking.³⁰ Research has also shown that stigma is a key barrier to seeking help for military personnel with mental health problems, and it is possible that their partners experience a similar barrier.^{30–32} Therefore, when this research is incorporated into clinical practice, interventions should be tailored to the partners' schedules and perhaps be administered online, by telephone, or in the community to limit practical barriers. Participants also expressed ambivalence about group settings and the involvement of their Veteran partner, revealing a conflict between their drive to help their Veteran partners and their need for support tailored solely to themselves. These implications for delivery and format need to be considered carefully when designing support for partners that will be both accessible and effective.

Strengths and limitations

To our knowledge, this is the first study in the United Kingdom to examine partners' experiences of living alongside a Veteran with PTSD and their related experiences of support. The sample was heterogeneous in age, relationship duration, and living situation (whether the couple lived together and/or with dependents). Because our sample also varied in terms of military experience – participants' Veteran partners differed in rank, duration of service, combat experience, and type of discharge – we were able to explore themes that may be relevant to a wider military group, rather than being restricted to a single conflict. On the other hand, seven of the eight Veterans served in the Army, which limits the generalizability of our findings to other military services. Furthermore, all participants were female and in heterosexual relationships, which means that the themes raised may not be generalizable to male and/or same-sex partners. However, our sample does align with the majority male population serving in the armed forces and with previous research showing that rates of PTSD are higher in the Army than in the RAF or the Navy.³³ Finally, setting our research within the same entity from which participants' Veteran partners received treatment may have introduced biases into participants' descriptions; to address this possibility, the interviewer highlighted both their independence from the clinical work of the entity and the anonymity of the interview data.

Future research

Implications of this research could help to inform models of treatment for military partners to suit their needs and their desired types of support. Future research should focus on how best to address relationship challenges and overcome barriers to partners' seeking support. Furthermore, our study explored only the experiences of current Veteran partners; therefore, it would be beneficial for research to focus on ex-partners, whose experiences may differ. A comparison should be conducted to see whether partners' experiences differ between Veterans who have not sought help and those who have. Finally, previous studies have found that the longer a Veteran takes to seek help, the more severe their psychological symptoms are.³⁴ A further area to explore, therefore, would be the length of time between Veterans' leaving the armed forces and their seeking help and the effect this has on their partners.

CONCLUSIONS

This study has begun to describe the challenging experience of being in a relationship with a Veteran struggling with PTSD symptoms. The internal challenges of emotional distress and loss of congruence with one's own identity and the external challenges of inequality in the relationship and living in a volatile environment provide a sense of the multi-dimensional stressors experienced. Our findings suggest that interventions to support military partners need to address their individual needs and focus on practical techniques. Important practical considerations need to be taken into account to ensure that such support is accessible and attractive. Further work is needed to elucidate the specific design and delivery of effective interventions to support partners in their challenging, but vital, role.

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Dominic Murphy selected the research questions and data set, analyzed the results, and drafted the manuscript. Emily Palmer, Kate Hill, Rachel Ashwick and Walter Busuttill conducted the literature search, analyzed the results and edited and revised the manuscript.

COMPETING INTERESTS

The authors have no conflicts of interest to declare.

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