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Children of the „home war”: case study on the impact of parental absence and post-mission stress on juvenile deviance in military families

Integrated intervention of military social work and clinical psychology

Constantin Oprina

University Lecturer and Legal Adviser

ORCID: [0009-0002-0680-0837](https://orcid.org/0009-0002-0680-0837)

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Rezumat

Studiul de caz se concentrează asupra intervenției integrate (asistența socială militară și psihologie clinică) în cazul unui minor cu antecedente penale și un istoric de traume psihologice. Cercetarea investighează corelația dintre ciclul de desfășurare militară (deployment), stresul post-misiune al tatălui veteran și eșecul adaptativ al minorului M.N. Rezultatele evidențiază cum absența tatălui (24 de luni în teatre de operații) coroborată cu decesul mamei, a generat un vid autoritar și afectiv asupra minorului M.N., declanșând tulburări de atașament, impulsivitate și stimă de sine scăzută. Studiul subliniază importanța colaborării între specialiștii în asistență socială militară și psihologie în intervențiile destinate tinerilor vulnerabili, proveniți din familii în care unul sau ambii părinți sunt militari, cu scopul de a sprijini dezvoltarea unei identități sănătoase și reintegrarea acestora în societate. Managementul de caz este analizat prin prisma rezilienței specifice familiilor de militari, subliniind necesitatea monitorizării proactive a copiilor militarilor veterani în vederea menținerii bunăstării psihosociale acestora. Totodată, studiul de caz prezintă limite metodologice și nu permite generalizări statistice, însă poate oferi relevanță practică în activitatea profesională a specialiștilor din domeniul asistenței sociale militare.



Cuvinte-cheie: asistență socială militară, copii conectați cu armata, familii militare, reabilitare comportamentală, recuperare și reintegrare socială, reziliență familială, stres post-misiune, veterani.

Abstract

The case study focuses on integrated intervention (military social work and clinical psychology) in the case of a minor with a criminal record and a history of psychological trauma. The research investigates the correlation between the military deployment cycle, the post-mission stress of the veteran father and the adaptive failure of the minor M.N. The results highlight how the absence of the father (24 months in the theatres of operations) corroborated with the death of the mother generated an authoritarian and affective vacuum on the minor M.N., triggering attachment disorders, impulsivity and low self-esteem. The study highlights the importance of collaboration between specialists in military social work and psychology in interventions for vulnerable young people coming from families in which one or both parents are military, in order to support the development of a healthy identity and their reintegration into society. Case management is analysed through the lens of resilience specific to military families, emphasising the need for proactive monitoring of the children of military veterans in order to maintain their psychosocial well-being. At the same time, the case study has methodological limitations and does not allow statistical generalisations, but it can provide practical relevance in the professional activity of specialists in the field of military social work.

Keywords: behavioral rehabilitation, children connected with the military, family resilience, military families, military social work, post-mission stress, social recovery and reintegration, veterans.

I. Introduction and methodology

This study employs a qualitative case study methodology, considered the most appropriate for the in-depth analysis of a complex phenomenon in a real-life context „especially when the boundaries between phenomenon and context are not clearly evident” (Yin, 2014, p. 16).

Through this approach, it was possible to capture the psychosocial, family and institutional



dimensions of minors from families in which one or both parents are military personnel, combined with the rigidity inherent in military life, beyond what quantitative data could reveal.

Data collection was carried out through the triangulation of multiple complementary sources and techniques, including: clinical observation during hospitalisation, a social history obtained through semi-structured interview with the minor and representatives of the re-education institution, analysis of relevant documents (the legal file, medical record and school record) and the administration of standardised psychological tests: the EPQ Questionnaire (Eysenck, 1975), the Temperament, Dynamics and Personality Inventory — TDP (Florian, 1996), the Raven Progressive Matrices (Raven, 2000) and the Prague Test for distributive attention (Enea & Dafinoiu, 2017, p. 69).

The study does not permit statistical generalisations, its limitations being duly acknowledged. Nevertheless, its value lies in the depth of the analysis and its relevance for professional practice in the field of military social work.

Subject code: M.N., nicknamed „Mefisto” | **Age:** 16 years (b. 2005)

The subject's deviant trajectory began at the age of 11, coinciding with the peak of his father's activity in theatres of operations:

- June 2016: assault and other violence — altercation with a classmate;
- May 2017: insults directed at a teacher, outside school premises;
- June 2018: destruction by arson of the class register;
- July 2018: expulsion;
- July 2018 – July 2019: placement in a Juvenile Re-education Centre;
- August–September 2020: computer crime (hacking), reflecting a specialisation of his *modus operandi*.

