THE POLITICAL CONSEQUENCES OF TRAUMA

BY

KAYE CANDLER USRY

DISSERTATION

Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Political Science in the Graduate College of the University of Illinois at Urbana-Champaign, 2018

Urbana, Illinois

Doctoral Committee:

Professor Scott Althaus, Chair
Professor Emeritus James Kuklinski
Professor Damarys Canache
Associate Professor Cara Wong
ABSTRACT

Traumatic life experiences can have profound and lasting effects on survivors’ brains, bodies, and minds. Although a handful of studies have considered the consequences of major events like wars, terrorist attacks, and natural disasters for political behavior, we lack a comprehensive understanding of how and why trauma affects one’s orientations toward government and their engagement with politics. This dissertation provides a framework for understanding the relationship between trauma and political attitudes and behavior, building on existing research about the psychological impact of trauma. Traumas that involve elements of betrayal from someone known to the victim have especially deleterious effects on their psychological and physical well-being. Using multiple data sources, I examine the political consequences of three traumas: military combat experience (Chapter 2), childhood maltreatment (Chapter 3), and intimate partner violence (Chapter 4). I find that each of these traumas is associated with reduced political trust, political efficacy, and engagement.
ACKNOWLEDGMENTS

I thank my mentors, colleagues, and friends, without whom I would not have finished this project.

Scott Althaus has been a relentlessly supportive advisor and chair. He is insightful, tough, and thorough, at the same time that he is patient, kind and encouraging. I was fortunate to have someone of his caliber as a guide throughout my time at the University of Illinois. From day one of graduate school, Jim Kuklinski pushed me to think more carefully, read more widely, and write more clearly. Cara Wong asks tough questions that have improved my work immeasurably. Damarlys Canache has prompted me to think strategically about framing my work. Each of my committee members allowed me the freedom to pursue my interests outside of political science, for which I will always be grateful.

The idea for this project would not have occurred to me were it not for the brilliant, generous staff at the Women’s Resources Center on campus, RACES (Rape, Advocacy, Counseling, and Education Services) and Cognition Works in Urbana, IL. My time at all three of these agencies opened my eyes to the prevalence of trauma, and to its profound implications for how individuals move through the world. I am especially grateful to Molly McLay, Alex Nelson, Rachel Storm, Jaya Kolisetty, Stephanie Ames, Marya Burke, Conrad Hayes, and Debbie Nelson for broadening my horizons. I also thank Sam Clayborn, my co-facilitator at Pathways to Change NC, who cheered me past the finish line.

My parents, Bob and Shirley Usry, are my twin pillars, without whom I could not stand. Courtney Patrick has been a steadfast and true friend, with the perspective I often needed. And, Matthew Carter is responsible for getting me out of my head and into the world. Thank you for shooing away my insecurities, even when it seemed like they wouldn’t budge.
# TABLE OF CONTENTS

CHAPTER 1: THE POLITICAL CONSEQUENCES OF TRAUMA ........................................... 1

CHAPTER 2: MILITARY COMBAT IN VIETNAM .......................................................... 24

CHAPTER 3: CHILDHOOD MALTREATMENT ............................................................... 55

CHAPTER 4: INTIMATE PARTNER VIOLENCE ............................................................. 86

CHAPTER 5: CONCLUSION ......................................................................................... 110

REFERENCES ............................................................................................................... 114

APPENDIX A: QUESTION WORDINGS ....................................................................... 127

APPENDIX B: SUPPLEMENTAL RESULTS ................................................................ 136
“We don’t really want to know what soldiers go through in combat. We do not really want to know how many children are being molested and abused in our own society or how many couples—almost a third, as it turns out—engage in violence at some point during their relationship. We want to think of families as safe havens in a heartless world and of our own country as populated by enlightened, civilized people. We prefer to believe that cruelty occurs only in faraway places like Darfur or the Congo. It is hard enough for observers to bear witness to pain. Is it any wonder, then, that the traumatized individuals themselves cannot tolerate remembering it?”


Trauma is a nearly universal human experience. It encompasses life events that are extreme but typically isolated and rare occurrences, such as being the victim of violent crime, living through a major natural disaster, and surviving a terrorist attack, mass shooting, or genocide. It also includes life events that are unfortunately common, but not necessarily less traumatic, such as neglect or abuse in childhood from a trusted caregiver, living in a conflict zone or high crime neighborhood, unexpectedly losing a close family member, or sexual assault. Incidence rates for these each of these experiences vary, but in the United States, it’s estimated that over half of adults will experience at least one major trauma in their lives (Elliot 1997; Kessler et al. 1995; Norris 1992).

The human response to trauma is complex, and difficult to predict. A major, negative life experience is understandably associated with psychological distress in the immediate aftermath. Survivors of major traumas commonly report having trouble sleeping, or experiencing recurring and upsetting memories of the event. For many people, this distress is temporary, and dissipates over time. For others, the psychological distress associated with trauma does not go away, even after months and years removed from the event or experiences. Trauma can persistently interfere with one’s day-to-day life. Those who experience it sometimes exhibit symptoms associated with
post-traumatic stress disorder, major depression or a dissociative disorder, and they are at a higher risk of substance abuse. Even years after a traumatic event, survivors will take great pains to avoid situations that could potentially remind them of the event, choose to isolate themselves from others, and maintain a negative, distrusting view of the world around them. (National Center for PTSD)

There has been a great deal of scholarly interest in documenting the frequency of these negative psychosocial effects, and in understanding the factors that increase the likelihood of an individual developing them in the long term (e.g. Joseph, Williams & Yule, 1997; Briere & Scott 2014). I expand on this body of work by exploring the political consequences of trauma. I argue that trauma is an important, but heretofore unexplored factor in the development of political efficacy, political trust, and participation habits. Although scholars of political science have not used trauma as an organizing framework, several studies, described in greater detail in this chapter, suggest that living through a major traumatic event, like a terrorist attack or natural disaster, can have important and durable political consequences. Somewhat surprisingly, despite the well-documented negative psychological consequences of trauma, many of these studies show that survivors become more engaged with politics, not less. Existing research on trauma sheds some light on these findings, and suggests the need to study the political effects of other experiences before drawing any broader conclusions about the likelihood of trauma increasing civic engagement.

In this dissertation, I focus on three distinct traumas: military combat experience, childhood maltreatment from a parent or caregiver, and intimate partner violence. Each of these experiences has elements of betrayal, malevolence, and stigma. I argue that these types of trauma are more likely to be associated with low political trust, reduced political efficacy, and
demobilization, rather than mobilization and activism. Unlike being the victim of a crime, a random act of nature, or an isolated incident like a terrorist attack or mass shooting, these traumas are perpetrated by a known, supposedly trustworthy “other.” The malevolence and betrayal involved with these forms of trauma is most apparent in cases of child abuse and intimate partner violence, wherein a caregiver, a spouse, or a romantic partner perpetrates violence or abuse. It is common for victims of child abuse and intimate partner violence to face questions about how they could have behaved differently to avoid their trauma, and, they often keep their experiences secret for fear of being blamed or judged (van der Kolk, 2015).

Military service is not perfectly analogous to interpersonal, family trauma, although there are characteristics of this experience that could each be interpreted as a form of betrayal. I focus on the experiences of Vietnam veterans, who were uniquely stigmatized. The United States government drafted 2.2 million American men into service. Many more volunteered to have a choice of which division in the military to serve, for fear of being sent directly into combat. Being sent to Vietnam was viewed by many as a death sentence, coming from the U.S. government (Shepard, 2003). Aside from conscription, the nature of combat in Vietnam has been described by historians, observers, and participants as especially horrific. Soldiers often came into direct contact with one another, and perpetrated or witnessed extraordinary acts of violence (Hoover Institution). Additionally, the political climate for returning soldiers was a far cry from the unequivocal “support the troops” commonly observed today. As a result, Vietnam veterans reported feeling alienated and forgotten by the public (e.g. Lifton, 1973).

I explore the political consequences of each of these experiences—service in Vietnam, childhood maltreatment, and intimate partner violence—in greater detail in Chapters 2, 3, and 4. In this chapter, I provide an overview of existing political science research on the development
of political attitudes and behaviors, and explain why studying trauma is a logical extension of this work. Next, I summarize existing research on the negative psychological and health effects of trauma, and explain why this is a useful framework for studying trauma’s political effects. Lastly, I develop my expectations about why traumas associated with betrayal, malevolence, and stigma are distinctive from other traumas, and may have especially deleterious effects on the development of political efficacy, trust, and engagement. I conclude by outlining and previewing the rest of the dissertation.

**Part I: The Development of Political Attitudes and Behaviors**

Since the advent of the field, scholars of political psychology and behavior have been interested in the origins of citizens’ political orientations and participation habits. These are fundamental, and important questions: Why are some people interested in politics while others are not? Why do some people consistently vote, when others abstain? Why are some people engaged participants in their communities, when others choose to keep to themselves? The factors that have been offered as answers to these questions are numerous. Indeed, a large part of the appeal of studying political attitudes and behavior is that no single factor can be pointed to as “the” determinant of an individual’s orientations toward government and level of civic engagement. Broadly speaking, there are two main categories of explanations: individual-level characteristics and circumstances like socioeconomic status, and contextual factors like social network composition and institutional setting. I briefly review these below, and describe how this dissertation fits into the literature.

The prevailing wisdom for many years was that the family, especially parents, played the most important role in shaping political interest, ideology, and behavior through primary
socialization (e.g. Campbell et al., 1960; Jennings & Niemi, 1968). More recent work suggests that biology also plays an important role in the development of these attitudes and behavior. For example, genes predispose some individuals toward pro-social behavior and personality traits associated with extraversion, which are in turn predictive of ideology, political interest and participation (e.g. Fowler & Dawes; Smith et al. 2011). Demographics, in particular one’s socioeconomic status, have profound political consequences, too. The resource model of participation suggests that income, education, and free time all contribute to an individual’s proclivity to vote and engage with politics (e.g. Verba & Nie 1972; Verba, Schlozman & Brady, 1995). From this body of research, it’s been established that children in higher socioeconomic households with politically engaged parents are likely to exhibit similar beliefs and behaviors as they advance into adolescence and adulthood. In Chapter, 3, I introduce childhood maltreatment from a parent or caregiver as an important early life experience, with major consequences for one’s political trust and engagement.

In the last century, political scientists have also considered the numerous contextual factors that shape attitudes and behaviors, outside of one’s home, one’s biology, and one’s life circumstances. Mass media’s power to set the agenda, and influence the frames available to the average citizen, has been well-documented (e.g. Iyengar, Peters, & Kinder 1982; Nelson, Clawson & Oxley, 1997; Chong & Druckman 2007). Voter registration laws, which require an extra step for citizens interested in voting, increase the time and effort costs of voting (Nagler 1991), and, are associated with lower voter turnout on average (Patterson & Caldeira, 1983). Competitive party systems and close elections increase citizen engagement. In settings where districts are drawn to ensure an advantage for one party over the other, civic engagement will be lower (e.g. Caldeira, Patterson, & Marko, 1985). Political campaigns, especially the tone of
political advertisements, have also been of concern (e.g. Ansolabehere & Iyengar, 1995; Geer, 2008; Mutz & Reeves, 2005). And, an individual’s social network composition can have profound effects on political behavior (e.g. Huckfeldt & Sprague 1987; Mutz 2007). In Chapters 2 and 4, military service in Vietnam and partner abuse in early adulthood are two traumatic experiences associated with stigma and shame. I explore how these two traumas, and the contexts associated with them, are related to political efficacy and engagement.

In summary, political scientists have amassed an impressive list of influences on citizens’ proclivities to be interested in and engaged with politics. This brief review represents only a small portion of the vast amount of research conducted on this subject. However, the field still lacks a coherent answer about why some people become interested in and engaged with politics, when others become disinterested, alienated, and uninvolved. It’s been established, for example, that strength of partisanship (Campbell et al., 1960), trust in institutions (Hetherington, 1999), and political knowledge (Delli-Carpini & Keeter, 1996; Galston, 2001; Zaller, 1992) are all important factors for understanding and predicting public opinion about various issues in the United States, and participation habits. In this work, it often seems an unstated assumption that these are stable, almost trait-like factors for the average citizen. With some notable exceptions, very little work has examined how, when and why these orientations change over the life cycle (e.g. Prior, 2010; Jennings & Stoker, 2004).

This research project offers one explanation for why we observe differences and changes in political efficacy, political trust, and political engagement at the individual-level. Existing psychological research has demonstrated that a major trauma can interrupt the way individuals interact with and view the world. It stands to reason that trauma can also have implications for individual’s faith in political institutions, their own capacity to advance change, and their
willingness to get involved with politics. This is not a new idea, that political attitudes and behaviors change in reaction to major life events. In many ways, it is the foundation of political socialization research—studying how political interest, ideology, and related attitudes behaviors change with age and experience. Although socialization research fell out of favor due to the lack of sufficient longitudinal panel studies following individuals from childhood to adulthood, and due to some important theoretical criticisms (e.g. Saprio, 2004; Niemi & Hepburn, 2004), there have been recent calls to re-consider how political attitudes and behaviors develop and fluctuate over individual’s lives. I view the present study as answering this call. Traumatic life events have political consequences.

Orientations toward government, institutions, and the proclivity to get involved in politics are learned behaviors and habits, established over time, and subject to change in response to their experiences. Although political scientists have not singled out traumatic events as especially consequential, they have examined the political effects of other major life events. Erikson & Stoker (2011) demonstrated that men with lower lottery numbers during the Vietnam War, who had a higher chance of fighting in the war, became more anti-war and liberal in their political attitudes and voting patterns. Teenage parents and high school drop-outs are less politically engaged in adulthood, when compared to their peers (Pacheco & Plutzer 2007). Similarly, as one might expect, unemployment is associated with lower interest in politics, increased social isolation, reduced political engagement, and long-term changes in attitudes about equality of opportunity (Eisenberg & Lazarsfeld, 1938; Schlozman, 1981). And, recent research has demonstrated that contact with the criminal justice system is an important socializing experience, particularly for African-Americans in the United States (e.g. Weaver & Lerman, 2010).
When listed together, these individual studies demonstrate the powerful, long-term consequences of a single event for one’s engagement with politics. Within the field of political science, it has been logical to examine experiences that often involve direct interaction with public institutions and policies, like being drafted into military service, requiring unemployment assistance, or being disproportionately targeted by police officers. As the saying goes, “the personal is political.” However, major life experiences like these clearly have the potential to shape an individual’s worldview in ways that are politically consequential, whether they interact with the government and make explicit connections to policy, or not. Traumatic life experience, in particular, have the potential to restructure the way people see the world and engage with it politically. I expand on this idea in the next section of this chapter.

Part II: The Psychological Effects of Trauma

Existing political science research has not used trauma as an organizing framework. As a result, the field lacks a comprehensive understanding of when, how, and why trauma is associated with a change, positive or negative, in political attitudes and behaviors. The concept of trauma, as used by psychologists, sociologists, public health analysts, and mental health practitioners, is a useful framework for understanding why there are any political consequences of these experiences. This field of research has identified life events that are especially likely to have a psychological or behavioral impact. Although a handful of studies have shown a positive relationship between traumatic experiences and civic engagement, there is a need to be precise about the nature of the traumas studied in existing political science research. In this section, I provide an overview of how psychologists and mental health practitioners conceive of trauma, and the documented negative psychological and health consequences of major forms of trauma. I
also introduce the concept of betrayal trauma (Freyd, 1994, 1996; DePrince et al. 2012), and explain why it is differentiated from other experiences.

Trauma was not officially recognized by the American Psychiatric Association until systematic evidence of the negative psychological consequences of military combat experience emerged after the Vietnam War (Shepard, 2003). Since then, it has become more widely understood that exposure to trauma of many kinds can be a formative and life-altering experience, that disrupts how individuals process information and interact with others. There is no single form that trauma takes, but researchers and practitioners have identified life experiences that are most likely to be associated with significant psychological distress, including war-related trauma, interpersonal violence, disasters (natural or human-caused), life-threatening medical conditions, and the sudden death of a spouse or child. More concretely, in the American Psychiatric Association’s diagnostic manual, the Diagnostic and Statistical Manual of Mental Disorders (APA 2013, DSM-V), trauma is defined as:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) Directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend—in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

In reaction to a traumatic event, many survivors struggle to assimilate the meaning of their trauma into existing belief structures, or are faced with changing those belief structures in order to accommodate the reality of their post-traumatic experiences (McCann & Pearlman, 1990). For example, after a major car accident that results in permanent injuries, a survivor may have to reconcile their prior beliefs about disabilities as vulnerabilities with their new condition. Similarly, when someone loses their home and family to a major hurricane or earthquake, they
may face loneliness and financial insecurity that conflicts with their prior identification as an independent, self-determined individual.

From a psychological perspective, this is difficult inner work for an individual that requires the transformation of inner models of self and world. This work does not happen overnight, and survivors of major traumas often struggle with this process. It is therefore unsurprising that most traumatic life events have been linked to symptoms associated with post-traumatic stress disorder, anxiety, and depression, including low social trust, withdrawal from one’s family, friends, and communities, and substance abuse (van der Kolk, 2015).

In Table 1.1, following a treatment manual used by mental health practitioners, I break down the categories of major, potentially traumatic life events into five categories: war-related trauma, interpersonal violence, disasters, medical conditions, and death in the family (Briere & Scott, 2013). Those who work with trauma survivors have recognized the potential for negative psychological effects, regardless of the type of trauma. However, existing research on the consequences of trauma has generally focused on particular categories of experiences. Thus, in reviewing existing literature on the psychological consequences of trauma, I proceed according to these categories of experiences.

In response to the Vietnam War, and the apparent alienation of veterans from this conflict, there was a great deal of scholarly interest in understanding the psychological and behavioral effects of war (Modell & Haggerty 1991). This line of research demonstrated that Vietnam veterans were significantly more likely than other veterans to develop Post Traumatic Stress Disorder (PTSD), and exposure to combat made a considerable contribution to the development of this disorder (Card 1983; Kulka et al. 1988). Studies of other war veterans, most recently those returning from Iraq and Afghanistan, indicate that combat duty, especially if one is
injured in combat, is associated with increased utilization of mental health services, attrition from continued military service, and posttraumatic stress (Hoge, Auchterlonie & Milliken 2006; Tanielian & Jaycox, 2008). In short, veterans who experience more severe traumas in combat are more likely to have difficulty adjusting to civilian life. In Chapter 2, I explore whether those experiences in Vietnam are also associated with reduced political trust and efficacy.

Much like military combat experience, victims of assault and other violent, interpersonal crimes often have major psychological distress in the wake of their experiences (MacMillan 2001). Based on a meta-analysis of the mental health effects of partner violence on women, it is estimated that about fifty percent experience depression, and over sixty percent have symptoms consistent with post-traumatic stress disorder (Golding 1999). This form of interpersonal victimization harms an individual’s sense of agency and self-efficacy (Frieze et al. 1987) as well as their trust in others and the community (McCann et al. 1988). Violent interpersonal victimization, with the exception of domestic violence, is more commonly experienced early in the life cycle (Bureau of Justice Statistics 1999). Thus, research on this subject has focused on early childhood and adolescent victimization. In Chapter 3, I explore the consequences of violence perpetrated by a parent or caregiver, for political trust and engagement in early adulthood. In Chapter 4, I explore whether victims of partner violence have reduced political engagement.

Natural disasters and other forms of mass violence and destruction have been linked negative psychological outcomes, too. In their review of the research on the psychological effects of terrorist attacks, Spilerman & Stecklov (2009) conclude that proximity to an event, such as 9/11 as well as several other international incidents, including the 2005 London bombing, is associated with increased generalized distress, and a higher risk of developing PTSD
in the months after the event. In the United States, research on the impact of natural disasters has been concerned with the deleterious effects of Hurricane Katrina on various communities on the Gulf Coast (e.g. Weems et al. 2007). For example, a study of New Orleans residents found that fifty percent of those who had been living in the city at the time of the hurricane experienced symptoms consistent with a DSM-IV anxiety or mood disorder, independent of their demographic make-up (Galea et al. 2007).

Lastly, there is further evidence of the negative psychosocial consequences of both serious medical conditions and having a death in the family. A serious medical condition is any state that poses a serious risk of harm to one’s wellbeing. Although childbirth is not necessarily life-threatening, some mothers develop symptoms associated with post-traumatic stress disorder and depression. This is especially likely for mothers who had difficult, at-risk pregnancies or complicated childbirths (Ballard, Stanley & Brockington 1995). Even among women who give birth without major complications, a post-traumatic stress response to labor is not uncommon. In one study, twenty-four percent of women experiencing normal births had symptoms consistent with at least one dimension of a post-traumatic stress response (Czarnocka & Slade 2000).

For those suffering from chronic illnesses such as cancer, cystic fibrosis, or diabetes, the psychological effects are not as cut and dry. In some cases, depression is a major symptom of a life-altering diagnosis or health problem, such as multiple sclerosis or heart disease (Whitlock & Siskind 1980; Schleifer & Macari-Hinson 1989). The effects of hospitalization for serious health problems have been most thoroughly documented for children and adolescents. This research indicates that such an experience can be stressful, due to a change in environment and separation from one’s parents, resulting in future negative behavioral change (e.g. Thompson & Vernon 1993). And, the death of an immediate family member, such as one’s spouse or child, including
the decision to have an abortion, is a life event considered to be a risk factor for depression
(Shrout et al. 1989).

Disaster traumas, serious medical conditions, and deaths in the family, are experiences widely understood to occur outside of an individual’s locus of control. That is, in most instances, the events could not have been prevented or avoided. Victims of these forms of trauma are not typically told that they are overreacting, they are not blamed for what happened, or questioned about why they didn’t avoid the situation or circumstances associated with their trauma. In contrast, traumas involving a relationship to a known or trusted “other,” are often followed by victim blaming from friends and family, feelings of shame, and inappropriate attributions of personal responsibility (van der Kolk, 2015). Betrayal trauma theory, which has more typically focused on violence and abuse in the home, suggests that for these reasons, betrayal traumas are associated with a higher risk of posttraumatic stress (DePrince, 2001). I argue that military service in Vietnam fits within this theoretical tradition, and can also be considered a form of betrayal trauma.

Of course, those who serve in the military, and those who experience childhood maltreatment or intimate partner violence, are not responsible for the trauma they experience. Unfortunately, societal treatment and public understanding of these experiences often implies that these traumas are within their locus of control—that if the victim didn’t want to be traumatized, they could have done something to prevent or stop the abuse, or that their response to the trauma is an overreaction. Veterans with posttraumatic stress symptoms are often reluctant to seek help, because of this latter kind of stigma. Many mistakenly believe that there is something wrong with them for having difficulty adjusting to civilian life (Mittal et al. 2013, Sayer et al. 2017). Children who experience maltreatment and victims of partner violence often
internalize the notion that they’ve done something to deserve abuse. Betrayal trauma theory suggests this can explain why these experiences are on average, associated with a higher incidence rate of posttraumatic stress, as well as lower social trust and personal efficacy in the long-term (DePrince, 2001; Gobin & Freyd, 2014). I describe betrayal trauma theory in greater detail in the next section.

In summary, existing research on the psychological consequences of trauma indicates that when someone undergoes one of the experiences listed in Table 1.1, there are sometimes negative psychological and behavioral consequences. These symptoms range in severity from decreased self-reported wellbeing, anxiety, depression, and symptoms consistent with a PTSD diagnosis. This response to trauma is thought to occur due to the difficult inner work required to recover from a major trauma. Thus, each of these traumas are worthy of consideration to political scientists interested in how political attitudes related to civic engagement develop over the life cycle, and in response to major life events. In this research project, I focus on traumas that involve some form of betrayal. I argue these experiences are especially likely to be associated with reduced political trust, efficacy, and engagement. I further develop these expectations in the following section.

