The BULLETIN of National Defence University of Ukraine

✦ Vol. 20 ✦ No. 6 ✦ 2025 ✦ 52-60 ✦ UDC 355(73):316.624
✦ Journal homepage: https://nuou-visnyk.com.ua/en ✦ DOI: 10.33099/2617-6858–25–20–6–52-60

The experience of the United States Armed Forces in preventing delinquent behaviour among military personnel

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✦ **Abstract.** Delinquent behaviour among military personnel, manifested in disciplinary violations, aggressive or unlawful actions, negatively affects the combat capability of troops, which highlights the need to develop effective systems for preventing maladaptive behaviour in combat conditions, where military personnel are in a state of chronic stress, loss and social isolation. In this context, the approach of the United States of America, which has significant historical and contemporary experience in combating such challenges, is valuable for analysing and possibly borrowing effective forms and methods of preventing behavioural deviations among soldiers. The aim of the study was to analyse the characteristics of delinquent behaviour among servicemen of the Armed Forces of the United States of America and to evaluate existing approaches to its prevention. To achieve the aim of the study, a set of theoretical methods was used, such as analysis, synthesis, comparison, generalisation and content analysis, which made it possible to identify the specifics of deviant behaviour among military personnel and to study preventive approaches and programmes implemented in the Armed Forces of the United States of America. The analysis resulted in a generalised model of a system for the prevention of delinquent behaviour that operates in the Armed Forces of the United States of America. It combines various levels of prevention, from basic preventive measures to specialised assistance and rehabilitation. The system is multi-vector and includes psychological, social, medical and legal components. Its implementation involves state structures, military command, psychologists, doctors, chaplains, mentors and other support entities. Modern prevention tools are used, including electronic services, mobile applications, remote consultations, educational programmes, crisis interventions and risk prediction technologies. The system is focused not only on eliminating the consequences of maladaptive behaviour, but also on its early detection, the development of stress resistance skills and the maintenance of an appropriate level of military discipline and psychological resilience among personnel. The generalised model of the delinquent behaviour prevention system has demonstrated the potential for integrating psychological, social, medical and legal measures into a single complex. Its practical value lies in its potential use as a guideline for improving the national system, taking into account the specifics of military service, cultural context and current legislation

✦ **Keywords:** combat stress; offences; psychological intervention; resocialisation; rehabilitation; support

✦ Introduction

Delinquent behaviour among military personnel in the armed forces is a serious challenge for the armed forces of countries around the world, especially those involved in prolonged military campaigns, peacekeeping missions

Suggested Citation:
Lysenko, D., & Kravchenko, L. (2025). The experience of the United States Armed Forces in preventing delinquent behaviour among military personnel. *The Bulletin of National Defence University of Ukraine*, 20(6), 52-60. doi: 10.33099/2617-6858–25–20–6–52-60.

Article's History: Received: 30.05.2025; Revised: 08.11.2025; Accepted: 27.11.2025

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and armed conflicts. Such experiences are accompanied by significant psychological and emotional stress for soldiers, which increases the risk of maladaptive behaviour, including suicide, desertion, sexual violence, abuse of civilians, and the abuse of psychoactive substances (PAS). Contemporary research on delinquent behaviour among military personnel attracts considerable attention from scholars in various disciplines, including military psychology, sociology, criminology, and medicine. In this context, it is particularly important to study the relationship between combat stress, post-traumatic stress disorder (PTSD) and behavioural deviations, as these factors often underlie risky behaviour. P.D. Russell *et al.* (2022) have shown that prolonged exposure to combat conditions increases the likelihood of developing anxiety and depressive disorders, which can manifest themselves in the form of aggressive or self-destructive behaviour. The psychological problems of military personnel are closely linked to the organisational aspects of military service. Research by L. Campbell-Sills *et al.* (2023) has shown that the quality of leadership in units directly affects the level of disciplinary violations, and low levels of command correlate with an increase in cases of delinquent behaviour. At the same time, J.D. Acosta *et al.* (2021) drew particular attention to the problem of stigmatisation of psychological assistance, which significantly reduces the willingness of military personnel to seek support even in critical situations. Preventive strategies that combine traditional methods and innovative approaches are being actively developed. In particular, programmes that include stress resistance training, cognitive-behavioural methods, and the use of digital tools to monitor mental health have proven to be effective. In particular, mobile applications allow for the timely identification of risks and early intervention, which is an important condition for preventing delinquent behaviour. Statistics from the U.S. Department of Defence (2023) confirm that even with the introduction of such technologies, the problem of PTSD and suicidal behaviour among military personnel remains acute.

