Military families and children represent a heterogeneous population and live in geographically diverse settings: on military installations, in civilian urban and suburban communities, and in rural areas across the country. While military families are generally robust and resilient, the stress of war (combat deployments, combat injury, illness or death) challenges the healthiest of families, be they active duty, National Guard or reserve.

Combat injury is a life-changing event that impacts the service member, his or her children, as well as other family members and loved ones. Parental injury disrupts a family’s routines, cohesion and sense of safety. Existing patterns of parenting undergo change as both injured and uninjured parent cope with complex emotions and the complicated reality of medical treatment and rehabilitation. Children are particularly vulnerable and often adults do not know how to speak to them about the injury, or how much and what kind of information to share.

Many military families and children will demonstrate initial distress in response to combat injury that is likely to be temporary. However, a number of children may sustain life-changing trajectories in their emotional development and their interpersonal relationships. Experts in military medicine and the traumatic effects of combat injury on families and children have developed the following principles of care to guide the outreach of hospital and community-based professionals in military and civilian settings.

As health care professionals, your role is invaluable and needed in caring for the families of combat injured service members. Your understanding and implementation of these principles of care can profoundly impact the health and recovery of injured service members and their loved ones. Remember, there is no such thing as a combat injured service member — think combat injured family.

Care and services should be delivered in a manner which:

- Provides a sense of safety, comfort, information, practical assistance and connection to appropriate community resources that can foster the combat injured family’s healthy recovery.
- Is family focused to help relieve family distress, supports parental availability and effectiveness as much as possible, and helps guide a parent’s efforts in communicating with their children about the injury.
- Reinforces a family’s natural resilience while addressing special problems that might arise and require further help and support.
- Is sensitive to the unique responses of children of varying age and gender, and recognizes that distress, care needs and communication ability will vary according to the age of a child or children.
- Is tailored to the family’s changing needs throughout treatment and rehabilitation recognizing the family’s unique strengths and challenges, as well as anticipating future needs in their transitions to a new community or new way-of-life.
- Fosters the collaboration and coordination of services between the combat injured family, health care resources and treatment — military and civilian — reaching across traditional professional boundaries and levels of care.
- Respects the family’s unique background including culture, language, composition (traditional or nontraditional), ethnicity, religion and the traditions of military families.
- Helps the combat injured family access care and addresses any barriers to service that can complicate the healthy recovery of its service member and his/her family members. These barriers may include a family’s difficulty in accessing health care or community services or a community’s lack of awareness or understanding of the needs of combat injured families.
- Is informed by knowledgeable service providers, professionals, organizations and communities, which have access to and provide quality educational materials that address the challenges confronting combat injured families.

Guidelines for Care was developed in collaboration with the Workgroup on Intervention with Combat Injured Families Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University of the Health Sciences