

**“No Coat Hangers in Iraq:” Abortion and the War on Terror**

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Spring 2011

University Honors: Political Science

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**Abstract**

By accepting a position within the United States military, women agree to sacrifice certain liberties the civilian population takes for granted. But in the area of reproductive freedom, this sacrifice can result in situations wherein risk originates not from a foreign enemy's bullet, but the prospect of an unplanned pregnancy and the legal barriers erected to prevent access to safe and legal abortions. Women on deployment are often at high risk for unplanned pregnancy, yet also rarely able to avail themselves of the care needed to ensure unit cohesion and military readiness. The service members most affected by these rules are never asked for their experiences or opinions to inform the creation of reproductive health policies that have the power to shape their entire careers. While abortion is technically legal, current Defense Department policy prohibits female service members from obtaining an abortion at any military facility in the world except in cases of rape, incest, or life endangerment. Not only is it prohibited from health coverage, women cannot even use their own funds to exercise reproductive choice, and this has created a serious gap in health care.

To further explore this issue, the following study surveys 164 service members who have been deployed overseas about their opinions on abortion for both the civilian and military populations, and discovers if current legal policies match the experiences and beliefs of those who must contend with the reality of life in a war zone. The results portray a military closely aligned with the political opinions of the citizenry it serves. It also reveals a military largely in support of more abortion options for female service members than are currently available. The federal policy should be reformed to account for the lack of reproductive health care coverage currently faced by military women.

## **Introduction**

According to the Department of Defense (2009), over 218,000 women have been deployed since 2001, the year the War on Terror commenced. As of September 2010, women comprise over 200,000 of the 1.4 million active duty service members in the four military branches (DoD 2010). As these active duty and veteran demographic numbers indicate, the federal-funding policies in place regarding access to abortion services have never been more relevant to a larger number of American service members. As shifts occur in other policy areas, such as a removal of the ban on women in submarines (Whitlock 2010), a requirement to stock Plan B emergency contraception in military dispensaries (Stein 2010), and a discussion on allowing women in direct combat (Maze 2011), the roles and visibility of women in the military will continue to expand and attract even greater numbers of female recruits.

The purpose of this study is to evaluate the deployment experiences and attitudes on abortion held by United States military service members. Moreover, as the history and literature review will demonstrate, the women who have chosen to place their lives at risk for fundamental liberties in the United States are often punished for attempting to exercise their own rights. For example, Joyce (2009) recounts the story of a Marine in Iraq who failed to report her rapist, and was then punished and fined for having sex in a war zone before being sent home because of the resulting pregnancy. And as recently as 2009, top-level military leadership suggested bringing women who become pregnant while deployed before courts-martial, the same arena under which accused war criminals must stand trial (Starr and Levine, 2009).

For decades, military women have been unable to access safe and legal abortions – even with their own funds – while deployed, leading to disastrous and life-threatening consequences.

As one former Marine aptly stated: “There are no coat hangers in Iraq. I looked” (Joyce 2009). Particularly as the War on Terror continues, more female service members will be deployed, and they will all face a serious gap in the health care provided by the military. More than ever, this policy needs sincere reevaluation.

## **Research Questions and Hypotheses**

### *A. Questions*

Generally, is the ongoing War on Terror possibly affecting the identity of the all-volunteer United States military? If identities are shifting, is this also causing a policy shift in accommodations for the growing number of gender, religious, and racial minorities within the military, especially women? More specifically, how is the War on Terror, with high-risk deployment and longer tours of duty, affecting female military personnel? How does active duty correlate with a shift in opinion regarding reproductive rights? Does experience of a sexual assault correlate with a shift in opinion regarding reproductive rights? Does experience of an unplanned pregnancy as a soldier correlate with a shift in opinion regarding reproductive rights?

### *B. Hypothesis*

When comparing service members, I expect that those who have spent more time deployed to a war zone or were aware of sexual misconduct while deployed will display greater permissiveness on their opinions about abortion than those who have not had such experiences as members of the armed forces.

## **Background: Legal History of Abortion**

While obtaining an abortion has been nationally recognized as a constitutionally-protected privacy right since 1973, all service members utilize Tricare, the Department of Defense health system for military personnel and their dependents. Since all military personnel

are technically government employees, the Department of Defense handles administration and cost of Tricare, at a price of over \$50 billion each year (Spring 2011). Thus, funding for Tricare as a governmental health system originates from tax dollars, and tax-funded health care means greater regulation of that health care. The following sections will summarize the history and differences between the freedom to obtain an abortion for the civilian population and for female service members.

#### *A. Court Decisions Affecting Civilians*

“The right of privacy...is broad enough to encompass a woman's decision whether or not to terminate her pregnancy” (*Roe v. Wade* 1973, 153). With this sweeping statement, the Supreme Court effectively nullified all state proscriptions of abortion and held that pregnancy termination decisions could be constitutionally protected rights under the Constitution.

According to Sharp (1999), the decision represented the judicial culmination of a surge in public support for liberalizing state laws on abortion. The trimester framework promulgated in *Roe* forbade state interference with abortion decision-making during the first trimester, allowed reasonable regulations during the second trimester, and permitted total proscription during the third trimester, with life and health exceptions, if states wanted to pursue such a policy option. This framework operated with minor substantive setbacks enacted by Congress in the mid-1980s (Sharp 1999).

Despite the use of a trimester framework, advances in medical technology and a move by state legislatures to restrict abortion access resulted in major policy shifts, most of which were held as constitutional by the Court. In a series of decisions during the late 1980s and early 1990s, the Court eventually discarded the trimester framework established by *Roe* and replaced it with a fetal viability standard. Justice O'Connor opined in a 1983 dissent that the framework was

“clearly on a collision course with itself” (*City of Akron v. Akron Center for Reproductive Health*, 458). By 1989, she had apparently convinced other Court members of this in *Webster v. Reproductive Health Services*. Here, the Court ruled that a requirement for viability testing after 20 weeks was constitutional instead of adhering to the 1972 trimester setup. By 1992, the transition to a viability framework became explicit with the *Planned Parenthood v. Casey* decision, which allowed all pre-viability restrictions that did not place an “undue burden” on the woman seeking an abortion, and allowed for life and health exceptions (834).