An important direction is the development and implementation of comprehensive prevention programmes that integrate legal, social and medical mechanisms of influence. The Suicide Prevention and Response Independent Review Committee (SPRIRC) (2023) report emphasised that only a combination of these tools can ensure systemic change. J.D. Acosta *et al.* (2025) emphasised the need to develop an integrated primary prevention system that includes the training of highly qualified specialists and the creation of a stable human resource base to support military personnel. An important aspect is the accessibility of assistance, as demonstrated by C.E. Hines *et al.* (2024), the effectiveness of support programmes largely depends on the ability of military personnel to receive psychological and medical assistance at the primary level without the risk of condemnation or stigmatisation by their commanders and comrades. T. Shapovalova (2023) emphasised that public associations (such as the American Legion) play a significant role in shaping the psychosocial support system for US military personnel, implementing comprehensive medical, psychological and socio-economic assistance programmes aimed at restoring mental health, preventing delinquent behaviour and successful reintegration into civilian life. At the same time, K. Buckingham (2023) determined that even with certain institutional mechanisms in place, factors related to alcohol and PAS abuse continue to pose a serious threat to the moral and psychological climate in military communities. The relevance of the problem is also confirmed by official statistics from the U.S. Department of Defense (2023): in 2023, there was an increase in the number of suicides among active-duty military personnel. Data from the Defence Health Agency (n.d.) showed that behavioural and mental disorders are among the most common in the military environment and have a direct impact on the combat readiness and functional stability of the army. Thus, recent studies have confirmed that delinquent behaviour among military personnel is a multifactorial phenomenon shaped by a combination of psychological, organisational and social factors. It is directly related to the mental health of military personnel, the quality of leadership, the level of social support and the availability of prevention programmes. The aim of this study was to identify the characteristics of delinquent behaviour among US Armed Forces personnel, evaluate existing approaches to its prevention, and identify elements that could be adapted for use in other countries, including Ukraine. The objectives of the study included: analysing the historical experience of the US Armed Forces in preventing maladaptive and delinquent behaviour during key armed conflicts of the 20th and 21st centuries; identifying the features of the current system for preventing delinquent behaviour in the US Armed Forces, describing its structure, levels and key programmes; developing a generalised model of a system for preventing delinquent behaviour among US Armed Forces personnel.

✦ Materials and Methods

The study was based on a theoretical and analytical approach using a set of methods that ensured a comprehensive study of the problem of delinquent behaviour among military personnel and the identification of mechanisms for its prevention in the US Armed Forces. An analysis of scientific literature and contemporary publications on the psychological, social, and legal aspects of delinquent behaviour in the military environment was conducted. The regulatory and legal acts and departmental documents of the US Department of Defence that regulate preventive measures and the functioning of personnel support programmes were systematised. A content analysis of official statistics and open reports from defence institutions and research centres (RAND Corporation, Defence Health Agency, Associated Press, etc.) was conducted, which allowed to identify the main trends, problem areas and the effectiveness of the programmes implemented. A comparative analysis of historical experience in the prevention of delinquent behaviour during key military campaigns (Korea, Vietnam, Iraq, Afghanistan) and the current state of the prevention