Part III: The Political Consequences of Trauma

There has been some notable political science research on the effects of major life events and experiences that can also be considered trauma. Crime victimization, living through a natural disaster, proximity to a terrorist attack, and civilian exposure to wartime violence have all been linked to increased civic engagement. These studies have not used trauma as an organizing framework, nor have they made any broader assertions about a potential “silver lining” of
trauma. It is tempting to draw such conclusions. Given the large body of research suggesting negative psychological consequences of trauma, these findings are somewhat surprising, and encouraging. I argue that these studies, while suggestive of the importance of studying trauma’s relationship to political attitudes and behaviors, are only part of the story. The chief contribution of this dissertation is contextualizing these findings, and contrasting them with the effects of betrayal trauma.

In a comprehensive study of the relationship between crime and political participation, victims were found to be significantly more likely to attend community meetings and protests, have interest in politics, and report talking about politics (Bateson, 2012). Using representative national surveys in multiple countries in the Americas, victims of robbery, theft, assault, and vandalism exhibited higher levels of civic engagement. This study demonstrated the potential for a single event to shape future participation behaviors, and, suggests that a traumatic event may be especially consequential. Although not all crime victims are traumatized by their experiences, and the study was not able to differentiate between assaults perpetrated by someone known to the victim and those perpetrated by strangers, the results were robust across the different experiences of victimization. In Chapter 4, I focus on intimate partner violence. Unlike the kinds of victimization examined by Bateson, this form of victimization is perpetrated by a romantic partner or spouse, and it is associated with a lack of adequate support. I expect this experience of interpersonal victimization will be less likely to mobilize and empower, and may actually be associated with demobilization and alienation.

Two different natural experiments have demonstrated the mobilizing effects of natural disasters. After the 2010 earthquake and tsunami in Chile, among citizens who were affected by the disaster, political trust and faith in public institutions declined, and intentions to vote
increased (Carlin et al., 2014). After a different earthquake that devastated Haiti, also in 2010, civic engagement increased on average in the regions closest to the epicenter of the earthquake (Zephyr et al., 2011). Although these studies have not examined whether trauma is driving these relationships, they suggest that even when a major natural disaster and a weak institutional response to it reduces trust in government, citizens can become more involved in their communities and engaged with politics.

Proximity to terrorist attacks and wartime violence have also been found to be politically consequential. In the United States, those who felt the most threatened by the September 11\textsuperscript{th} terrorist attack were more willing to sacrifice civil liberties for the purposes of national security (Davis & Silver, 2004). Additionally, the family members and neighbors of victims of the attack became more active in politics, even a decade after the attack (Hersh, 2013). In Sierra Leone, citizens who experienced or witnessed violence and loss during the brutal civil war between 1992-2001, were more likely to attend community meetings, join local political groups, and vote (Bellows & Miguel, 2009). And, in Uganda, the combatants who participated in civil war were more likely to vote and be community leaders (Blattman, 2009). Together these studies represent a promising start in integrating the profound effects of trauma into our understanding of political attitudes and behaviors.

Each of these experiences is logically associated with attitudes toward government and politics, and political engagement. However, they have been studied independently from one another, and without using trauma as a theoretical framework. Crime victims, and those who live through a major natural disaster, terrorist attack, or civil war clearly take away something from their experiences that has political relevance. It’s possible that these experiences are traumatizing and psychologically disruptive, but in a way that spurns political interest and activism in the
long-term—a yearning to improve and contribute to one’s community. These findings fit in with research describing positive, long-term consequences of trauma. “Post-traumatic growth,” a greater appreciation for life, a sense of personal strength, and improved relationships, occurs for some individuals in the wake of major trauma (Tedeschi & Calhoun, 2004). However, this is a less common response to trauma. It’s more likely to occur for individuals with a strong network of support and the capacity to undergo some difficult, cognitive processing (McCann & Perlman, 1990). I expect this response is especially unlikely for victims of betrayal traumas.

The phrase “betrayal trauma” refers to experiences in which an individual or institution that someone depends on for survival or assistance harms or violates them in some way (Freyd, 1996). Betrayal traumas involve the depended-upon person or institution breaking an explicit or implied social agreement, such that a violation of trust occurs. Crucially, due to the dependent nature of the relationship between perpetrator and victim, the victim of the violation is unable to confront or sever ties with the perpetrator, being forced to ignore or accept the violation in order to preserve an apparently necessary relationship. The victim thus is likely to remain in a position where future violations may occur. The three traumas examined in this dissertation each match this description.

Studies that have compared the psychological effects of betrayal trauma with the effects of other types of trauma have singled out these experiences for their distinctly negative consequences. Survivors of betrayal trauma have more difficulty forming healthy attachments and relationships in adulthood, have difficulty accurately detecting the trustworthiness of others, and are more likely to have low levels of generalized, social trust (Gobin & Freyd, 2014). Atlas and Ingram (1998) reported that betrayal trauma, using the above definition, is associated with posttraumatic stress to a greater extent than non-betrayal traumas in their sample of adolescent
inpatients. In a meta-analysis of studies of disaster victims, Norris et al. (2002) found that human-perpetrated disasters, like mass shootings and terrorist attacks, had a higher potential for causing severe psychological impairment in victims than natural or technological disasters. Although Norris and colleagues did not study betrayal specifically, they did compare human-perpetrated traumas with other types of traumas, and their results are consistent with betrayal trauma theory.

Military service in Vietnam, childhood maltreatment from a parent or caregiver, and intimate partner violence are each a form of betrayal trauma. For Vietnam veterans, the U.S. government arguably broke their trust through conscription. The anti-war political climate in the United States, and lack of public support for the war, also contributed to their feelings of alienation from mainstream society (Lifton, 1973). Vietnam veterans who experienced trauma because the U.S. government sent them into war were still somewhat reliant on the government to offer them financial assistance and health benefits through the GI Bill, and the Department of Veterans Affairs (Shepard, 2003). For children who experience abuse at the hands of a parent or caregiver, the persons who are supposed to keep them safe and secure have failed to do so. Those who experience violence from a romantic partner or spouse, especially if their lives are intricately tied with one another, are often trapped in a harmful relationship. Victims of both child abuse and intimate partner violence are commonly told their experiences are private, and should stay in the family (van der Kolk, 2015). When they disclose their experiences, even in institutional settings, they are often re-victimized by the system, and asked to take some of the blame for their trauma (e.g. Campbell, Raja & Grining, 1999).

Although existing research on the consequences of crime victimization, natural disasters, and those who live through terrorist attacks or civil war suggests trauma may be associated with
increased political engagement, I do not expect a similar pattern of long-term posttraumatic growth following these three betrayal traumas. Existing research on posttraumatic growth and the feelings of self-empowerment that sometimes follow a traumatic event emphasizes the importance of having support while processing their experiences (Tedeschi & Calhoun, 2004). Posttraumatic growth, and the associated feelings of efficacy in the wake of a trauma, seems unlikely for Vietnam veterans, survivors of child abuse, and those who experience partner violence. Each of these experiences is associated with malevolence, stigma, and very often shame. Additionally, the perpetrators of these traumas are very often part of their network of support—the U.S. government, a parent or caregiver, and a romantic partner or spouse.

Trust has been a key dependent variable in research on the psychological consequences of betrayal trauma. Victims of high betrayal traumas are more likely to have difficulty forming healthy attachments and relationships with others, and have difficulty accurately detecting the trustworthiness of others, and have lower levels of social trust (Gobin & Freyd, 2009). This area of research has been less concerned with the behavioral consequences of betrayal traumas; however, it is not difficult to imagine betrayal traumas and the associated stigma also reducing political trust and efficacy. In political science research, cultural theories of political trust suggest this particular attitude is an extension of interpersonal trust learned through life experiences (e.g. Almond & Verba, 1963; Putnam, 1993; Inglehart, 1997). This leaves ample room for the effects of a major event like trauma. If political trust is strongly related to interpersonal trust, one would expect a betrayal trauma to be associated with reduced levels of both. I am assuming here that the lessons betrayal trauma victims learn about the trustworthiness of others may also apply to their trust in government.
In addition to reduced political trust and efficacy, I expect each of these traumas to be associated with reduced political engagement. The relationship between political trust, efficacy, and engagement is complex. Individuals with lower trust are generally expected to be less politically or civically engaged (Almond & Verba, 1963; Finifter, 1970). However, those who are distrusting of government are sometimes more likely to participate in politics if they also have high levels of political efficacy (e.g. Gamson, 1968; Craig & Magiotto, 1981). Thus, reduced political trust does not necessarily foretell reduced political engagement. In this dissertation, I use existing data to study the relationship between three distinct traumas, and a variety of dependent variables related to civic engagement. As a result, I am limited in my ability to make inferences about the relationship between trauma, trust, efficacy, and engagement. Instead, I consider this project to be a first step in a broader research agenda that properly considers the importance of trauma for political socialization.

In Chapter 2, I observe a negative effect of military combat experience and posttraumatic stress on political efficacy and trust, but do not have relevant measures of the same veterans’ political engagement. In Chapter 3, I observe negative effects of any childhood maltreatment on political trust, and positive effects of physical abuse on political engagement, but I lack measures of their political efficacy. In Chapter 4, I observe negative effects of intimate partner violence on frequency of voting, but lack measures of their trust or efficacy. Further research will be needed to understand why betrayal traumas are associated with reduced trust, but in some cases, increased political and civic engagement.
Summary and Preview of Dissertation

For the average American voter, a switch is not turned on at age 18 that determines whether they trust the government, believe their voice matters, and vote, or not, for the rest of their lives. On the contrary, evidence abounds that these attitudes and behaviors are subject to change in response to their experiences and environment. I offer trauma as a politically important life experience, heretofore unexplored by scholars of political science. I am especially interested in the political consequences of three betrayal traumas: military combat experience and service in the Vietnam War, abuse from a parent or caregiver in childhood, and intimate partner violence. In this chapter, I’ve argued these forms of trauma are especially likely to be associated with reduced trust, efficacy, and engagement.

The next chapter, Chapter 2, focuses on the experiences of Vietnam veterans. Using a unique, historical dataset, I examine the political efficacy and trust levels of veterans nearly ten years after they served, according to their exposure to combat, and the severity of their posttraumatic stress. The results suggest that both combat experience and posttraumatic stress had a substantial negative effect on their trust in government and beliefs about whether the government cares about people like them. Although I am not able to make inferences about this sample of veterans’ political behaviors, existing research suggests Vietnam veterans were less likely to turn out to vote when compared to other members of their age cohort, and veterans of other U.S. military conflicts (Teigen, 2006). Based on this chapter, I conclude that exposure to severe wartime violence and posttraumatic stress are both damaging experiences for one’s proclivity to be engaged with politics.

In Chapter 3, I explore whether three distinct experiences of child abuse at the hands of a parent or caregiver have a negative effect on political trust, political engagement, and ideological
attachments in adolescence and early adulthood. Adolescents who disclosed experiencing any maltreatment had reduced political trust, were less likely to turnout to vote in the 2001 presidential election, reported voting less frequently, and were more likely to identify as politically liberal than those who were not abused. I observe some important differences in the consequences of each form of abuse. Neglect is consistently associated with reduced trust and engagement, while physical abuse is associated with reduced trust, but higher levels of community involvement. In adolescence, sexual abuse appears to have no effects on political attitudes and behaviors. In early adulthood, sexual abuse is associated with more conservative political views. Collectively, these findings demonstrate the profound, long-term political consequences of abuse from a parent or caregiver, and suggest this is an important socializing experience.

In Chapter 4, I explore whether intimate partner violence from a romantic partner or spouse is associated with any differences in participation frequency and ideological attachments. Both men and women report experiencing various forms of intimate partner violence, however women are more likely to report being seriously injured by a romantic partner or spouse. I find that both men and women who have experienced abusive relationships are less likely to report voting in state and local elections, and have more liberal ideological attachments.

The concluding chapter of this dissertation outlines the findings of the three empirical chapters, and returns to the discussion of the significance of trauma for political attitudes and behavior. The limitations of this research project, and recommendations for future research, are discussed.
Table 1.1

*Traumatic Life Events*

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>War-Related Trauma</td>
<td>Persons living in a conflict zone or war-torn area</td>
</tr>
<tr>
<td></td>
<td>Military combat experience</td>
</tr>
<tr>
<td>Interpersonal Violence</td>
<td>Abuse during childhood, sexual and/or physical assault</td>
</tr>
<tr>
<td></td>
<td>Rape and sexual assault</td>
</tr>
<tr>
<td></td>
<td>Physical assault</td>
</tr>
<tr>
<td></td>
<td>Intimate partner violence</td>
</tr>
<tr>
<td></td>
<td>Armed robbery</td>
</tr>
<tr>
<td></td>
<td>Kidnapping</td>
</tr>
<tr>
<td></td>
<td>Torture</td>
</tr>
<tr>
<td></td>
<td>Being held hostage</td>
</tr>
<tr>
<td>Disasters, Natural or Human-Caused</td>
<td>Earthquakes, fires, floods, avalanches, tornados, hurricanes</td>
</tr>
<tr>
<td></td>
<td>Motor vehicle accidents</td>
</tr>
<tr>
<td></td>
<td>Large scale transportation accidents</td>
</tr>
<tr>
<td></td>
<td>Mass interpersonal violence</td>
</tr>
<tr>
<td>Serious, Life-threatening Medical Conditions</td>
<td>Severe burns</td>
</tr>
<tr>
<td></td>
<td>Heart attack, cancer, HIV/AIDS, stroke, brain hemorrhage</td>
</tr>
<tr>
<td></td>
<td>Miscarriage</td>
</tr>
<tr>
<td></td>
<td>Difficult childbirth</td>
</tr>
<tr>
<td>Death of Spouse or Child</td>
<td>Murder or suicide of an immediate family member</td>
</tr>
<tr>
<td></td>
<td>Sudden or unexpected death of an immediate family member</td>
</tr>
<tr>
<td></td>
<td>Abortion</td>
</tr>
</tbody>
</table>

*Notes.* Adapted from Briere & Scott (2012).
CHAPTER 2: MILITARY COMBAT IN VIETNAM

In 1968, when North Vietnamese soldiers opened fire on his battalion, Sergeant Ron Kovic suffered severe spinal cord injuries, and was paralyzed from the chest down. Kovic was awarded medals for his heroism and bravery in combat, but remained disillusioned by the deaths of his friends and comrades, and by his experiences at the Veterans Administration hospital. Eventually, he became a prominent anti-war activist and advocate for veteran’s affairs, raising awareness about the lack of resources and support available to disabled veterans. In 1976, he was invited to speak at the Democratic National Convention. And, in 1989, his life story was adapted into the award-winning film, *Born on the Fourth of July*.

Many other war veterans have sustained injuries in combat, and gone on to become major players in American politics: for example, the late Senator Daniel Inouye (D-HI), Senator and former presidential candidate John McCain (R-AZ), and former Secretary of State John Kerry were all wounded in U.S. military action. More recently, Lieutenant Colonel Ladda “Tammy” Duckworth, who suffered extraordinarily severe injuries in the war in Iraq, launched a successful career in American politics. In 2004, Duckworth lost both of her legs to amputation, after Iraqi insurgents launched a grenade and took down the helicopter she was co-piloting. In the wake of this adversity, she was elected to the Illinois state legislature in 2013, and in 2017, she became a U.S. Senator. Throughout her political career, she has advocated for improved veteran healthcare and transition assistance for those returning to civilian life, especially for veterans suffering from combat-related physical disabilities.

In contrast to these notable instances of veterans becoming activists and politicians, the stereotypical story of a wounded war veteran’s adjustment to civilian life often includes painful rehabilitation, alcohol abuse, posttraumatic stress, isolation, and alienation from their families,
communities, and/or society. There is no shortage of these stories in film and popular culture: take for example, Jon Voight’s character in *Coming Home* (1978), Lieutenant Dan in the film *Forrest Gump* (1994), and Corporal Ira Hayes alcoholism and guilt post-World War II in *Flags of Our Fathers* (2006). And, outside of popular culture, there is evidence these stories are stereotypes for a reason.

For decades, researchers, doctors, and mental health practitioners have noted the negative psychological impact of wartime violence. After the Civil War, physicians believed the veterans suffering from posttraumatic stress had a physiological, cardiac problem, then called “soldier’s heart.” Similarly, World War I veterans were thought to be suffering from “shell shock,” a response to the intensity of artillery explosions in combat (Shepard, 2003). It wasn’t until 1980 that an official psychiatric diagnosis and name for this phenomenon, posttraumatic stress disorder (PTSD), was formally recognized in the American Psychiatric Association’s diagnostic manual, the DSM. The demand for an official diagnosis reached a tipping point during this era, largely because of the experiences and advocacy of Vietnam veterans. Many felt society was turning a blind eye to their experiences and their need for assistance (Lifton, 1973; Veterans World Project, 1972). There was mounting evidence that veterans were suffering from combat-related trauma, and there was a pressing need for intervention and treatment (Shephard, 2003). As a result, wartime violence and the associated psychological stress is now more widely understood and taken seriously, instead of written off as a personal failing or weakness.

At the same time, many advocates argue that the stereotypical story of the suffering, alienated veteran is harmful and inaccurate. Although exposure to the atrocities of war is often inevitable, and many veterans experience acute posttraumatic stress, most do not develop PTSD. It is estimated that between 11-20% of veterans who served in Operations Iraqi Freedom (OIF)
and Enduring Freedom (OEF) have had PTSD, depending on when they were interviewed after their service (National Center for PTSD, United States Department of Veterans Affairs). Got Your 6, a nonprofit organization dedicated to rehabilitating and empowering war veterans, has made a concerted effort to dispel various myths about them, e.g. that they are unstable, unemployable, predisposed to homelessness, or disillusioned by politics and the system. Instead, these advocates argue, the overwhelming majority of American veterans successfully readjust to civilian life. To support this claim, they cite evidence that the unemployment rate for veterans has been lower than the national average in recent years (Bureau of Labor Statistics, U.S. Department of Labor, 2016), veterans make up less than 10% of the American homeless population (Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 2013), and they are more civically engaged than their civilian counterparts. When compared to those without any military experience, veterans are more likely to vote in local elections, attend public meetings of their city council, give to local charities, and contact their public officials (Tivald & Kawashima-Ginsberg, 2016).

These narratives don’t necessarily contradict one another. Veterans’ experiences are not monolithic. Some will have little trouble adjusting to civilian life, and go on to serve active roles in their communities. Other veterans experience posttraumatic stress, and may be disillusioned by their post-service life. As discussed in greater detail in the following section, researchers have identified several factors that put veterans at greater risk of experiencing posttraumatic stress. However, it remains unknown why some service members become politically engaged in the wake of their wartime experiences, when others may be alienated from participating in politics. I explore whether the same factors that increase a veteran’s likelihood of experiencing
posttraumatic stress also affect their levels of political engagement, and, whether posttraumatic stress disorder itself is associated with reduced political engagement.

In this chapter, I argue that combat trauma and the associated posttraumatic stress are politically consequential experiences, heretofore unexplored in existing research on the effects of military service, and more broadly, in the study of political attitudes and behaviors. I review the existing literature on the political consequences of military service, introduce combat trauma and posttraumatic stress as important variables for explaining the effects of military service on political attitudes and behavior, and present evidence that Vietnam veterans with combat experience and who experienced posttraumatic stress had significantly lower levels of political efficacy.

The Political Consequences of Military Service and Trauma

Since World War II, scholars have considered the political consequences of military service and wartime experiences. *The American Soldier* (Stouffer et al. 1949) demonstrated that WWII veterans who served in combat together had a strong group identity, but somewhat surprisingly, did not hold negative affect or hostility toward enemy forces. Scholarly interest in the political consequences of military service peaked around the Vietnam War. During this time, there was anecdotal evidence that Vietnam veterans were alienated upon returning to the United States. There were widespread reports about the insufficient resources for veterans recovering from severe injuries and the lack of support for those who were struggling to reintegrate into society (Lifton, 1973; Shepard, 2003). One might logically expect those experiences to be related to negative orientations toward government, yet one early study indicated there were no substantive differences between veterans and civilians in terms of their affect toward government
and rates of political engagement (Schreiber 1979). Another study, by Jennings & Markus (1977) found significant but substantively small differences between veterans and civilians’ levels of political cynicism and faith in the national government. These researchers concluded that the conventional wisdom about disillusioned and demobilized soldiers was an overstatement of the actual effects of military service on political attitudes and behavior.

More recent research, conducted in the decades since the war, suggests that these early studies did not consider the full range of political attitudes and behaviors exhibited by veterans, and, that they could not detect the longer-term political consequences of service. Using Census data, Tivald and Kawashima-Ginsberg (2016) have demonstrated that those who served in the military are more likely to be civically engaged than non-veterans, especially when it comes to community and local politics. For example, veterans volunteer more hours per year, and they self-report giving to political causes, contacting their elected representatives, and working with their neighbors and communities to solve problems at a higher rate than their civilian counterparts (Tivald & Kawashima-Ginsberg, 2016). In terms of the long-term consequences of service, Jeremy Teigen’s research demonstrates that veterans of World War II, Korea, and other post-conscription wars, like the wars in Iraq and Afghanistan, were and are more likely to vote when compared to non-veterans in their age cohorts. Only Vietnam veterans are significantly less likely to vote in elections (Teigen 2006). Thus, in taking a cursory look at these studies, it appears that we can generally expect American veterans to return to civilian life and be engaged citizens.

Although the aggregate differences between veterans and non-veterans suggest that military experience empowers and mobilizes, that interpretation obscures important variation in veteran’s experiences. It is noteworthy that veterans of Vietnam, unlike veterans of the other
wars included in Teigen’s comprehensive research study, are less likely to turn out to vote. Teigen offers a couple of potential explanations for why these veteran’s experiences can be differentiated from those who served in World Wars I and II, Korea, Iraq, and Afghanistan. The demobilization of Vietnam veterans could be attributed to the unpredictable and violent nature of combat, and the reception they faced upon returning to the United States. Indeed, it is estimated that 30.9% of male Vietnam theater veterans, and 26.9% of females, have had PTSD in the course of their lifetimes, due in part to their exposure to severe combat trauma, and the level of support they received back in the United States (Kulka et al., 1990). The incidence of PTSD for veterans who served outside the Vietnam theater, and for veterans of other conflicts since Vietnam, has not approached this level. For example, among veterans of Afghanistan and Iraq, the estimated prevalence of post-traumatic stress disorder was 18.5% (Tanielian & Jaycox, 2008). The posttraumatic stress associated with service in Vietnam could partially explain why their political behavior diverges from other veterans. However, existing research on the political effects of military service has not sufficiently considered the diversity of individual veterans’ experiences.

It has already been well-established that military combat experience can be a psychologically disruptive experience, with long-term consequences for veterans’ adjustment to post-service life. Scholars of psychology, sociology, and public health have been especially concerned with how combat affects veteran’s emotional and mental well-being (Modell & Haggerty, 1991). This area of research exploded in the years after the Vietnam War, when the first systematic, empirical studies of veterans demonstrated that the risk of developing posttraumatic stress disorder was significantly higher for those who experienced especially atrocious violence and for those who perceived a higher threat of violence (King, King,
Gudanowski & Vreven, 1995). Studies of other war veterans, most recently those returning from Iraq and Afghanistan, corroborate this research. Combat duty itself is associated with increased utilization of mental health services and attrition from continued military service (Hoge, Auchterlonie & Milliken 2006). Additionally, combat duty and being wounded while serving in Iraq and Afghanistan are both associated with posttraumatic stress (Tanielian & Jaycox, 2008).