The undue burden standard adopted in 1992 forms the basis for most abortion legislation and case law today. The laws in question during *Casey* and upheld by the Court invited other states to replicate and expand such regulations. Most reasonable restrictions have been allowed, including waiting periods, informed consent requirements, parental notification and consent for minors, and reporting requirements (Shapiro 1995). Newer restrictions passed by many state legislatures include ultrasound testing requirements, fetal pain counseling requirements, and private insurance rules (Guttmacher Institute 2010).

The most recent developments in abortion legislation involve restrictions on late-term abortions. In conjunction, exceptions on abortion bans for a woman’s health have recently changed. In the 2000 *Stenberg v. Carhart* decision, the Court overturned a Nebraska law outlawing a late-term abortion procedure known as dilation and extraction (D&X). One of the linchpins of this decision hinged on the law’s “lack [of a] requisite exception “for the preservation of the ... *health* of the mother” (915, italics added). This ruling aligned with the 1992 *Casey* decision, and Shapiro’s (1995) claim that “the woman’s life or health may trump legitimate abortion restrictions” (11). But in 2007, the Court decided otherwise with its ruling in *Gonzales v. Carhart*. By a one-vote majority, the Court upheld a federal ban on all dilation and

extraction abortion procedures without a health exception despite the precedent of the *Stenberg* decision. Ivey (2008) claims that the Court's ruling holds significance because the absence of a health exception elevates political considerations above medical need.

### *B. Court Decisions Affecting Military Personnel*

While military personnel must operate within the civilian framework established by *Casey* and *Gonzales*, they must also contend with an additional layer of restrictions based on their status as recipients of federally funded medical care. According to Boonstra (2010), this complication pre-dates the *Roe* ruling: in 1970, official DoD policy allowed abortions on military facilities when “medically indicated or for reasons involving mental health” if room and providers were available, and a conscience exception was included for healthcare providers who professed moral issues with the procedure (2).

President Nixon issued an order in 1971 for military bases to adhere to their (more restrictive) state regulations instead, and this lasted until 1975, when DoD officials altered regulations to comply with the *Roe* decision (Boonstra). Beginning with the Hyde Amendment in 1976, Congress sought to restrict federal funding of abortion procedures and for FY 1978 began to use the defense spending bill to prohibit military personnel from using the Tricare system to obtain abortions, except in a case of life endangerment (Boonstra).

While Congress considered meting out policy changes, the Court handed down a trio of decisions in 1977 ruling on the constitutionality of public funding requirements. In *Beal v. Doe* (1977), the Court stated that Title XIX of the Social Security Act did not mandate “Medicaid coverage to non-therapeutic abortions” (447). The Court reaffirmed such a stance in the same year with the *Maher v. Roe* ruling, claiming no Equal Protection violation occurred when states refused to pay for non-therapeutic abortions under Medicaid, and a state “policy of favoring



childbirth over abortion [did not] impinge upon the fundamental right of privacy recognized in *Roe*” (Lewis and Shimabukuro, 2001). Because military personnel also receive publicly funded healthcare, Congress reinforced the rationale of *Maier v. Roe* by restrictions on abortions under Tricare. Finally, the decision in *Poelker v. Doe* continued this rationale by upholding the constitutionality of refusal to provide non-therapeutic abortions at public hospitals.

While the 1977 trio dealt with elective abortions, the 1980 *Harris v. McRae* decision placed the Court’s imprimatur on the Hyde Amendment federal funding ban, stating:

The funding restrictions of the Hyde Amendment do not impinge on the "liberty" protected by the Due Process Clause of the Fifth Amendment held in *Roe v. Wade*...The Hyde Amendment places no governmental obstacle in the path of a woman who chooses to terminate her pregnancy, but rather...encourages alternative activity deemed in the public interest.

Thus, medically *necessary* abortions did not constitutionally require Medicaid funds from any of the States, as coverage was not provided under the constitutionally acceptable Hyde Amendment. According to the Court, the *Roe* decision did not imply “that a woman's freedom of choice carries with it a constitutional entitlement to the financial resources to avail herself of the full range of protected choices” (298).

During this time of federal funding restrictions, some service members chose to use their own funds to continue to obtain abortions at military hospitals as a way to abstain from using federal funds. After the *McRae* decision, however, the outgoing Reagan administration sought to close this loophole. The DoD quietly prohibited *any* abortions at *all* military hospitals with a rape, incest, and life endangerment exception in 1988, with a health exception notably absent (Simon 2010). As personal funds could no longer be used at all, this new regulation meant an effective

ban on legal access to abortion for female service members, and no safe reproductive choice if they became pregnant while stationed outside the United States or located far away from a civilian clinic. While President Clinton repealed the ban by executive order in 1993, Congress responded in 1995 by statutorily reinstating the ban, and it remains in place with the rape, incest, and life endangerment exceptions today.

In sum, a female service member's access to abortion will vary according to the location of her assignment. Inside the United States, a woman can hypothetically obtain leave and find a clinic at great financial cost and at the whim of her commanding officer, who must approve an application for leave. While on duty in a foreign, non-combat zone, the same potential exists for finding an off-base clinic. However, the access to an abortion may vary widely according to which country she is stationed and again, leave is subject to the approval of a commanding officer. Finally, deployment to an active war zone (such as Iraq or Afghanistan) presents the most troubling scenario, where on-base medical care is the only medical care available; leaving for any reason means entering the line of fire. Here, because of the ban on self-financed abortions, the only method of obtaining an abortion would be a case of life endangerment, or reported rape or incest. Otherwise, the service members must be sent home because of physical complications that occur with an ongoing pregnancy that render them unable to perform their duties.

## **Literature Review**

In order to contextualize the experiences and opinions of female soldiers, the literature pertinent to this study will come from the broad social and political spectrum. More than any other issue, the abortion debate and subsequent public opinion measurements can only be accurately described as enduringly ambivalent. According to Jelen and Wilcox (2003), abortion

can be categorized as an “easy” issue about which nearly all Americans are willing to opine. Far from the all-or-nothing policy advocacy advanced by the so-called pro-choice and pro-life camps, however, Americans voice support for the right to an abortion in many, but not all, cases.

*A. Stability: Medical vs. Social Reasons*

According to Stanley and Niemi (2010), the amount of support for legal abortions measured by the General Social Survey has remained relatively stable since 1965. In 2008, 40% of Americans answered “yes” when asked if “it should be possible for a pregnant woman to obtain a legal abortion if the woman wants it for any reason” (142). The high-water mark for this opinion occurred in 1995 at 45% and its lowest recorded response occurred in 1978 at 32% of respondents. Answers to questions regarding low income women, single mothers, and abortion-as-birth-control register similar levels of support in the low 40s.

