



Danish Veteran Challenges and Support Structures: An Overview to Enable Transnational Analysis

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ABSTRACT

This article explores the challenges of Danish veterans and the support structures and policies in place to address these challenges. We describe Denmark's active foreign policy since 1992 and the launch of a formal veteran policy in 2010, which resulted in the establishment of the Danish Veteran Centre in 2011. We also summarise and review the veteran research conducted by VIVE and the Danish Veteran Centre, which sheds light on the challenges faced by Danish Army veterans who have served in Afghanistan or Iraq from 1992 to 2022, and we argue that transnational perspectives provide an important contribution in arriving at a differentiated illustration of veteran challenges, which consequently enables veteran support to effectively address veteran needs. We criticize the dominant position of positivistic paradigms and clinical concepts in Danish veteran research, which tend to individualize and pathologize veteran challenges and propose increased attention toward interdisciplinary research and triangulation. Additionally, we highlight that enlisted personnel is particularly vulnerable in a number of areas. To effectively address the challenges faced by Danish veterans and provide adequate support, we need more research that engages in an interdisciplinary dialogue about veteran challenges and considers the social contexts in which these challenges arise.

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Research on Danish veteran support from transnational perspectives is underexplored. This is partially due to the limited availability of English translations of key publications, which hinders their accessibility to the wider academic community. Nonetheless, transnational perspectives are critical to the development of Danish veteran support, as they provide distance from Danish veteran issues, which facilitates critical analyses of the underlying assumptions that may be taken for granted by Danish veteran professionals (Jarvis, 2012; Kolb, 2015). Accordingly, the objective of this article is to offer a comprehensive overview of Danish veteran affairs after homecoming, for both Danish and non-Danish audiences, to facilitate transnational analyses.

The article consists of six main sections and a conclusion. The first section presents a summary of Danish veteran history since 1940. The second section provides an overview of the Danish Defence's organisation and demographics. In the third section, we examine the challenges that veterans face when transitioning to civilian life based on Danish research on veterans. In this context, transition is defined as the period of reintegration from the military into civilian life that encapsulates a necessary process of change (Minnis, 2020). The fourth section covers the support services that Danish veterans may claim and the underlying policies. The fifth section explores the Danish public's perceptions of veterans. Lastly, the sixth section discusses future challenges in the Danish veteran support sector, with an emphasis on how dominant research methods and conceptualizations shape current understandings of Danish veteran challenges.

A HISTORICAL OVERVIEW SINCE 1948

In the period of 1948–1989, the Danish Defence has been active in 10 mission areas. In the subsequent period from 1992 onwards, Denmark has deployed soldiers to the Balkans (1992–1999), Kosovo (1999–ongoing), Afghanistan (2002–2021), Iraq (2003–2011), and more (e.g., Danish Defence, 2022a). Consequently, Denmark has entered a new, more active foreign policy (Sørensen, 2015). In total, Denmark has deployed veterans to 57 international missions in Africa, Asia, Europe and The Middle East since 1948 (Danish Defence, 2022a), and Danish records show that veterans have been deployed over 114,000 times since 1948 (The Danish Veteran Centre, 2020a). Here, veterans with multiple deployments count more.

The number of veterans since 1948 is estimated at approximately 60,000 (The Danish Veteran Centre, 2022c). More accurately, veterans have registered in the electronic Central Person Register since 1992, which

counts over 39, 000 veterans (The Danish Veteran Centre, 2020a). In comparison, Denmark has a population of 5, 900,000 people (Statistics Denmark, 2022). This suggests an amount of veterans in the population approximate to 0.6%–1.0%, which is significantly lower than the 5, 7% of veterans in the US population (National Center for Veterans Analysis and Statistics, 2022; US Census Bureau, 2022).

Denmark's first formal veteran policy was published in 2010, followed by the establishment of the Danish Veteran Centre in 2011. The veteran policy enables support services for veterans who,

as an individual or in a unit—has been deployed in at least one international operation. The person may continue to be employed in the Danish Defence, but may also have left the organisation and transferred to the civilian education system, the labour market, or elsewhere. The veteran policy applies to veterans who have been deployed under the auspices of the Danish Ministry of Defence.

(The Danish Veteran Centre, 2022c, p. 1, our translation).

Thus, Danish veterans might still serve on active duty, in contrast to some NATO countries. The definition's emphasis on deployment to international operations reflects a recent pattern of wars as distant to Danish territory. Thus, the definition overlooks national territory as a potential context for challenges to emerge from, despite the fundamental military purpose of national territorial defence. Additionally, the emphasis on deployment facilitates the notion of a challenge as psychological trauma. For instance, the policy specifies that veterans can witness situations that affect their mental health (Danish MoD, 2016, p. 3). In this policy, no reference is made to sociocultural factors as sources of challenges. In contrast, international perspectives relate veteran challenges to those of an immigrant (Truusa & Castro, 2019), which includes othering (Phillips & Albanesi, 2022), and relate to the extensive separation from civilian society that starts before deployment (Pendlebury, 2019). Thus, the definition will likely be revised.

ORGANISATION OF THE DANISH DEFENCE AND VETERAN DEMOGRAPHICS

This section describes the organisation of the Danish Defence and its demographic structure, which provides an offset to describe the situation of Danish veterans, and to illustrate soldiers' career paths in the Danish Defence before they reach veteran status.

ORGANISATION OF THE DANISH DEFENCE

The Danish Defence is structured with a Defence Command, which is led by the Chief of Defence and comprises a Defence Staff, Army Command, Naval Command, Air Command, Special Operations Command, and Arctic Command. The Army, Naval, and Air Commands control the three military service branches, respectively the Army, the Navy, and the Air Force (Danish Defence, 2022c). Most veterans have served through one of these three branches.

The Defence Command is subordinate to the Danish Ministry of Defence. The Ministry's jurisdiction also include the Danish Emergency Management Agency, the Danish Home Guard, and the Defence Intelligence Service, who also deploy personnel to international missions. Lastly, the Danish Ministry of Defence controls a number of agencies, whose personnel do not deploy and become veterans, yet who work with veterans. This includes the Danish Veteran Centre (see Danish MoD, 2022).