It is considered normal for human beings to have a stress reaction to a traumatic event, typically defined as exposure to actual or threatened death, serious injury, or sexual violence (APA DSM-V, 2013). The concern for mental health practitioners and those who study traumatic life events is when this stress lasts for several months or years, and interferes with the survivor’s day-to-day life. For example, if the stress associated with a veteran’s wartime experiences makes it difficult to continue with their daily activities, a posttraumatic stress disorder diagnosis is considered. There are four broad categories of symptoms associated with PTSD: reliving of the event, avoiding situations that remind the survivor of the event, negative changes in beliefs and feelings about themselves and/or others, and hyperarousal. For example, veterans experiencing PTSD may be easily triggered into remembering the event and how it made them feel, they might decide to avoid crowds and public spaces, have a difficult time trusting and maintaining emotional intimacy with loved ones, and/or have a hard time sleeping and concentrating (National Center for PTSD). Understandably, whether traumatic life events interfere with civic life has been of less interest to researchers who study veterans, and other survivors of trauma. However, civic life is arguably an aspect of adjustment to civilian life.

It is not difficult to imagine a veteran who experiences the avoidance and social withdrawal commonly associated with posttraumatic stress, also becoming disengaged from their communities, and disinterested or even distrustful of government and politics. At the surface
level, the symptoms of posttraumatic stress disorder resemble low political efficacy, a lack of faith that one can trust elected officials or have an influence on public affairs. Alternatively, for some veterans, a traumatic experience may increase their engagement with politics. Some survivors of trauma report an increased appreciation for life, better relationships, and a greater sense of personal strength and efficacy (Linley & Joseph, 2014; Tedeschi & Calhoun 2004). Those who work with this population caution that this is not a common response, since not every person has access to the support system needed to undergo the necessary, and difficult cognitive processing that is needed for posttraumatic growth to occur. In any case, it has not been established whether the trauma that many veterans experience is associated with changes in their political attitudes or behavior. Although some notable studies on the political effects of military service have established important differences between civilians and veterans (e.g. Jennings & Markus, 1977; Teigen, 2006), the present study is concerned with the effects of combat experience and their adjustment to civilian life.

There is a large body of literature about the risk factors for developing symptoms associated with posttraumatic stress disorder. Stressors associated with war itself have been directly linked to PTSD: exposure to severe combat violence and atrocities, an increased perceived threat or risk of harm, and a malevolent environment are all predictive of veterans developing posttraumatic stress (King, King, Gudanowski & Vreven, 1995). Additionally, Hispanic ethnicity, lower educational attainment, early childhood instability, a younger age at entry into the military, and having traumatic experiences early in life are all prewar factors that increase veterans’ risk of PTSD (King, King, Foy & Gudanowski, 1996). Postwar, after returning home, social support has been found to be the most important factor for preventing the development of PTSD (King, King, Fairbank, Keane & Adams, 1998). And, there are
interactions between prewar, war-zone, and postwar factors that have been linked to posttraumatic stress. The interaction between war-zone stressors and social support is particularly significant. Veterans exposed to severe combat trauma and who lack social support have an especially high risk of developing PTSD (King, King, Foy, Keane & Fairbank, 1999). Based on this area of research, I have developed three research questions about the potential political consequences of military experience and posttraumatic stress, discussed in the following section.

**Research Questions**

On average, veterans are more civically engaged than non-veterans. However, existing research has not considered whether either exposure to trauma or the development of posttraumatic stress are consequential for veterans’ levels of political interest, efficacy, or engagement. The low voter turnout of Vietnam veterans, who were especially likely to be exposed to combat violence and develop posttraumatic stress, suggests that traumatic wartime experiences may be important to consider when characterizing military service as an empowering and mobilizing experience. In research on the social and psychological effects of military service, there is an established relationship between exposure to combat and the development of posttraumatic stress symptoms, such as an avoidance of crowds and difficulty trusting other people (National Center for PTSD). It is possible that combat experience may also be associated with lower levels of trust in elected officials, lower levels of political efficacy, and low political engagement. Thus, my first research question is:

**RQ1:** Does combat experience have consequences for veterans’ levels of political trust, efficacy, and engagement?
With this research question, I am interested in whether veterans who have had high exposure to combat exhibit different patterns of political attitudes and behaviors. Since these experiences are consequential for their adjustment to civilian life, I consider whether they are also consequential for civic life.

It is possible that exposure to combat and the associated violence, an inherently traumatic and stressful experience, is not what matters for veterans’ political attitudes or behaviors. Instead, the development of posttraumatic stress may be the politically consequential experience. The relationship between exposure to combat violence and the development of posttraumatic stress, as discussed in the previous section, is complex. There are several factors that moderate and mediate this relationship, including the severity of violence they witnessed or experienced, their age while serving, ethnicity, past trauma, and social support during their post-service adjustment (King, King, Foy, Keane & Fairbank, 1999). Veterans are commonly exposed to potentially traumatizing events, but most do not develop posttraumatic stress disorder, and are able to adjust to civilian life without difficulty. Thus, combat exposure alone may not be meaningfully related to political trust, efficacy, or engagement. It may be that posttraumatic stress disorder is associated with reduced political engagement, but combat experience alone is not. Put differently, the feeling that one cannot understand or make a difference in politics, and the choice to withdraw from civic life, could be an extension of the symptoms experienced by those with PTSD. Thus, my second research question is:

RQ2: Do symptoms associated with posttraumatic stress disorder (PTSD) have consequences for veterans’ levels of political trust, efficacy, and engagement?

With this second research question, the implications for the effects of military service on civic engagement are slightly different. Combat experience, and exposure to violence in war, occurs
independently from any given soldier’s demographic characteristics or prior life circumstances. If exposure to combat violence is consequential for political trust, efficacy, or engagement, one can be reasonably sure that this is a causal relationship. If exposure to combat violence is not predictive of political attitudes and behaviors, but instead, it is the development of posttraumatic stress, it is more difficult to know whether this is a causal relationship. Veterans of lower socioeconomic status are somewhat more likely to develop PTSD in response to war-zone stressors (King, King, Foy & Gudanowski, 1996), and, because of their lower socioeconomic status, they are also less likely to be civically engaged, independent of their wartime experiences and whether they develop PTSD (e.g. Brady, Verba & Schlozman, 1995). In multivariate analyses, I can control for socioeconomic status and other important demographic variables. However, by virtue of an observational research design, there may be a third variable I cannot control for, that is predictive of both posttraumatic stress and reduced political trust, efficacy, and engagement. Regardless of this possibility, it is still concerning from a normative standpoint if the veterans who are the most negatively affected by the war are also the least likely to be politically active and make their concerns publicly known.

My third research question considers the role of social support. In political science research, there has been a great deal of interest in the role of social networks in the spread of information (e.g. Lazarsfeld, 1955), and the development of political attitudes and behaviors (e.g. Mutz, 2002; McClurg, 2003). In this study, social networks take on a slightly different meaning. Rather than studying the size and structure of veterans’ social networks and their consequences for political trust, efficacy, and engagement, I’m interested in the quality of the support within their network. Support can be defined according to both its quantity, the size and complexity of a veterans’ social network, and by its quality, the perceived emotional sustenance and assistance
(e.g. Kane et al. 1985). In psychological research on the conditions and characteristics that reduce the risk of developing PTSD, quality support from friends and family has been an important preventative factor. Veterans who are otherwise at risk of developing posttraumatic stress have lower incidence rates of posttraumatic stress if they report having friends or family members with whom they can talk to about their experiences (King, King, Fairbank, Keane & Adams, 1998). Since quality social support reduces the risk of PTSD, I consider whether it may also explain why some veterans exposed to combat violence are politically active and engaged citizens in their communities, while others withdraw from civic life. Thus, my third research question is:

**RQ3**: Does support moderate the effects of combat experience and posttraumatic stress on veterans’ political trust, efficacy, and engagement?

It is possible that the presence of support may neutralize, or even counteract any negative effects of combat exposure or posttraumatic stress on veterans’ political efficacy.

In addition to studying the quality of support they receive from their friends and family, I consider whether seeking help from mental health professionals has any moderating effects on veterans’ levels of political efficacy or trust. There are significant structural and psychological barriers for veterans seeking this kind of treatment, including access to therapy, and the stigma veterans sometimes associate with seeking help (e.g. Mittal et al. 2013, Sayer et al. 2017). However, in a recent meta-analysis, psychotherapeutic interventions were found to be effective at reducing depression, anxiety, and other psychiatric symptoms associated with trauma (Sherman, 2016). Mental health services might also mitigate the effects of combat and trauma on veterans’ political trust, efficacy and engagement. Alternatively, it may be that the veterans who seek professional help have especially low trust and efficacy, due to the severity of their existing
posttraumatic stress symptoms, or due to negative experiences after receiving help. In some contexts, veterans with PTSD who seek help experience a disappointing institutional response, such as being blamed for their emotional and psychological distress (e.g. Vukusic et al. 2003; Campbell & Raja, 2005). The NVVRS does not include questions that allow me to assess whether veterans had negative help-seeking experiences; however, I am interested in whether seeking help itself has consequences for their political efficacy.

**Data and Methods**

To address these research questions, I examine the political efficacy and political trust of Vietnam veterans, according to their level of combat experience, posttraumatic stress, and social support, two decades after the war ended. The primary reason I chose to focus on veterans of the Vietnam theater, rather than the veterans of other wars, was the availability of detailed data on their combat experiences, their psychological well-being in the years after the war, and crucially, an assessment of their levels of efficacy and trust. A secondary reason for focusing on Vietnam veterans is that doing so enables me to explore why veterans from this conflict were unique. It has been established that they were more likely to develop posttraumatic stress relative to veterans of other conflicts (Kulka et al. 1990), and, that they were less likely to turn out to vote in elections in the decades after serving (Teigen, 2006). I posit that the observed differences in their turnout may be attributable to their combat experiences, and the trauma they suffered. To explore this possibility, I required detailed information about veterans’ experiences in Vietnam, the severity of their posttraumatic stress, and, I needed to observe whether those experiences had long-term consequences for their political attitudes and behaviors.
There are troves of data available about veterans’ experiences, from the U.S. Department of Veterans Affairs and various partnered research organizations (e.g. the Longitudinal Health Study of Gulf War Era Veterans, the RAND Corporations’ Invisible Wounds of War Project). Since post-traumatic stress disorder was added to the DSM in 1980, there has been a great deal of scholarly interest in studying the experiences of U.S. veterans, and the long-term consequences of combat duty for their physical and psychological well-being. Understandably, the vast majority of this research has not been concerned with any potential political consequences of military service, and has not included relevant measurements of political attitudes or behavior. In contrast, news organizations have conducted surveys of veterans living in the United States, and included questions about their impressions of the VA, adjustment to civilian life, presidential approval, and party affiliation (e.g. Washington Post, 1985; Washington Post/Kaiser Family Foundation, 2014). However, these surveys and others like them, include fewer questions about veterans’ wartime experiences, exposure to combat, and psychological well-being. For the purposes of this research project, I sought existing data from a study that included a detailed assessment of veterans’ wartime experiences and psychological well-being, as well as their engagement with politics.

The National Vietnam Veterans Readjustment Study (NVVRS, Kulka et al. 1988) met these criteria. The NVVRS was a collection of in-depth interviews with a representative sample of United States veterans who served during the Vietnam War era. These interviews took place between 1984 to 1988, and were conducted with the primary purpose of assessing the prevalence and incidence of post-traumatic stress disorder, and the long-term psychosocial effects of
military service. Fortunately, for my purposes, these extensive interviews also included a short battery of questions about veterans’ perceptions of government and politics. These questions do not directly assess their level of political interest or civic engagement, but are instead, more closely related to how political scientists would measure political efficacy, an important predictor of civic engagement (e.g. Morrell, 2003; Abramson and Aldrich 1982; Almond and Verba 1963; Shaffer 1981). Although I would ideally have a more complete battery of questions assessing Vietnam veterans’ political interest, party affiliation, ideology, and self-reported political engagement, the efficacy measures available in the NVVRS are still of interest. The relevance of efficacy for voter turnout and civic engagement in the United States has previously been established (e.g. Hanson, 1980; Powell, 1986; Hetherington, 1998).

In my analysis of the NVVRS, I use the responses of the 1,202 male Vietnam-theater veterans who served in and around Vietnam, between 1964 and 1965. I have excluded female veterans to rule out the possibly confounding effects of their experiences during this era. Descriptive information about this sample of veterans can be found in Table 2.1. Among male Vietnam theater veterans, 69.4% (n = 830) identified as white, 27.2% (n = 325) identified as black, and 24.1% (n = 278) of respondents reported that they had Hispanic origins or ancestry. The average age of the veterans interviewed was 43.1. At the time of these interviews, 9.1% (n = 2012-2013, a follow-up interview of this was conducted, in order to assess the lifetime prevalence of PTSD (https://www.ncbi.nlm.nih.gov/pubmed/26096554). However, this wave of interviews did not include measures of political efficacy.

2 Most of the women who served in Vietnam served in support roles, and were inherently less likely to have combat experience. However, they were still exposed to the threat of violence and the atrocities of war, and based on the NVVRS, 8.5% met the criteria for PTSD at the time of the original study. A separate examination of their wartimes experiences and political efficacy is beyond the scope of this paper, however, this is one potential avenue for future research.
109) had attended some graduate or professional school, 50.5% (n = 606) had attended some college, and 38.0% (n = 456) attended some high school.

Dependent Variables

Veterans were asked seven questions related to their perceptions of government and politics, and whether they have any say. For example, they were asked whether the people running the country care what happens to them, if there are any groups in American politics that effectively represent their views, and if elections make the government pay attention to what people think. Using these seven items, I created an additive index of political efficacy, which ranges from 7-35 (Cronbach’s alpha = 0.72). The average score on this index was 20.3, indicating a moderate level of political efficacy. In addition to these items, there was one question about whether government is run by the people or special interests. Nearly a third of veterans (28.4%, n = 335) answered that government is run for the benefit of the people. I use this question as a measure of political trust, following existing political science research which has used similar items (Craig, Niemi & Silver, 1990). The full question wordings for the seven items included in the efficacy index, and the rest of the variables used in this chapter, can be found in Appendix A.

Independent Variables

To operationalize veterans’ exposure to combat, one strategy would be to compare veterans assigned to combat duty to those assigned to support roles. When asked to describe their primary duties in and around Vietnam, 33.6% (n = 400) reported that they were assigned completely or mainly to combat duty, and 66.4% (n = 789) reported that their primary duties
were in service and support roles. Yet 57.2% (n = 686) of Vietnam theater veterans reported moderate to heavy exposure to combat violence while serving. Regardless of their assigned duties, most Vietnam veterans were exposed to at least some combat violence. Instead of using assignment to combat duty as a proxy for combat experience, which would exclude veterans assigned to service positions that saw combat, I use three alternative measures of exposure to combat. The first, the Combat Danger index, is based on a 13-item battery of questions developed by the NVVRS researchers (Kulka et al. 1988), which assessed how often they experienced life-threatening events commonly associated with combat, such as receiving enemy fire, being ambushed, engaging in hand-to-hand combat, or getting separated from their unit. Using this battery of questions, I generated an additive index of exposure to combat danger, which ranges from 13-65 (Cronbach’s alpha=0.92). The average score on this index was 29.1, which indicates most veterans were exposed to at least some amount of combat danger.

Existing research on the risk factors for PTSD has found meaningful differences between the effects of dangerous combat experiences, like those included in the Combat Danger scale, and exposure to wartime atrocities, such as experiencing serious injury or directly witnessing violence and death (e.g. King et al. 1998). The Combat Danger index, while useful, does not assess veterans’ exposure to the trauma commonly associated with combat, which may be a more relevant experience for veterans’ political efficacy. To test whether being seriously wounded in combat has independent effects on one’s level of political efficacy, I examine the political efficacy of veterans who were awarded a Purple Heart medal. These medals are a military decoration awarded to those wounded or killed by enemy forces in combat, while serving in the United States military. Of the Vietnam veterans interviewed in the NVVRS, 20.0% (n = 240) were awarded this medal for their injuries sustained in combat.
Lastly, to further distinguish between dangerous combat experience and exposure to wartime atrocities, I use the Combat Trauma index (Kulka et al. 1988), based on a series of questions about how frequently they saw Americans killed and wounded, and how often they saw their close friends from their unit wounded or killed\(^3\). This index ranges from 5-25 (Cronbach’s alpha=0.87). A veteran with a score greater than 5 on this index reported that at some point during their service, they saw an American soldier or close friend from their unit be wounded or killed. The average score on the Combat Trauma index was 11.6, which indicates most veterans were exposed to at least some serious combat violence against Americans. Previous research suggests that exposure to this kind of trauma, especially having a friend from one’s unit suffer serious injury or death, can be even more distressing than being wounded oneself (Stretch et al., 1996).

To assess whether veterans experienced posttraumatic stress, I use their scores on the 35-item Mississippi Scale for Combat-Related PTSD (M-PTSD). The M-PTSD scale is a diagnostic tool widely used by mental health professionals. Veterans were asked to rate how they feel about each of the 35-items using a 5-point Likert style response category. For example, one item asks them to indicate their level of agreement with the statement, “I try to stay away from anything that will remind me of things which happened while I was in the military.” The full list of items used in the M-PTSD scale is provided in Appendix A. Their responses to each item are summed to provide a scale of PTSD symptom severity which ranges from 35-175 (Cronbach’s alpha =

---

\(^3\) The NVVRS also includes questions assessing exposure to and perpetration of atrocities against the Vietnamese. The Combat Trauma index included in this chapter is inherently American-centric because prior research on combat duty and trauma has singled out the negative effects of this form of trauma. In extensions of this work, I am interested in whether veterans causing trauma, or recognizing the impact American interventions had on the Vietnamese, has political consequences.
In modern practice, the accepted cutoff score for a PTSD diagnosis is 107, which has been found to accurately identify those with posttraumatic stress disorder 90% of the time (Keane et al. 1988). In this sample of male Vietnam veterans, the mean M-PTSD score was 76.0, and 9.7% (n = 114) of those interviewed had scores greater than 107. At the time of the NVVRS, the accepted threshold for a PTSD diagnosis was 89. In this sample, 26.0% (n = 312) of veterans met this criterion. In the analyses presented below, I am most interested in whether the presence of symptoms associated with posttraumatic stress disorder also have consequences for external political efficacy, therefore, I do not use a cutoff score to differentiate between those who meet the threshold for a diagnosis, and those who did not.

Lastly, as measures of support, I use two different variables. The first is a measure of the quality of support from their immediate social circle, based on questions assessing how close they feel to their friends and families. Veterans were asked whether they feel they have enough friends or relatives to talk to, how often they can talk about their deepest problems, and whether they feel understood by their closest friends and relatives. Responses to these six items were re-scaled to range from 0 to 1, and added together to create an index ranging from 0 to 6, where higher scores indicate a higher level of social support (Cronbach’s alpha=0.74). The average score on this index was 3.8, indicating a moderate level of support from friends and family. As an alternative measure of support, I also generated a variable that indicates whether they sought outside help, from a psychiatrist, counselor, or other mental health professional. In total, veterans were asked if they sought help with any problems relating to their time in Vietnam from eleven different sources, including the Veterans Administration, or a medical, psychiatric, or alternative mental health center. Nearly a third, 29.8% (n = 353) of Vietnam theater veterans reported seeking help from one or more of these sources.
Results

My first research question was about the political consequences of military combat experience. Using the NVVRS, I have three measures of combat experience—the Combat Danger and Combat Trauma indices, and whether they were awarded a Purple Heart medal for injuries sustained in combat. Each of these measures represents an alternative operationalization of combat experience, and as one might expect, they are highly correlated with one another (Table 2.2). Veterans who were more frequently exposed to combat danger were also more frequently exposed to combat trauma (Pearson’s $r = 0.79, p < .001$). Veterans who were more frequently exposed to combat danger were also more likely to be awarded a Purple Heart medal (Pearson’s $r = 0.47, p < .001$), as were veterans who were more frequently exposed to combat trauma (Pearson’s $r = 0.44, p < .001$). To avoid multicollinearity, in the regression analyses presented below, I include each of these measures of combat experience in separate models, in addition to the fully saturated model. Additionally, I have standardized their coefficients, to more easily compare their effects across models. Coefficients should be interpreted as the number of standard deviation units change we observe in efficacy, with an increase in one standard deviation of the independent variable.

In Table 2.3, Model A is a reduced model, which includes only the available demographic variables in the NVVRS: age, ethnicity, race, education, and income. Together, these demographic variables explain 11.0% of the variance in veterans’ responses to the items included in the political efficacy index (Adj. $R^2 = 11.0$). In Model B, I have added the Combat Danger index, which indicates how frequently Vietnam veterans were exposed to life-threatening events associated with combat. Combat Danger is negatively associated with political efficacy ($\beta = -.10, p < .001$). However, when compared to the baseline model, the addition of this variable
makes a substantively small contribution to the explained variance (Adj. R² = 11.7). Similarly, in Models C and D, both the Combat Trauma index (β = -.12, p < .001) and being awarded the Purple Heart for injuries sustained in combat (β = -.26, p < .001), are negatively associated with political efficacy, but the introduction of these variables does not explain a substantial portion of the variance in political efficacy (Model C, Adj. R² = 12.1; Model B, Adj. R² = 12.0). This is not to suggest these variables are unimportant. Combat danger, being awarded a purple heart, and combat trauma each make comparable contributions to the model as years of education, a commonly studied predictor of political attitudes and behaviors. In summary, across all three measures of combat experience, it appears that exposure to combat was associated with lower levels of political efficacy.

My second research question was about the political consequences of posttraumatic stress. In Table 2.3, Model E considers the effects of veterans’ scores on the M-PTSD scale, the 35-item diagnostic tool used by mental health practitioners. In this model, M-PTSD scores are negatively associated with political efficacy (β = -.35, p < .001), and the addition of this variable to the baseline model makes a substantial contribution to the explained variance (Adj. R² = 21.6). The standardized coefficient for M-PTSD scores is substantially greater than the coefficients for the Combat Danger index, the Combat Trauma index, and the indicator variable for being awarded a Purple Heart. Model F is the fully saturated model. When all four of these independent variables are included, the coefficient for M-PTSD scores is the only one that reaches the accepted threshold of statistical significance (β = -.37, p < .001), and the explained variance is comparable to Model E (Adj. R² = 21.3). Thus, posttraumatic stress symptoms are associated with reduced political efficacy among Vietnam veterans, and, when compared to the
other independent variables in Table 2.3, they explain the greatest portion of the variance in political efficacy.

In Table 2.4, I consider several different model specifications, that are intended to address my third research question. With RQ3, I am interested in whether the presence of quality support, either from one’s immediate social circle or from a professional, moderates the negative effects of both combat experience and posttraumatic stress. To reduce the number of models included in Table 2.4, I use only one measure of combat experience, the Combat Trauma index. However, these results are robust across the other two measures of combat experience (Appendix B, Table B.1). Additionally, because combat experiences and posttraumatic stress are highly correlated with one another, I first consider the interaction between social support and each of these two independent variables in separate models. In Models A and B, I examine the interaction between combat trauma and social support, and between combat trauma and seeking help from a professional. In Models C and D, I examine the interaction between M-PTSD scores and each form of social support. The last model in the table, Model E, is the fully saturated model. The interaction terms in all five models fail to reach the accepted threshold for statistical significance, and none of the coefficients are substantively large. It appears that neither social support nor seeking professional help mitigate the negative effects of combat experience and posttraumatic stress on political efficacy.