system in the US Armed Forces was also carried out. The results of the comparative analysis were summarised to form a comprehensive model of the delinquent behaviour prevention system. The study of modern psychological support programmes, in particular Integrated Primary Prevention (Acosta *et al.*, 2025), Comprehensive Soldier and Family Fitness (CSF2) (n.d.), Army Substance Abuse Programme (ASAP) (n.d.), Primary Care Behavioural Health (Hines *et al.*, 2024) and Military OneSource (n.d.), made it possible to identify their key elements and assess their effectiveness in the context of preventing delinquent behaviour among military personnel. The sample of empirical material was formed on the basis of official sources: statistical reports of the U.S. Department of Defence (2023), data from the Defense Health Agency (n.d.), the U.S. Army (2024), the U.S. Army Medical Center of Excellence (n.d.), the results of sociological surveys of military personnel (Chan, 2022; Adams, 2025) and other studies by independent organisations specialising in military service issues. The selection criteria were: reliability of the source, representativeness of the sample, and relevance to the research topic. The experimental basis for the study was the U.S. Armed Forces system, as the most developed and multi-level structure for the prevention of delinquent behaviour, with officially declared programmes, statistically confirmed results, and many years of practical experience in their implementation. The methodology used ensures the reproducibility of the study: other researchers, using similar data sources (official reports, regulatory documents, empirical studies, content analysis of prevention programmes), can repeat the analysis and verify the results obtained.

✦ Results and Discussion

The study of delinquent behaviour in the armed forces is an important area of scientific inquiry aimed at analysing the factors, conditions, circumstances, manifestations, and prevention of maladaptive forms of behaviour among military personnel. Among the studies of the psychological aspects of soldiers' behaviour, a leading position is held by the concept of "combat stress", proposed by military psychiatrist A.D. Glass, which emphasises the importance of preventive psychological intervention in maintaining the functional resilience of personnel (Wilson *et al.*, 1988). This approach was further developed by the cognitive theory of stress formulated by psychologists R.S. Lazarus & S. Folkman (1984), in which stress is understood as the result of interaction between an individual and their environment, where perceiving a situation as threatening and lacking sufficient resources to cope with it may provoke destructive actions. Building on the concept of "total institutions" proposed by E. Goffman & W.B. Helmreich (1961), F.D. Jones *et al.* (1995) argued that rigid military norms, when unaccompanied by psychological flexibility, can provoke behavioural deviations. A. Bandura's (1977) theory of social learning revealed the mechanisms through which personal behaviour develops via observation, imitation, modelling, and self-regulation – key elements in successful resocialisation. A significant contribution to understanding the causes of destructive behaviour was made by A.T. Beck (1976) – psychotherapist, professor of psychiatry, and founder of cognitive behavioural therapy – whose approach substantiated the necessity of individualised support aimed at transforming negative thinking and destructive behavioural patterns. Sociologist R.D. Putnam (2000), in his concept of social capital, also highlighted the importance of social support in the reintegration of veterans, which in turn reduces the risks of delinquent behaviour. M.E.P. Seligman (2011), one of the founders of positive psychology, proposed the implementation of resilience training as a method for preventing psycho-emotional disorders among military personnel. The work of O.L. Khristuk (2014) focused on the role of psychological assistance in strengthening individual stress resilience through psychological prevention and intervention. Understanding the factors that lead to delinquent behaviour in military settings enables commanders to effectively model and predict subordinates' actions, foster a positive moral and psychological climate within their units, preserve the lives and health of personnel, and provide timely psychological support. N.Yu. Maksymova (2011) emphasised that creating a trusting environment and maintaining continuous social control help reduce social maladaptation and the risk of delinquent behaviour. E. Spain *et al.* (2021) identified the educational role of commanders as a key factor in shaping ethical conduct within the military environment. These theoretical concepts have formed the foundation for developing an effective system for preventing delinquent behaviour within the military. They underscore the importance of a comprehensive approach to prevention, encompassing psychological support, early risk detection, and effective resocialisation of service members. In this regard, the experience of the United States Armed Forces is of particular importance. According to the Global Firepower (2025), the U.S. ranks first among 145 countries worldwide in overall military strength – demonstrating not only superior military capability but also extensive experience in combat operations across various regions, including Afghanistan, Iraq, Syria, the Sahel, and Eastern Europe. As of 2025, the total number of active-duty U.S. service members stands at approximately 1.3 million (Kness, 2025).