II. Anamnestic analysis and military context

1. Family dynamics

The father: a career military officer who served in theatres of operations for 24 months (2016–2018) during the critical pre-adolescent period of the minor (aged 11–13). Upon returning (2019), the father manifested specific post-traumatic stress (PTSD) symptoms:



hyperexcitability, excessive disciplinary rigidity, difficulties in emotional recalibration and episodes of post-mission aggression.

2. Collective trauma

The mother died in 2018, meaning that during and after the father's mission, the minor was compelled to adopt the role of „surrogate parent” — a burden that exceeded his adaptive resources.

3. Health status

Medical history: meningitis at age 7, paroxysmal episodes, fainting spells. Following the mother's death, he made a suicide attempt through medication ingestion. He exhibits frequent episodes of extreme rage directed at destroying surrounding objects.

4. Academic trajectory

Early school years marked by difficulties in integration. In years 5–8 of school, he progressed very well, distinguishing himself in the exact sciences. He participated in school clubs but was perceived as marginalised by peers and teachers.

5. Modus operandi and hobbies

M.N.'s meticulous planning and self-discipline can be interpreted as an unconscious imitation of his father's military rigour, but oriented towards destruction (a mechanism of identification with the aggressor or with the absent role model).

He listens to rock music and is passionate about IT and programming. During his time in the re-education centre he read science fiction, religious and IT literature. He is fastidious, attentive to his appearance, with a strong desire to be noticed. He does not consume alcohol, drugs or tobacco.

This represents a refuge in a controllable world, as opposed to the unpredictability of military family life.

6. Behaviour during placement at the re-education centre

He is affected by the lack of family visits. He participates actively in activities and reads extensively, but prefers isolation. He expressed the desire to sit the National Assessment and attend a good secondary school.

7. Current social environment



He lives with his girlfriend of the same age and supports himself through occasional work and IT projects. The relationship is conflictual with the girlfriend's parents. He no longer maintains contact with his father or siblings. He is part of an online community of IT professionals.

Figure 1. Temporal correlation between the father's mission cycle and the escalation of M.N.'s deviant behaviour (2016–2020)

Father (military): External mission 24 months (2016–2018) → Post-mobilisation PTSD (2019)

M.N. (Mefisto): Assault (age 11) → Insults (age 12) → Arson + Expulsion (age 13) → Re-education centre (age 14) → Hacking (age 15)

Mother: Death 2018 — critical trauma for the minor

Source: Author's own elaboration based on the anamnestic data of case M.N.

Figure 1 reveals a clear correlation between the prolonged absence of the father in theatres of operations (24 months, 2016–2018) and the acceleration of the minor's deviant trajectory, with a critical point in 2018 (the mother's death, expulsion, placement in a juvenile re-education centre).

III. Psychological assessment

1. Techniques and instruments used

- Observation, anamnesis, interview (David, 2006; Mitrofan, 1994)
- EPQ Questionnaire (Eysenck, 1975)
- TDP Inventory (Florian, 1996)
- Raven Progressive Matrices (Raven, 2000)
- Prague Test — distributive attention (Enea & Dafinoiu, 2017)

2. Results and interpretations

- Marked introversion, emotional instability, depressive traits, egocentrism.
- Tendencies towards detachment, low self-control, affective and educational deficiencies.
- Superior intelligence, high capacity for concentration.



- Behaviour typical of developing emotionally unstable personality disorder, with impulsivity, depression, self-destructive reactions and a diffuse self-image.
- Self-discipline in hacking activities represents an identification with the absent military model (the father), used within a destructive framework — a defence mechanism. Computing serves as compensation, providing the control that the minor does not experience in family life.

IV. Psychological intervention

- Emotional rebalancing following the loss of the mother.
- Individual counselling with an empathetic, non-punitive approach.
- Individual psychotherapy (not group therapy).
- Behavioural therapy and social skills training.

V. The role and intervention of the military social worker

In view of the minor's psychosocial vulnerability, criminal history and disorganised background, the intervention of the military social worker is essential for the prevention of recidivism and his social reintegration.

1. Family and community support

- Identifying members of the extended family (grandparents, relatives) who can contribute to a minimum level of affective or material support.
- Facilitating access to social services designed for minors lacking family support.
- Mediating the conflictual relationships in the minor's life (Neamțu, 2003, pp. 347–362).
- Collaboration with the military unit: the social worker contacts the „Psychology and Religious/Social Assistance” structure of the father's unit in order to include the entire family in a rehabilitation programme.
- Attachment theory: the intervention focuses on repairing the father–son bond, affected by prolonged periods of separation (the military deployment cycle).

2. Educational reintegration

- Counselling the minor to re-enrol in a form of education, preferably a secondary school with a science or vocational IT profile.