When asked about rare circumstances, such as health complications, rape, and birth defect, support for legal abortion jumps significantly, with 85% support in the case of health complications, and 72% for rape victims. As Sharp (1999) states, the public opinion distinction between elective and medically necessary abortions has remained stable, reflecting that “the American public...has a contingent view of abortion...opinion on abortion is situational” (148).

Framed another way, respondent answers remain stable and situational. According to Gallup polls asking a generalized “all, some, or no circumstances” for legal abortion, the split in 1975 stood at 21% for all, 54% for some, and 22% for none; in 2005, the split measured 23-53-22 (Dombrink and Hillyard 2007). When forced into a yes-or-no dichotomy, the public again splits almost down the middle. According to Saad (2010), 47% of Americans label themselves “pro-life” and 45% as “pro-choice.” As Benac aptly stated (2006), “Americans have proved

extremely consistent in their beliefs about the procedure — and extremely conflicted in their views.”

### *B. Religiosity*

Since the days of *Roe*, the abortion debate has been closely intertwined with religious groups and movements within the United States. According to Evans (2002), the Catholic Church claimed responsibility for their attempts to keep abortion illegal before 1973, and their failure to do so mobilized the evangelical wing of the Protestant Church to take up abortion as a focal issue and enter the political arena. In the decades following, the link between religion and abortion attitudes cannot be understated, although Strickler and Danigelis (2002) claim that its predictive power has decreased somewhat over time.

Jelen and Wilcox (2003) acknowledge religion’s place in the abortion debate, stating that it is the strongest social predictor of support: “membership, beliefs, and practices all appear to make independent contributions to attitudes toward legal abortion” (492). For example, Wiecko and Gau (2008) discovered that adherence to Biblical literalism increased the odds of pro-life/pro-death penalty self-identification by a factor of four. But as Petersen and Mauss (1976) make clear, *specific* religious affiliation impacts support for legal abortion as well, and most scholars have proceeded to split respondents into their respective denominations as well.

After researchers account for specific religious denomination, interesting patterns have emerged. The Catholic Church papal leadership, for example, has adhered to an anti-abortion stance since its foundation (Time Magazine 1984). Yet in 1999, Sullins reported on an increase in pro-choice views among younger Catholics. This, he posited, could be attributed to declining attendance at Mass. Evans (2002) continued to study the Catholic decline, and found high levels of polarization about abortion within the population. Furthermore, Catholics “seem to be a

decreasingly receptive group for mobilization” despite their high profile in the 1970s (417). This could be exaggerating the internal polarization between pro-life and pro-choice Catholics as pro-life adherents struggle to recruit new members to engage in activism against abortion policies.

The Protestant denominations witnessed internal polarization in the years after *Roe v. Wade*. Sullins (1999) acknowledges this similarity, but also emphasizes the directional difference in polarization. Whereas younger Catholics registered higher levels of support for abortion, just the opposite was true of young Protestants. As Evans (2002) explains, the rise of evangelical Protestantism and its importance within the Republican Party created internal polarization between evangelicals and “mainline” Protestants. Just as the younger Catholics attend Church less frequently, younger evangelical Protestants report increased attendance at Church.

In comparison to these two predominant groups, much less research has been conducted on the influence of other denominations regarding abortion policy. Strickler and Danigelis (2002), for example, only state: “respondents who are either Jewish or unaffiliated with religion tend to have higher levels of support for abortion rights than Christians” (190). Other studies explicitly exclude Jewish adherents “since their cultural role in debates over abortion is uncertain” (Hoffmann and Johnson 2005, 170). Similarly, adherents of Islam have not been heavily studied, but Mazrui (2004) infers from recent polling data that most Muslims would align with the Republican Party on social issues and settle in the anti-abortion camp.

### *C. Party Affiliation*

While the Republican and Democratic parties of 2010 can be easily identified as pro-life and pro-choice according to official platform, such polarization was not present until years after the *Roe* decision. As Adams (1997) notes, congressional Republicans until the 1980s split similarly to Democrats in the abortion debate; during the Reagan era, however, “pro-life

groups...effectively mobilized against Republican pro-choice candidates in the primaries” (727). Incumbent and newcomer Republicans took the hint, and this resulted in increased polarization between pro-choice Democrats and pro-life Republicans, with hybrids on either side an increasingly rare phenomenon. As Adams notes, however, the polarization of the abortion debate occurred alongside a more generalized polarization in congressional discourse.

As Jelen and Wilcox (2003) make clear, determining influence and causality in this instance remains difficult. For example, Wetstein (1996) claims that “abortion attitudes can be as stable as party identification” and predictive of voting behavior (66). On the other hand, Jelen and Wilcox mention Carsey and Layman (1999), who argue that party identification is more stable. They suggest that party identification can and does act as the driver of issue opinions on abortion, instead of abortion attitudes acting as the antecedent.

#### *D. Other Demographic Factors*

Beyond religiosity and party identification, a number of demographic factors are associated with differences in abortion attitudes. Across the gender gap, men voice marginally more support for legalized abortion than do women, but their views hold less salience than those of women (Persily, Citrin, and Egan 2008). According to Norrander and Wilcox (2008), women’s attitudes on abortion over time have become “a more powerful predictor of ideological self-identification,” as part of a larger trend indicating the great influence that women’s attitudes on gender and societal roles influence ideology (519). Importantly, this development is not only descriptive, but operative, as women who support abortion solely as a personal choice “increasingly adopted the liberal label” and women with “most restrictive views...have become more conservative” (519).

Moderate differences also exist between white and black respondents, and this has varied over time. Strickler and Danigelis (2002) claim that new research supports a reversal in trends since the *Roe v. Wade* decision. White respondents in the 1970s and 1980s were more likely than blacks to support legal abortion, and Scott and Schuman (1998) posited that this difference might have reflected the idea of abortion as “black genocide.” Despite this racial gap, the 1990s witnessed a narrowing and then reversal, with black respondents voicing slightly more support at a statistically significant level.