PERSONNEL

The Danish Defence has around 21,000 personnel. This number excludes conscripts and includes civilians (Danish MoD Personnel Agency, 2020d, 2022a), while uniformed personnel amount to around 16,000 (Danish MoD Personnel Agency, 2022b). The personnel are divided into four categories:

- Officers (17%)
- Warrant officers and non-commissioned officers (22%)
- Enlisted personnel (34%)
- Civilians (27%).

Women and immigrants are minorities in the Danish Defence. This minority status may contribute to specific experiences of military service, largely unexplored for immigrants, and female immigrants in particular (Brygger & Hastrup, 2021), while sexual harassment and gender-based discrimination characterise some women's experiences (Sløk-Andersen, 2020). Over 1,400 women work in the Danish Defence, including civilians. Women constitute about 9% of all uniformed personnel excluding conscripts, predominantly in the Royal Danish Navy and the Air Force (Danish MoD Personnel Agency, 2022b), a number which has increased from 2016 to 2021, especially in the Army (Danish MoD Personnel Agency, 2022b). Immigrants and their descendants make up 1.4% of military personnel (Brygger & Hastrup, 2021). Their numbers are higher among the enlisted personnel, while immigrant women constitute only 19 personnel.

ENTRY INTO THE DANISH DEFENCE

Conscripts are recruited on Defence Day, where healthy men over 18 years of age are required to draw a number. Whether they are forced into conscription or not depends upon the specific number drawn as well as upon whether the ranks have already been filled with volunteers (men and women). Women currently have a right to apply for military service. However, the current political climate suggests that women will also draw numbers in the near future (Dall & Flinthøj, 2023).

Conscripts sign a contract with the military on Defence Day (Danish Defence, 2022b), which lasts between 4 and 12 months, depending upon the specific regiment (Danish MoD Personnel Agency, 2022f). Following completion of training, conscripts may apply to join the ranks of the enlisted personnel as well as the ranks of (non-commissioned) officers.

An alternative entry into the military exists for bachelor's degree holders. They have been able to skip conscription to enrol at an officer training school since 2015 (Royal Danish Defence College & Royal Danish Military Academy, 2015), a design introduced due to cuts in the defence budget (Danish MoD, 2012; Wang, 2013). Here, they study alongside personnel with a different entry path, as they have served at least two years as sergeant or second lieutenant and graduated from a level 5 education.

In 2021, the Army, Navy, and Air Force admitted 4,770 conscripts. Here, over 90% went to the Army, and about 27% were women (Danish MoD Personnel Agency, 2022c), while their admission occurred through compulsion (for men who drew a low number) and volunteering for the rest. These volunteer numbers have increased from 76% in 2006 to over 99% in 2021. This statistic problematically confuses two definitions of volunteering, as some men volunteer before drawing a number, while other men draw a low number, thus facing compulsion, and subsequently declare themselves as technical volunteers to gain influence over the time and place of their conscription. Current statistics do not differentiate between these two volunteer types. Consequently, readers may mislead readers with an interest in veterans' path into the Danish Defence may be misled (Lyk-Jensen et al., 2011; Quass & Ingvorsen, 2017).

DEPLOYMENTS

Between 1991 and 2021, Danish soldiers deployed to 15 mission areas (Danish MoD Personnel Agency, 2022e). The unique number of veterans for this period was nearly 35,000, including over 2,200 women (Danish MoD Personnel Agency, 2022b, 2022e). Compared to other missions, International Security Assistance Force (ISAF) missions in Afghanistan lost the most lives of deployed personnel (37)

compared to other missions after World War II (Danish MoD Personnel Agency, 2020a).

Demographics vary for missions and periods. Veterans of Afghanistan from 2002–2006 were almost exclusively permanent personnel with an average age of 35. In contrast, veterans of Afghanistan from 2006–2014 had an average age of 30, presumably because it included more young personnel with short service time (Lyk-Jensen et al., 2011).

Deployment cycles are commonly 6 or 3-months long. For instance, deployments with the International Security Assistance Force (ISAF) in Afghanistan and Operation Iraqi Freedom in Iraq were 6-months long, while the Kosovo Force has used both the 6 and 3-months formats. 39% of all veterans leave the Danish Defence after one deployment, and 26% of all veterans leave after multiple deployments (Lyk-Jensen, Glad, et al., 2012).

EXIT FROM THE DANISH DEFENCE

After completing military service, some soldiers enter reserve contracts. These reservists may have to perform training duties and specific international missions, despite living in civilian society. Exit from military service occurs upon termination of contract or self-selected resignation.

A total of 1,400 personnel chose to terminate their contracts in 2017. The number increased to 1,761 in 2021 (Danish MoD Personnel Agency, 2022d), a development investigated by the Danish Ministry of Defence, who emphasised that personnel reported low satisfaction related to salary levels and the Danish Defence's reputation (Danish MoD, 2015). Defence cutbacks coincide with these conclusions. Specifically, the Defence Agreement 2013–2017 required the Danish Defence to cut 2.7 billion Danish Kroner (DKK) (see Danish MoD, 2012). In a more recent development, the Danish Defence Agreement 2018–2023 increased the budget by 4.8 billion DKK (Danish MoD, 2018).

SHORT SERVICE TIME

Danish service time may be short by international comparison. After conscription, most personnel continue their military service as enlisted personnel, which entails reaction force training (9 months) followed by a deployment (6 months). Numerous veterans with ISAF served on this contract, after a shortened conscription period (3 months), for a total of 18 months (Retsinformation, 2014; Værnepligtsudvalget, 2012). Such short service time may complicate transition (Bergman et al., 2014). Upon returning home, some of these veterans skip support initiatives, leave the military, and begin transitioning into civilian society, after which the Danish Defence loses contact. Thus, no present explanations exist for these skips. Instead, the literature tends to focus on veterans who choose to

attend the support initiatives (Jonasen, 2009), such as the Acclimatization and Reintegration Programme, including veterans who continue their service after deployment, for whom the initiatives are mandatory.