- Collaboration with teaching staff and school counsellors for educational adaptation and continuous monitoring.
- Supporting participation in extracurricular activities and IT competitions.

3. Psycho-emotional and behavioural support

- Permanent collaboration with the psychologist to support the therapeutic process.
- Organising sessions for the development of social skills and emotional management (anger management and frustration management programmes).
- Finding a mentor or resource-adult, preferably from the IT field, for guidance and motivation.

4. Prevention of recidivism and legal reintegration

- Support with legal proceedings for the rehabilitation of the criminal record, on the basis of positive progress.
- Involvement in workshops raising awareness of legal and social responsibility (Țurcan & Țurcan, 2013).
- Educational supervision in the community, in collaboration with reintegration specialists.

The re-education of placed minors requires systematic interventions through socio-educational programmes (p. 28), counselling for the assumption of responsibility (pp. 121–131) and adaptive measures for those without criminal liability (pp. 135–139) (Ministerul Justiției & UNICEF, 2005).

5. Support for independent living

- Support in accessing qualification courses or internships in the IT field.
- Support in managing personal finances, achieving residential autonomy and establishing healthy routines.
- Counselling in interpersonal relationships and the consolidation of a positive identity.

VI. Social intervention plan



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Domain	General objective	Specific objective	Activities / Services	Responsible	Period	Indicators
Family	Rebuilding family bonds	Reconstruction of parental authority	Father–son mediation; counselling focused on the trauma of the father's absence	Military social worker + Military Unit Psychologist	1 month	Number of actively involved relatives / Quality of relationship as described by the minor
Educational	School reintegration	Enrolment in a form of education adapted to the minor's capacities	Contact with school inspectorate, vocational counselling, support with required documentation	Military social worker + school counsellor	2 months	Minor enrolled in the educational system / School attendance > 90%
Psychological	Emotional and behavioural support	Reduction of emotional crises and development of self-control	Individual counselling, collaboration with psychologist, referral to individual behavioural therapy	Psychologist + military social worker	Ongoing	Reduction of aggressive manifestations (by 50%) / Improvement in periodic assessment scores
Social–community	Vocational mentoring	Identifying a mentor (possibly an IT specialist from the military/communications sector)	IT activities in day centres, volunteering, integration into an adolescent support group	Military social worker + partner NGO	3–6 months	Number of completed activities / Degree of satisfaction expressed by the minor
Legal – minor protection	Prevention of recidivism and support for legal reintegration	Informing the minor of the consequences of his actions and fostering accountability	Restorative justice sessions between father (representative of the law) and son	Mediator + military social worker	3 months	Absence of incidents / Active participation in sessions



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Personal autonomy	Building skills for independent living	Establishing healthy routines and managing personal finances	Basic financial education, support in accessing lawful employment, counselling on personal relationships	Military social worker	6–12 months	Residential stability / Personal budget managed / Autonomy reports
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VII. Discussion and analysis

The case of M.N. demonstrates that the military support system must extend beyond the active service member, including proactive monitoring of children during external missions. The minor's deviance was not merely an act of rebellion, but a cry for help in the context of a „temporary single-parent family” and unprocessed grief.

„Boys whose parents had been deployed reported significantly lower quality of life compared with male children with military or civilian (non-deployed) parents.” (Williamson et al., 2018, p. 11)

In military families, some studies have found that minors are more likely to exhibit externalising behaviours during parental deployment against the backdrop of heightened anxiety related to the mission context and the safety of the military family member. In this regard, Reed et al. (2011, p. 1680) highlight the possibility that elevated rates of violent behaviour observed in some children from military families may be the result of disproportionate exposure to portrayals of war in the media. These media representations frequently emphasise physical confrontation and membership of a combat group, which may lead to the internalisation of violence as a valid mechanism for resolving conflict.

The main factors that can negatively influence the psychosocial well-being of children from military families include:

- **Frequent relocations and prolonged absence** of one parent in theatres of operations (Blamey et al., 2019; Chandra et al., 2010; Gershoff et al., 2007).
- **Health problems of parents returning from missions** — when a parent presented with PTSD, children (aged 4–12) manifested elevated levels of anxiety, fear and behavioural problems (Veri et al., 2021).
- **Death of a parent in combat** — the minor processes the loss with great difficulty, such that the abrupt transition from pride in having a „hero-father” to the reality of his loss can profoundly affect the minor's psychological equilibrium and behaviour. In some cases, this trauma may develop into a state of permanent alertness or a desire for revenge and destruction, used as dysfunctional mechanisms of defence or for processing repressed anger.