According to Persily, Citrin, and Egan (2008), higher education levels are generally associated with higher levels of support for abortion rights, with a majority of college graduates supporting elective abortion and less than 40% of those with only high school education. Jelen and Wilcox (2003), however, emphasize the significant decline in correlation between education and abortion support in the Republican Party. Whereas in 1972 education level and abortion support enjoyed a strong correlation of 0.31, by 2000 this figure dropped to 0.14, perhaps reflecting the Republican adoption of abortion as a signature issue.

In a related area, age differences also play a role with younger respondents expressing more support for abortion than older ones. According to Wetstein (1996), the age gap can be attributed to ideas regarding sexual liberalism and attitudes about teen sex, leading to more liberal views on abortion. As Jelen and Wilcox (2003) state, however, the stable rates of overall support for legal abortion imply that there is a “long-term secular decline in support for legal abortion” (492). In other words, while the older respondents surveyed in the 1970s and 1980s should have been replaced by younger, more liberal respondents in the 1990s and 2000s, consistency in abortion attitudes means this has not occurred. Among the possible reasons for this contradiction is a “strong period effect in a pro-life direction” (492).

In conclusion, public opinion on abortion as a whole is characterized by ambivalence, overall stability, and driven by religiosity more than any other factor. Since it has become a defining issue in each of the major political parties, resulting policies often reflect a middle ground rather than the absolutist goals of activists.

## **Military Women**

As demonstrated in the literature review, the majority of the American population continues to support access to abortion services. As the aforementioned legal history demonstrates, however, female service members occupy a unique place in this ongoing debate: they are only *ostensibly* entitled as Americans to the same rights civilians enjoy. Various actions by Congress and the Department of Defense have placed numerous obstacles in the way of ensuring reproductive rights, creating a large gap in health services and reproductive choices for women currently serving the military and using the Tricare system. Are health issues of women soldiers simply ignored because of their minority status?

### *A. Demographics*

As mentioned, over 200,000 women currently serve as active duty members of the U.S. military. Of that total, there are nearly 39,000 women in the officer ranks, over 165,000 in the enlisted ranks, and about 2,500 enrolled in the Service Academies at any given time (DoD, 2010). Women make up an average of 14% of the enlisted service: 20% of the Air Force, 6% of the Marine Corps, 13% of the Army, and 15% of the Navy (DoD 2008). Women officers also vary by branch, with 18.3% of the Air Force, 5.9% of the Marines, 17% of the Army, and 15.5% of the Navy. While Armor and Gilroy (2009) state that the enlisted force is “quite representative of American society” (225), overrepresentation still occurs. Racially, women in the military overrepresent minority populations. According to Chen (2008), “About half of [active duty women]



are women of color....[and they make up nearly 30%] of all female veterans” with 19% black, 7% Hispanic, and 2% Asian, Pacific Island, and American Indian. Overall, the military is 74% white, 13% African-American, 4% Asian-American, 6% Hispanic, and 3% unknown or other (DoD 2010).

In terms of rank, about 25% of active-duty women serve in the bottom three tiers of enlisted ranks, E-1 to E-3 (DoD 2010). Nearly 50% of active-duty women serve in the middle three tiers of enlisted ranks, E-4 to E-6. Less than 7% are in the top enlisted ranks. In the officer corps, over 60% of female officers occupy the bottom three ranks, O-1 to O-3 pay grade. Only 70 women currently rank above O-6 (O-6 rank indicates that they have achieved title of General Officer, with one to four stars). In contrast, over 900 men have achieved a rank above O-6.

Age-wise, women in the military are young, with the greatest numbers of enlistees falling between 20 and 29 years of age (DoD 2008). The officer corps is slightly older, with more female officers falling in the 25-34 year-old range, closely followed by the 35-39 year-old range (DoD 2008). According to Ponder and Nothnagle (2010), “an estimated 46.5% of active duty U.S. military officers and enlisted personnel...are age 25 or younger” (387). In sum military women are concentrated within the lowest ranks and lowest age brackets during their time of service. Because so few move into highly visible leadership roles or decades-long careers, their concerns usually lack advocates and can be easily marginalized and ignored.

Historically, the military is perceived as a highly religious institution (Burdette, et al 2009), but according to Segal and Segal (2005), this perception is slightly misguided. In 2005, 35% of military personnel self-identified as Protestant, compared with nearly 50% of civilians. Catholics and Greek Orthodox followers topped out at 22% (compared to about one-quarter of civilians), atheists or people with no religious affiliation registered 21% (slightly under 20% for

civilians), and less than 1% Jewish, Muslim, or Buddhist. An interesting difference, however, appears in the numbers of military personnel listed as “other Christian” and the “unknown/refused” categories, which combined totaled 32% of all military personnel but only 6% of the civilian population. As Segal and Segal (2009) note, military personnel recently registered “greater identification with no religion or other nontraditional religions than [civilians]... military personnel generally have a lower affiliation with mainstream religious groups than the general population” (26). If personal religiosity remains a strong indicator of abortion attitudes then, this could impact policy as a new generation of soldiers progress to leadership positions.

Finally, party identification within the military has also been perceived as traditionally conservative, with news stories near election time about counting overseas military ballots and its purported advantages for Republican candidates (Allen 2010). According to McGarry (2010), however, affiliation with either major party has “fallen sharply among those wearing the uniform” in recent years. While higher-ranking officers and enlisted personnel still identify with more conservative views, self-identified Republicans have dropped by as much as 20% with a major increase in non-affiliation registration (independents).

According to the most recent data, the traditional view of the military population within the American mind may be becoming obsolete. Soldiers are no longer all male, Caucasian, Protestant, and Republican. While this demographic still dominates, the United States military increasingly recruits and retains greater numbers of women, racial minorities, and less ideologically rigid soldiers. This does not, however, necessarily signal a shift in policy to accommodate the more heterogeneous ranks, particularly women who enter a hierarchical and overwhelmingly male profession.

#### *B. Pregnancy: Risks and Outcomes*

As stated, the military bureaucracy does not automatically respond to demographic changes within its population. Women, as a traditionally marginalized group, may find themselves at once highly visible and ignored by military policymakers within this particular workforce, and as a result, female-specific needs go underreported and are slow to find resolution (Friedl 2005). In particular, the unique challenges women face because of their reproductive capabilities produce risks for military readiness, which the military has attempted to minimize in a number of ways.