CHALLENGES VETERANS FACE IN THE TRANSITION TO CIVILIAN LIFE

Veteran challenges have been explored by the National Research and Analysis Centre for Welfare (VIVE) and the Danish Veteran Centre's Research and Knowledge Centre (VIC). Their research often takes a quantitative approach and focuses on mental health concepts (S. B. Andersen et al., 2013; Frederiksen et al., 2020; Karstoft, Statnikov, et al., 2015; Løngaard et al., 2016; Lyk-Jensen, Heidemann, Glad, et al., 2012; Nielsen et al., 2019; Pollmann et al., 2021), and a qualitative analysis of veteran challenges constitutes only a small portion of their research (Heiselberg, 2017, 2018; Pollmann & Skovdal, 2022). Consequently, detailed quantitative data on Danish veterans is available from 1992–2018, with access to over 26,000 veterans through the Danish person register. Research often focuses on Army veterans and veterans' relatives. We are currently unable to identify any research on the challenges of Danish Home Guard personnel and non-military personnel in the Danish Defence, who also constitute veterans per the Danish definition. The latter include personnel in the Danish Emergency Management Agency, the Danish Home Guard, the Police Force, the Ministry of Foreign Affairs, as well as doctors and nurses. Possibly, such research does not exist yet.

REPATRIATION

Soldiers or civilian personnel who return home from mission alive, ahead of time are called repatriates. Social factors commonly influence repatriation (Lyk-Jensen et al., 2011), and while enlisted personnel represent 34% of military personnel, they represent an even larger number of the repatriates. Repatriated veterans struggle to convert their experiences into civilian life (Lyk-Jensen, Glad, et al., 2012). Furthermore, a third of the repatriates were on their first mission, which relates them to potential issues with short service time.

PHYSICAL HEALTH CHALLENGES

Veterans' physical challenges include permanent injuries inflicted during deployment and suicides after deployment. Physical challenges caused by deployment occur for less than 19% of all veterans: 7% report that they suffer from permanent physical injury, 3% from combat-related wounds, and 9% from wounds inflicted outside combat

such as Improvised Explosive Devices. Some veterans suffer from multiple injuries (Lyk-Jensen, Glad, et al., 2012). These numbers from a 2012 VIVE study includes 3,198 veterans deployed between 1992–2009 and draws on veteran self-reports. Notably, a 2022 study from the same period showed a lower number of wounded than the older VIVE research (Jørgensen & Lyk-Jensen, 2022), with 225 wounded of more than 27,000 veterans deployed between 1992–2012. This may be explained by the more subjective self-reports accounting for wounds that are not officially reported. However, these numbers cause unclarity for veteran-interested readers.

Physical injuries have particularly affected enlisted personnel and those on their first mission to Afghanistan (Jørgensen, 2012). Privates constitute 58% of deployed veterans, yet also 77% of wounded veteran. Seventy percent of all affected privates got their wounds in Afghanistan (between 1992 and 2009, amounting to 123 soldiers). Among them 50% were on their first mission.

Seventy two suicides have occurred amongst the 26,000 veterans deployed between 1992–2012 (Jørgensen & Lyk-Jensen, 2022). A similar number of suicides occurs in the Danish population as a whole, which suggests that veterans are not at greater risk of committing suicide than civilians (Ritzau, 2016; The Danish Veteran Centre, 2020a). However, suicide attempts increase from combat exposure, which is fully mediated by symptoms of PTSD and depression (Vedtofte et al., 2021), and veterans commit suicide with guns more often than the civilian population (Vedtofte, 2016). A recent data collection reveals 83 suicide attempts among 12,000 veterans (Jørgensen & Lyk-Jensen, 2022). The risk of dying by suicide was 2.5 times higher for veterans deployed in Croatia for reasons still unknown. Long-term effects of Afghanistan and Iraq deployments on suicides may not yet have manifested in full, as the median time for veteran suicide is 10 years after first deployment (Vedtofte, 2016).

Suicidal thoughts commonly increase in the first years after deployment, from 0.7% at 8 months post-deployment to 8% at 3 years post-deployment (S. B. Andersen et al., 2013). The highest number of suicidal thoughts has been recorded for Denmark's 10th ISAF team, where about 15% of veterans suffered from suicidal thoughts 6 years after homecoming, a number that increased with the severity of PTSD symptoms (Nielsen et al., 2019).

Factors that increase vulnerability to suicide, suicide attempts, or suicidal thoughts are being male and being enlisted personnel. Protective factors are predominantly related to social support (Vedtofte, 2016; Zöllner et al., 2012).

MENTAL HEALTH CHALLENGES

Research on Danish veterans' mental health covers the veteran population from 1992–2018, with around 26,000 respondents per VIVE study. Research covers specific ISAF teams deployed to Afghanistan, e.g., ISAF7 is the 7th of Danish teams deployed with ISAF, which each stayed in Afghanistan for 6 months, until the next team (e.g., ISAF8) took over. ISAF teams were studied up until 6.5 years after homecoming (circa 700 respondents per VIC study). Here, a growing number of veterans with diagnoses and symptoms present themselves. Jørgensen (2012) found that a total of 4% of veterans did not have a diagnosis before deployment but did afterward, with PTSD accounting for 2.4%, i.e., more than half of these cases. Next, Andersen et al. (2014) identified heterogeneous trajectories of PTSD symptoms, some of which had a negative impact years after homecoming. The number of diagnoses and PTSD had more than doubled in 2018. Now, diagnoses were at 9% and PTSD at 5% (Jørgensen & Lyk-Jensen, 2022). In line with this trend of late-appearing mental health challenges, a high level of PTSD or depression symptoms was measured 6.5 years after homecoming in circa 16% of ISAF7 veterans (Karstoft et al., 2017) and circa 13% of ISAF10 veterans (Nielsen et al., 2019). Veterans become vulnerable to mental health challenges from five factors: (a) Having had similar previous challenges; (b) the occurrence of combat events on deployment, whether the veteran was involved or not; (c) being female; (d) Being below 25 years of age on the first deployment; and (e) having primary school as the highest completed education (Jørgensen & Lyk-Jensen, 2022; Lyk-Jensen et al., 2011).

COMMUNITY REINTEGRATION CHALLENGES

Veterans face challenges with reentry into society after deployment. This is, in part, because they have been subjected to military socialisation while mostly separated from civilian society (Sørensen, 2015). After deployment, veterans are prompted to quickly resume their previous lives, which often results in personal and social challenges (Kofod et al., 2010; Pedersen & Wieser, 2021).