There are some interesting and noteworthy partial effects of support in these models, even though the interaction terms are insignificant. Social support, across all five models, is positively associated with political efficacy (Model A, $\beta = .18, p < .001$; Model B, $\beta = .19, p < .001$; Model C, $\beta = .07, p < .10$; Model D, $\beta = .08, p < .05$; Model E, $\beta = .07, p < .10$). Veterans with stronger, higher quality support networks, regardless of their combat experiences and
posttraumatic stress symptoms, have higher levels of political efficacy. In Models A and B, seeking help from a professional is negatively associated with political efficacy (Model A, $\beta = -0.15$, $p < .05$; Model B, $\beta = -0.15$, $p < .05$). This suggests that even after controlling for exposure to combat trauma, veterans who seek professional help have lower levels of political efficacy. It is noteworthy that there are no negative effects of seeking professional help once M-PTSD scores are accounted for in Models C and D. This suggests seeking professional help doesn’t necessarily reduce political efficacy, because the veterans who take this step have more PTSD symptoms and lower efficacy. The percent of variance explained by the models that include M-PTSD scores, Models C, D, and E, is higher than those that did not include this variable (Model A, Adj. $R^2 = 15.9$; Model B, Adj. $R^2 = 15.8$; Model C, Adj. $R^2 = 21.3$; Model D, Adj. $R^2 = 21.4$, Model E, Adj. $R^2 = 21.5$). It appears that posttraumatic stress symptoms, regardless of whether one seeks professional help and has a strong network of support, are negatively associated with political efficacy.

In Table 2.5, I replicate several of the models discussed above using the single survey question on political trust as the dependent variable. Because this survey question produced a binary response variable, I use logistic regression to predict veterans’ beliefs about whether the system is run for the people, or special interests. Veterans who scored a 1 on this question answered that government is run for the benefit of the people, and are considered to have more trust in government. Model A, which includes only the block of demographic variables included in the NVVRS, has an AIC score of 1253. The AIC score improves with the addition of the Combat Trauma index, M-PTSD scores, and the measures of support, as shown in Models B, C,
D, E and F. Additionallly, the direction of the observed relationships in Table 2.4 are replicated across all models in Table 2.5. In Models B and C, the Combat Trauma index is negatively associated with political trust, social support is positively associated with trust, and professional support is negatively associated with it. In Models D, E, and F, when M-PTSD scores are included, the AIC scores reach the lowest values, and the coefficient for M-PTSD scores is the only significant coefficient for an independent variable. Thus, posttraumatic stress symptoms are negatively associated with veterans’ trust in government, regardless of their combat experiences and the support they receive.

Discussion and Conclusion

In summary, using the National Vietnam Veterans Readjustment Study (1984-1988), I find that combat experience, the development of posttraumatic stress, and the presence of social support, each had important consequences for Vietnam veterans’ levels of political efficacy and political trust. Combat experiences, operationalized according to veterans’ exposure to combat danger, combat trauma, and whether they received injuries in combat and were awarded a Purple Heart, were each associated with reduced political efficacy and political trust (RQ1). After accounting for posttraumatic stress symptoms, the independent effects of combat experience were not significant predictors of veterans’ efficacy and trust. Posttraumatic systems were consistently associated with reduced levels of efficacy and trust, regardless of combat experience (RQ2). Social support, whether it came from family and friends or a mental health professional, does not appear to mitigate the negative effects of either combat experience or posttraumatic

---

4 Similar improvements in AIC scores are observed after including the alternate measures of combat experience: Combat Danger and the Purple Heart. These results are available in Appendix B, Table B.2.
stress (RQ3). However, there were consistent independent effects of both forms of support. Having family and friends to talk to about their experiences was associated with increased efficacy and trust among Vietnam veterans. Somewhat disconcertedly, seeking professional help was associated with reduced efficacy and trust after controlling for combat experience. In models that accounted for posttraumatic stress symptoms, this relationship disappeared. This suggests that seeking professional help appeared to have negative effects because the most traumatized veterans take this step.

These findings have important implications for advocates interested in the well-being and adjustment of veterans, for scholars interested in the political attitudes and behaviors of America’s military, and more broadly, for the study of political psychology and behavior. Even though most veterans of combat do not develop posttraumatic stress disorder, these findings have concerning implications for the substantial percentage of veterans who do. Veterans who experience the greatest hardships and long-term psychological consequences of service have lower political efficacy and as a result, they may be less willing to engage with government and politics. Political efficacy is an important predictor of political participation (Abramson and Aldrich 1982; Almond and Verba 1963; Shaffer 1981). If one logically extends these results to veterans’ political behaviors, the veterans who do engage with politics are systematically different from those who do not.

Of course, this study is not without its limitations. By focusing only on Vietnam veterans, I am limited in my ability to generalize about veterans of other conflicts who have also experienced combat and posttraumatic stress. Further research is needed to establish whether the relationship between combat, trauma, and political attitudes exists for veterans of more recent conflicts. Even though I cannot make inferences about the experiences of veterans of Iraq,
Afghanistan, or any other conflicts, it is worthwhile to understand the experiences of Vietnam veterans who did not go on to become politically active. When organizations like Got Your 6 pursue advocacy campaigns that generalize about veterans’ high levels of civic engagement, they are erasing the experiences of many Vietnam veterans. In the aggregate, veterans are more likely to be politically engaged when they return to civilian life, but at the individual-level, I find this is less likely to be true for Vietnam veterans who experienced combat trauma and posttraumatic stress. To prevent further isolation or alienation, veterans exposed to this trauma and who are at risk of developing posttraumatic stress may require a greater amount of outreach and external support.

Lastly, this study has implications for scholars of political behavior, who have long been concerned with research questions about what motivates individuals to vote. There is no shortage of answers—socialization processes (e.g. Langton & Jennings 1968), efficacy, interest, and other forms of psychological engagement (Verba, Schlozman & Brady 1995), socioeconomic status and resources (Brady, Verba & Schlozman 1995), personality (Mondak et al. 2010), and social networks (Campbell 2013), are just a few of many relevant factors. Traumatic life experiences, like military combat experience, may be another important, yet largely unexplored motivation for participation in politics. Further research is needed to establish whether veterans exposed to combat trauma, and who develop posttraumatic stress, are less civically engaged. However, trauma clearly has the power to shape perceptions of government.
<table>
<thead>
<tr>
<th>Demographics</th>
<th>N</th>
<th>%</th>
<th>M</th>
<th>SD</th>
<th>Mdn</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1202</td>
<td>43.1</td>
<td>5.3</td>
<td>42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>1156</td>
<td>24.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1196</td>
<td>27.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (in years)</td>
<td>1201</td>
<td>13.4</td>
<td>2.4</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income (in thousands)</td>
<td>1159</td>
<td>42.2</td>
<td>23.6</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy Index (7-35)</td>
<td>1187</td>
<td>20.3</td>
<td>5.6</td>
<td>20</td>
<td></td>
<td>0.73</td>
</tr>
<tr>
<td>Trust</td>
<td>1179</td>
<td>28.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Combat Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combat Danger Index (13-65)</td>
<td>1173</td>
<td>29.1</td>
<td>11.7</td>
<td>28</td>
<td></td>
<td>0.92</td>
</tr>
<tr>
<td>Purple Heart</td>
<td>1202</td>
<td>20.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combat Trauma Index (5-25)</td>
<td>1190</td>
<td>11.6</td>
<td>4.9</td>
<td>11</td>
<td></td>
<td>0.87</td>
</tr>
<tr>
<td><strong>Posttraumatic Stress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-PTSD Score (35-175)</td>
<td>1172</td>
<td>76.0</td>
<td>22.3</td>
<td>72</td>
<td></td>
<td>0.94</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social (0-6)</td>
<td>1187</td>
<td>3.8</td>
<td>1.3</td>
<td>4</td>
<td></td>
<td>0.74</td>
</tr>
<tr>
<td>Professional</td>
<td>1187</td>
<td>29.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes.** The ranges for efficacy, combat danger, M-PTSD, and social support are provided in parenthesis next to their labels. For the question wording of the items included in these measures, see Appendix A.
Table 2.2
Summary of Intercorrelations for Key Independent Variables

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Combat Danger</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Combat Trauma</td>
<td>0.79</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Purple Heart</td>
<td>0.47</td>
<td>0.44</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) M-PTSD</td>
<td>0.48</td>
<td>0.46</td>
<td>0.29</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Social Support</td>
<td>-0.24</td>
<td>-0.20</td>
<td>-0.14</td>
<td>-0.50</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>(6) Prof. Support</td>
<td>0.16</td>
<td>0.16</td>
<td>0.10</td>
<td>0.36</td>
<td>-0.22</td>
<td>-</td>
</tr>
</tbody>
</table>

Notes. Table values are Pearson’s r coefficients. All correlation coefficients are statistically significant ($p < .001$).
Table 2.3
Regressions Predicting Political Efficacy: Combat Experience and Posttraumatic Stress

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.13***</td>
<td>.12***</td>
<td>.12***</td>
<td>.12***</td>
<td>.06*</td>
<td>.06*</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.18*</td>
<td>.16*</td>
<td>.17*</td>
<td>.16*</td>
<td>.21**</td>
<td>.19**</td>
</tr>
<tr>
<td>Black</td>
<td>-.17*</td>
<td>-.16*</td>
<td>-.17*</td>
<td>-.20**</td>
<td>-.11</td>
<td>-.13+</td>
</tr>
<tr>
<td>Education</td>
<td>.11***</td>
<td>.11***</td>
<td>.11***</td>
<td>.12***</td>
<td>.09**</td>
<td>.09***</td>
</tr>
<tr>
<td>Income</td>
<td>.22***</td>
<td>.21***</td>
<td>.21***</td>
<td>.21***</td>
<td>.13***</td>
<td>.12***</td>
</tr>
<tr>
<td>Combat Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.10***</td>
<td>.08+</td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td></td>
<td>-.12***</td>
<td></td>
<td>-.02</td>
<td></td>
</tr>
<tr>
<td>Purple</td>
<td></td>
<td></td>
<td></td>
<td>-.26***</td>
<td></td>
<td>-.08</td>
</tr>
<tr>
<td>Posttraumatic Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-PTSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.35***</td>
<td>-.37***</td>
</tr>
<tr>
<td>Constant</td>
<td>-.00</td>
<td>-.00</td>
<td>-.01</td>
<td>.06</td>
<td>-.04</td>
<td>-.00</td>
</tr>
<tr>
<td>Adjusted R² (%)</td>
<td>11.0</td>
<td>11.7</td>
<td>12.1</td>
<td>12.0</td>
<td>21.6</td>
<td>21.2</td>
</tr>
<tr>
<td>df</td>
<td>1090</td>
<td>1063</td>
<td>1081</td>
<td>1089</td>
<td>1066</td>
<td>1033</td>
</tr>
</tbody>
</table>

Note. OLS models. Standardized regression coefficients.
+p < .10. *p < .05. **p < .01. ***p < .001.
Table 2.4  
*Regressions Predicting Political Efficacy: Combat Experience, Posttraumatic Stress, and Support*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.10***</td>
<td>.10***</td>
<td>.06*</td>
<td>.06*</td>
<td>.05+</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.17*</td>
<td>.17*</td>
<td>.21**</td>
<td>.22**</td>
<td>.20**</td>
</tr>
<tr>
<td>Black</td>
<td>-.17*</td>
<td>-.17*</td>
<td>-.12+</td>
<td>-.11</td>
<td>-.12+</td>
</tr>
<tr>
<td>Education</td>
<td>.12***</td>
<td>.12***</td>
<td>.10***</td>
<td>.09***</td>
<td>.10***</td>
</tr>
<tr>
<td>Income</td>
<td>.18***</td>
<td>.18***</td>
<td>.13***</td>
<td>.13***</td>
<td>.13***</td>
</tr>
</tbody>
</table>

| Combat Experience     |       |       |       |       |       |
| Trauma                | -.06* | -.04  |       |       | .04   |

| Traumatic Stress       |       |       |       |       |       |
| M-PTSD                |       |       | -.30***| -.34***| -.33***|

| Support               |       |       |       |       |       |
| Social                | .18***| .19***| .07+  | .08*  | .07+  |
| Professional          | -.15* | -.15* | .00   | -.01  | -.01  |

| Interactions          |       |       |       |       |       |
| Trauma*Social         | .04   |       |       |       | .02   |
| Trauma*Professional   |       | -.05  |       |       | -.02  |
| M-PTSD*Social         |       |       | .02   |       | -.02  |
| M-PTSD*Professional   |       |       | .08   |       | .05+  |

| Constant              | .06   | .05   | -.02  | -.02  | -.03  |

Adjusted $R^2$ (%)     | 15.9  | 15.8  | 21.3  | 21.4  | 21.5  |

df                    | 1055  | 1055  | 1040  | 1040  | 1030  |

*Note. OLS models. Standardized regression coefficients. +p < .10. *p < .05. **p < .01. ***p < .001.*
Table 2.5
Robustness Check: Political Trust as Dependent Variable

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.26***</td>
<td>.22**</td>
<td>.22**</td>
<td>.16*</td>
<td>.15*</td>
<td>.14</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-.05</td>
<td>-.03</td>
<td>-.02</td>
<td>-.00</td>
<td>.03</td>
<td>.02</td>
</tr>
<tr>
<td>Black</td>
<td>-.86***</td>
<td>-.88***</td>
<td>-.88***</td>
<td>-.80***</td>
<td>-.78***</td>
<td>-.81***</td>
</tr>
<tr>
<td>Education</td>
<td>.19**</td>
<td>.18*</td>
<td>.18*</td>
<td>.14+</td>
<td>.14+</td>
<td>.15*</td>
</tr>
<tr>
<td>Income</td>
<td>.20**</td>
<td>.15*</td>
<td>.15*</td>
<td>.06</td>
<td>.06</td>
<td>.06</td>
</tr>
<tr>
<td>Combat Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.01</td>
</tr>
<tr>
<td>Traumatic Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.63**</td>
<td>-.77***</td>
</tr>
<tr>
<td>Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>.20*</td>
<td>.20*</td>
<td>-.03</td>
<td>-.01</td>
<td>-.01</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>-.32+</td>
<td>-.32+</td>
<td>-.08</td>
<td>-.06</td>
<td>-.03</td>
<td></td>
</tr>
<tr>
<td>Interactions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma*Social</td>
<td>.11</td>
<td></td>
<td></td>
<td>.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma*Professional</td>
<td></td>
<td>-.00</td>
<td></td>
<td>-.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-PTSD*Social</td>
<td></td>
<td></td>
<td>.07</td>
<td>.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M-PTSD*Professional</td>
<td></td>
<td></td>
<td>.34+</td>
<td>.19+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>-.74***</td>
<td>-.67***</td>
<td>-.68***</td>
<td>-.79***</td>
<td>-.89***</td>
<td>-.88***</td>
</tr>
<tr>
<td>df</td>
<td>1085</td>
<td>1049</td>
<td>1049</td>
<td>1034</td>
<td>1034</td>
<td>1024</td>
</tr>
<tr>
<td>AIC</td>
<td>1253</td>
<td>1204</td>
<td>1205</td>
<td>1156</td>
<td>1154</td>
<td>1156</td>
</tr>
</tbody>
</table>

Note. Logit models. Standardized regression coefficients. +p < .10. *p < .05. **p < .01. ***p < .0001
CHAPTER 3: CHILDHOOD MALTREATMENT

On November 10, 1986, just a couple of months after the premiere of her Chicago-based, nationally syndicated talk show, Oprah Winfrey came out as a survivor of childhood sexual abuse on the air:

“There really is no darker secret than sexual abuse. I’m telling you about myself so that maybe the closet where so many sexual abuse victims and their molesters hide might swing open just a crack today, and let some light in.”

In the years that followed, Winfrey was a fierce advocate for victims of child sexual abuse, and promoted a national conversation about this issue, and family childhood trauma more broadly. Most notably, in 1991 she testified before Congress on behalf of the National Child Protection Act, which established a national database of convicted child abusers (Fetini, 2011). Throughout her tenure as host of The Oprah Winfrey Show, she raised awareness about the ubiquity of childhood sexual abuse, physical abuse, and neglect, topics that are more typically swept under the rug and avoided. In 2012, when asked to reflect on the physical, emotional, and sexual abuse she suffered throughout her childhood, Winfrey expressed regret that most Americans still don’t understand the nature of the problem of abuse. In her view, the betrayal of a child’s trust, and the shame and stigma that often follows these experiences, can be even more damaging than the acts of abuse themselves (Johnson, 2012). Despite creating one of the most widely viewed talk shows

---

5 This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (http://www.cpc.unc.edu/addhealth). No direct support was received from grant P01-HD31921 for this analysis.
in broadcast history, and drawing national attention to the problem, she believed she couldn’t “move the needle” on national understanding of child abuse, as much as she wanted to.

Children experience adversity and trauma in many forms, however, I am most concerned with the long-term consequences of this form of abuse, perpetrated by their parent or guardian. I argue childhood trauma that occurs because a parent or guardian has violated their child’s trust by perpetrating violence or otherwise causing them harm, will be especially consequential for that child’s political attitudes and behavior later in life. Scholars of childhood development, epidemiologists, and clinicians have singled out this kind of trauma as especially harmful to children’s psychological well-being and long-term mental health. One recent study called for a new, developmentally appropriate trauma diagnosis for children who experience this kind of victimization, so that practitioners are able to identify symptoms early (e.g. D’Andrea et al., 2012). As I describe in greater detail in this chapter, I expect children who experience abuse from their parents or guardians will have less trust in public institutions and will be less civically engaged.

Winfrey’s disclosure of her personal experiences with childhood maltreatment was brave and powerful. It was also, unfortunately, representative of the experiences of millions of children living in the United States, and around the world. Childhood exposure to violence and abuse has been described as the most significant public health issue in the United States, and a worldwide, silent epidemic (Anda et al. 2006; Kaffman, 2009). Globally, it is estimated that 1 in 3 children experience physical abuse, while 1 in 4 girls and 1 in 5 boys experience sexual victimization (Anda et al., 1999; Felitti et al. 1998; Putnam, 2003; United Nations, 2006). In the United States, the Department of Health and Human Services reported that in 2015 alone, an estimated 683,000 children were abused or neglected. In that same year there were over three million investigations
conducted by Child Protective Services. Three-fourths of these victims were neglected (75.2%), just under twenty percent were physically abused (17.2%), and just under ten percent were sexually abused (8.4%) (USDHHS, 2017).

Although these numbers are already shocking, only a small fraction of potential child maltreatment cases are reported to the appropriate authorities, let alone investigated. Around the world, but in the United States, too, corporal punishment (e.g. repeated striking or whipping) and other forms of cruel and degrading treatment (e.g. forcing children into uncomfortable positions, forced ingestion of substances) are still widely practiced and accepted as ordinary in many households. Sexual abuse is more taboo than physical abuse, but also more stigmatized. This form of victimization is thought to be especially underreported, since it is most commonly committed by a person known to the child in the privacy of their own home. Thus, the available, official reports on violence toward children are widely believed to underestimate the true magnitude of the problem. In short, child abuse is an all too common experience. (Pinheiro, 2006)

Interpersonal victimization, or violence perpetrated by someone known to the victim, is more likely to be associated with elements of malevolence, betrayal, injustice, and immorality, when compared to trauma resulting from accidents, diseases, and natural disasters (Finkelhor, 2008). When it comes to child abuse perpetrated by an adult or guardian, this form of trauma is directly caused by the choices of someone who is supposed to be a trustworthy caregiver, and who is often perceived to be trustworthy by those outside of the situation. As one might expect, survivors of this type of high betrayal, interpersonal trauma have more difficulty forming healthy attachments and relationships in adulthood, have difficulty accurately detecting the trustworthiness of others, and are more likely to have low levels of both generalized, social trust
(Gobin & Freyd, 2009). Although to my knowledge, no existing research has studied the political consequences of abuse in childhood, I tentatively expect this experience to foster similar distrust in government, and alienation from being involved in political and civic affairs.

The potential political consequences of child abuse are obviously of less concern than the mental and emotional well-being of victims, however, there are important implications of such a relationship for representation and public understanding of child abuse. A substantial portion of the potential electorate may be removing themselves from politics, due to the lessons they learn early in life about the trustworthiness of others, and their own personal capacity to advance change. Additionally, if the survivors of childhood maltreatment are distrustful of government, less likely to speak out about their preferences, and generally less civically engaged, public awareness and understanding of the issue and their experiences could be negatively affected. This is similar to the problem Oprah Winfrey identified when she helped start a national conversation about child abuse, and expressed hope that survivors would feel more comfortable coming out of the darkness. Without greater public understanding and awareness of the ubiquity of child abuse and its consequences, this experience will remain a silent, stigmatized epidemic, and policy solutions that could help prevent further abuse are less likely to make it onto the public agenda.

The Consequences of Childhood Maltreatment

Victimization in childhood is associated with significant mental health consequences, both short-term and long-term. Countless studies have demonstrated that exposure to interpersonal trauma in early life can chronically and pervasively alter an individual’s social, psychological, cognitive, and biological development (e.g. Burns et al. 1998; Cook et al. 2005;
Spinazzola et al. 2005; Norman et al. 2012). In addition to the serious physical health consequences and injuries sometimes associated with abuse, exposure to violence in childhood has been related to a greater lifelong susceptibility to obesity, health risk behaviors such as substance abuse, early sexual activity, and smoking, mental health problems including anxiety and depression, and impaired work performance due to memory disturbances and aggressive behavior (Felitti et al., 1998; CDC, 2006). The psychological consequences are of particular relevance to the present study. Survivors of childhood abuse commonly report persistent feelings of shame and guilt, low self-esteem, and symptoms of post-traumatic stress disorder. Much like with military veterans who develop posttraumatic stress, it is not difficult to imagine those who develop these symptoms also becoming disengaged from their communities, and distrustful of government and politics. At the surface level, the negative symptoms sometimes associated with past child abuse resemble low political efficacy and trust.

In psychological research on childhood maltreatment, there is a rich theoretical literature interested in explaining why this experience has such profound consequences for development. In particular, research based on attachment theory and the importance of healthy relationships between children and their guardians (e.g. Bowlby, 1969) has potential parallels with political attitudes and behaviors of interest to political scientists. Children who are not abused by their guardians are more likely to develop secure attachments that allow them to explore their surrounding environment, learn skills of engagement, and develop confidence in their own ability to thrive, independent of others (e.g. Davies, 2004). Additionally, strong, secure attachments aid in the development of internal working models of the self and of others, which provide children with healthy relationship goals and expectations. Children who are mistreated
by their parents and guardians are less likely to develop secure attachment styles, and are more likely to engage in antisocial behavior later in life (Sousa et al., 2013).

Healthy child-guardian relationships might also aid in the development of realistic goals and expectations about government, and their ability to effect change in the political process. Citizens’ expectations of politicians and elected officials, who make decisions on their behalf and that can affect their day to day life, are analogous to children’s’ expectations of their parents, who also make these kinds of decisions. The process of political socialization involves various lessons about the citizens’ proper relationship to government. Parents and schools typically fosters feelings of civic duty and political efficacy (e.g. Jennings & Niemi, 1968; Jackson, 2005). This socialization process is likely different for children who experience abuse. The maladaptive relationships they have with their parents or caregivers may be transferred onto government and politics. Alternatively, the insecurity, dependence, and lack of confidence associated with childhood maltreatment may bleed over into their sense of political efficacy and their likelihood of being politically engaged.

Although scholars of political science have extensively studied the foundations of orientations toward government, and recent studies have begun to explore how important political attitudes like interest are developed overtime (e.g. Prior, 2010) and from childhood (e.g. van Deth et al. 2011), we lack an understanding of how political socialization may be influenced and interrupted by a major life experience or event like trauma. An implicit assumption in much of this work is that political trust, efficacy, and interest are inherent traits. The present study is somewhat narrowly concerned with the effects of child abuse, however, if a relationship is observed, this would indicate the need to further integrate existing work on the profound consequences of traumatic life events with our understanding of political socialization.
Research Questions

To my knowledge, no previous study has examined the relationship between exposure to childhood abuse and the development of political attitudes and behaviors. Thus, this chapter is largely exploratory. As I describe in the following section, I rely on an unusual source of data to examine the relationship between different forms of childhood maltreatment, and political trust, voter turnout, and various other forms of civic engagement. Using these data, I am able to address three primary research questions.