According to Enewold et al (2010), while military women write large use oral contraception at a significantly higher rate than the civilian population, soldiers under 20 (the group at highest risk for unplanned pregnancy) use it at much lower rates than civilians. Their rates of condom use also drop significantly during deployment from 14% to just 8% since availability often becomes scarce overseas. This includes problems switching between different oral contraceptives according to availability, abandoning transdermal patches that cannot withstand a harsh desert environment, and finding that access to gynecological care is nearly nonexistent (Thomson 2006). In fact, the DoD (2010) states that only 36% of unmarried active duty female personnel used a condom during their last sexual encounter, and “in some foreign deployment locations, purchasing condoms may be inconvenient or impossible” (SHARP 2010, 7). This gap in preventive sexual health is complicated by other circumstances, including bans on sexual activity during some parts of training as well as informal yet often unenforced rule against it during deployment (Ponder and Nothnagle, 2010).

Acknowledging this reality is important because, according to Ponder and Nothnagle (2010), 10% of active-duty women become pregnant each year, rendering them un-deployable. While the 10% rate is nearly commensurate with the civilian population, those women are

protected from being punished by their employers, and cannot be demoted or fired as a direct result. More importantly, the vast majority of military pregnancies are unplanned, a much greater rate than civilian pregnancies: 55-70% and 35-45%, respectively (see Boonstra, Chung-Park, Enewold et al, and Ponder and Nothnagle).

While emergency contraception has now been added to the list of required medications at all base dispensaries (Stein 2010), availability may not mean use. According to Chung-Park (2008), over one-third of female soldiers did not discuss any contraception use with doctors, and only 10% reported discussion of emergency contraception. Furthermore, only half of health-care providers interviewed agreed that emergency contraception should be an over-the-counter medication (as it is for civilians), and would restrict their dispensation of the drug to individual patients. Clearly, a disconnect exists between the needs of soldiers and their health-care providers on base.

If female soldiers do become pregnant, Biggs et al (2009) emphasize the impact this can have on many aspects of their life and career. While young soldiers fall into the highest risk group, they are also unfortunately those most likely to be deployed, where contraceptive use drops. If they become pregnant while on active duty and can seek an abortion at a civilian facility, they face obstacles in obtaining leave: according to Ponder and Nothnagle (2010), a pregnant woman will not “receive the medical leave and free transportation she would receive in response to other medical conditions” (390). If they are deployed to a war zone, they must be sent home, meaning loss of “the acquisition of crucial training and skills...and sustained deployments [crucial to promotion]” (Biggs et al, 65). This loss of active duty status also imposes serious costs on the military including health costs, reduced hours, loss of trained personnel, training of replacement personnel, and reassignment (when possible).

While these realities would seem to comprise a very significant incentive to prevent pregnancy, Ponder and Nothnagle (2010) report another complication: sexual assault. While it is possible to obtain an abortion in the case of rape, sexual assault is highly underreported in the military “due to fear of stigma and loss of confidentiality resulting from notifying the Chain of Command and filing reports” (394). The Defense Department commonly estimates sexual assault rates at 25-35% for female veterans (DoD 2004), but Chen (2008) claims that as many as 60% of sexual assaults go unreported. Jamil (2010) relays just how high the stakes of reporting can be: the survivor “risks ending his or her career when they file charges.” This adds another layer of legal complications to the traumatic incident of rape. Furthermore, Murdoch et al (2007) report that women who suffer sexual stressors display levels of anxiety commensurate with a return from deployment to a combat zone. In agreement, Chen (2008) reports on a study that claims “survivors of military sexual assault were nine times more likely to suffer from PTSD” than other assault survivors. Subsequently, a woman who has been raped but fails to report the incident will not have access to an abortion if she becomes pregnant, and her work both overseas and upon return will almost surely suffer as a result.

Taken together, the existing literature demonstrates that military women occupy the highest risk categories for unplanned pregnancies for a variety of reasons. Since their job (and arguably, career) hinges on preventing pregnancy, it would seem logical that they would take all necessary steps to accomplish this goal. But the empirical data reflect a much different reality. Contraception use becomes spotty during deployment, when healthcare is at a bare minimum; assaults go unreported despite the pregnancy risks; emergency contraception is rarely discussed and (until recently) barely available; abortion is very rarely accessible in a legal context. What is causing this gap? Do women who comprise the current armed forces hold mostly pro-life views?

Do those views change after being deployed and witnessing the lack of reproductive freedom and its repercussions? Are their views reflected in policy, or are their wants and needs ignored by the male-dominated military bureaucracy?

### **Study Design & Data Collection**

In order to assess military opinion, the study was composed of an online survey of current and former military personnel (see *Appendix A* for copy of the entire survey questionnaire and answer options). The study was distributed via Survey Monkey for privacy and expediency reasons. It gathered data from service members who have been deployed, with participants contacted through the Student Veterans of America database on over 50 college campuses. It was available for participants during the month of March, a four-week time period (3 March until 1 April). It entailed four main sections: demographic characteristics; deployment specifics; political ideology; and opinions on abortion (see *Appendix A*).

Demographic characteristics included: branch, officer or enlisted entry, length of service, race, age, education level, marital status, religiosity, and party identification. Because this survey targeted students, income was not included as a demographic variable. Deployment questions contained the independent variables, and included: total months deployed to war zones; estimated interaction with females during deployment; rates of perceived sexual misconduct from fellow soldiers; and presence of an unplanned pregnancy on base.

Both political ideology and abortion opinions were measured using questions from the General Social Survey (GSS). Self-identified political ideology used a 7-point scale for “economic” and “social” issue sets. Abortion opinion, the dependent variable, was measured by several questions about whether respondent thinks “it should be possible for a pregnant woman

to obtain a legal abortion if...” and offered up the following scenarios: any reason; birth defects; inability to afford children; rape or incest; threat to woman’s health; unmarried woman.

Additionally, another three questions were added about abortion access that are more direct and relevant to current or past policy. They included: Should it be possible for a pregnant soldier to obtain a legal abortion in the United States at a military hospital if she is paying with her own money? Should it be possible for a pregnant soldier to obtain a legal abortion overseas at a military hospital if she is paying with her own money? Should an abortion for a pregnant soldier be paid for using the military’s Tricare system?

The answers from this online survey were coded into SPSS software for analysis. A chi-square test of significance was used in this study because the measurement of the independent and dependent variables were ordinal-level. Independent variables about deployment were combined to create scale of risk, using details about deployment experiences (length, sexual misconduct, etc.). This was applied to the two dependent variables: the GSS measurement on abortion attitudes in different situations; and the independently created opinion questions exclusive to military personnel.