Up to 18% of veterans experience community reintegration challenges, according to surveys that target veterans diagnosed with PTSD (Karstoft, Armour, et al., 2015). In this large-scale Danish study by Karstoft and colleagues ($N = 743$), 20% of veterans diagnosed with PTSD experience severe challenges, most commonly related to doing what they need to do for work or school, finding meaning and purpose in life, and feeling like they belong in civilian society. As one of the only quantitative studies on reintegration in a Danish context, we consider this a critical piece of literature. The study emphasises the

severe challenges that veterans experience when they reintegrate into civilian communities, and the struggle that they go through when they are prompted to transform their social identities. The transformation of social identity and the sociocultural domain in which it takes place has been conceptualised from a range of different research approaches. These often sociological and anthropological concepts require further development to create synergy with extant research on community reintegration. According to Sørensen (2015), transformation originates from a “displacement into an unsettling environment” (p. 1) upon transition to civilian society, thereby highlighting shifts between social environments without focusing on mental health, which is rare in Danish literature. The displacement generates a negotiation between narratives of military and civilian identity, where veterans engage in morally contentious topics like violence. These topics impact the identity transformation of veterans, which puts them at risk of alienation. Similarly, Pedersen and Wieser (2021) ascribe these veteran challenges to encounters between different lifeworlds, which provide “horizons of tacit knowledge that is specific to a social group” (p. 163) that enable the interpretation of experiences. When veterans respond critically to new experiences, this may be explained as an encounter with civilian society that conflicts with the veterans’ military identity and may, from a lifeworld-phenomenological view, result in alienation. Similar sociocultural conceptualisations of veteran identity can also be found in neighbouring international research, which illustrates a trend towards sociocultural approaches in veteran research (Bergman et al., 2014; Cooper et al., 2016; Fossey et al., 2019; Truusa & Castro, 2019).

VIOLENT CRIME AND SUBSTANCE ABUSE

Very few Danish veterans commit violent crimes (0.36%), and it is again young veterans with low levels of education who are more likely to commit them. About 0.5% of veterans commit crimes, and veterans with a short-service time, i.e., one deployment, commit more crimes than those with multiple deployments. Perhaps this is due to how military careers help individuals who might otherwise commit offences by offering structured routines, personal responsibility, and social capital (Baktir et al., 2018). The crime rating is falling for veterans and civilians in general (Lyk-Jensen, Heidemann, & Glad, 2012).

Research on Danish veterans’ alcohol consumption indicates that they binge drink more often (i.e., consume more than 5 units of alcohol on the same occasion) than the average population (Lyk-Jensen, Glad, et al., 2012). Research on substance abuse also indicates that Danish veterans consume noncannabis substances more often than the average population (Lyk-Jensen, Glad, et al.,

2012), and it is again young veterans with short-service time who use substances more often.

HOMELESSNESS

In Denmark there are 105 homeless veterans (Benjaminsen, 2022). They are predominantly men, amount to about 1.6% of homeless people in Denmark (The Danish Veteran Centre, 2020a), have increased by 35 veterans since 2017 (Skaaning, 2019), and 65 of them live in hostels. Notably, 8 live in the woods (Hansen, 2010; Ritau, 2010). Media coverage describes that they experience society as nonunderstanding (Vording, 2017) and not very inclusive, which, alongside an alert mental state, has contributed to their withdrawal (Hansen, 2010). Interestingly, these critical perspectives on society are rarely explored by research outside of individualising mental health concepts as the starting point.

VETERANS OUTSIDE THE ARMY

Limited public data exists on Danish veterans outside the Army and their challenges. Deployed personnel in 2020 included 14 people from the Danish Home Guard and 13 from the Danish Emergency Management Agency (The Danish Veteran Centre, 2020a). Danish veterans also deploy with the Peace and Stabilization Agency. They specialise in stabilising crises, monitoring of human rights compliance by foreign governments, and developing democracies, among other tasks (Niras, 2022). In 2021, 104 people have been deployed for crisis control missions and elections.

CHALLENGES FOR VETERAN RELATIVES

The management of social relations challenges veterans’ relatives (Sørensen, 2013, 2015). For instance, Danish spouses of veterans can make phone calls to their partners during deployment, often in attempts to reduce anxiety and feel connected despite the distance between them. However, veterans cannot share much information during deployment for safety reasons, and spouses are equally advised not to use phone calls to share information that may burden deployed personnel. Consequently, relationships between soldier and spouse commonly become somewhat distanced for the duration of the deployment (Sørensen, 2013). In their local communities, relatives must navigate individual political opinions of the relevant war, make themselves understood, find recognition of their experience, and avoid stigmatisation, which ultimately enables informal social support by their communities. Ultimately, deployments challenge relatives in their relationships.

PTSD can be a family issue that affects partners, children, and parents. Research highlights that veteran parents hesitate to reach out for social support, such as

household tasks, and it is most often mothers who carry the burden of mobilising such social support (Pollmann & Skovdal, 2022). If veterans and their partners have children, it is the spouse who bears childcare responsibilities, and 14% of deployed veterans have children (Frederiksen et al., 2020). Under deployment, spouses commonly report that they are challenged by the situation (Department of Military Psychology, 2011). Upon homecoming, spouses commonly expect the veteran to take on a greater workload in the family, which may be difficult for veterans who struggle with reintegration (Karstoft, Armour, et al., 2015), alert mental states (Jonasen, 2009), meeting their partner's expectations (Heiselberg, 2018), and conflicting expectations towards their masculinity (Kyed et al., 2022).

After homecoming, some children are affected by their parent's mental health challenges. When a veteran parent has a psychological diagnosis or takes prescribed psychotropic drugs, research indicates that children experience loneliness, emotional outbursts, lowered subjective well-being, and distress (Pollmann & Skovdal, 2022). Diagnosed parents also experience more parent-child conflicts, particularly for younger children at the age of 11. These indications are in line with the international literature on secondary traumatisation (Pollmann & Skovdal, 2022). Consequently, families of veterans are affected in two ways: lowered subjective well-being and parent-child conflicts. In general, research shows that affected children achieve lower grades in school, and both children and partners are prone to buy antidepressant medicine more often, particularly if their veteran parent was exposed to combat (Jørgensen & Lyk-Jensen, 2022).