First, I am broadly concerned with whether any form of childhood maltreatment is associated with different levels of political trust or civic engagement in adulthood, when compared to children who do not experience any maltreatment:

RQ1: Is maltreatment in childhood from a parent or guardian associated with differences in political trust and civic engagement later in life?

Childhood maltreatment, whether it is neglect, physical abuse, or sexual abuse, has been linked to negative psychological and physical health outcomes. It remains unclear whether one form of abuse will be more consequential than another.

With my second research question, I explore differences in the political consequences of this form of interpersonal trauma, according to the type of abuse. The categories of childhood maltreatment that I am able to study using this dataset, physical abuse, sexual abuse, and neglect, are qualitatively different experiences, even if they are often associated with similar psychological and behavioral outcomes in adulthood (Norman et al. 2012). The implicit lessons a child learns about trusting others, and their future engagement with politics, may differ according to the type of abuse they’ve experienced:
RQ2: Do the political consequences of childhood maltreatment vary according to the type of maltreatment?

I am especially interested in differentiating between sexual abuse and other forms of abuse perpetrated by a parent or guardian. Sexual abuse is typically defined as the involvement of a child in sexual activity they do not understand, are not able to consent to, or are not developmentally prepared for (Norman et al. 2012). Children who experience sexual abuse from a parent or guardian are often reluctant to disclose these experiences, for fear of disrupting their family dynamic, being punished, and/or blamed for their abuse. As a result, they often do not understand what happened or simply block out and deny their experience until adulthood (van der Kolk, 2015). Thus, it is possible that this type of trauma, which is especially stigmatized when compared to other forms of abuse, may have different effects than other forms of childhood trauma on political trust and civic engagement in adulthood.

Lastly, with my third research question, I explore the longevity and duration of any observed relationship between childhood maltreatment and political attitudes and behaviors:

RQ3: Are there long-term consequences of childhood maltreatment?

The data used in this chapter enables me to test whether childhood maltreatment is associated with any differences in political trust and civic engagement in adolescence and early adulthood, and if there are any differences in political ideology and self-reported participation in local elections, ten years after their initial disclosure of abuse. If there are marked differences in the political attitudes and behaviors of adults who experienced maltreatment in childhood, I can be more confident in the political significance of these findings.
Data and Methods

Even though childhood maltreatment is a pervasive experience, we do not know whether this kind of trauma in early life has consequences for perceptions of government and political participation habits. In most surveys and interviews concerned with outcomes of interest to political scientists, it would be too intrusive to ask respondents about these experiences, especially since child abuse is stigmatized and often kept secret by the survivors. For scholars of child welfare, their primary concern has been investigating the factors that protect survivors from experiencing many of the negative attitudinal and behavioral effects of abuse, such as an inability to form healthy attachments or relationships, alcohol abuse, and depression. To address the research questions described above, I required existing data on childhood experiences in the home and with the family, and political attitudes and behavior in adulthood.

Fortunately, I was able to gain access to a unique public health dataset that enables me to make inferences about the political consequences of childhood maltreatment: The National Longitudinal Study of Adolescent Health (Add Health). This study includes detailed measures of childhood maltreatment, and several items assessing their political participation habits, as well as their trust in government. Sensitive questions, like those about childhood maltreatment, are offered to the participants using computer assisted self-interview (CASI) technology, so that they do not have to disclose these experiences directly or in-person to the researchers. Additionally, access to this sensitive information and data is not available to the public, and only available to researchers on a highly restricted, conditional basis, to ensure their confidentiality.

Add Health is an ongoing research study, following a cohort of American children over the course of their lives. Beginning in 1994, with a representative sample of children in grades 7-12, there have been four completed waves of interviews. A fifth wave, now that these same
children are between the ages of 32 and 42, is ongoing (2016-2018). The analyses presented in this chapter use data collected in the third and fourth waves, which included the aforementioned survey questions about their political attitudes and behaviors. Because I am especially interested in political behavior in the United States, I restrict my analysis to U.S. citizens in both samples (N=14,645 in Wave III and N=15,363 in Wave IV). Table 3.1 provides an overview of the sample characteristics of both Wave III and Wave IV respondents.

In Wave III, a sample of 15,170 of the original adolescents were re-interviewed from August 2001 to April 2002, when participants were between 18 and 26 years old. These participants were 53.0% female and 47.0% male. Of those who were re-interviewed for Wave III, 67.8% were white, 14.7% were Hispanic, and 23.5% were black. At the time of the Wave III interviews, a majority of the cohort, 87.2%, were high school graduates, and only 15.2% were college graduates. Because the cohort was so young at this stage of the study, 10.0% reported having no income in the past year. Of those who did report having wages, the 25th percentile for their self-reported estimate of personal income before taxes was $5,000 and the 75th percentile was $32,000. In the multivariate analyses presented later in this chapter, personal income in Wave III was not found to be a significant factor in predicting their political attitudes and behaviors. Instead, I use their parents’ household income at Wave I as a proxy for socioeconomic status in Wave III.6

In Wave IV, a sample of 15,701 of the original Wave I respondents were re-interviewed from April 2007 to February 2009, when participants were between 25 and 34 years old. Wave

---

6 Although empirical studies of wealth transmission from parents to children offer varying estimates of the extent of economic mobility and are limited by existing data, there is evidence that poverty is passed down through families (Solon 1992; Zimmerman, 1992; Keister & Moller, 2000).
IV included fewer dependent variables of interest. However, I use this data to test the robustness of the Wave III measures of childhood abuse, and the longevity of any effects of childhood maltreatment on the available dependent variables. The demographic makeup of this sample is slightly different from Wave III because some respondents interviewed in Wave III were unreachable for Wave IV, and some Wave I respondents were reachable for Wave IV, but did not complete their Wave III interview. Of those who were reached in Wave IV, 53.2% were female, and 46.6% were male. This sample was 70.0% white, 15.9% Hispanic, and 23.4% black.

At the time of the Wave IV interviews, 92.2% of those interviewed were high school graduates, and 31.9% were college graduates. A slightly different question was used to measure income in the Wave IV interviews, which asked participants to place their household income in one of twelve categories; around twenty percent of participants placed themselves in an income category less than $30,000 a year (20.4%), while the top twenty percent placed themselves in an income category that was greater than $75,000 (22.4%). In the multivariate analyses presented later in this chapter for Wave IV, the income bracket they chose is treated as an ordinal variable and it is found to be a significant factor in predicting their political attitudes and behaviors.

Independent Variables

To operationalize childhood maltreatment, I make use of three measures from the Wave III interviews. With these measures, I am able to differentiate between sexual abuse, physical

---

7 This is one potential threat to the validity of my results: selection bias due to nonrandom attrition across the waves of each study. The Add Health study made substantial efforts to locate and reinterview respondents, however, there are inevitably some respondents who drop in and out of the panel. The adolescents who disclosed abuse in Wave III were somewhat less likely to be re-interviewed in Wave IV. However, this only serves to make it more difficult to detect the effects of childhood maltreatment, and reduces the likelihood of observing any long-term effects.
abuse, and neglect. To assess sexual abuse, participants were asked “by the time you started 6th grade, how often had one of your parents or other adult caregivers touched you in a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations?” In total, 4.7% of the sample disclosed that they had been sexually abused at least once (Any Sexual Abuse). To assess physical abuse, participants were asked how often they were slapped, hit, or kicked by a parent or adult caregiver before 6th grade. Nearly a third of the sample indicated this had happened to them at least once (Any Physical Abuse, 29.2%). Lastly, to assess neglect, participants were asked how often their basic needs, such as keeping clean and having both food and clothing, were not taken care of by their caregivers. Over ten percent of participants answered that this happened to them at least once (Any Neglect, 11.4%).

Each of these single-item measure allowed for respondents to say how frequently they experienced abuse; never, once, twice, 3 to 5 times, 6 to 10 times, or more than ten times before their 18th birthday. However, most respondents reported no abuse for each of these items, and the variance in frequency of abuse is quite low. Thus, I have dichotomized responses to all four items. Over a third of the sample indicated that they had experienced any one of these forms of maltreatment (Any Maltreatment, 33.8%). The full question wordings for these items can be found in Appendix A.

To assess the combined effects of multiple forms of childhood maltreatment, I created a new variable that summarizes their responses to the neglect, physical, and sexual abuse questions. Their response to each of those three items was dichotomized (1 for one or more times, 0 for never) and then combined into an eight-category variable: No maltreatment, neglect only, physical abuse only, sexual abuse only, neglect and physical abuse, neglect and sexual abuse, physical and sexual abuse, and all three types of abuse. Only 2.7% of the sample reported
being subject to all three forms of childhood maltreatment. I use this combined variable as a rough approximation of maltreatment severity and type, in case experiencing just one form of abuse is distinct from experiencing some combination of the three types of abuse. That being said, when using this variable, I treat it as categorical. Following existing public health research on childhood maltreatment, I do not make any assumptions about whether any particular combination of abuse is more or less traumatizing than another experience.

In addition to these measures of childhood maltreatment from Wave III, in Wave IV, participants were asked three retrospective questions about how frequently they were abused by their parents or caregivers before their 18th birthday. The first was a more general measure of abuse. Respondents were asked if their parents or caregivers ever made them feel unwanted or unloved (Abuse). Nearly half of those interviewed said this happened at least once (46.9%). The second measure was a slightly different operationalization of physical abuse, which singles out especially violent acts (Hit, Kicked, or Thrown). Based on this question, almost twenty percent said a parent or caregiver hit them with a fist, kicked them, or threw them onto the floor, into a wall, or down stairs at least once (18.4%). Wave IV included a comparable measure of sexual abuse to Wave III (Any Sexual Abuse). Just over five percent of those sampled disclosed that a parent or adult caregiver touched them in a sexual way, forced them to touch him or her in a sexual way, or forced them to have sexual relations before they were 18 years old (5.2%). Although I am not able to use these alternate measures of child abuse from Wave IV to predict their political behaviors and attitudes in Wave III, I do use these to test whether more recent disclosures of abuse are predictive of the available political dependent variables in Wave IV. I do not expect the Wave IV measures of abuse to be especially correlated with those used in Wave III. Disclosures of abuse are not necessarily consistent overtime, because perceptions of these
kinds of childhood experiences often change with age (van der Kolk, 2015). Thus, I treat these measures as alternate operational definitions of abuse. I also introduce a variable that captures whether they reported experiencing any abuse, in Wave III or Wave IV (Any Abuse). In total, 61.5% of respondents reported at least one form of abuse in Wave III or Wave IV.

**Dependent Variables**

To measure the effect of childhood maltreatment on political behaviors and attitudes, I use the available political variables in the Add Health study. Participants in Wave III were asked whether they were registered to vote (Registered), if they had voted in the 2000 presidential election (Voted), if they had been involved in any volunteer or community service work in the last 12 months (Civic Participation), and if they had contributed money to a party or candidate, contacted a government official, or attended a rally in the last 12 months (Political Participation). Much like with the measures of frequency of abuse, the variance in responses to the Civic Participation and Political Participation indices were quite low. Most respondents indicated they engaged in zero of these behaviors. Thus, I dichotomized responses to both. Respondents were also asked about the extent to which they can trust the federal government, their state government, and their local government. Responses to these three questions were highly correlated with one another, and combined into an additive index, recoded to range from 0 to 1 (Trust in Government, Cronbach’s alpha = 0.93). The full question wordings for these items can also be found in Appendix A.

Participants in Wave IV were asked comparatively fewer questions related to politics, however, I make use of the two available measures. Participants were asked one question about their voting habits, but only in state and local elections (Vote Frequency). On this four-point
scale, 30.9% of participants reported that they never vote in local or statewide elections, 26.1% reported that they sometimes participate in these contests, 17.3% said they often do, and 25.1% reported always voting in these kinds of elections. Also in Wave IV, their ideological attachment was assessed using a five-point scale, ranging from very conservative to very liberal (Ideology). Most participants in the Add Health study identified as moderate or “middle-of-the-road” (46.4%). Although I do not have any expectations about the relationship between childhood maltreatment and ideological attachment, I include this dependent variable in the event that there is some relationship worthy of further exploration.

**Methodological Concerns**

There are two primary methodological concerns related to this dataset, and my ability to make causal inferences about the effects of childhood maltreatment. The first is that I am relying on self-reports of political behavior and of their experiences in childhood. Unfortunately, I have no way of validating the self-reported registration and vote measures used in Wave III with the actual registration and voting records of respondents. The names of participants in the Add Health study are not available to researchers, to protect their confidentiality. A similar problem beleaguered self-reports of child abuse. The Add Health study is designed to gather sensitive information on adolescent and young adult’s sexual behavior, and participants did not have to disclose abuse directly to a researcher by virtue of the computer assisted interview technique. Still, it is likely that some survivors of child abuse did not identify as such, and did not disclose their experiences in this study. Additionally, some participants disclosed abuse in Wave III but not in Wave IV, and vice versa. If anything, these measurement problems should make it more difficult to detect the political consequences of childhood maltreatment.
The second methodological concern is that childhood maltreatment is not randomly assigned, yet I would ideally like to make inferences about a causal relationship between these experiences and political attitudes and behavior in adolescence and early adulthood. In Table 3.2, I compare the distribution of the available demographic variables of interest between those who were never mistreated, and those who were. It is apparent that maltreatment is disproportionately experienced by males, Hispanic children, and those with lower socioeconomic status. I account for the potentially confounding effects of socioeconomic status by including level of education in Wave III, and household income at Wave I as control variables in the multivariate analyses presented in the next section. I also include standard controls for sex, race, and ethnicity, since each of these variables is associated with slightly different distributions of maltreatment, as shown in Table 3.2. Although there are significant imbalances in the experience of child abuse, on the whole, this experience is fairly evenly distributed. Even among females, white children, and those of higher socioeconomic status, the frequency of experiencing any childhood abuse does not fall below 29.8% for any one of these demographic groups. Thus, I treat exposure to childhood maltreatment as a natural experiment.

It’s difficult to know the causal pathway through which maltreatment and socioeconomic status are related to one another, and how these factors may in turn shape political trust and participation behaviors later in life. It’s possible that maltreatment reduces educational attainment, or that the socioeconomic status of the household you’re born into increases your risk of being mistreated. In either scenario, one would expect to observe reduced civic engagement (e.g., Brady, Verba & Schlozman, 1995). Disentangling the effects of childhood trauma from the effects of socioeconomic status is beyond the scope of this project. However, in future research, I
plan to use the oversample of twins interviewed for Add Health, to isolate the effects of trauma from the effects of one’s environment, and from the genetic component of political attitudes.\(^8\)

**Results**

To address my three exploratory research questions, I examine the political trust, voting behavior, and civic engagement levels of a representative cohort of American adolescents. Using the Add Health longitudinal dataset, I am able to study whether maltreatment in childhood is associated with marked differences in political trust and civic engagement in adolescence and in early adulthood. My first research question (RQ\(_1\)) was about whether any form of maltreatment, be it neglect, physical abuse, sexual abuse, or some combination of these three experiences, is associated with lower political trust and reduced civic engagement. In Table 3.3, I compare adolescents who reported experiencing none of these forms of abuse, to those reported experiencing at least one of them, on five key dependent variables in Wave III: trust in the federal government, whether they are registered to vote, self-reported turnout in the 2001 election, civic participation, and political participation.

At the outset, note that this is the bluntest possible measure of childhood maltreatment, and the statistical test I’ve used, Fisher’s exact test, is agnostic about the direction of the relationship between abuse and each political outcome. Instead, the tests shown in Table 3.3 tell me whether this classification and categorization, comparing those who have not been mistreated to those who have, is a meaningful one. For the purposes of this table, I have dichotomized trust, to compare those who said they disagree or strongly disagree that they can trust the federal government.

---

\(^8\) This is a planned extension of the present study, with Professors Yilan Xu and Aleksander Ksiaskiewicz at the University of Illinois.
government (low trust), to those who said they neither agree nor disagree, agree or strongly agree (moderate to high trust). Based on this test, the differences between those who received no maltreatment and any maltreatment meet the standard threshold for statistical significance for three dependent variables: trust in government, turnout in the 2001 election, and political participation.

The results in Table 3.3 are suggestive of a pattern of political effects. There is a 7-point gap in trust between adolescents who were mistreated and those who were not; 24.7% of those who reported childhood mistreatment had low trust in the federal government, while only 17.5% of those who did not report any mistreatment held this view ($p < .000$). There is a nearly 5-point gap in self-reported turnout in the 2001 election; 42.2% of those who reported mistreatment voted, while 46.8% of those who did not report any abuse said they turned out to vote ($p < .000$). The results for political participation behaviors, outside of voting, are reversed. Victims of childhood maltreatment appear to be slightly more likely to report contributing money to a party or candidate, contacting a government official, and/or attending a rally ($p < .009$). However, in general, very few of the participants in Wave III reported engaging in these behaviors (6.7%).

Before proceeding to regression analyses that enable me to systematically evaluate the direction of the relationship between maltreatment and these political dependent variables, and control for confounding explanations, I first consider whether it is important to distinguish between the different types of abuse (RQ2). In Table 3.4, I present a set of chi-squared tests, comparing the distribution of maltreatment types on the same key dependent variables as in Table 3.3. For each dependent variable shown, I test whether the distribution of maltreatment types is significantly different, or not. I’ve used chi-squared tests to explore these differences, because I am agnostic about whether one form of abuse is necessarily more harmful than
another. The results in Table 3.4 suggest some important differences between maltreatment types and experiences of abuse. Across all five dependent variables shown, any experience of neglect is associated with reduced political trust and reduced political engagement. For example, 46.7% of adolescents who did not report being mistreated voted in the 2001 election, but 37.1% of those who experienced neglect said they turned out to vote ($p < .000$). Sexual abuse appears to have comparable negative effects, although they are of a lower magnitude. However, physical abuse is associated with increased civic engagement: 28.7% of those who were not mistreated reported engaging in at least one of the civic behaviors outside of voting, but 33.0% of those who experienced physical abuse engaged in at least one of these behaviors ($p < .000$). Thus, in the multivariate analyses in the next two tables, I do not use “any maltreatment” as the independent variable of interest. Instead, I distinguish between neglect, physical abuse, and sexual abuse.

Table 3.5 contains five multivariate regression models, for the five key dependent variables available in Wave III of the Add Health study. The first model, for the trust in government index, is an ordinary least squares model with standardized regression coefficients. Based on this model, after controlling for age, sex, ethnicity, race, education, and parental income at Wave I, both neglect ($\beta = -.02, p < .01$) and physical abuse ($\beta = -.04, p < .001$) are associated with reduced political trust. These coefficients should be interpreted as the number of standard deviation changes we observe in trust, with one standard deviation increase of the independent variable. The unstandardized OLS coefficients suggest that after controlling for the relevant demographic variables, neglect is associated with a 0.25 point decrease in political trust, physical abuse is associated with a 0.50 decrease. Based on these Wave III measures, sexual abuse has no effect on political trust. This experience of abuse does appear to be qualitatively different from neglect and physical abuse in terms of its consequences for political trust (RQ$_2$).
The remaining models, for voter registration, turnout in the 2001 presidential election, any civic participation, and any political participation are logit models. Rather than reporting the raw coefficients in the table, which are difficult to substantively interpret, I instead report the adjusted odds ratios for each independent variable. These are most useful for comparing the key independent variables of interest: any neglect, any physical abuse, and any sexual abuse reported in Wave III. An adjusted odds ratio greater than 1 suggests a positive relationship between the independent variable and the dependent variable; a ratio less than 1 suggests a negative relationship. After controlling for the available demographic variables, neither neglect, physical abuse, nor sexual abuse have an effect on voter registration. However, there are significant effects of some forms of abuse on turnout in the 2001 election, civic participation, and political participation.

Adolescents who reported experiencing neglect from their parents or caregivers were 0.80 times as likely as adolescents who did not report this experience to vote in the 2001 election \((p < .01)\). In Wave III, 46.8% of adolescents who did not experience childhood maltreatment reported voting in the 2001 election. If we use that statistic as the baseline, after controlling for the confounding effects of sex, race, ethnicity, and socioeconomic status, approximately 37.7% \((0.80 \times 46.8\%)\) of those who experienced neglect turned out to vote, a 9.1% decline in turnout relative to those who did not experience abuse. This is greater than the observed effect of any maltreatment shown in Table 3. Without adjusting for demographic characteristics, and without differentiating between types of abuse, there was a 4.6% difference in turnout between those who received any maltreatment and those who received none. A similar effect of neglect from a parent or caregiver is observed on civic participation. Adolescents who reported this experience were 0.81 times as likely to engage in at least one of the civic behaviors contained in the list \((p <
Thus, the negative effects of neglect on voting and civic participation are both statistically significant, and substantial.

In contrast to the observed negative effects of neglect on trust, turnout, and civic engagement, physical abuse is associated with increased civic participation and political participation. Even though adolescents who reported physical abuse from a parent or caregiver had lower trust in government, they were 1.2 times as likely as those who were not abused to engage in at least one civic behavior ($p < .01$), and 1.4 times as likely to engage in at least one political participation behavior ($p < .001$). These results suggest that the effects of maltreatment are not universally negative; they depend on the form of abuse, and on the dependent variable of interest. Neglect appears to damage trust in government and willingness to engage with politics and the community, while physical abuse is associated with reduced trust, but higher civic engagement and political engagement. After controlling for demographics, sexual abuse is not associated with any differences in the available dependent variables in Add Health at Wave III.

In Table 3.6, I use the available dependent variables in Add Health at Wave IV to test the longevity of the effects of childhood maltreatment observed at Wave III (RQ3). Wave IV was completed eight to ten years after Wave III, depending on when respondents were reached. At this stage in the study, the cohort ranged in age from 26-34. Unfortunately, in Wave IV, there was only one question regarding their political engagement: how frequently they vote in local or statewide elections (Vote Frequency). In Wave IV, they were also asked to place themselves on a 5-point scale, ranging from very conservative to very liberal (Ideology). Even though I did not generate any expectations about the effects of childhood maltreatment on ideology, I include it in my analyses in case there are any effects worthy of future exploration.
After controlling for demographic characteristics, adolescents who disclosed neglect at Wave III were 0.8 times as likely as those who did not experience neglect to report frequently participating in state and local elections at Wave IV. This result is consistent with the negative effect of neglect on turnout and civic participation that was observed at Wave III. Adolescents who disclosed physical abuse at Wave III were 0.9 times as likely to report frequently participating in elections at Wave IV. In Wave III, physical abuse was associated with increased civic engagement and political engagement. Although these results could be interpreted as inconsistent with one another, I posit that the Wave IV measure of engagement is conceptually distinct from the Wave III questions gauging their civic and political participation behaviors. The vote frequency item in Wave IV asked them to self-assess how frequently they vote, while the civic and political participation measures in Wave III provided them with a list of behaviors, and asked if they had completed one in the past year. It’s possible that these respondents are underestimating their engagement level at Wave IV.