When analysing the historical experience of the US Armed Forces in the context of preventing maladaptive behaviour among personnel, it is useful to consider the specific manifestations of these problems during key armed conflicts, particularly in Korea, Vietnam, Iraq and Afghanistan. Each of these wars was not only accompanied by psychosocial challenges that led to an increase in PAS abuse, alcoholism, violence, suicides, and desertions among military personnel, but also stimulated the development of prevention and psychological support programmes. During the Korean War (1950-1953), the main factors that negatively affected the mental state of military personnel were harsh climatic conditions, high-intensity combat with significant personnel losses, and a shortage of trained specialists in

psychological care. Alcoholism became a systemic problem: alcoholic beverages were used as a means of reducing anxiety and overcoming combat stress. Numerous cases of alcohol abuse in military units were often accompanied by disciplinary violations and led to a decrease in combat readiness (Ahaiev *et al.*, 2018). As noted by G.M. Kozhina *et al.* (2020), the use of PAS was limited due to lack of access, but there were cases of abuse of medical opiates, in particular morphine, which was used for pain relief. The level of desertion remained fairly low, but increased during periods of offensive operations. The prevention system was limited and based mainly on disciplinary measures, while psychological support was limited to the activities of chaplains who had no specialised training. Commanders classified cases of suicide and combat psychopathology as manifestations of weak will, which led to stigmatisation and a deterioration in the psychological state of military personnel. The Vietnam War (1964-1975) is considered a period when the problem of PAS use among military personnel reached critical proportions. According to estimates by the US Department of Defense, in 1971 up to 15% of personnel abused heroin or other opioids, which became a subject of public debate in American society (Ahaiev *et al.*, 2018). The use of alcohol, cannabis or psychostimulants was combined with high levels of violence against the civilian population, which had serious consequences both for the psychological state of the military personnel themselves and for the authority of the US Armed Forces. In the final stages of the war, combat units saw an increase in suicides, primarily due to loss of motivation, physical and mental exhaustion, and depressive disorders. In response to this alarming situation, the US Army launched the Army Drug and Alcohol Prevention and Control Program (ADAPCP) in 1971, which became the basis for modern prevention systems. As part of this programme, regular testing was introduced, rehabilitation centres were established, and officers were trained in psychological leadership skills (Kowalski, 2025). The Iraq campaign (2003-2011) was characterised by the prolonged presence of military personnel in the combat zone, intense fighting in urban areas, and a significant number of casualties. Soldiers returning from Iraq had high rates of PTSD, depression, and alcohol abuse problems. Affective disorders, sleep disturbances, and anxiety symptoms also became widespread and were not always diagnosed in a timely manner (Kozhina *et al.*, 2020). There was also an increase in aggressive behaviour and domestic violence after returning from the combat zone. In response to these challenges, the US Armed Forces launched a number of secondary prevention programmes, including the ASAP programme (n.d.), which focuses on psychological education and early intervention. In addition, hotlines, psychological support groups and mobile psychological support teams were operating in the areas of deployment. However, suicide prevention hotlines were of limited effectiveness due to insufficient funding. An important initiative was the creation of the Battlemind and In Transition programmes, aimed at the resocialisation of military personnel after their return from mission (Ahaiev *et al.*, 2018). Afghanistan (2001-2021) has been a prolonged test of the psychological resilience of US military personnel. Chronic stress, repeated rotations, the loss of comrades-in-arms, and the nature of guerrilla warfare have led to a sharp increase in suicides. One of the most difficult psychological consequences of participation in the Afghan campaign was repeated retraumatisation and a high risk of self-destructive behaviour among veterans. Alcohol abuse remained a pressing issue: despite official bans, numerous cases of violations of alcohol consumption rules on military bases were recorded (Ahaiev *et al.*, 2018). As part of preventive measures, primary psychological assistance was strengthened, in particular through the Primary Care Behavioral Health (PCBH) programme, and the Crisis Line, Military OneSource crisis response system was implemented (Reiter *et al.*, 2018). According to official recommendations from the US Department of Health and Human Services, each reported case of sexual assault was followed by the intervention of a crisis team consisting of a lawyer, psychologist and social worker (Baldor, 2023).