## **Data Analysis**

### *A. Sample Demographic Characteristics (see Appendix B)*

Responses totaled at 183, and after eliminating those who skipped most or all questions, the final participation was n=164. Age range fell mostly in the 25-39 category, accounting for 67.7% of participants. Participants were predominantly male at 75.6%, slightly lower than the military average of 80-90% depending on service branch. Racially, the vast majority of participants were White, non-Hispanics (86.6%), slightly over-representing the military average

of 75-80% depending on branch. African-Americans and Hispanics were slightly under-represented.

Education levels varied, and almost half of participants placed themselves in the “some college” category, as expected because this survey targeted a college student population. Interestingly, a near-even split occurred between single and married participants with 45.1% and 42.7% respectively. The probability of marriage increased with age and is slightly higher than the civilian rate, commensurate with DoD reports on military marital status (2009).

More than half of participants indicated a religious preference (64%). The other 36% indicated no preference, much higher than the military average of 21% without preference (Segal & Segal 2005). Of that percentage, the largest religious sect represented was Roman Catholicism (34%, 22% of all respondents). The 22% mirrors the larger military population, which is comprised of 22% self-identified Catholics. The next largest group of participants was Non-Denominational Christians, making up 18.1% of religious participants, followed by Baptists with 17.1% of religious participants. Methodist and Lutheran participants each made up 5.7% of religious adherents. In total, all Protestant sects totaled 37% of religious participants and 34% of all respondents, which accurately reflects the military average of 35% Protestant (Segal and Segal 2005). All other sects individually garnered less than 5% of religious participants.

Religiosity also varied with no clear majority. Over one-third (34.7%) of religious respondents indicated they rarely attend services. At the opposite end, however, nearly one-third (32.7%) of religious respondents attended services once a week, and a quarter (23.1%) attended once a month.

Militarily, a plurality of participants served in the Army (44.8%), followed by the Navy (27%), Air Force (16%) and Marine Corps (12.3%). No Coast Guard members participated. The



Army and Marine Corps representation mirror the overall military population (41% and 13%, respectively). The Navy was slightly overrepresented, as it currently makes up about 21% of the armed forces, and Air Force and Coast Guard were underrepresented; they comprise 20% and 2% of the military, respectively (DoD 2009). An overwhelming majority of participants served more than three years in the armed forces (89.6%), reflecting the DoD reports of average time served for all enlisted and officers at over 100 months (DoD 2009). Officers made up 27.6% of respondents, and enlisted personnel accounted for 72.4%. This differed slightly from the military average of 18% officer and 82% enlisted personnel (Bureau of Labor Statistics 2010).

Politically, a plurality (44.5%) of participants identified as independent or non-affiliated voters. This reflects the claims of McGarry (2010), who reports on a Military Times survey about the increasingly independently-affiliated military. Republicans made up 29.3% of respondents, slightly less than the 41% reported by McGarry, and Democrats made up 21.3%. The remaining 5% identified as Libertarian or Green Party adherents. Over 20% of respondents considered themselves mildly to extremely liberal on an economic scale, while a quarter considered themselves neutral (24.4%) and the remaining 45% claimed to be mildly to extremely conservative. Interestingly, economic and social scales did not match up. A majority (50.6%) considered themselves mildly to extremely liberal on social policy, while 22.6% considered themselves neutral and the remaining quarter defined themselves as mildly to extremely conservative.

#### *B. Population Deployment Details (see Appendix C)*

Of the 164 valid respondents, 76.2% reported at least one deployment to a war zone during service. Of those, a plurality (36%) spent 7-12 months in war zones, followed by 20.8%

who spent 13-18 months, 17.6% less than 6 months, and 11.2% spent 18-24 months. A total of 14.4% spent over 24 months, or 2 years, in a war zone while serving.

Of those who served in a war zone, the majority (65.6%) had contact with female soldiers daily. Nearly 15% interacted a few times a week. Fully 20% had contact with female soldiers just once a week or less. Over half (55.2%) of respondents with war zone deployments also reported awareness of a pregnancy occurring during deployment.

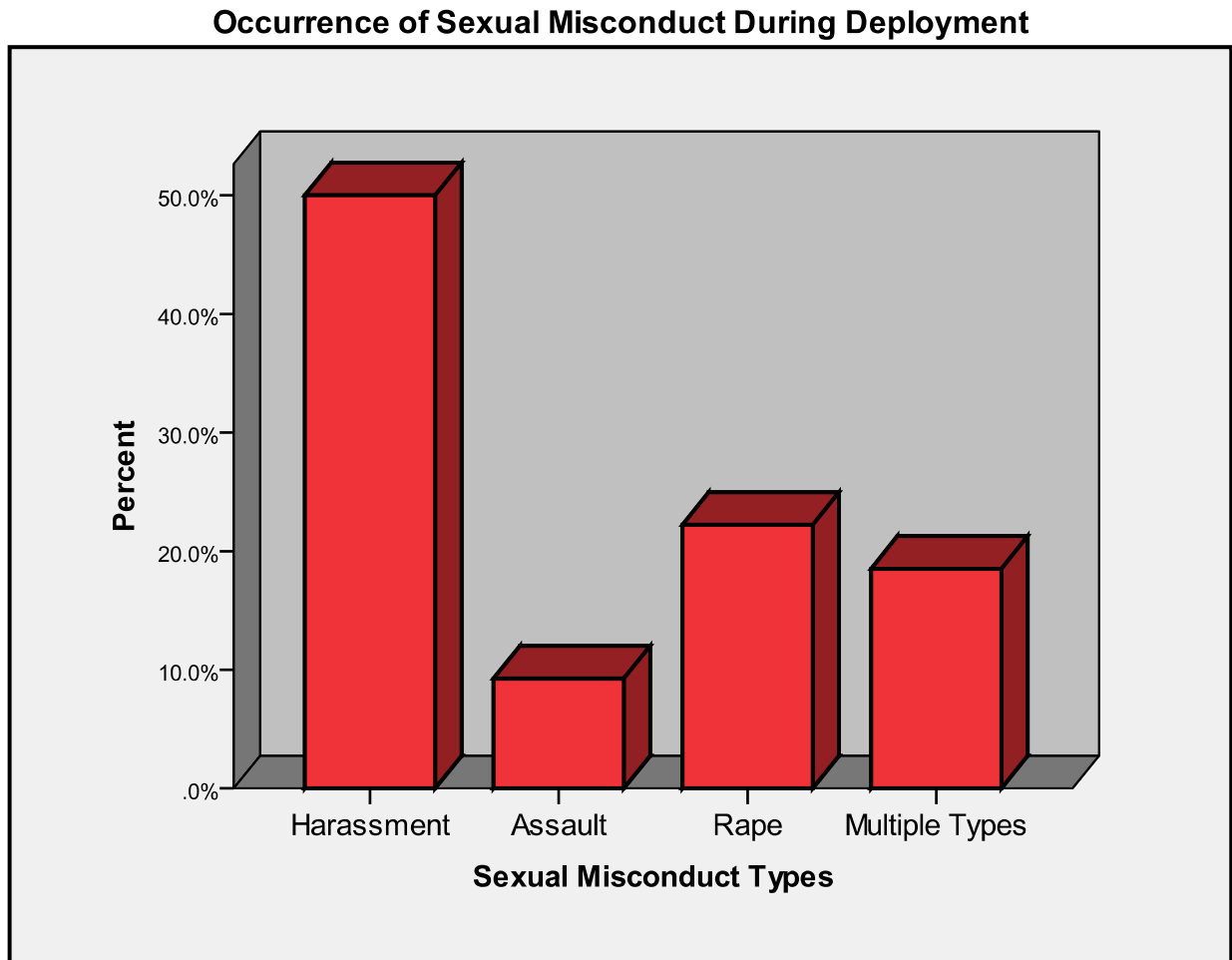
A majority (56.7%) of participants also spent time on foreign bases outside the United States. A greater percentage of these respondents (73.1%) interacted with female soldiers daily, and a smaller percentage (17.9%) reported once a week or less interaction. A similar proportion of the population (59.8%) reported awareness of a pregnancy occurring while on a foreign base.