In the first model in Table 3.6, I include both the Wave III and Wave IV measures of abuse. In this model, the more recent disclosures of abuse from Wave IV (Abuse, Hit, Kicked or Thrown, and Sexual) do not have any effect on vote frequency. However, this may be an artifact of multicollinearity in the model. In Model 2, I drop the Wave III measures and examine whether any of the Wave IV disclosures have consequences for vote frequency. In this model, sexual abuse when reported at Wave IV has a negative effect that approaches statistical significance (Odds ratio = 0.87, \( p < .06 \)). At Wave III, there was no discernible effect of sexual abuse on trust, or any of the other measures of political engagement. This result suggests that it may take time for adolescents and young adults to understand this particular experience of mistreatment, and for the potential political effects of sexual abuse to develop. This would be consistent with
existing research on the long-term consequences of sexual abuse. Perceived stigma, betrayal, powerlessness, and self-blame often mediate whether or not survivors develop various psychological symptoms (Coffey et al. 1996). In Model 3, I use the dichotomous measure of any disclosures of abuse at Wave III or Wave IV as the primary independent variable (Any Abuse) to predict vote frequency. Using this measure, any report of abuse is associated with reduced vote frequency (Odds ratio = 0.92, p < .03).

Lastly, I consider the consequences of maltreatment for ideological self-placement. This variable has been scored so that lower values represent more conservative views, while higher values represent more liberal views. In Table 3.6, Model 4, adolescents who reported experiencing physical abuse in Wave III had more liberal views in Wave IV (Odds ratio = 1.2, p < .001). Adolescents who reported experiencing sexual abuse in Wave III had more conservative views in Wave IV (Odds ratio = 0.73, p < .001). And, in Wave IV, those who reported feeling unloved or unwanted by their parents or caregivers at least once before they reached their 18th birthday (Abuse), had more liberal views (Odds ratio = 1.2, p < .001). Although I have not developed expectations for why we might observe different ideological attachments according to childhood experiences with abuse, these results are suggestive of a potentially fruitful avenue for future research. The lessons a child takes away from physical abuse appear to be quite different from what they may take away from sexual abuse.

Discussion and Conclusion

Maltreatment in childhood from a parent or guardian, regardless of maltreatment type, is associated with differences in political trust and various forms of political engagement in adulthood (RQ1). Beyond these aggregate effects, there is important variation according to the
type of abuse experienced by a child (RQ₂). When parents or guardians neglect their children, by not taking care of their basic needs, there appear to be lasting consequences for the child’s willingness to trust in government, vote in elections, and be engaged members of their communities. These effects appear to last into early adulthood (RQ₃). When children have been physically abused by their parents or guardians, they have reduced political trust, but may actually be more civically and politically engaged in adulthood. When children have experienced sexual abuse at the hands of a parent or guardian, at least in adolescence, there do not appear to be any consequences for their political attitudes or behavior. However, their awareness of this experience, and the potential consequences for their political attitudes and behaviors, may not develop until they reach adulthood (RQ₃).

Due to the exploratory nature of this chapter, and the lack of additional questions about Add Health participants’ political attitudes and behaviors, I am limited in my ability to explore the mechanism through which these childhood experiences affect their political socialization. For example, it could be that children in homes where physical abuse occurs are the most likely to seek out activities and opportunities to be outside of the home and away from an abusive parent, which in turn helps them develop a sense of personal and political efficacy. Neglected children may be more preoccupied with feeling safe and secure, but not feel the need to escape from an actively harmful home life. Because children who are sexually abused by a parent or guardian often do not realize what’s happened to them until much later in life, it may be the realization and integration of this experience into their sense of self and their worldview that has political consequences, and not the actual incident of abuse.

One potential avenue for future research would be to conduct in-depth interviews with adult survivors of various forms of abuse, about the lessons they took away from their
experiences. Anecdotally, most of us have friends and family members who have had these experiences, and who understand them to be formative. I am interested in how these lessons may be applied to their understandings of government and politics. Based on betrayal trauma theory, it is unsurprising that these experiences are often associated with reduced political trust. However, I cannot explain why the family betrayal many children experience relates to their decisions to be civically engaged, or not, nor can I explain the association with ideology. One possibility is that in households where abuse occurs, the fear of Social Services or Child Protective services, an arm of the government, imparts early life lessons about government power, resources, and inefficiencies.

In conclusion, there are important lessons from the present study for scholars of political participation and civic engagement. When attempting to explain why some people pay attention to politics, vote in elections, and engage with their communities, when many others do not, we should not only consider an individual’s resources and interest, or the effects of mobilization efforts on them. Trust, efficacy, interest, and political engagement are not intrinsic characteristics to an individual. In fact, the findings here suggest that some of these foundational political attitudes are shaped by early childhood and family experiences. Childhood trauma perpetrated by parents or guardians is associated with reduced political trust and civic engagement. Thus, the silent epidemic of child abuse carries potentially deep implications for who is included in the polity.
Table 3.1
Univariate Descriptions of Sample

<table>
<thead>
<tr>
<th>Demographics (Wave III)</th>
<th>%</th>
<th>M</th>
<th>Mdn</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>53.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>23.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>21.9</td>
<td>22</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Years of school completed</td>
<td>13.2</td>
<td>13</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Household income at Wave I</td>
<td>38k</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Maltreatment in Childhood from a Parent or Caregiver (Wave III)

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any maltreatment</td>
<td>33.9</td>
</tr>
<tr>
<td>Any physical abuse</td>
<td>29.2</td>
</tr>
<tr>
<td>Any neglect</td>
<td>11.4</td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td>4.7</td>
</tr>
<tr>
<td>All three</td>
<td>2.7</td>
</tr>
</tbody>
</table>

Dependent Variables (Wave III)

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>M</th>
<th>Mdn</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust in government</td>
<td>.57</td>
<td>.58</td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td>Registered</td>
<td>71.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voted in 2000</td>
<td>44.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any civic participation</td>
<td>28.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any political participation</td>
<td>6.5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Demographics (Wave IV)

<table>
<thead>
<tr>
<th>Demographics (Wave IV)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>53.4</td>
</tr>
<tr>
<td>White</td>
<td>70.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15.9</td>
</tr>
<tr>
<td>Black</td>
<td>23.4</td>
</tr>
<tr>
<td>Age</td>
<td>29.1</td>
</tr>
<tr>
<td>Household income</td>
<td>50-74.9k</td>
</tr>
</tbody>
</table>

Maltreatment in Childhood from a Parent or Caregiver (Wave IV)

<table>
<thead>
<tr>
<th>Maltreatment</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>46.9</td>
</tr>
<tr>
<td>Hit, kicked, or thrown</td>
<td>18.4</td>
</tr>
<tr>
<td>Any sexual abuse</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Any Abuse (Wave III or Wave IV)

| Any Abuse                             | 61.5|

Dependent Variables (Wave IV)

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>M</th>
<th>Mdn</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vote frequency (1=never, 4=always)</td>
<td>2.4</td>
<td>2</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Ideology (1=very liberal, 5=very conservative)</td>
<td>3.0</td>
<td>3</td>
<td>.93</td>
<td></td>
</tr>
</tbody>
</table>

Note. All statistics come from U.S. citizens interviewed in Wave III (N=14,645) or Wave IV (N=15,363)
<table>
<thead>
<tr>
<th></th>
<th>No maltreatment</th>
<th>Any maltreatment</th>
<th>$\chi^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>63.8%</td>
<td>36.2%</td>
<td>na</td>
<td>0.00***</td>
</tr>
<tr>
<td>Female</td>
<td>68.1%</td>
<td>31.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race and Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>60.8%</td>
<td>39.2%</td>
<td>19.4</td>
<td>0.01**</td>
</tr>
<tr>
<td>Black</td>
<td>65.9%</td>
<td>34.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>66.9%</td>
<td>33.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No HS degree</td>
<td>57.0%</td>
<td>43.0%</td>
<td>106.5</td>
<td>0.00***</td>
</tr>
<tr>
<td>HS graduate</td>
<td>67.4%</td>
<td>32.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BA degree</td>
<td>70.2%</td>
<td>29.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Income at Wave I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25th percentile income</td>
<td>62.3%</td>
<td>37.7%</td>
<td>30.6</td>
<td>0.00***</td>
</tr>
<tr>
<td>&gt;75th percentile income</td>
<td>69.7%</td>
<td>30.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes. For sex, the $p$-value reported is from a Fisher’s exact test. For the remaining variables, chi-squared tests were conducted using the complete variation of each variable. For ease of interpretation, race and ethnicity, education, and household income have been collapsed into the categories shown above.
Table 3.3

Bivariate relationship between any maltreatment and political dependent variables in Wave III

<table>
<thead>
<tr>
<th></th>
<th>Trust Federal Gov.</th>
<th>Registered</th>
<th>Voted</th>
<th>Civic</th>
<th>Political</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Low % Mod.-High</td>
<td>% no % yes</td>
<td>% no % yes</td>
<td>% none % at least 1</td>
<td>% none % at least 1</td>
</tr>
<tr>
<td>No maltreatment</td>
<td>17.5 82.5</td>
<td>26.2 73.8</td>
<td>53.2 46.8</td>
<td>71.4 28.7</td>
<td>93.7 6.3</td>
</tr>
<tr>
<td>(66.1%, n=9135)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any maltreatment</td>
<td>24.7 75.3</td>
<td>27.5 72.5</td>
<td>57.8 42.2</td>
<td>70.6 29.4</td>
<td>92.6 7.4</td>
</tr>
<tr>
<td>(33.9%, n=4682)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20.0 80.0</td>
<td>26.7 73.3</td>
<td>54.8 45.2</td>
<td>71.1 28.9</td>
<td>93.3 6.7</td>
</tr>
<tr>
<td>(100%, n=13817)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p (Fisher’s exact)</td>
<td>.000</td>
<td>.104</td>
<td>.000</td>
<td>.382</td>
<td>.009</td>
</tr>
</tbody>
</table>
Table 3.4  
*Bivariate relationship between maltreatment type and political dependent variables in Wave III*

<table>
<thead>
<tr>
<th>Maltreatment Type</th>
<th>Trust Federal Gov</th>
<th>Registered</th>
<th>Voted</th>
<th>Civic</th>
<th>Political</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low % Mod.-High</td>
<td>% no % yes</td>
<td>% no</td>
<td>% yes</td>
<td>% none % at least 1</td>
</tr>
<tr>
<td>No maltreatment (66.1%, n=9135)</td>
<td>17.5 82.5</td>
<td>25.3 73.8</td>
<td>53.2 46.7</td>
<td>71.4 28.7</td>
<td>93.7 6.3</td>
</tr>
<tr>
<td>Physical abuse only (21.0%, n=2896)</td>
<td>23.3 76.7</td>
<td>25.4 74.6</td>
<td>54.8 45.2</td>
<td>67.0 33.0</td>
<td>91.4 8.6</td>
</tr>
<tr>
<td>Neglect and physical (4.2%, n=576)</td>
<td>29.2 70.8</td>
<td>32.9 67.1</td>
<td>67.3 32.7</td>
<td>75.8 24.2</td>
<td>93.8 6.2</td>
</tr>
<tr>
<td>Neglect only (4.0%, n=558)</td>
<td>23.2 76.8</td>
<td>33.0 67.0</td>
<td>62.9 37.1</td>
<td>78.3 21.7</td>
<td>95.5 4.5</td>
</tr>
<tr>
<td>All three (2.7%, n=369)</td>
<td>32.1 67.9</td>
<td>28.9 71.1</td>
<td>58.7 41.3</td>
<td>79.1 20.9</td>
<td>93.7 6.3</td>
</tr>
<tr>
<td>Physical and sexual (1.2%, n=169)</td>
<td>23.1 76.9</td>
<td>24.3 75.7</td>
<td>57.1 42.9</td>
<td>71.4 28.6</td>
<td>92.3 7.7</td>
</tr>
<tr>
<td>Sexual abuse only (0.7%, n=96)</td>
<td>22.9 77.1</td>
<td>26.0 74.0</td>
<td>57.9 42.1</td>
<td>69.8 30.2</td>
<td>96.9 3.1</td>
</tr>
<tr>
<td>Neglect and sexual (0.1%, n=18)</td>
<td>38.9 61.1</td>
<td>38.9 61.1</td>
<td>66.7 33.3</td>
<td>72.2 27.8</td>
<td>100 0</td>
</tr>
<tr>
<td>Total (100%, n=13817)</td>
<td>20.0 80.0</td>
<td>26.7 73.3</td>
<td>54.8 45.2</td>
<td>71.1 29.9</td>
<td>93.3 6.7</td>
</tr>
<tr>
<td>Chi-Squared Sig.</td>
<td>127.6</td>
<td>28.6</td>
<td>63.6</td>
<td>55.2</td>
<td>27.4</td>
</tr>
<tr>
<td>Sig.</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
<td>0.000</td>
</tr>
</tbody>
</table>
Table 3.5
Multivariate Results for Wave III

<table>
<thead>
<tr>
<th></th>
<th>Trust (OLS, Std.)</th>
<th>Registered (Logit, OR)</th>
<th>Voted (Logit, OR)</th>
<th>Civic (Logit, OR)</th>
<th>Political (Logit, OR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.00*</td>
<td>1.1***</td>
<td>1.0</td>
<td>.81***</td>
<td>.89***</td>
</tr>
<tr>
<td>Female</td>
<td>.01</td>
<td>.91*</td>
<td>1.0</td>
<td>.92+</td>
<td>.73***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-.06***</td>
<td>1.6***</td>
<td>1.3***</td>
<td>.93</td>
<td>.73*</td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>.01***</td>
<td>1.3***</td>
<td>1.3***</td>
<td>1.4***</td>
<td>1.3***</td>
</tr>
<tr>
<td>75th Income (Wave I)</td>
<td>-.00</td>
<td>1.2**</td>
<td>1.2**</td>
<td>1.1*</td>
<td>1.3**</td>
</tr>
<tr>
<td>Any Neglect</td>
<td>-.02**</td>
<td>.90</td>
<td>.80**</td>
<td>.81*</td>
<td>1.0</td>
</tr>
<tr>
<td>Any Physical</td>
<td>-.04***</td>
<td>1.0</td>
<td>.96</td>
<td>1.2**</td>
<td>1.4***</td>
</tr>
<tr>
<td>Any Sexual</td>
<td>-.01</td>
<td>1.1</td>
<td>1.2</td>
<td>1.1</td>
<td>.91</td>
</tr>
<tr>
<td>Constant</td>
<td>.54***</td>
<td>.03***</td>
<td>.01***</td>
<td>.42**</td>
<td>.02</td>
</tr>
<tr>
<td>Obs.</td>
<td>10058</td>
<td>10092</td>
<td>10017</td>
<td>10092</td>
<td>10103</td>
</tr>
<tr>
<td>Adj. R(^2) (%)</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudo R(^2) (%)</td>
<td>5.5</td>
<td>6.1</td>
<td>7.4</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-5402.8</td>
<td>-6596.5</td>
<td>-5730.1</td>
<td>-2472.3</td>
<td></td>
</tr>
</tbody>
</table>

Notes. The model for trust is ordinary least squares (OLS), and the coefficients have been standardized for ease of interpretation. The models for registered, voted, civic participation and political participation are logit, and instead of coefficients, I report the odds ratios for each variable included in the model. Values greater than 1 suggest a positive relationship, values less than 1 suggest a negative relationship. +p < .10. *p < .05. **p < .01. ***p < .001.
Table 3.6
Multivariate Results for Wave IV

<table>
<thead>
<tr>
<th>Vote Frequency (1=never – 4=always)</th>
<th>Ideological Self-Placement (1=very conservative – 5=very liberal)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
</tr>
<tr>
<td>Age</td>
<td>1.1***</td>
</tr>
<tr>
<td>Female</td>
<td>1.2***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.90*</td>
</tr>
<tr>
<td>Black</td>
<td>2.0***</td>
</tr>
<tr>
<td>Education</td>
<td>1.2***</td>
</tr>
<tr>
<td>Income</td>
<td>1.1***</td>
</tr>
<tr>
<td>Neglect (III)</td>
<td>.80***</td>
</tr>
<tr>
<td>Physical (III)</td>
<td>.90*</td>
</tr>
<tr>
<td>Sexual (III)</td>
<td>1.1</td>
</tr>
<tr>
<td>Abuse (IV)</td>
<td>1.0</td>
</tr>
<tr>
<td>Hit (IV)</td>
<td>1.0</td>
</tr>
<tr>
<td>Sexual (IV)</td>
<td>.91</td>
</tr>
<tr>
<td>Any Abuse (III or IV)</td>
<td></td>
</tr>
<tr>
<td>Obs.</td>
<td>10909</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-14464.5</td>
</tr>
<tr>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td>3</td>
<td>4.4</td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Notes. All ordered logit models. I report the odds ratios for each variable included in the model. Values greater than 1 suggest a positive relationship, values less than 1 suggest a negative relationship. +p < .10. *p < .05. **p < .01. ***p < .001.
CHAPTER 4: INTIMATE PARTNER VIOLENCE

“...The most dangerous place for a woman statistically speaking is not in the street. It's in her own home. She's most likely to be attacked by a man with whom she lives. It's the trauma of it we're just beginning to realize.”

–Gloria Steinem, No Place for a Woman (PBS, 1998)

In August 1976, Ms. Magazine made history with their cover story, “Battered Wives: Help for the Secret Victim Next Door,” and cover image—a close-up, full color photograph of a woman’s bruised face. In this issue, various contributors wrote compellingly of the plight of the abused wife, the ubiquity of partner violence across lines of race and class, the psychological and economic pressure on women to stay in abusive relationships, the futility of seeking help from police or the criminal justice system, and the need to bring these experiences into the public sphere. This publication is widely credited for starting a national conversation about the problem of violence against women, and eventually spurring policy change in the United States (Rosen, 2007; Goodman et al. 2013).

Intimate partner violence has only recently come to be understood as a public health and policy problem. Historically, violence between spouses was viewed as a private family matter. In the early 20th century, even in states with laws prohibiting spousal abuse, when police were called to the scene of a domestic dispute, perpetrators were rarely held accountable, and there were scant resources for victims wishing to escape an abusive relationship (NCADV). Until the

---

9 This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (http://www.cpc.unc.edu/addhealth). No direct support was received from grant P01-HD31921 for this analysis.
Violence Against Women Act (VAWA) of 1994, there was no federal criminal law in the United States prohibiting spousal abuse. Although there are some important criticisms of VAWA’s approach to the problem (e.g. Pickert, 2013), since this law went into effect, prosecution rates of domestic violence cases have increased, and victim services have been provided with crucial federal funding.

Despite this progress, intimate partner violence is an unfortunately common experience in the United States. Intimate partner violence (IPV), as defined by the Centers for Disease Control, may include physical violence, stalking, psychological aggression, coercion, and control of one’s reproductive health. Nearly forty percent of women will experience at least one form of contact partner violence, physical or sexual, in their lifetimes (37.4%). Nearly 1 in 3 men will experience contact partner violence (30.9%). In this same study, victims of partner violence were asked about whether they experienced being fearful or concerned about their safety, post-traumatic stress symptoms, physical injury, or needing assistance as a result of their partner’s abuse. Among women who experience partner violence, 73.4% report at least one of these impacts. Among men who experience partner abuse, only 35.7% report experiencing at least one of these impacts. (Smith et al. 2017)

Activism surrounding the problem of domestic violence has analyzed this experience using a gendered perspective (Schneider, 2008). The women’s rights movement that emerged in the mid-20th century, and domestic violence advocates who followed in their footsteps, have focused their energies on cultivating support, empowerment, and autonomy for women who experience domestic violence, and for good reason. Women disproportionately experience intimate partner violence (WHO, 2012), and as discussed above, they are more likely to experience a negative impact as a result of their experiences (Smith et al., 2017). Although some
researchers have argued that there is gender symmetry in reports of domestic violence (Kimmel, 2008; Strauss, 2005; Tjaden & Thoennes, 2000), there are important qualitative differences between men’s and women’s experiences of domestic violence in heterosexual relationships. For example, even though men report experiencing violence and abuse from female partners at a comparable rate, in these situations, the women are often victims of domestic violence themselves, and are acting in self-defense or retaliation (Johnson, 2009; Miller, 2001).

Thus, there are valid reasons to differentiate between abuse that originates from a male or female partner. In this chapter, I initially do not limit my analyses to any one form of partner violence. Instead, I explore whether any experience of partner violence, a form of betrayal trauma, has negative consequences for one’s political and civic engagement. Then, I compare the political consequences of partner violence between men and women. Although I find no differences in the effects of partner violence on political participation frequency, ideological self-placement, and hours volunteered in the community between men and women, I make suggestions for future research to investigate the heterogeneity in experiences of partner violence.

**The Consequences of Partner Violence**

In general, partner violence has been associated with negative health outcomes, including injury (CDC, 1998; CDC, 2008), health services utilization (Hathaway et al., 2000; Kramer, Loresnzon & Mueller, 2004), adverse physical health conditions (Campbell et al., 2002; Coker et al. 2002; Hathaway et al. 2000), and adverse mental health conditions (Coker et al. 2002; Roberts et al. 2003). The psychological consequences of partner violence, as with the consequences of combat experiences and childhood maltreatment, are of particular relevance to this study. Less is known about the long-term impact of partner violence in adulthood. Most
existing research on partner violence relies on cross-sectional data which limits the potential for tracking change over time and in response to trauma. Additionally, the confounding influences of childhood abuse, socioeconomic status, and contextual factors like the availability of health care make isolating the effects of partner abuse especially difficult. Recent work using the National Longitudinal Study of Adolescent Health suggests that both partner violence in adolescence and early adulthood are associated with an increased risk of depression in early adulthood (Fletcher, 2010). These researchers estimate with exposure to even one incident of partner violence, the risk of depression increases by 9%. More recent experiences of partner abuse have the greatest negative effect on mental health, even after controlling for prior experiences of trauma and other confounding variables.

Betrayal trauma theory has been used to explain why traumas perpetrated by someone close to the victim have such deleterious effects on mental health (e.g. Goldberg & Freyd, 2006). With partner violence, a romantic partner or spouse, who presumably was or is otherwise trustworthy to the victim, perpetrates harm. Qualitative research on the experiences of victims of partner violence suggests this is not a mobilizing or empowering experience (e.g. Sukeri & Man, 2017). Not only do victims experience a form of betrayal from someone close to them, and the shame associated with being in an abusive relationship, but they very often face inadequate support from their friends and family, responding police officers, social workers, and other potential sources of support. Abused women in particular, when they do seek support, are likely to encounter victim blaming attitudes and discomfort discussing this sensitive topic (e.g. Mitchell & Hodson, 1983; Thompson et al. 2000; Arias, 1999; Coker et al. 2002).

The dynamics of partner abuse are complex, and often involve exchanges of emotional abuse and physical violence between partners, male and female, in heterosexual and in same-sex
relationships. While many advocates and policy researchers have argued that men’s experiences of domestic violence are not comparably traumatic to women’s, there is evidence of a particular kind of stigma for men who experience abuse. Men often express embarrassment about being abused, especially if the perpetrator is a female partner, and are even less likely to report to the police than women who experience abuse. In particular, men fear being disbelieved by police and other sources of support, being blamed for the dispute, and then apprehended for perpetrating abuse (e.g. Gadd et al. 2002; Tsui, Cheung & Leung, 2010). Additionally, norms of masculinity and power often preclude men from identifying as victims of domestic violence, a gendered issue in public discourse (e.g. Connell & Messerschmidt, 2005).

Even though most research on the psychological and behavioral consequences of partner abuse has focused on women, I am interested in the relationship between experiences of partner abuse and political attitudes and behaviors, across gender lines. Although women are more likely to experience negative mental and physical health outcomes, the betrayal trauma element of partner abuse is present for both men and women who experience abuse. And, the stigma and lack of support for victims of partner abuse is also present, regardless of the form of abuse. There are important qualitative differences in men’s and women’s experiences of domestic abuse. However, I expect that both will be associated with reduced political and civic engagement. Further research will be needed to understand why abuse is associated with reduced engagement, and to investigate the heterogeneity of these experiences along gender lines. There are likely different causal pathways through which men’s and women’s political attitudes and behaviors are affected by this experience.
Research Questions

Existing research on the psychological and behavioral consequences of partner abuse has been concentrated in the fields of public health, psychology, and sociology. These researchers have primarily been concerned with whether partner abuse is associated with negative health outcomes, like depression and physical injury, even after controlling for confounding variables. This chapter explores whether partner abuse is associated with any differences in political attitudes or behaviors:

- **RQ1:** Is partner abuse associated with differences in political participation and civic engagement?