SUPPORT SERVICES AND RELATED POLICY

THE DANISH WELFARE SYSTEM

Veterans can utilise the tax-based welfare system for support like every other Danish citizen. Services include healthcare, hospital treatment, social services, economic support during unemployment through the *Jobcenter*, qualification courses towards employment, and paid higher education for a maximum of 70 months. The system commonly relies on veterans to reach out for available support. However, nearly all municipalities have a veteran coordinator, whose function is to help veterans get in contact with relevant support services in the welfare system.

THE VETERAN POLICY

Psychological consultations after deployment became mandatory in 2003, followed by a formal veteran policy in

2010 (Danish MoD, 2010). The veteran policy presents five fundamental beliefs (Danish MoD, 2016, our translation):

1. Veterans will be recognised for their service to Denmark
2. The veteran effort includes the time before, during and after deployment.
3. Veterans are not the only ones affected by deployment. Their relatives are integrated into the effort.
4. Support for the wounded must be a coordinated and integrated effort that focuses on the needs and resources of the individual veteran.
5. Service in international operations is on the behalf of Denmark. Upon their return, the respectful reception of veterans is a shared responsibility (p. 11).

The veteran policy applies to veterans deployed under the auspices of the Danish Ministry of Defence. Consequently, the policy excludes: (a) nongovernment combatants, such as Danes who travelled to Syria or Ukraine to participate in armed conflicts; (b) NGOs like Doctors without Borders; and (c) several Afghan natives who were employed as translators for Danish forces in Afghanistan. The latter sparked a media debate during the exit from Afghanistan in 2021 (E. K. Andersen & Sørensen, 2022; Refugees Welcome, 2022).

The policy presents interdisciplinary goals. For instance, it intends to address deployment-related challenges on a physical, mental, and social level, and to provide veterans with employment and a feeling of belonging. Support initiatives should therefore be holistic. Furthermore, the policy aims for support initiatives to address challenged veterans individually in collaboration with state, regional, and municipal employees. The policy recognises voluntary initiatives. For instance, it highlights the need to cooperate with organisations, foundations and citizens to build community and society support, and the Danish Veteran Centre often organises such cooperation.

THE DANISH VETERAN CENTRE

In 2011, the Danish Veteran Centre opened. Since then it has been instrumental in carrying out the Danish veteran policy, for instance through its development, coordination, and delivery of Danish veteran support across the public sector (Danish MoD, 2016).

The Danish Veteran Centre reaches out to veterans after their deployment ends (Danish MoD, 2016). They do so in the 1st, 2nd, 5th, and 8th years after the end of deployment, where veterans receive questionnaires that scan for support needs and guide veterans towards available services (Danish MoD, 2020f). Notably, a key element of the Danish Veteran Centre's efforts is prevention, such as the prevention of mental health challenges (The

Danish Veteran Centre, 2016). However, this is outside the article's scope.

The Danish Veteran Centre employs a wide range of professionals. These include researchers, social counsellors, employment counsellors, outreach counsellors, family counsellors, psychologists, and clinicians, among others (The Danish Veteran Centre, 2020b). Consequently, their support services cover various topics, addressed in the following sections.

COMMUNITY AND SOCIETY SUPPORT AGENCIES

The Danish Veteran Centre supports voluntary initiatives through funding and education including: (a) The Veteran Pool, an annual pool of 2-million DKK that takes applications for voluntary initiatives; (b) the Holiday Camp Pool, which funds holiday camps to strengthen networks between veteran families; and (c) education targeted at NGOs and volunteers (Danish MoD, 2020b, 2020e, 2020f).

The Danish Ministry of Defence counts about 70 organisations involved in voluntary initiatives. The larger ones include:

- *Danmarks Veteraner* (Denmark's Veterans)
- *Fonden Danske Veteranhjem* (The Danish Veterans Home Foundation)
- *KFUMs Soldatermission* (YMCA's Soldier Mission)
- *Soldaterlegatet* (The Soldier's Scholarship)
- *Udsendt af Danmark* (Deployed by Denmark)
- *Velkommen Hjem* (Welcome Home). (The Danish Veteran Centre, 2020a).

REHABILITATION SERVICES AND COMPENSATION AFTER OCCUPATIONAL INJURY

The Danish Defence must recognise a veteran's occupational injuries to enable monetary compensation and treatment. The recognition process involves proving that an occupational accident occurred and what factors contributed to an occupational injury, so the veteran must ascertain a causal link between the injury and treatment before claiming treatment. As time passes, the need for documentation between injury and treatment grows. When the Danish Defence recognises an occupational injury, they attach a liaison officer to the case, who facilitates communication between the Danish Defence and the veterans' relatives (Danish MoD, 2020f).

Physically injured veterans are treated medically in the public hospital system. Specifically, The National Hospital has developed expertise in the veteran field (Danish MoD, 2020f). The Danish Defence's Work Injury and Compensation Office may cover costs for treatment with a curative effect, but are not required to deliver a full recovery, and commonly rejects treatments with a palliative

effect (Danish MoD Personnel Agency, 2020c). Common treatments include medical care, dental treatment, physiotherapy, chiropractor treatment, transport for treatment, glasses, prostheses, and psychologist sessions (Danish MoD Personnel Agency, 2020b).

The Occupational Injury Insurance Act offers monetary compensation, calculated at 100% equal to 830,000 DKK. The Danish Defence's Special Compensation and Reimbursement Scheme offer further compensation for permanent disability or loss of life, where the latter requires deployment in a war or high-risk area and injuries from acts of terrorism, war, or war-like conditions. This additional insurance calculates at 100% equal to 4,033,000 DKK. Thus, an occupational injury from an Improvised Explosive Device, rated at 10%, triggers 10% of both sums (Danish MoD Personnel Agency, 2020b).

Repatriates and their relatives receive support through a liaison officer. In addition, the Danish Veteran Centre's social counsellors screen for needs and offer support services (Danish MoD, 2020f).