Children from some military families are more vulnerable to neglect or abuse when one parent is mobilised to a combat zone („Vulnerable Families”, 2007). In a retrospective analysis of routinely collected child protection data, American researchers observed that the deployment of one parent to theatres of operations was associated with a 40% increase in the rate of child safety incidents in such families.

Along similar lines, Rentz et al. (2007, p. 1203), in „Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families”, demonstrated through analysis of data over a three-year period (2004–2007) that the risk of neglect of children in military families is three times greater during periods of mobilisation. Furthermore, the rate of neglect increases fourfold during missions, while the risk of physical abuse is approximately twice as high during the military parent’s absence compared with periods when they are at home.

Children from military families also represent a particularly vulnerable population, presenting a substantially higher risk of developing social and mental health problems compared with children from civilian backgrounds. The mobilisation of one parent can accentuate these risks at all developmental stages (Opie et al., 2024, p. 1963). Cramm et al. (2019) note that the emotional vulnerability of children from military families stems from their natural exposure to „certain elements of the military family lifestyle, characterised by a unique triad of mobility, family separation and risk” (p. 1725).

Regarding bullying in the school environment, children from military families are exposed to school aggression far more frequently than children from non-military families. According to the „Military Family Lifestyle Survey”, „one in three respondents from active families (32%) with at least one child enrolled in the education system reported that the minor had been the victim of harassment on school property in the 12 months preceding the survey” (Blue Star Families, 2023, p. 7).

It is therefore imperative that these children benefit from constant monitoring of their socio-emotional well-being and from adequate support mechanisms. The results of studies conducted confirm that the risks identified in the case of children from military families are comparable to those of minors from civilian backgrounds in situations of vulnerability. An understanding of these risk factors, combined with knowledge of protective factors, will



contribute to grounding prevention strategies and increasing the effectiveness of military social work interventions.

As a NATO member state, the Romanian Army has participated in numerous external missions with „over 40,000 military personnel rotated through Afghanistan, Iraq and the Balkans over more than two decades” (Jipa, 2025). The longest external mission in which Romania participated was Operation Enduring Freedom and ISAF, with a contingent of over 32,000 military personnel, of whom „27 Romanian soldiers lost their lives in combat actions and over 200 were wounded” (Cozmei, 2021). In 2025, „approximately 1,500 Romanian military personnel are participating in international missions under the auspices of NATO, the EU or the UN” (TVR INFO, 2025).

At present, there are no official data on the parental status of Romanian military personnel participating in external missions, nor data on the systematic monitoring of this category by the relevant institutions. This absence of official evidence makes it impossible to accurately quantify the total number of children facing the absence of a mobilised parent. Nevertheless, media sources report that „approximately 150 children of soldiers killed or wounded in various military missions, actions or operations received Christmas gifts on Tuesday” (Unturică, 2025).

VIII. Conclusions

The case study of minor M.N. highlights a series of cumulative risk factors — the father’s 2-year absence (deployed on military missions), military rigidity, post-traumatic stress disorder, the mother’s death, emotional traumas and the lack of consistent support — which contributed to a deviant trajectory. Nevertheless, high intelligence, healthy interests and a desire for achievement in areas such as IT can be transformed into protective factors through an integrated intervention plan.

The military social worker plays an essential role in this process, functioning as the link between institutions, the family and the minor, in order to achieve his identity and social reconstruction.

Recommendations:



- Maintaining close collaboration between the psychologist, the military social worker and the school counsellor.
- Monitoring behavioural progress through standardised instruments.
- Encouraging the minor's participation in extracurricular projects related to IT and the exact sciences.
- Providing a positive mentor from the IT field to support vocational development.
- Promoting family reunification under safe conditions or identifying a resource-adult to fulfil a parental function.
- Implementing screening protocols for the children of military personnel returning from theatres of operations.
- Family counselling focused on unprocessed grief and the trauma of separation.

IX. Identity protection and ethical considerations

In accordance with the principles of research ethics in social work and the provisions of legislation on the protection of personal data (GDPR — EU Regulation 679/2016) and Law no. 272/2004 on the protection and promotion of children's rights, the identity of the minor has been anonymised. All directly identifying data — name, locality, school and military unit — have been replaced with codes or omitted, while data that could permit direct identification of the individual have been modified or generalised, with the aim of preserving the clinical and social relevance of the case presented.

The presentation of this case for academic and professional purposes was carried out in compliance with the principle of confidentiality, which constitutes an essential foundation of the relationship between the military social worker and the beneficiary, in accordance with the provisions of the Code of Ethics of Social Workers in Romania (Colegiul Național al Asistenților Sociali din România, 2008). The exclusive purpose of the article is formative, and it aims to contribute to the development of professional competencies among specialists working with military families and vulnerable minors, without implying any form of stigmatisation or harm to the individuals involved.

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