The high pace of training of the US Armed Forces for military operations, prolonged exposure to combat conditions, and social isolation became significant psychotraumatic factors that led to an increase in the number of cases of deviant and delinquent behaviour among military personnel, the most common of which were desertion, suicide, substance abuse, sexual assault, and other offences. According to the Defense Health Agency (n.d.), approximately 10% of US Armed Forces personnel returning from overseas service have confirmed mental or behavioural disorders. According to a survey of military personnel from combat units who participated in missions in Iraq and Afghanistan, about 17% of the respondents met the diagnostic criteria for PTSD and showed signs of severe depression (Kozhina *et al.*, 2020). Statistics on suicides among active military personnel indicate alarming trends. According to official data from the U.S. Department of Defence (2023), there were 363 suicides in 2023, which is 12% more than in 2022 (331 cases). The trend of increasing suicides continues in the US Armed Forces during 2022-2025. The most vulnerable category is military personnel under the age of 25, especially those who have experience of combat. According to J. Griffith & C.J. Bryan (2018), the main method of suicide remains the use of firearms, accounting for about 65% of all cases. The second most common method is poisoning, in particular drug overdose, primarily opioids (about 20% of cases). In 2022, the US Armed Forces established SPRIRC, which aims to provide psychological support to military personnel, and in 2025, a record USD 250 million in funding is planned for suicide prevention programmes, which is the largest amount of funding in the history of such initiatives. These funds are intended to expand access to psychological services, in particular through the Military OneSource programme (n.d.), which provides anonymous support via a hotline and online counselling. The Marine Corps recorded 59 such cases in 2019 and 31

in 2021. At the same time, the US Navy has seen a steady increase in this type of offence, from 63 in 2019 to 157 in 2021 (Chan, 2022). This trend may be linked to longer contract terms, prolonged social isolation, and low institutional support effectiveness. However, the US Coast Guard did not record a single case of desertion between 2017 and 2021 (Jones, 2022). It is important to note that statistical data on the number of desertion cases in the US Armed Forces for 2023-2025 is not publicly available. Alcohol and drug abuse by military personnel is a pressing issue for the US Armed Forces. According to data from the US Department of Defence, in 2018, 34% of military personnel surveyed reported excessive alcohol consumption, and 9.8% reported regular heavy drinking. The highest rates were recorded among Marine Corps personnel, and the lowest in the Air Force (Aycock *et al.*, 2023). In some units of the US Army, 22% of military personnel reported dangerous or excessive alcohol consumption, which correlates with sleep disturbances and dissatisfaction with service. In addition, according to statistics, 2.4 million veterans had an alcohol use disorder, and 1.7 million abused drugs in the past year (Mosel, 2025).

Sexual violence remains an equally serious problem. However, for the first time in eight years, 2023 saw a decline in the number of official complaints, which is likely a result of the reforms implemented, in particular the transfer of powers to investigate such cases to independent military prosecutors. M. Adams (2025) notes that in 2024, 8,195 such reports were registered, which is less than in 2023 (8,515 cases). At the same time, the number of reports of such incidents by victims has increased: while in 2021 only 20% of victims sought help, in 2023 this figure reached 25%. The highest number of cases of unwanted sexual contact was recorded among women under the age of 24. To minimise the above risks and threats, the US military proposed a comprehensive prevention system focused on both preventing offences and rehabilitating military personnel. One of the achievements was the introduction of the Integrated Primary Prevention system, which brought together specialists from various fields: psychologists, social workers, military medics and chaplains (U.S. Navy, n.d.). In 2024, units were formed within the prevention system, comprising more than 2,000 specialists who monitor the moral climate, conduct interventions and organise educational events in military units (Acosta *et al.*, 2025). The historical basis for modern prevention activities is ADAPCP, which was launched in the US Armed Forces back in 1971. In 2001, it was transformed into ASAP, whose main goals are to maintain the combat readiness of personnel, provide psychological education, rehabilitation and support to military personnel. Particular attention is paid to the development of mechanisms to control the use of PAS at all levels of the military hierarchy (Zhao *et al.*, 2025). The Primary Care Behavioral Health programme (Reiter *et al.*, 2018) deserves special attention. It operates within the primary health care system and provides access to psychological support without long waiting times. This approach helps to reduce the stigma of mental disorders and disorders among military personnel and creates a trusting environment for seeking help. During 2022-2023, 67% of military personnel with early signs of behavioural disorders received help within three days of seeking it (Defence Health Agency, n.d.).