Mentally injured veterans and relatives may claim lifelong psychological treatment (The Danish Veteran Centre, 2020a). It commonly addresses traumatic experiences or adaptation difficulties and reportedly achieve a satisfying reduction of symptoms in approximately 60% of veterans with PTSD (Danish MoD, 2020a). However, not all veterans reach out for treatment promptly: Three out of 4 veterans with documented mental health problems receive treatment, yet 61% of these reach out for treatment more than 4-years after deployment. In particular, veterans from the 1990s tend to isolate themselves (Jørgensen & Lyk-Jensen, 2022). In 2014, lawmakers passed a bill that allows more veterans to claim recognition for their occupational injuries, in response to increased knowledge on late-appearing PTSD (Hillmann, 2021). As a result, The Danish Ministry of Defence's Personnel Agency has sent more than 400 applications for monetary compensation to the United Nations. In 2022, the United Nations set aside funds to finalise these applications (Danish MoD Personnel Agency, 2022g; The Danish Veteran Centre, 2022b), which may lead to additional recognised cases in the future.

Rehabilitation services are limited in Greenland and The Faroe Islands (Joensen, 2016; Lindstrøm, 2020), two Danish zones with particular socioeconomical and structural features (Danish MoD, 2020c). Consequently, the Danish Veteran Centre targets these areas with communication efforts to emphasise available services (The Danish Veteran Centre, 2016, 2021a, 2021b).

In 2022, rehabilitation services from community and society support agencies have mainly focused on housing offers and sports. A nonexhaustive list of examples provided in policy documents include:

Housing offers:

- *KFUM's Soldaterrekreation* (YMCA's Soldier Recreation)
- *Fonden Danske Veteranhjem* (The Danish Veterans Home Foundation)
- *Strynø Natur Retreat for Veteraner* (Strynø Nature Retreat for Veterans) (Danish MoD, 2020a)

Sports as a rehabilitative measure:

- *DIF Soldaterprojekt* (Sports Confederation of Denmark's Soldiers Project)
- *Invictus Games* (Danish MoD, 2020a)

SOCIAL SUPPORT

Social counsellors are available in each municipality. They cooperate with the Danish Veteran Centre's social counsellors who are available in several geographical areas. They specialise in physical and mental well-being, support, finances, housing, relationships and everyday life. Further, they have an open phone line for counselling (Danish MoD, 2020b). The National Knowledge and Special Advisory Function aids veterans in social fields when municipal competencies are insufficient (Danish MoD, 2020f).

EMPLOYMENT SUPPORT

Notably, regular employment support is provided through each municipal's *Jobcenter*, which does not differentiate between veterans and civilians. Furthermore, veterans are offered several support services in employment, mostly bundled through the Danish Veteran Centre.

Services by the Danish Defence:

- Employment-oriented rehabilitation, advice, and a competence card.
- Employment of wounded veterans in the Danish Defence's civilian job positions.
- Job arrangements for veterans, as well as job and CV support (Danish MoD, 2020a).

Voluntary Services:

- *Velkommen Hjem* (Welcome Home). Here, veterans are matched with a mentor from the civilian job market to secure employment. The service's website emphasises that military skills are transferable to civilian job contexts
- CABI, who focuses on network-building and the transferability of military competencies to civilian contexts (Danish MoD, 2020f).

EDUCATION SUPPORT

The Civilian Education Arrangement rewards veterans with the opportunity to participate in civilian education on a full monthly salary. Months of service translates to months of education available in this manner. The arrangement will end in 2030 due to budget cuts (Danish MoD, 2020a). In 2021, the Danish Minister of Defence launched another education support initiative to strengthen enlisted personnel's mobility from military to civilian jobs (Danish MoD, 2020a, 2021). Now, enlisted personnel receive documentation of their education's placement on Level 4 of the Qualifications Framework for Lifelong Learning (Dueholt, 2021), which aims to help civilian employers recognise enlisted personnel's educational level. Further, privates of the future may enrol in an education design, where civilian profession-oriented schools support the military in providing a mix of military and civilian classes (Danish MoD, 2021; Jensen & Press-Hansen, 2018; Ritzau, 2022).

THE ACCLIMATIZATION AND REINTEGRATION PROGRAMME

Between 2008–2014, the Danish Veteran Centre's Department of Military Psychology ran the Acclimatization and Reintegration Programme. The programme supported ISAF veterans' transition from the Afghan warzone to the Danish peacezone, conceptually framed as a movement from Battlemind to Homemind, and specifically, the course provided group settings for veterans to discuss their war experiences, mindfulness courses to reduce veterans' adrenaline levels, as well as job and CV support. The theoretical literature outlines that the course aimed to enable veterans to suppress automated behavioural responses to navigate social situations and readjust to the peacezone. American literature on Battlemind inspired the programme's name, while the conceptual foundation of the programme differed significantly (Adler et al., 2007; Castro et al., 2006), which is relevant because the foundation lacked scientific underpinning and thus came with limitations for reaching its aims. For instance, its focus on lowering the adrenaline production in veterans' brains to enable social navigation and readjustment (Jonasen, 2009; Kragh & Jonasen, 2008) meant that it perceived veterans as passive subjects, and social navigation as aggression control (Pedersen & Wieser, 2021), which calls for a further need to strengthen the framework through scientific literature.

RECOGNITION INITIATIVES

The Danish veteran policy aims to recognise veterans (Danish MoD, 2016). A major recognition initiative is the annual veterans' celebration day, named Flag-flying Day

for Denmark's Deployed Personnel, which has occurred on municipality level on September 5th since 2009, with homecoming parades and political speeches. In the capital, the event is celebrated by the "Official Denmark." Here, politicians, members of the royal family, and relatives of fallen Danish veterans partake first in a wreath-laying ceremony at the Monument to Denmark's International Efforts since 1948, then in a memorial service at the Church of Holmen, and finally in a parade and reception outside Christiansborg Palace, home of the Danish Parliament.

Homecoming parades have had a particular effect on public spaces since the beginning of this initiative. Sørensen and Pedersen (2012) point out that the parades have influenced the Danish population to relate to the, at the time unfamiliar, idea of their nation as warring, and to perceive veterans as honorable, masculine warriors. Specifically, honor is expressed through medals and speeches, while the construct of masculine warriors is established through speeches that contrast the veterans' qualities against the postmodern Danish society's individualism, self-absorption, and fear of death (Sørensen & Pedersen, 2012).