Although I am limited in my ability to explore causal mechanisms through which partner abuse has political consequences, I expect that the betrayal, stigma, and lack of support commonly associated with partner abuse will depress mobilization and empowerment, for men and women. For the purposes of this research question, I am agnostic about whether any one form of partner abuse, whether it is threats of violence, physical violence, or sexual violence will be any more or less politically consequential.

With my second research question, I explore differences in the political consequences of partner abuse according to gender:

- **RQ2:** Are there gender differences in the political consequences of partner abuse?

Women’s rights, domestic violence victim advocates, and policy experts have made the argument that partner violence is uniquely traumatizing for female victims. Although men also experience partner violence, they are more likely to have a history of perpetrating abuse, and they are and less likely to be negatively affected by this form of victimization (Busch &
Rosenberg, 2004; Smith et al., 2017). It’s possible these gender differences will emerge in the political consequences of partner abuse, too. Women may be especially likely to be demobilized and alienated in the wake of this experience. On the other hand, there is still significant stigma associated with men’s experiences of partner abuse. Thus, it’s also possible that there will be reduced engagement associated with partner abuse, regardless of gender.

**Data and Methods**

The analysis for this chapter uses the National Longitudinal Study of Adolescent Health (Add Health). This study included measures of partner violence in Wave IV, which I use to predict self-reported frequency of voting in state and local elections, the number of hours volunteered in the last year, and ideological self-placement. Much like with the childhood maltreatment items used in Chapter 3, the sensitive questions about partner violence were offered to participants using computer assisted self-interview (CASI) technology.

In this chapter, I focus on experiences of partner violence reported in Wave IV, rather than the abusive relationships they may have experienced in adolescence and reported in Wave III. Previous research on the psychological consequences of partner violence, using this very dataset, has found that prior experiences of both child abuse and partner violence in adolescence, had less of a negative effect on their mental health status in Wave IV than more recent disclosures of partner violence (Fletcher, 2010). Thus, I’m interested in whether partner abuse reported in adulthood is similarly consequential for their political attitudes and behaviors.

---

10 One potential avenue for future research would be to explore the consequences of partner violence in adolescence. It’s possible that these experiences, even though they have had less of an effect on mental health, are still politically important.
Table 4.1 provides an overview of the sample characteristics of Wave IV respondents. In Wave IV, a sample of 15,367 of the original Wave I respondents were re-interviewed from April 2007 to February 2009, when participants were between 25 and 34 years old. As discussed in Chapter 3, Wave IV has fewer dependent variables of interest. However, I use these data to test whether partner violence experienced in adulthood is politically consequential. Ideally, once Wave V of Add Health is completed in 2018, I will be able to make inferences about whether intimate partner violence is predictive of their political behaviors later in life, when more dependent variables of interest become available for analysis.

These participants were 53.6% female and 46.4% male. Of those who were reached in Wave IV, 70.0% were white, 14.9% were Hispanic, and 23.4% were black. At the time of the Wave IV interviews, the median respondent had completed at least some college, and 31.9% graduated from college. The median income bracket selected by the respondents ranged from $50,000 to $74,900 annually. In multivariate analyses in this chapter, both education and income are treated as ordinal variables, and are found to be significant predictors of vote frequency, volunteer hours, and ideological self-placement. Since childhood maltreatment is associated with a higher risk of experiencing partner abuse (e.g. Fletcher, 2010), I also include experiences of any childhood maltreatment as a demographic control variable in multivariate analyses. In total, 61.5% of Wave IV respondents experienced at least one form of child abuse from a parent or caregiver. Table 4.1 provides an overview of the sample characteristics of Wave IV respondents.

Dependent Variables

To observe the effects of partner abuse on political attitudes and behaviors, I make use of the available political variables in Wave IV of the Add Health study (Appendix A). Participants
in Wave IV were asked how frequently they vote in statewide and local elections (*Vote Frequency*). On this four-point scale, 30.9% reported that they never vote in local or statewide elections, 26.1% reported that they sometimes participate in these contests, 17.3% said they often do, and 25.1% reported always voting in these kinds of elections. In Wave IV, they were also asked how many hours they spent on volunteer or community service work in the last 12 months (*Volunteer Hours*). Most Add Health respondents reported volunteering zero hours (63.79%, n=9737), while 36.2% (n=5626) reported volunteering at least one hour. Although this is not a form of political engagement, I include this measure as a dependent variable in the event that partner abuse is associated with reduced political participation, but not reduced community engagement, or vice versa. Lastly, I use ideological attachment as a dependent variable in the event that there are any differences between those who have recently experienced partner abuse, and those who have not that may be worthy of future research. Most participants identified as moderate or “middle-of-the-road” (46.4%).

**Independent Variables**

To operationalize partner abuse, I make use of four measures from the Wave IV interviews (Appendix A). With these measures, I am able to differentiate between threats of violence, physical violence, physical injury, and sexual assault from their most recent or current romantic partner or spouse. To assess threats of violence, participants were asked how often their most recent or current partner threatened them with violence, pushed or shoved them, or threw something that could hurt them (*Threatened*). A fifth of respondents indicated this happened to them at least once in the last year (20.7%, n=3,056). To assess physical violence, participants were asked how often their most recent or current partner had hit, slap, or kicked them in the last
year (Hit). About ten percent of respondents indicated this happened to them (12.7%, n=1880).

To assess physical injury, participants were asked if their most recent or current partner had ever caused a sprain, bruise, or cut (Injured). Only five percent of respondents indicated this happened to them at least once (4.9%, n=727). Lastly, to assess sexual assault, participants were asked how frequently their partner insisted or made them have sexual relations when they did not want to (Raped). 6.3% (n=928) of respondents indicated this happened to them at least once.

Much like with Chapter 3, this work is mostly exploratory. I’m interested in whether any form of partner abuse is associated with reduced levels of political participation, fewer hours of volunteering, and differences in ideological attachment. I do not make assumptions about whether any one form of partner abuse, or combination of experiences, will be more or less influential than another. To assess whether any experience of partner abuse is associated with reduced political or civic engagement, I created a dichotomous measure of any partner abuse (Any Partner Abuse). In total, just over a fifth of Add Health participants reported experiencing at least one of these forms of abuse (24.8%, n=3,662).

Each individual item assessing partner abuse allowed for respondents to say how frequently they experienced that particular form of abuse; only once, twice, 3 to 5 times, 6 to 10 times, 11 to 20 times, and more than 20 times in the last year of the relationship. However, most respondents reported no abuse for each of these items, and the variance in frequency of abuse is quite low. For example, for Threats, 5.5% of respondents indicated this happened to them at least once, 6.5% said twice, 3.5% said 3 to 5 times, 3.0% said 6 to 10 times, 1.0% said 11 to 20 times, and 0.5% said more than 20 times in the last year. When I include the complete variation of these items in multivariate analyses, there does not appear to be an effect of the frequency of abuse. Thus, I have dichotomized responses to all four items.
Methodological Concerns

A major methodological concern in this analysis is that partner abuse is not randomly assigned, yet I would like to make causal inferences about its effects on vote frequency, volunteer hours, and ideological self-placement. In Table 4.2, I compare the distribution of the available demographic variables of interest between those who were not abused by a partner, and those who were. It is apparent that partner abuse is disproportionately reported by men, black respondents, and those of a lower socioeconomic status. I account for the potentially confounding effects of sex, race, education, and income by including each as control variables in the multivariate analyses discussed in the next section. Although there are significant imbalances in experiences of partner abuse, on the whole, this experience is fairly evenly distributed. Even among females, white and Hispanic persons, and those of higher socioeconomic status, the frequency of experiencing partner abuse does not fall below 16.9% for any one group.

It is somewhat surprising that men are more likely to report experiencing at least one of these forms of partner abuse, given the emphasis placed on the gendered nature of domestic violence in academic research and in violence prevention work, and its disproportionate impact on women. In the Add Health study however, men are more likely to report experiencing threats of violence (23.0% v. 18.6%, Fisher’s exact $p < 0.000$), physical violence (17.6% v. 8.5%, Fisher’s exact $p < 0.000$), and sexual assault (6.9% v. 5.7%, Fisher’s exact $p < 0.003$) from their most recent or current romantic partners. Men are no more or less likely than women to report being physically injured by their partner (5.0% v. 4.8%, Fisher’s exact $p < .542$). A key distinction between men and women’s experiences of domestic violence, however, is the degree
of fear, malevolence, and trauma. Women are more likely than men to experience pervasive, recurring abuse, and negative mental health effects of domestic violence (CDC NISVIS, 2017).

It is possible that any observed political consequences of domestic violence for men have less to do with trauma, and more to do with the stigma associated with being a male victim of abuse, their contact with police, the criminal justice system, and social services. Men who experience domestic violence are more likely to experience it at the hands of a partner who is retaliating. That is, they are threatened with violence or physically injured after they themselves have perpetrated abuse, violence, and/or sexual assault (Miller, 2001). Additionally, in situations of domestic violence where the police are called, men are more likely to be held responsible and face consequences for their use of abuse, even if they have also been victimized (Gadd et al. 2002). In this chapter, after considering the overall effects of partner abuse, I present the multivariate results for women separately to explore the consequences of these gender differences.

Results

To address my two exploratory research questions, I examine the participation frequency, number of volunteer hours, and ideological self-placement of the representative cohort of American young adults surveyed in Wave IV of the Add Health Study. Using this dataset, I am able to test whether partner abuse is associated with marked differences in the available dependent variables. My first research question (RQ1) was about whether any form of partner abuse, be it threats of violence or actual violence, from a male or female partner, is associated with lower political participation, volunteer hours, and differences in ideological self-placement.
In Table 4.3, I compare adults who experienced partner abuse in their most recent or current relationship, to those who did not, on these three dependent variables.

In Table 4.3, “Any partner abuse” is the bluntest possible measure of partner abuse. I have not distinguished between threats of violence and actual violence, nor have I separated male respondents from female respondents, or controlled for confounding factors. Overall, these results suggest that partner abuse in recent or current relationships is associated with differences in political attitudes and behaviors. For the purposes of this table only, I have dichotomized vote frequency and volunteer hours, to compare those who report never voting, to those who report voting at least some in state and local elections (Vote Frequency), and those who did not volunteer in the last 12 months, to those who volunteered at least once (Volunteer Hours). For ideological self-placement, I compare the distribution of liberals, moderates, and conservatives, between those who did and did not experience recent partner abuse. In multivariate analyses, I do not collapse these variables.

For each dependent variable, there are statistically significant differences between those who were and were not abused by their most recent or current partner. Those who recently experienced partner abuse were less likely to report voting in state and local elections and less likely to report volunteering in their community. There is a five-point gap in vote frequency between those who were abused and those who were not; 29.6% of adults who did not experience abuse report never voting, while 34.6% of those who were abused reported never voting in state and local elections. Similarly, there is a nearly five-percent gap in reports of volunteering in their communities. In terms of ideological self-placement, those who experience partner abuse are somewhat less likely to identify as left of center.
Although these results are suggestive of a pattern of demobilization and alienation, they do not enable me to control for confounding factors. In Table 4.4, I present multivariate ordered logit regression models predicting each of the available dependent variables. Rather than reporting the raw coefficients in the table, which are difficult to interpret, I instead report adjusted odds ratios for each variable. An adjusted odds ratio greater than 1 suggests a positive relationship, while a ratio less than 1 suggests a negative relationship.

There are six models for each dependent variable included in Table 4.4. The first models for Vote Frequency, Volunteer Hours, and Ideology includes relevant demographic controls, the indicator variable for any childhood abuse, and each of the available measures of partner abuse. For vote frequency, there is a statistically significant negative effect of threats of violence (Odds ratio = .88, \( p < .05 \)). However, the remaining measures of partner abuse fail to reach statistical significance. The lack of an effect of partner abuse observed in these full models is likely a result of poor model specification, low incidence rates for each form of abuse, and slight intercorrelations between each form of abuse. Thus, the remaining models in Table 4.4 include each measure of partner abuse separately: Any partner abuse (Any Partner Abuse), threats of violence (Threaten), physical violence (Hit), physical injury (Injured), and sexual assault (Raped).

When considered separately, for every measure of partner abuse except for sexual assault, I find statistically significant and negative effects on vote frequency. For example, after controlling for the confounding effects of sex, race, ethnicity, socioeconomic status, and prior experiences of childhood maltreatment, this model predicts that 62.7% of those who experience any partner abuse (70.4% * Odds ratio = 0.89) expressed voting at least some in state and local elections, a 7.7% decrease relative to those who did not have this experience. For vote frequency, these negative and significant results are robust across each form of partner abuse: threats of
violence (Odds ratio = .85, \( p < .001 \)), being hit (Odds ratio = .85, \( p < .001 \)), and being injured (Odds ratio = .82, \( p < .001 \)).

In contrast to the observed negative effects of partner abuse on vote frequency, this experience is not associated with any statistically meaningful differences in hours volunteered and ideological self-placement. After controlling for relevant demographic controls and prior experiences of childhood maltreatment, there is no effect of any partner abuse, threats of violence, being hit, being injured, or being raped by one’s most recent or current romantic partner or spouse on hours volunteered or ideological self-placement.

The null results for volunteer hours are of particular interest in this chapter. This suggests there may be something uniquely political about the lessons victims of partner abuse takeaway from their experiences. In future research, it will be important to establish what, exactly, victims of partner abuse experience that may be of political relevance. Betrayal trauma and reduced political trust offers one potential explanation for the negative effects, however, interactions with government agencies and police may also be partially responsible for these effects. I discuss the implications of these findings in greater detail in the Discussion and Conclusion section below.

My second research question (RQ₂) was concerned with any gender differences in the political consequences of partner abuse. Previous research has established that there are important differences in men’s and women’s experiences of domestic violence. In particular, women are more likely to experience the negative psychological and health impact of partner violence (CDC, 2017). Thus, it is possible that the reduced political participation observed for all respondents in Table 4.4, will be even more pronounced among female respondents. Alternatively, since men who experience partner abuse still face stigma and elements of betrayal, there may not be any gender differences in the political consequences of partner abuse.
In Table 4.5, I present the same multivariate ordered logit regression models as shown in Table 4.4, but for female respondents only. The results for vote frequency are comparable between the two tables. Each measure of partner abuse is associated with reduced participation frequency, and the adjusted odds ratios between the two sets of models are all within the range of 0.79 and 0.90. It does not appear that women are more negatively affected by partner abuse than average when it comes to self-reported vote frequency.

Also in Table 4.5, I present the multivariate results for the effects of partner abuse on women’s volunteer hours and ideological self-placement. Some interesting effects emerge in these models, that did not emerge when using the full dataset. Women who experience any partner abuse (Odds ratio = .96, $p < .05$), threats of violence (Odds ratio = .83, $p < .05$), and physical injury from a partner are less likely to report volunteering (Odds ratio = .78, $p < .05$). Women who have been hit, slapped or kicked by a partner appear to be less conservative (Odds ratio = .83, $p < .05$). These results are consistent with existing psychological and public health research on the disproportionate and negative impact of domestic violence on women.

**Discussion and Conclusion**

Partner abuse in adulthood, from a recent or current romantic partner is associated with reduced self-reported vote frequency (RQ$_1$). When an individual experiences threats of violence, physical violence, or physical injury at the hands of their most recent romantic partner or spouse, I observe reduced voting frequency in state and local election. This negative association is observed regardless of the gender of the victim; the political effects of partner abuse on women do not dramatically diverge from the overall trend. Thus, regardless of gender, I observe negative effects of partner abuse (RQ$_2$).
In this dissertation, I have offered betrayal trauma theory as one potential explanation for why some major negative life events are more likely to be associated with reduced political trust, efficacy, and engagement. This chapter demonstrates that in contrast to other forms of victimization that have been linked to increased self-reported political participation (Bateson 2012), partner violence has a negative effect on vote frequency. It’s possible that the personal betrayal element of partner abuse is what distinguishes it from other forms of crime victimization, and why it is associated with a negative effect. The stigma associated with partner abuse, and the often inadequate social and institutional support for victims of domestic violence, may play an important role in shaping political attitudes and behaviors.

Although I find that women who experience partner abuse are not any less likely to participate in state and local elections than is average, based on this analysis, I cannot rule out differences in the mechanism through which these effects occur. A more complete examination of the gender differences in experiences of domestic violence, and their consequences for political attitudes and behaviors, is beyond the scope of the present study. Add Health does not offer additional questions on the nature of respondents’ romantic partnerships that would enable me to assess how traumatized they were or are by the relationship. However, I intend to study the differences between men’s and women’s experiences of partner abuse and their political consequences, in future research.

I suspect that betrayal trauma plays a larger role in shaping women’s experiences of partner abuse, and any lessons they take away about the trustworthiness of government, their own power to advance change, and their willingness to be engaged with politics. In future research, it would be worthwhile to interview victims of partner abuse and assess the political trust and efficacy, in addition to self-reported engagement with politics. For men, although
many of them do experience betrayal, posttraumatic stress and other negative health impacts as a result of partner abuse, I suspect that the negative political consequences I have observed have more to do with their interactions with police, social services, and other arms of the government.

In my own personal experiences working with male and female perpetrators of domestic violence, I have observed the qualitative differences between men’s and women’s experiences of partner abuse. Since 2014, I have worked part-time as a facilitator of partner abuse intervention courses, in Illinois and in North Carolina. Clients are typically referred to these kinds of groups after facing charges of domestic abuse or battery. In men’s only groups, clients commonly disclose that they are victims of childhood abuse and/or partner abuse, although they are reluctant to identify as victims or to name their experiences as traumatic. They are highly skeptical of government policy on partner abuse, and express distrusting views of police and social workers who have often separated them from their families, and placed their children with a partner who was abusive towards them. In contrast, the women I have worked with, who have also been referred by the courts on charges of domestic abuse or battery, are more willing to admit the part they have played in engaging with abusive relationships, and are more receptive to the support and information provided in group on forming healthy relationships.

In conclusion, existing research has already established that partner abuse can be an especially traumatizing life event, with deleterious mental and physical health consequences. The results in this chapter suggest the need to explore the political consequences of domestic violence, too. This is obviously a highly complex issue, that cannot be fully explored based on the single dataset used in this chapter. Partner abuse is not typically an isolated occurrence, it recurs within relationships, and over the life cycle. Partner abuse is also an unfortunately common life experience, for both men and women, and it clearly has potentially deep
implications for one’s political socialization. In future research, I am interested in tracking the political attitudes and behaviors of those who experience partner abuse over time. Additionally, I am interested in conducting in-depth interviews with victims and perpetrators of partner abuse, about their relationship histories, interactions with police, social services, and other sources of support. In my capacity as a facilitator of partner abuse intervention classes, I believe I am uniquely suited to conduct these kinds of interviews and investigate the political lessons learned.
Table 4.1  
*Univariate Descriptions of Sample*

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>M</th>
<th>Mdn</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>70.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>23.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>29.1</td>
<td>29</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-74.9k</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Any Childhood Abuse</strong></td>
<td>61.5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Partner Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner ever threaten</td>
<td>20.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner ever hit</td>
<td>12.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner ever injured</td>
<td>4.9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner ever raped</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any partner abuse</td>
<td>24.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer hours (at least 1)</td>
<td>36.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vote frequency (1=never, 4=always)</td>
<td>2.4</td>
<td>2</td>
<td>1.2</td>
<td></td>
</tr>
<tr>
<td>Ideology (1=very con., 5=very lib.)</td>
<td>3.0</td>
<td>3</td>
<td>.92</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* All statistics come from U.S. citizens interviewed in Wave IV (N=15,367)
Table 4.2
*Partner Abuse and Sample Characteristics*

<table>
<thead>
<tr>
<th></th>
<th>No partner abuse</th>
<th>Any partner abuse</th>
<th>$\chi^2$</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>43.7</td>
<td>54.4</td>
<td>na</td>
<td>0.00***</td>
</tr>
<tr>
<td>Female</td>
<td>56.3</td>
<td>45.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race and Ethnicity</strong></td>
<td></td>
<td></td>
<td>155.1</td>
<td>0.00***</td>
</tr>
<tr>
<td>Black</td>
<td>67.3</td>
<td>32.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>74.9</td>
<td>25.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>77.9</td>
<td>22.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td>287.3</td>
<td>0.00***</td>
</tr>
<tr>
<td>No HS degree</td>
<td>63.3</td>
<td>35.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HS degree</td>
<td>76.1</td>
<td>23.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BA degree</td>
<td>83.1</td>
<td>16.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td>124.2</td>
<td>0.00***</td>
</tr>
<tr>
<td>&lt; 25th percentile income</td>
<td>70.1</td>
<td>29.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 75th percentile income</td>
<td>79.2</td>
<td>20.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Childhood abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>83.0</td>
<td>17.0</td>
<td>na</td>
<td>0.000***</td>
</tr>
<tr>
<td>Any</td>
<td>71.8</td>
<td>28.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Notes.* For sex, the p-value reported is from a Fisher’s exact test. For the remaining variables, chi-squared tests were conducted using the complete variation of each variable. For ease of interpretation, race and ethnicity, education, and household income have been collapsed into the categories shown above.
Table 4.3

*Bivariate relationship between partner abuse and dependent variables in Wave IV*

<table>
<thead>
<tr>
<th></th>
<th>Vote frequency</th>
<th></th>
<th>Volunteer hours</th>
<th></th>
<th>Ideology</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>% Never</td>
<td>% At least some</td>
<td>% 0</td>
<td>At least 1</td>
</tr>
<tr>
<td>No partner abuse</td>
<td></td>
<td>29.6</td>
<td>70.4</td>
<td>62.5</td>
<td>37.5</td>
</tr>
<tr>
<td>(75.2%, n=11101)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any partner abuse</td>
<td></td>
<td>34.6</td>
<td>65.4</td>
<td>67.0</td>
<td>33.0</td>
</tr>
<tr>
<td>(24.8%, n=3662)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>30.8</td>
<td>69.2</td>
<td>63.6</td>
<td>36.4</td>
</tr>
<tr>
<td>(100%, n=14763)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p* (Fishers’ exact) 0.000*** 0.000***

Chi-squared Sig. 10.9 0.004**

*Notes.* For the purposes of this table and ease of interpretation, vote frequency and volunteer hours have been dichotomized, and ideological self-placement has been collapsed into three categories. **p < .01. ***p < .001.
Table 4.4
Multivariate Results for All Respondents