Perceptions about occurrence of sexual assault varied. Over one-third (34%) reported awareness of sexual misconduct by soldiers against other soldiers, while 66% reported no awareness and 3% did not answer. Answers varied and were statistically significant according to sex, as only 26% of men reported awareness of misconduct, but nearly 60% of women did (p-value of 0.00, chi-square value of 14.5, PRE value 0.11). Personal reporting of awareness of sexual misconduct did not seem to match official statistics: VA medical screenings estimate a 20% sexual assault rate (Chen 2008), but the Pentagon believes that 80-90% of all assaults are not reported (Mount 2009).

Respondents who answered “yes” were directed to answer what types of misconduct occurred: verbal sexual harassment, sexual assault, and rape. These choices came with accompanying definitions. Verbal sexual harassment was defined according to the UCMJ (as: influencing, offering to influence, or threatening the career, pay, or job of another person in

exchange for sexual favors, and deliberate or repeated offensive comments or gestures of a sexual nature.

Of the 54 who answered “yes” about awareness of sexual misconduct, 44 (81.5%) reported occurrence of verbal sexual harassment. Sexual assault was defined in accordance with the Rape Crisis Center as: unwanted sexual contact, including fondling and molestation. Of the 54 who answered “yes” about awareness of sexual misconduct, 22 (40.7%) reported occurrence of sexual assault. Rape was defined in accordance with the Rape Crisis Center, which states that rape is: unwanted penetration, whether that is oral, anal, or vaginal. Of the 54 who answered “yes” about awareness of sexual misconduct, 14 (25.9%) reported occurrence of rape.

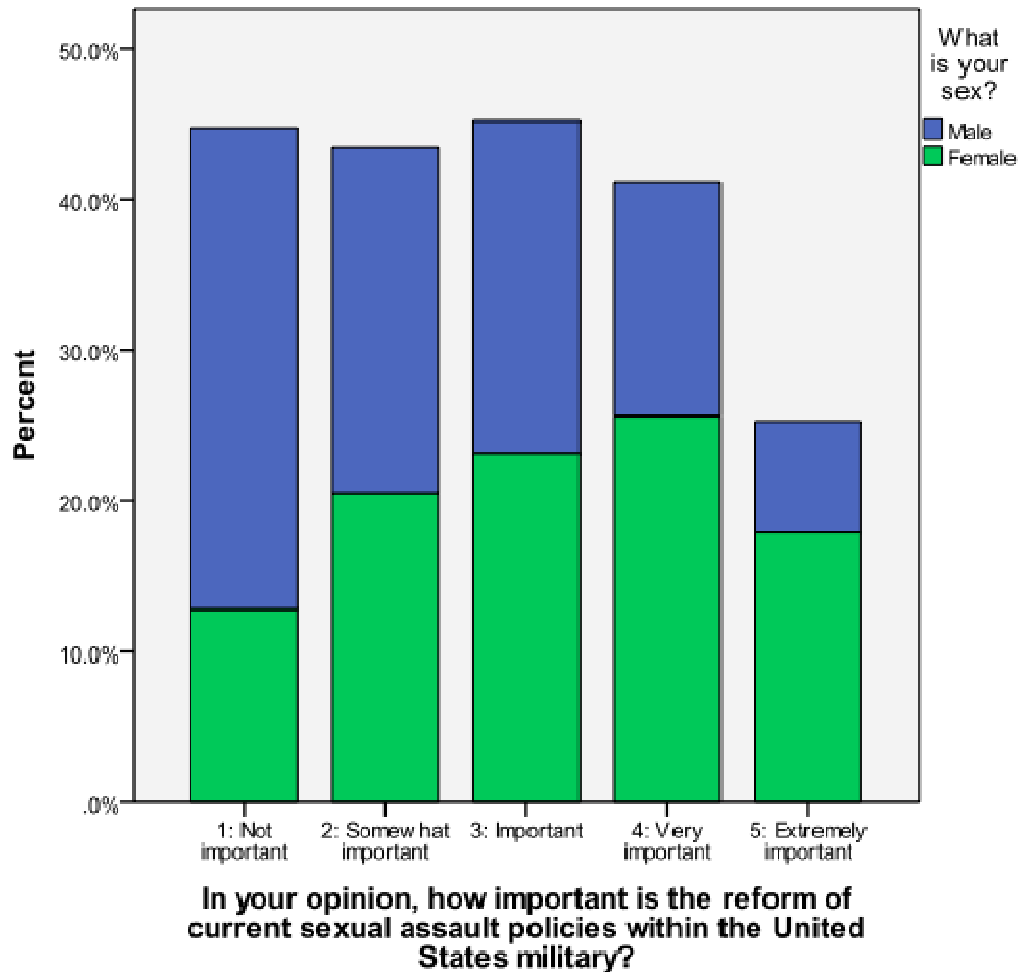
**Graph 1: Types of Sexual Assault**

*C. Perceptions of Sexual Misconduct, Response, and Reform (see Appendix D)*

Respondents who reported awareness of misconduct were also asked about the subsequent events after occurrence of misconduct to include reporting, prosecution, and command response. Perceptions of reporting were similar to the entire military population, with 40.7% claiming incidents were never or rarely reported. A plurality (38.9%) stated that reporting occurred sometimes, while 20.4% said reporting occurred often. Prosecution perceptions were