Voluntary recognition initiatives include festivals, a veteran ID card, and artefacts like car stickers and wristbands. Although an exhaustive list is impossible to provide here, and new initiatives are often in development, a nonexhaustive list of organisations emphasised in policy documents includes:

- The Veteran Festival ENGAGE
- *Veterankortet.dk* (The Veteran Card)
- *Danmarks Veteraner* (Danish Veteran Association)
- *Veteranskytterne* (Danish Wounded Warriors)
- *Støtte til Soldater og Pårørende* (Support for Veterans and Relatives)
- From Soldier to Soldier (Danish MoD, 2020d).

On an individual level, recognition initiatives include commemoration videos on social media. Knudsen and Stage (2012) found that such videos on Youtube commonly attempt to construct deceased Danish soldiers as heroes and establish communal grief, legitimising the Danish war participation in the process. Viewers discuss these attempts in the comments section. Specifically, they contest the grievability of the deceased and discuss the legitimacy of the wars in Afghanistan and Iraq, which suggests that social media has enabled individualised commemoration practices that promote emotional, democratic discussions (Knudsen & Stage, 2012).

VETERANS OUTSIDE THE MILITARY

The veteran policy applies to non-military veterans, but support initiatives often focus on military personnel. Thus,

publicly available data is rare. The Police Force offers mandatory psychologist interviews after deployment (Danish Police Union, 2022). Further, Police Force veterans have received medals from the Ministry of Justice since 2022 (Danish Ministry of Justice, 2022), which indicates a growing awareness of non-military veterans.

RELATIVES OF DANISH VETERANS

The veteran policy ensures that the Danish Veteran Centre extends its services to relatives of veterans (Danish MoD, 2016). For instance, it offers family specific services, such as conversation groups for children of veterans, couples therapy, couple communication courses (called PREP-courses), PTSD family coaches, and research in the area of family and children (Danish MoD, 2020c). Furthermore, some organisations offer voluntary support services for veteran relatives. Policy documents emphasise the use of *Familienetværket* (The Family Network), *Veteranstøtten* (The Veteran Support), and *Støtte til Soldater og Pårørende* (Support for Veterans and Relatives) (Danish MoD, 2020c).

RESEARCH AT THE DANISH VETERAN CENTRE'S RESEARCH AND KNOWLEDGE CENTRE

The Danish Veteran Centre qualifies veteran support initiatives through its Research and Knowledge Center. Its website presents four research categories: Treatment, prevention, screening, and reintegration. A nonexhaustive list of its research output spans 11 topics (Danish MoD, 2020f). While their research is too extensive to list here, it includes publications on ISAF veterans' mental health before and after deployments (S. B. Andersen et al., 2013; Karstoft et al., 2017; Nielsen et al., 2019), ISAF veterans' trajectories of PTSD (S. B. Andersen et al., 2014), ISAF veterans' trajectories of depression (Karstoft et al., 2020), and the well-being of veterans' relatives (Andreassen, 2012; Pollmann & Skovdal, 2022).

PUBLIC PERCEPTIONS OF VETERANS

Danish soldiers' deployments to the Balkans in the 1990s initiated a period of increased public awareness of Danish veterans and their mental health challenges. Veterans from these deployments commonly illustrate the Danish Defence's low awareness of their support needs upon homecoming (Jørgensen, 2012), and the public's low awareness of their absence, illustrated by their homecoming to an empty airport. Sørensen (2015) suggested that "[t]he shift from 'peaceful' to 'belligerent' nation necessitated a renarrativization of Danish national identity that incorporated war" (p. 3), which facilitated an increased public awareness.

The Danish public's perceived legitimacy of current wars influence their perceptions of veterans' social statuses (Sørensen, 2015). Interestingly, the public's support of recent wars has shifted over the years, as "approximately half of the population supported Danish troops' involvement in the [Afghanistan] war in 2008 and 2009, but by 2010, this had dropped to one-third of the population" (Knudsen & Stage, 2012, p. 430). However, nearly half of the population supported Danish troops' involvement in the war again by 2011, which was attributed to the Danish government's emphasis on democratic, humanitarian values and the nation's responsibility to NATO (Jakobsen & Ringsmose, 2015). Here, Denmark placed amongst the most supportive ISAF-nations.

Veterans' social statuses are closely related to the roles they can legitimately occupy in public. Such legitimacy has shifted over the course of ISAF deployments. In 2011, media coverage shifted towards portrayals of veterans as victims rather than warriors or heroes. At the same time, and for the first time, Danish research documented PTSD in veterans following deployments to Afghanistan and Iraq, which possibly supported this shift. Sørensen (2015) suggested that the victim role was perceived as more eligible for support in the egalitarian, modern welfare state. At the same time, the Danish Defence has framed fallen soldiers as heroes through obituaries throughout ISAF deployments, which indicates that hero-roles still exist in the public space (Frisk, 2017).

We could not identify any data on the public awareness of non-military veterans.

FUTURE CHALLENGES IN THE VETERAN SUPPORT SECTOR

The Danish veteran research field is challenged by a lack of ontological discussions. The state of the art relies on positivistic data collection strategies and clinical concepts to explain the nature of veteran challenges, to such a degree that the limitations of this paradigm, both with respect to data collection methods (see Biesta, 2007; Christensen & Krejsler, 2015; Larsen, 2022) and concepts (see Søndergaard & Hansen, 2018; Stein et al., 2000), remain largely undiscussed. These limitations hinder effective veteran support practice.

METHODOLOGICAL LIMITATIONS

VIVE and The Danish Veteran Centre are leading sources of data on Danish veterans. Many of their data collection approaches (such as S. B. Andersen et al., 2013, 2014; Jørgensen & Lyk-Jensen, 2022; Karstoft, Armour, et al., 2015; Karstoft et al., 2017; Karstoft, Statnikov, et al., 2015;

Løngaard et al., 2016; Lyk-Jensen et al., 2011; Lyk-Jensen, Heidemann, & Glad, 2012, 2012; Lyk-Jensen, Heidemann, Glad, et al., 2012; Nielsen et al., 2019) reflect a neoliberal tendency to view complex phenomena as quantifiable, univocal, and often causal, leading to a belief that reality can be easily measured and counted statistically (Søndergaard & Hansen, 2018: 324). These assumptions shape policy and the allocation of government resources towards veteran support. While qualitative data collection is also present (J. B. Christensen, 2014; Pollmann & Skovdal, 2022), it is often limited by conceptual issues.