Significant changes have also taken place in the military justice system, which is one of the key mechanisms for maintaining discipline and law and order in the US Armed Forces. Its legal basis is defined by the Uniform Code of Military Justice (UCMJ), the main regulatory act governing the legal aspects of military service in the US Armed Forces. It establishes standards of conduct for military personnel, qualifies disciplinary and criminal offences, and provides for investigation and punishment procedures. The UCMJ includes provisions on military courts, extrajudicial disciplinary measures applied by commanders at the unit level, and administrative sanctions. The Code applies to all branches of the US Armed Forces and is an integral part of their legal and disciplinary system. The UCMJ is supplemented by US Department of Defence directives (Absher, 2022). In 2023, legislative changes came into force that transferred the investigation of sexual offences among military personnel from commanders to independent military prosecutors. This reduced conflicts of interest, prevented the concealment of facts, and strengthened trust in the justice system. As noted by L.C. Baldor (2023), as a result of these changes, there was a 16% decrease in the number of confirmed cases of sexual assault in 2023 compared to the previous year. The US Armed Forces operate a continuously improving multi-level Combat and Operational Stress Control (COSC) system, which brings together specialised institutions, budgetary institutions, army structures at all levels, and organisations that support military families. The task of this system is not only to correct mental disorders, but also to preventively reduce the risks of maladaptive and deviant behaviour among military personnel, which may be the result of prolonged combat stress or social isolation (Brusher, 2007). At the military unit level, COSC includes a comprehensive psychophysiological training programme CSF (n.d.), as well as continuous monitoring of the mental state of military personnel. This programme includes training, counselling and first aid provided by junior commanders, medics (equivalent to medical instructors in the Armed Forces of Ukraine), chaplains and Master Resilience Trainers (MRT) (n.d.), who are trained in specialised centres. S.K. Knust *et al.* (2025) noted that the medical service structure at the division and brigade levels includes mobile mental health units (Mental Health Section, MHS), which consist of the following specialists: a divisional psychiatrist, a social psychologist, a clinical psychologist, an administrator, and four mid-level medical assistants. The main tasks of these units are to teach methods of increasing psychological resilience within the CSF, monitoring health status, identifying the need for qualified assistance, conducting short-term interventions at the pre-hospital stage, rehabilitating and supporting military personnel, medically triaging individuals with acute

mental disorders for further evacuation, and conducting measures to restore the combat readiness of units. According to the U.S. Army (2024), mobile Combat Stress Control (CSC) units operate at the corps level, consisting of a management structure and prevention and rehabilitation departments. The unit is headed by a commander, assisted by a chaplain, medical officer, senior officer, patient care administrators, chemical protection specialist, and technical staff. The prevention unit includes social and clinical psychologists, administrators and assistants, while the rehabilitation unit includes psychiatrists, occupational pathologists, nurses and assistants. These units are capable of reinforcing frontline medical facilities, setting up tents for short-term medical and psychological assistance in combat zones, and acting as psychiatric wards in hospitals. In addition, CSCs assist the command in monitoring the condition of military personnel, planning and coordinating resources for psychological support, and are directly linked to the prevention of delinquent behaviour, as reducing combat stress and providing timely rehabilitation for soldiers significantly reduces the risk of PAS abuse, aggressive behaviour, disciplinary violations and desertion. The US Armed Forces currently operate a multi-level model of prevention of delinquent behaviour among military personnel (Fig. 1).