<table>
<thead>
<tr>
<th>Vote Frequency</th>
<th>Volunteer Hours</th>
<th>Ideology (1=very conservative, 5=very liberal)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) (2) (3) (4) (5) (6)</td>
<td>(1) (2) (3) (4) (5) (6)</td>
</tr>
<tr>
<td>Age</td>
<td>1.1*** 1.1*** 1.1*** 1.1*** 1.1***</td>
<td>.97** .97** .97** .97** .97**</td>
</tr>
<tr>
<td>Female</td>
<td>1.2*** 1.2*** 1.2*** 1.2*** 1.2***</td>
<td>1.1 1.1 1.1 1.1 1.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.90* .90* .90* .90* .90*</td>
<td>.62*** .62*** .62*** .62*** .62***</td>
</tr>
<tr>
<td>Black</td>
<td>2.1*** 2.0*** 2.0*** 2.0*** 2.0***</td>
<td>.92 .92 .93 .93 .92+</td>
</tr>
<tr>
<td>Education</td>
<td>1.2*** 1.2*** 1.2*** 1.2*** 1.2***</td>
<td>1.2*** 1.2*** 1.2*** 1.2*** 1.2***</td>
</tr>
<tr>
<td>Income</td>
<td>1.1*** 1.1*** 1.1*** 1.1*** 1.1***</td>
<td>1.1*** 1.1*** 1.1*** 1.1*** 1.1***</td>
</tr>
<tr>
<td>Any childhood abuse</td>
<td>.93* .93* .93* .92* .92*</td>
<td>1.2** 1.2** 1.2** 1.1** 1.1*</td>
</tr>
<tr>
<td>Any partner abuse</td>
<td>.89**</td>
<td>.98</td>
</tr>
<tr>
<td>Threaten</td>
<td>.88* .85***</td>
<td>.88+ .89</td>
</tr>
<tr>
<td>Hit</td>
<td>.95 .85***</td>
<td>1.0 .94</td>
</tr>
<tr>
<td>Injured</td>
<td>.96 .82*</td>
<td>1.0 .94</td>
</tr>
<tr>
<td>Raped</td>
<td>.99</td>
<td>.92 1.1</td>
</tr>
<tr>
<td>Obs.</td>
<td>10632 10632 10641 10652 10655</td>
<td>10629 10629 10638 10649 10652</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-14095.9 -14098.9 -14106.3 -14126.7 -14128.0</td>
<td>-11280.5 -11281.9 -11300.0 -11306.5 -11301.9</td>
</tr>
</tbody>
</table>

Notes: All ordered logit models. I report the odds ratios for each variable included in the model. Values greater than 1 suggest a positive relationship, values less than 1 suggest a negative relationship. +p < .10. *p < .05. **p < .01. ***p < .001.
### Table 4.5
**Multivariate Results for Female Respondents**

<table>
<thead>
<tr>
<th></th>
<th>Vote Frequency</th>
<th>Volunteer Hours</th>
<th>Ideology (1=very conservative, 5=very liberal)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
</tr>
<tr>
<td>Age</td>
<td>1.1</td>
<td>1.1***</td>
<td>1.1***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.97</td>
<td>.98</td>
<td>.98</td>
</tr>
<tr>
<td>Black</td>
<td>2.6</td>
<td>2.6***</td>
<td>2.6***</td>
</tr>
<tr>
<td>Education</td>
<td>1.2</td>
<td>1.2***</td>
<td>1.2***</td>
</tr>
<tr>
<td>Income</td>
<td>1.1</td>
<td>1.1***</td>
<td>1.1***</td>
</tr>
<tr>
<td>Any childhood abuse</td>
<td>.95</td>
<td>.94</td>
<td>.94</td>
</tr>
<tr>
<td>Any partner abuse</td>
<td>.90*</td>
<td>.94</td>
<td>.94</td>
</tr>
<tr>
<td>Threaten</td>
<td>.92</td>
<td>.87*</td>
<td>.85+</td>
</tr>
<tr>
<td>Injured</td>
<td>.95</td>
<td>.83*</td>
<td>1.0</td>
</tr>
<tr>
<td>Raped</td>
<td>.88</td>
<td>.79*</td>
<td>.86</td>
</tr>
<tr>
<td>Obs.</td>
<td>5934</td>
<td>5934</td>
<td>5934</td>
</tr>
<tr>
<td>Log likelihood</td>
<td>-7857.1</td>
<td>-7858.5</td>
<td>-7864.6</td>
</tr>
</tbody>
</table>

**Notes.** Results are for the females interviewed. All ordered logit models. I report the **odds ratios** for each variable included in the model. Values greater than 1 suggest a positive relationship, values less than 1 suggest a negative relationship. *p < .10. *p < .05. **p < .01. ***p < .001.
CHAPTER 5: CONCLUSION

In the first chapter of this dissertation, I claimed that the chief contribution of this project was contrasting the political consequences of betrayal traumas with other negative life experiences that have been studied by political scientists. Although existing research on the consequences of major traumas suggests a pattern of political mobilization in the aftermath of these experiences (e.g. Bateson, 2012; Carlin et al. 2014; Zephyr et al. 2011; Hersh, 2013), these studies have not used trauma as a theoretical framework. Based on these studies, it is tempting to conclude there is a silver lining to major, negative life events—that in the long-term, individuals become involved and engaged with their communities and with government and politics. However, traumas perpetrated by someone known to the victim have especially deleterious psychological consequences, and as demonstrated in this research project, they are associated with reduced political trust, efficacy, and engagement. The elements of betrayal, malevolence and stigma associated with (1) military combat experience and the development of posttraumatic stress, (2) abuse in childhood from a parent or caregiver, and (3) domestic violence distinguish these experiences from being the victim of a random crime, living through a natural disaster, or surviving a terrorist attack. Traumatic life events have political consequences.

In Chapter 2, I find that the development of posttraumatic stress after service in the Vietnam War was associated with reduced political efficacy and trust, years after returning to civilian life. These findings suggest that even if veterans are more politically engaged than civilians on average, there is important heterogeneity in their experiences. Veterans who are traumatized by military service are the least likely to be politically engaged. The theoretical framework of betrayal trauma is less easily tied to these findings than child and partner abuse, but I believe traumatizing military combat experiences fit in with this theoretical model.
Veterans who experience posttraumatic stress are less likely to express trust in government and positive beliefs about their power to affect political change, even when they seek professional help and have strong networks of social support.

In future research, it will be important to explore why this relationship holds. Do veterans with posttraumatic stress feel betrayed by the government, the Department of Veterans Affairs, and the public at large? Alternatively, are reduced levels of political efficacy and trust merely an extension of their posttraumatic stress symptoms? In either scenario, these results have important implications for the study of returning veterans’ political attitudes and behaviors. The veterans who are the most negatively affected by service appear to be the least likely to participate in politics, and select elected officials who make decisions about future military conflicts.

In Chapter 3, I find that children who experience neglect, physical abuse, and/or sexual abuse from a parent or caregiver are less likely to report voting in state and local elections later in life. Children who experience neglect are less likely to trust in government, turnout to vote in national elections, and be civically engaged. Children who are physically abused have reduced trust in government, but are more civically engaged. And, there appear to be long-term consequences of childhood sexual abuse for ideological attachments. Abuse from a parent or caregiver is commonly classified as a high betrayal trauma (e.g. Gobin & Freyd, 2014), and found to have negative consequences for individual’s trust in others and relationships later in life. The results in this chapter demonstrate that this experience has profound political consequences, too.

Further research is needed to explore why these associations are observed, and to understand what political lessons survivors of childhood abuse take away based on their
experiences. It is possible that in addition to the element of betrayal in experiences of child abuse, early interactions with police and social services shape their attitudes and behaviors.

Lastly, in Chapter 3, I find that partner abuse in adulthood from a recent or current romantic partner is associated with reduced vote frequency. Threats of violence, physical violence, and physical injury, in particular, are associated with a greater likelihood of abstaining from local and state politics. Even though women are typically more psychologically affected by partner abuse, the negative relationship between this experience and vote frequency is observed regardless of the gender of the victim. The effects are not any more pronounced for women who experience partner violence.

Betrayal trauma theory can likely explain why both men and women who experience partner abuse become less engaged with politics. The societal and institutional response to domestic violence in the United States is often inadequate, and a highly alienating one (e.g. Coker et al. 2002; Tsui, Cheung & Leung, 2010). Further research is needed to investigate the gendered nature of domestic violence experiences, and their political consequences. Men are less likely to be psychologically impacted by partner abuse, more likely to be apprehended by police, and more likely to have their children separated from them (Busch & Rosenberg, 2004). I suspect that the deleterious political consequences of partner abuse for men may have more to do with their interactions with police and other agents of the state.

In conclusion, this dissertation has broader implications for the study of political attitudes and behaviors. Major traumatic life events have the potential to shape and alter individual’s levels of political trust, efficacy, and engagement. Political trust and political efficacy not necessarily stable traits over the course of an individual’s life cycle, as they are often implicitly assumed to be. The findings in this dissertation suggest that when a major trauma is experienced
as a betrayal, and is followed by societal stigma and a weak institutional response, victims are more likely to have reduced trust, efficacy and engagement. In contrast to the effects of more random acts of violence then, betrayal traumas are generally associated with alienation and demobilization. Betrayal traumas, especially childhood maltreatment and partner abuse, are unfortunately common. In the United States and around the world, there is a high probability of experiencing at least one form of abuse, from a parent or caregiver, or from a romantic partner or spouse. As a result, it appears that a substantial portion of the polity is missing as a result of their experiences of trauma.
REFERENCES


Galea et al. (2007). Exposure to hurricane-related stressors and mental illness after Hurricane Katrina. Arch Gen Psychiatry (64): 1427-1434.


Johnson, J. (2012). “Oprah: I was raped when I was only 9.” Irish Examiner. Accessed online: http://www.irishexaminer.com/world/oprah-i-was-raped-when-i-was-only-9-215310.html


Cambridge University Press.


APPENDIX A: QUESTION WORDINGS

Chapter 2

Efficacy Index
1. The people running the country don’t really care what happens to you.
2. In spite of what some people say, the lot of the average man is getting worse, not better.
3. People like me don’t have any say about what government does.
4. People like myself have a pretty good chance of getting ahead.
5. Sometimes government and politics seems so complicated that a person like me can’t really understand what’s going on.
6. There is at least one political group in America that effectively represents my views.
7. Having elections makes the government pay a good deal of attention to what people think.

Trust
1. Would you say the government is pretty much run for a few big interests or would you say it is run for the benefit of all the people?

Combat Danger Index
[Instructions] The next set of questions deals more directly with some particular experiences you may or may not have had related to combat in or around Vietnam. For each of the following experiences, tell me how often (if ever) this experience happened to you during your Vietnam tour: very often, often, sometimes, rarely, or never.
1. Did you receive small arms fire from the enemy?
2. Did you receive incoming fire from enemy artillery, rockets, and/or mortars?
3. Did you or your unit encounter anti-personnel weapons such as landmines and/or booby traps?
4. Did your unit receive sniper fire and/or sapper attacks?
5. Was your unit ambushed?
6. Was a vehicle in which you were traveling disabled by enemy fire?
7. Did your unit engage the Vietcong, guerrilla, or unidentified troops in a firefight?
8. Did your unit engage the North Vietnamese Army (NVA) or other organized military forces in a firefight?

9. Did you experience hand-to-hand combat?

10. Did you fire your weapon at the enemy?

11. Did you have to do certain particularly dangerous tasks (e.g. walk point, check out bunkers or tunnels)?

12. Were you cutoff/separated from your unit in hostile territory?

13. Did you find yourself in any other life-threatening situations?

**Combat Trauma Index**
1. How often did you see Americans being killed or wounded—would you say very often, often, sometimes, rarely, or never?

2. How often, if ever, did you see Americans after they had been wounded in combat?

3. How often, if ever, did you see the bodies of dead Americans?

4. How often did you see a close friend from your unit seriously wounded?

5. How often did you see a close friend from your unit killed or die?

**Purple Heart**
1. Did you receive a purple heart?

**M-PTSD Diagnostic Tool**
1. Before I entered the military, I had more close friends than I have now.

2. I do not feel guilt over things that I did in the military.

3. If someone pushes me too far, I am likely to become violent.

4. If something happens that reminds me of the military, I become very distressed and upset.

5. The people who know me best are afraid of me.

6. I am able to get emotionally close to others.

7. I have nightmares of experiences in the military that really happened.

8. When I think of some of the things that I did in the military, I wish I were dead.
9. It seems as if I have no feelings.
10. Lately, I have felt like killing myself.
11. I fall asleep, stay asleep and awaken only when the alarm goes off.
12. I wonder why I am still alive when others died in the military.
13. Being in certain situations makes me feel as though I am back in the military.
14. My dreams at night are so real that I waken in a cold sweat and force myself to stay awake.
15. I feel like I cannot go on.
16. I do not laugh or cry at the same things other people do.
17. I still enjoy doing many things that I used to enjoy.
18. Daydreams are very real and frightening.
19. I have found it easy to keep a job since my separation from the military.
20. I have trouble concentrating on tasks.
21. I have cried for no good reason.
22. I enjoy the company of others.
23. I am frightened by my urges.
24. I fall asleep easily at night.
25. Unexpected noises make me jump.
26. No one understands how I feel, not even my family.
27. I am an easy-going, even-tempered person.
28. I feel there are certain things that I did in the military that I can never tell anyone, because no one would ever understand.
29. There have been times when I used alcohol (or other drugs) to help me sleep or to make me forget about things that happened while I was in the service.
30. I feel comfortable when I am in a crowd.
31. I lose my cool and explode over minor everyday things.

32. I am afraid to go to sleep at night.

33. I try to stay away from anything that will remind me of things which happened while I was in the military.

34. My memory is as good as it ever was.

35. I have a hard time expressing my feelings, even to the people I care about.

**Social Support Index**
1. Overall, do you feel that you have enough close friends or relatives?

2. Can you talk about your deepest problems with at least some of your family or friends: most of the time, some of the time, or hardly ever?

3. When you are talking with your family or friends, do you feel you are being listened to most of the time, some of the time, or hardly ever?

4. Does it seem that your family or friends understand you most of the time, some of the time, or hardly ever?

5. Among your friend and relatives, excluding your wife/husband/partner, is there someone you feel you can tell just about anything to, someone you can count on for understanding and advice?

6. Do you have any problems that you feel you can’t discuss with any friend or relative?

**Professional Support**

[Prompt] I'm going to read you a list of some different kinds of places and people where someone might get help with their emotions, nerves, drugs, alcohol, or their mental health. Please tell me if you have gone or talked to any of these places or people, even if you've already mentioned it before.

1. A psychiatrist or other mental health specialist at a health plan family clinic

2. A psychiatrist, psychologist, social worker or counselor in private practice

3. A medical doctor in private practice (except for a psychiatrist) or to any medical person at a health plan or primary care clinic

4. A community mental health center

5. A psychiatric outpatient general hospital or university hospital

6. An outpatient clinic in a psychiatric hospital
7. An outpatient clinic in a Veterans Administration (VA) Hospital or Medical Center (VMAC)

8. A Veterans Outreach Center

9. A family service, child counseling, or social service agency

10. A self-help group, like Alcoholics Anonymous or a veterans’ “rap” group

11. A community program like a crisis center or hotline

Chapter 3

Neglect (Wave III)
By the time you started 6th grade, how often had one of your parents or other adult caregivers not taken care of your basic needs, such as keeping you clean or providing food or clothing?
   This has never happened
   One time
   Two Times
   Three to five times
   Six to ten times
   More than ten times

Physical Abuse (Wave III)
By the time you started 6th grade, how often had your parents or other adult care-givers slapped, hit, or kicked you?
   This has never happened
   One time
   Two Times
   Three to five times
   Six to ten times
   More than ten times

Sexual Abuse (Wave III)
By the time you started 6th grade, how often had one of your parents or other adult care-givers touched you in a sexual way, forced you to touch him or her in a sexual way, or forced you to have sexual relations?
   This has never happened
   One time
   Two Times
   Three to five times
   Six to ten times
   More than ten times
General Abuse (Wave IV)
Before your 18th birthday, how often did a parent or adult caregiver do or say things that really hurt your feelings or made you feel like you were not wanted or loved?
- This has never happened
- One time
- Two Times
- Three to five times
- Six to ten times
- More than ten times

Hit, Kicked, or Thrown (Wave IV)
Before your 18th birthday, how often did a parent or adult caregiver hit you with a fist, kick you, or throw you down on the floor, into a wall, or down stairs?
- This has never happened
- One time
- Two Times
- Three to five times
- Six to ten times
- More than ten times

Sexual Abuse (Wave IV)
Before your 18th birthday, how often did a parent or adult caregiver touch you in a sexual way, force you to touch him or her in a sexual way, or force you to have sexual relations?
- This has never happened
- One time
- Two Times
- Three to five times
- Six to ten times
- More than ten times

Political Trust (Wave III)
How much do you agree or disagree with the following statement? I trust the federal government.
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

How much do you agree or disagree with the following statement? I trust my state government.
- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
How much do you agree or disagree with the following statement? I trust my local government.
    Strongly agree
    Agree
    Neither agree nor disagree
    Disagree
    Strongly disagree

Registered (Wave III)
Are you registered to vote?
    Yes
    No

Voted (Wave III)
Did you vote in the most recent presidential election?
    Yes
    No

Civic Participation (Wave III)
Which of the following types of organizations have you been involved with in your volunteer or community service work in the last 12 months (check all that apply):
    Youth organizations, such as Little League or scouts
    Service organizations, such as Big Brother or Big Sister
    Political clubs or organizations
    Solidarity or ethnic-support groups, such as the NAACP
    Church or church-related groups, not including worship services
    Community centers, neighborhood, or social action groups
    Organized volunteer groups in hospitals or nursing homes
    Conservation, recycling, or environmental groups

Political Participation (Wave III)
Which of the following things have you done during the last 12 months (check all that apply):
    Contributed money to a political party or candidate
    Contacted a government official
    Run for public office
    Run for nonpublic office
    Attended a political rally or march

Ideology (Wave IV)
In terms of politics, do you consider yourself very conservative, conservative, middle-of-the-road, liberal, or very liberal?
    Very conservative
    Conservative
    Middle of the road
    Liberal
    Very liberal
Participation in Local or State Elections (Wave IV)
How often do you usually vote in local or statewide elections?
- Never
- Sometimes
- Often
- Always

Chapter 4

Note: This part of the Add Health interview was concerned with their current or most recent significant romantic relationship.

Partner Ever Threatened
How often (has/did) (initials) (threatened/threaten) you with violence, (pushed/push) or (shoved/shove) you, or (thrown/throw) something at you that could hurt?
- This has never happened
- Not in the past year, but before then
- Once in the last year of the relationship
- Twice in the last year of the relationship
- 3 to 5 times in the last year of the relationship
- 6 to 10 times in the last year of the relationship
- 11 to 20 times in the last year of the relationship
- More than 20 times in the last year of the relationship

Partner Ever Hit
How often (has/did) (initials) (slapped/slap), hit, or (kicked/kick) you?
- This has never happened
- Not in the past year, but before then
- Once in the last year of the relationship
- Twice in the last year of the relationship
- 3 to 5 times in the last year of the relationship
- 6 to 10 times in the last year of the relationship
- 11 to 20 times in the last year of the relationship
- More than 20 times in the last year of the relationship

Partner Ever Injured
How often (have/did) you (had/have) an injury, such as a sprain, bruise, or cut because of a fight with (initials)?
- This has never happened
- Not in the past year, but before then
- Once in the last year of the relationship
- Twice in the last year of the relationship
- 3 to 5 times in the last year of the relationship
- 6 to 10 times in the last year of the relationship
- 11 to 20 times in the last year of the relationship
- More than 20 times in the last year of the relationship
**Partner Ever Raped**
How often (has/did) (initials) (insisted/insist) on or (made/make) you have sexual relations with (him/her) when you didn’t want to?
- This has never happened
- Not in the past year, but before then
- Once in the last year of the relationship
- Twice in the last year of the relationship
- 3 to 5 times in the last year of the relationship
- 6 to 10 times in the last year of the relationship
- 11 to 20 times in the last year of the relationship
- More than 20 times in the last year of the relationship

**Vote Frequency**
How often do you usually vote in local or statewide elections?
- Never
- Sometimes
- Often
- Always

**Volunteer Hours**
In the past 12 months, about how many hours did you spend on volunteer or community service work?
- 0 hours
- 1 to 19 hours
- 20 to 39 hours
- 40 to 79 hours
- 80 to 159 hours
- 160 hours

**Ideology**
In terms of politics, do you consider yourself very conservative, conservative, middle-of-the-road, liberal, or very liberal?
- Very conservative
- Conservative
- Middle of the road
- Liberal
- Very liberal
APPENDIX B: SUPPLEMENTAL RESULTS

Table B.1
Alternate Regressions Predicting Political Efficacy: Combat Experience, Posttraumatic Stress, and Support

<table>
<thead>
<tr>
<th>Demographics</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.11***</td>
<td>.11***</td>
<td>.10***</td>
<td>.10***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.17*</td>
<td>.17*</td>
<td>.17**</td>
<td>.17*</td>
</tr>
<tr>
<td>Black</td>
<td>-.18**</td>
<td>-.18**</td>
<td>-.20**</td>
<td>-.20**</td>
</tr>
<tr>
<td>Education</td>
<td>.12***</td>
<td>.12***</td>
<td>.12***</td>
<td>.12***</td>
</tr>
<tr>
<td>Income</td>
<td>.17***</td>
<td>.17***</td>
<td>.18***</td>
<td>.18***</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Combat Experience</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger</td>
<td>-.03</td>
<td>-.04</td>
<td>- .06*</td>
<td>-.06</td>
</tr>
<tr>
<td>Purple</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>.18***</td>
<td>.19***</td>
<td>.19***</td>
<td>.19***</td>
</tr>
<tr>
<td>Professional</td>
<td>-.16*</td>
<td>-.07*</td>
<td>-.16*</td>
<td>-.07*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interactions</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger*Social</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger*Professional</td>
<td></td>
<td>-.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purple*Social</td>
<td></td>
<td></td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>Purple*Professional</td>
<td></td>
<td></td>
<td></td>
<td>-.04</td>
</tr>
</tbody>
</table>

Constant               | .06  | -.55*** | .06  | -.54*** |
Adjusted R² (%)         | 15.5 | 15.5    | 15.9  | 16.1    |
df                     | 1036 | 1036    | 1062  | 1062    |

Note. OLS models. Standardized regression coefficients.
+ p < .10. * p < .05. ** p < .01. *** p < .001.
Table B.2
*Alternate Regressions Predicting Political Trust: Combat Experience, Posttraumatic Stress, and Support*

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.23**</td>
<td>.23**</td>
<td>.23***</td>
<td>.24***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>-.01</td>
<td>-.01</td>
<td>-.04</td>
<td>-.04</td>
</tr>
<tr>
<td>Black</td>
<td>-.87***</td>
<td>-.88***</td>
<td>-.90***</td>
<td>-.90***</td>
</tr>
<tr>
<td>Education</td>
<td>.17*</td>
<td>.17*</td>
<td>.18*</td>
<td>.18*</td>
</tr>
<tr>
<td>Income</td>
<td>.18*</td>
<td>.17*</td>
<td>.16*</td>
<td>.16*</td>
</tr>
<tr>
<td><strong>Combat Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger</td>
<td>-.06</td>
<td>-.04</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purple</td>
<td></td>
<td>-.03*</td>
<td>-.04</td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td>.17*</td>
<td>.15*</td>
<td>.20*</td>
<td>.16*</td>
</tr>
<tr>
<td>Professional</td>
<td>-.37*</td>
<td>-.17*</td>
<td>-.36*</td>
<td>-.17*</td>
</tr>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger*Social</td>
<td>.12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger*Professional</td>
<td></td>
<td>-.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purple*Social</td>
<td></td>
<td></td>
<td>.04</td>
<td></td>
</tr>
<tr>
<td>Purple*Professional</td>
<td></td>
<td></td>
<td></td>
<td>-.13+</td>
</tr>
<tr>
<td><strong>Constant</strong></td>
<td>.62***</td>
<td>-1.3***</td>
<td>-.64***</td>
<td>1.4***</td>
</tr>
<tr>
<td>df</td>
<td>1030</td>
<td>1039</td>
<td>1056</td>
<td>1056</td>
</tr>
<tr>
<td>AIC</td>
<td>1193</td>
<td>1195</td>
<td>1218</td>
<td>1215</td>
</tr>
</tbody>
</table>

*Note.* OLS models. Standardized regression coefficients.
+p < .10. *p < .05. **p < .01. ***p < .001.