CONCEPTUAL LIMITATIONS

Clinical concepts hold a favored position in Danish welfare policy (Krejsler, 2009), at the Danish Veteran Centre (The Danish Veteran Centre, 2020a), and in public discourse (McGann et al., 2011). These three areas all influence veteran support:

1. In welfare policy diagnoses shape a range of welfare support initiatives, including those for unemployment, education assistance, and treatment (Brinkmann, 2016, p. 14).
2. At the Danish Veteran Centre, four out of four research categories focus on psychological well-being (The Danish Veteran Centre, 2022a). This includes the socioculturally-connotated category "reintegration." This conceptual foundation shapes professional practices towards individualisation and pathologisation, also in the field of social counsellors who, by virtue of their social focus, would be particularly able to adopt an intersubjective perspective on suffering, yet who must base their professional judgment on the existing research.
3. The public increasingly uses clinical concepts in everyday language (Johnsen & Christiansen, 2015). As a result, veterans may rely on similar language to gain social recognition, as exemplified in the next paragraph by some veterans' descriptions of their movement between social fields as anxiety provoking. This language has enabled veterans from Balkan deployments to achieve a desired victim role, which supported their need for help from the welfare state. However, a reliance on this language may be problematic for some veterans, such as those from ISAF and Operation Iraqi Freedom who seek to avoid the associated victim role and instead aim to embrace the role of warrior or coveted labourer (Sørensen, 2015).

The favored position held by clinical concepts is inappropriate, as the data that underpins these concepts relies on inconsistent, subjective procedures for the

assessment of traumas and diagnoses (Fried, 2017; Karstoft & Armour, 2022). Further, the concepts provide inadequate analyses with respect to the sociocultural aspects emphasised in some veterans' accounts of their challenges (Young, 1997). For example, veteran Martin Lorentsen described his experience, framed and officially recognised as PTSD, in Danish media: "In the Danish Defence, everything is in boxes, so it was anxiety-provoking to stop. What was on the other side of the fence? I was used to the way things were done in the Danish Defence" (as cited in Nissen, 2022, p. 1). Here, "everything is in boxes" commonly refers to the strictly rule-governed behaviour in military work and social settings. These rules are taught top-down to new soldiers in initial training, leading to their assimilation. Thus, different social rules may challenge veterans in transitioning to civilian environments, where negotiation and interpretation take different forms. The "fence" symbolises the separation between two social fields by a barrack's barbed-wire fence, representing the transition with numerous interpersonal nuances, like a familiarity with "the way things were done" in the Danish Defence and an unfamiliarity with how things are done "on the other side," i.e., in the civilian social environment. Martin's challenges do not appear univocally as individual, pathological issues.

MOVING TOWARDS INTERDISCIPLINARY BALANCE

Interdisciplinary research is necessary for the analysis of veteran challenges, as inadequate analyses may lead to wrong diagnoses that can stigmatise and harm veterans, for instance by perceiving social deviance as an illness derived from a biological deficiency (Lebowitz & Appelbaum, 2019), by overlooking the discussions of some diagnoses being cultural products (Brinkmann, 2016; Young, 1980, 1997), or by exposing veterans to the side effects of psychotropic drugs. These elements may complicate veterans' reintegration into civilian society.

Interdisciplinary research can examine the interpersonal aspects of challenges (Cooper et al., 2016; Pedlar et al., 2019), such as Martin's loss of familiarity, which are conceptually well-covered in sociological and anthropological literature as the sudden challenge to orient oneself in new social fields (Bergman et al., 2014; Jarvis, 2012; Nohl, 2015). Additionally, incorporating philosophy into veteran research can provide insight into the existential questions that military training and war experiences may challenge veterans with (Caddick et al., 2015; Mobbs & Bonanno, 2018), such as questions on the meaning of life, death, and suffering, following experiences in Danish and foreign cultural and natural settings.

Recent publications have shown an increasing focus on interdisciplinary balance in research. In 2017, VIVE launched The Community Survey (Benjaminsen et al., 2017) with a follow-up in 2022 (Benjaminsen et al., 2022), which found that 24% of Danes reported experiencing social challenges. This focus is also evident in interpretative (Pollmann & Skovdal, 2022) and sociocultural (Kyed et al., 2022) publications on veteran families.

Future interdisciplinary research will likely differentiate between transitions by focusing on social contexts, such as military-to-education transitions, and by using qualitative methods to identify specifically challenged types of veterans. The veteran population's high heterogeneity stresses the importance of such an approach (Lyk-Jensen, 2022). This combination of methods and concepts may also motivate isolated veterans to seek support, in contrast to the 40% of veterans, who have avoided clinically conceptualised forms of support in the past (Sand, 2012), an issue that interdisciplinary research designs may address by expanding current notions of the nature of challenges to avoid stigmas and recognise the influences of social contexts.

CONCLUSIONS

This article has explored the demographics of Danish veterans and the various challenges they face, as well as the support structures and policies in place to address these challenges. It has focused on Denmark's active foreign policy since 1992, the launch of a formal veteran policy in 2010, the establishment of the Danish Veteran Centre in 2011, and the data collections from VIVE and the Danish Veteran Centre that have influenced how Danish veteran challenges for the period 1992–2022 have been presented. These data collections highlight the experiences of Danish Army veterans who have served in Afghanistan or Iraq. We have argued that transnational perspectives are necessary to effectively address veteran needs, as their distance to the Danish research field enables them to identify and challenge research assumptions. We have criticised the use of neoliberal approaches, which tend to individualise and pathologise veteran challenges, and instead, recommend the use of interdisciplinary research practices that consider the social contexts of veterans and allow them to seek support without stigma. We have also highlighted the particular vulnerabilities faced by enlisted personnel, who often have shorter service times and may struggle with reintegration into civilian society. To effectively address the challenges faced by Danish veterans and provide adequate support, it is crucial to adopt interdisciplinary research practices that consider the social contexts in which these issues arise.

COMPETING INTERESTS

The authors have no competing interests to declare.

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