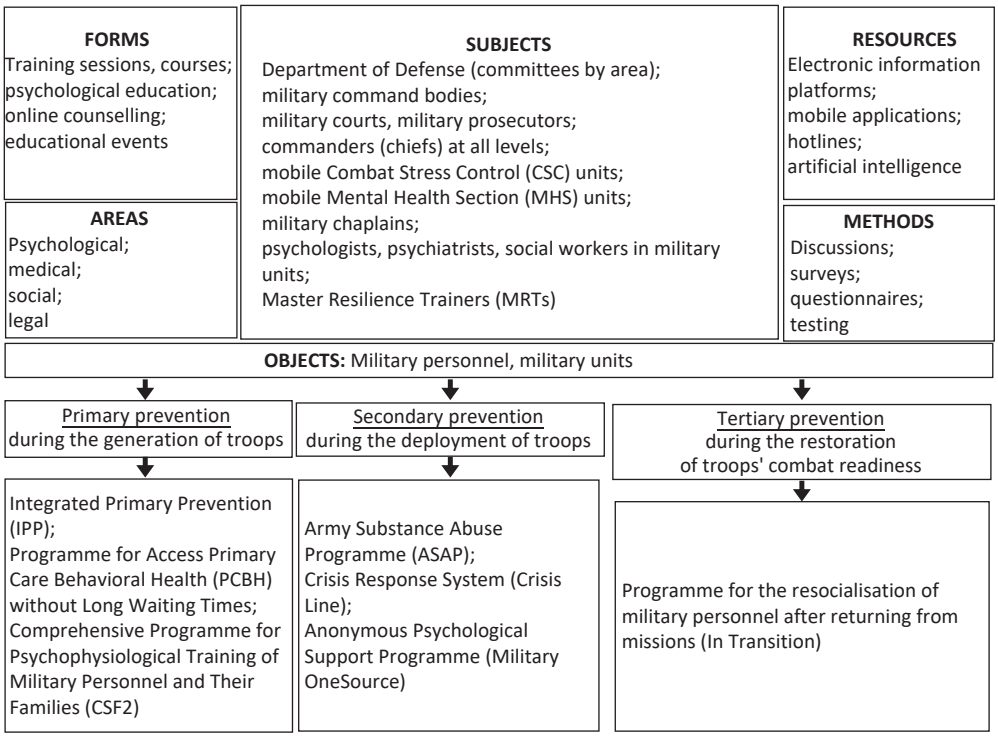

Figure 1. *System for preventing delinquent behaviour among servicemen of the United States Armed Forces*
Source:*developed by the authors*

The system has a clear structure and covers primary, secondary and tertiary levels of prevention, integrated into the processes of training, deployment and restoration of combat readiness of troops. It includes such key programmes as Integrated Primary Prevention, Primary Care Behavioural Health, Comprehensive Soldier and Family Fitness, Army Substance Abuse Programme, Military OneSource, Crisis Line and In Transition. Various entities are involved in the implementation of the system, from the Ministry of Defence, military command bodies, military courts and prosecutors to commanders, psychologists, medics, chaplains and mentors. The means of influence are electronic platforms, mobile applications, hotlines, and artificial intelligence tools, while forms of preventive work include training, courses, psychological education, online counselling, and educational activities. The system focuses on psychological, medical, social and legal aspects and is based on surveys, testing, questionnaires and interviews. The results show that the model provides a comprehensive approach to preventing deviant behaviour and creates conditions for maintaining military discipline, moral readiness and psychological resilience among personnel. Thus, the experience of the US Armed Forces shows that effective prevention of delinquent behaviour requires a systematic approach that combines psychological, social, medical and legal measures. The generalised model of the American system can serve as a valuable guideline for improving national practices for preventing maladaptive behaviour among military personnel, taking into account the specifics of combat conditions, cultural characteristics and the regulatory and legal framework.

✦ Conclusions

The results of the conducted analysis indicate that the system for preventing delinquent behaviour within the

United States Armed Forces is complex and multi-level, encompassing legal, medical, psychological, and social dimensions. The system provides for preventive diagnosis of behavioural deviations, regular monitoring of the psychological state of service members, and the creation of a trusting environment that encourages individuals to seek assistance. Psychological support, educational initiatives, independent investigations, and interagency cooperation ensure the flexibility and effectiveness of this system amid modern military risks and threats. An important aspect is the shift in focus from punishment to prevention, implemented through the organisation of mobile prevention teams and the direct presence of mental health specialists within military units. The effectiveness of the U.S. Armed Forces' system for preventing delinquent behaviour is confirmed by statistical data, and the preventive programmes introduced contribute to maintaining military discipline at an appropriate level, as well as to the psychological adaptation of service members to contemporary challenges such as post-traumatic stress disorder (PTSD). However, it has also been established that, despite the scope and diversity of preventive measures, the system for preventing delinquent behaviour in the U.S. Armed Forces is not without shortcomings. One of the problematic issues remains the biased attitude towards service members with mental disorders, which discourages soldiers from seeking timely assistance, particularly in combat units. Additionally, disparities in access to psychological support have been identified across different branches of the armed forces – most notably in the Navy, where desertion rates are increasing. The artificial intelligence tools and online programmes currently in use have limited capabilities and cannot replace the need for personal communication with specialists. Despite legislative changes, incidents of sexual violence remain a systemic problem, especially among young women, highlighting the insufficient short-term effectiveness of the reform process. The scientific novelty of this research lies in the systematisation of the multi-level components of the prevention system and in the generalised concept that views prevention not as a set of isolated measures but as a comprehensive policy of safety and support for military personnel. The study has certain limitations, particularly restricted access to internal data and the absence of empirical field research, which complicates the assessment of causal relationships between preventive measures and levels of delinquent behaviour. The adaptation of identified approaches to other national contexts requires consideration of cultural, organisational, and regulatory differences. Thus, the generalised model of the system for preventing delinquent behaviour among service members of the United States Armed Forces can be regarded as a reference point for improving national approaches. Its practical significance lies in its capacity to ensure early identification of risks, foster a supportive and trustworthy environment for seeking help, optimise interaction between command and specialists, and strengthen the psychological resilience of personnel. The prospects for further research on this topic involve developing an adapted preventive model tailored to the needs of the Armed Forces of Ukraine, which would contribute to enhancing military discipline and combat effectiveness under operational conditions.

✦ Acknowledgements

None.

✦ Funding

None.

✦ Conflict of Interest

None.

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Досвід Збройних Сил Сполучених Штатів Америки щодо профілактики делінквентної поведінки військовослужбовців

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✦ **Анотація.** Делінквентна поведінка військовослужбовців, що проявляється у порушеннях дисципліни, агресивних чи протиправних діях, негативно впливає на боєздатність військ, що актуалізує необхідність розробки ефективних систем профілактики дезадаптивних проявів у бойових умовах, де військові перебувають у стані хронічного стресу, втрат і соціальної ізоляції. У зазначеному контексті підхід Сполучених Штатів Америки, які мають значний історичний і сучасний досвід боротьби з подібними викликами, є цінним для аналізу та можливого запозичення ефективних форм та методів профілактики поведінкових девіацій воїнів. Метою дослідження став аналіз особливостей делінквентної поведінки серед військовослужбовців Збройних Сил Сполучених Штатів Америки та оцінка існуючих підходів до її запобігання. Для досягнення мети дослідження застосовано комплекс теоретичних методів, такі як аналіз, синтез, порівняння, узагальнення та контент-аналіз, що дозволило виявити специфіку відхильної поведінки військовослужбовців і дослідити превентивні підходи та профілактичні програми, реалізовані у Збройних Силах Сполучених Штатів Америки. Результатом проведеного аналізу стала узагальнена модель системи профілактики делінквентної поведінки, що функціонує у Збройних Силах Сполучених Штатів Америки. Вона поєднала різні рівні запобігання – від базових превентивних заходів до спеціалізованої допомоги та реабілітації. Система вирізняється багатовекторністю і включає психологічний, соціальний, медичний та правовий компоненти. До її реалізації залучаються державні структури, військове командування, психологи, медики, капелани, наставники та інші суб'єкти підтримки. Застосовуються сучасні інструменти профілактики, зокрема електронні сервіси, мобільні застосунки, дистанційні консультації, освітні програми, кризові інтервенції та технології прогнозування ризиків. Система орієнтована не лише на усунення наслідків дезадаптивних проявів, а й на їхнє раннє виявлення, формування навичок стресостійкості та підтримання належного рівня військової дисципліни й психологічної стійкості особового складу. Узагальнена модель системи профілактики делінквентної поведінки продемонструвала потенціал інтеграції психологічних, соціальних, медичних і правових заходів у єдиний комплекс. Її практична цінність полягає у можливості використання як орієнтиру для вдосконалення національної системи з урахуванням особливостей військової служби, культурного контексту та чинного законодавства

✦ **Ключові слова:** бойовий стрес; правопорушення; психологічна інтервенція; ресоціалізація; реабілітація; підтримка