slightly more encouraging. Under a quarter (24.1%) stated that prosecution of offenders never or rarely occurred, while two-thirds (66.7%) stated that prosecution occurred sometimes or often. Finally, respondents had varying perceptions of command response, with the majority (63.6%) rating command response as optimal or good. Unfortunately, 20% rated response as fair and over 16% rated it poorly.

All respondents were then asked about importance of reform of sexual assault policies within the U.S. military. Perceptions of importance seemed to be lacking overall, with nearly half (49.7%) rating it as not important or only somewhat important. This response also differed according to sex, as 17.9% of women rated it as an extremely important goal compared with just 7.4% of men. The difference in rating reform as extremely important was statistically significant according to sex (chi-square 4.07, p-value 0.044). With a moderately strong PRE value (0.136), knowing the sex of respondent increased the predictability of response by 13.6%, with females more likely to rate reform as important. At the low end, 12.8% of women and 32% of men rated reform as not important. The sex difference for rating reform as “not important” was also statistically significant (chi-square 5.53, p-value 0.019). The PRE value here was even stronger (-0.19), meaning that knowing the sex of respondent would increase predictability of response by 19%, with men more likely to rate reform as not important. The overall difference between male and female respondents for this question, while statistically significant only at a 90% confidence level (chi-square value 9.04, p-value 0.06), had high predictive value with a very strong PRE value (0.305). Knowing the respondent’s sex, therefore, increased overall predictability of reform importance by over 30%.

**Graph 2:** Importance of Sexual Assault Policy Reform (according to sex)

The comments section yielded some interesting insight about sexual assault occurrence and policy. A number of respondents expressed their belief that official policy was adequate, but enforcement was lacking. A few statements follow:

--“Sexual abuse in the military can be both rarely occurring AND a serious problem.”

--“Sexual Misconduct is taken very seriously in the military...there are dire consequences.”

--“I witnessed countless occasions of sexual harassment and was told some terrible stories by other female soldiers. I think there is a real problem in the military.”

--“The problem is not the policies, themselves, but the enforcement of them, which seems to be arbitrary.”

--“When a rape is investigated, the military investigation team tries to make the rape look like the woman's fault through their line of questioning.”

--“I don't think it's so important to reform the military's current policy on sexual assault, but it is extremely important for them to ENFORCE what they currently have!”

From respondents who commented on the policy, there was no clear suggestion about approaches to improving enforcement, only that it needed to be addressed more adequately.

#### *D.Abortion Ideology (see Appendix E)*

Finally, respondents answered a series of questions about the availability of legal abortions under certain circumstances. These questions were copied from the General Social Survey (GSS), an ongoing study to measure political opinion in the United States. Since respondents were allowed to skip any questions without penalty, response rates for all questions varied, and percentages of those skipping or answering “don’t know” ranged from 6-20%. As a result, a composite average variable was computed in order to account for the differences.

In considering each scenario separately, respondents often exhibited attitudes similar to the civilian population. Just as support for legal abortion reaches a height in the 75-80% range in rare circumstances (health/life complications, rape, birth defect), so too did support increase in participant responses. A majority (60.5%) of all respondents supported legal abortion in the case of birth defect, 72.6% supported it in the case of health complications, 87.2% supported it in a case of life endangerment, and 78.7% supported it in the case of rape. Similar to the civilian

population, support dropped in “social” instead of “medical” situations. Just 37.2% supported legal abortion if the woman was married and did not want more children, 40.2% if the woman was single and did not want to marry, and 43.3% supported it if the woman could not afford more children. Finally, 37.8% supported legal abortion when the woman wanted it for any reason. A few comments about general abortion ideology from respondents display the wide variety of beliefs:

--“In terms of abortion, who am I to tell a woman what she should do with her own body?

Telling her she can't have an abortion makes as much sense as telling her she must get a tattoo. No one has the right to enforce either. It's a choice.”

--“I believe that child is a gift and if you choose not to raise the child yourself, there are other venues for you. Such as adoption. There are many families out there looking for a baby. It is not your decision to end another person's life. A baby is a little human being.”

--“I think it is every woman's right to obtain an abortion regardless of the reasons. In my opinion, the government and religious organizations have NO RIGHT to control a person's body, male or female.”

--“A viable alternative to abortion is always adoption, I wonder if that option would have an impact to the results of this survey.”

--“Personally I do not support abortion and do not desire to do so with my tax dollars unless the mother's health is at risk or in cases of rape”

Respondents were also asked three independently created questions for the purpose of the survey, in relation to current abortion policies and policy proposals in the military. Response rates also varied for these questions, and almost 10% of all respondents refused to answer any of the military abortion questions. To account for these differences, a composite variable was



computed for military abortion ideology as well. When assessing the questions individually, 48.8% of all respondents supported legal abortion for soldiers inside the United States if the woman paid with her own money, and 35.4% opposed. Outside the United States, support for access to a legal abortion at a military facility garnered a majority of all respondents (51.2%). and outside the United States if the woman paid with her own money; 34.1% opposed. Support experienced a significant drop to just 36% when participants were asked about coverage of abortions under Tricare, the military's health plan; over half (52.4%) opposed coverage. Unlike some of the questions on sexual assault, none of the abortion responses were significant according to sex.

The comments section also yielded some insightful responses about the military questions, and it seemed as though the circumstances and issue of coverage were particularly importance in consideration of answers:

--“Military women should be allowed to obtain an abortion at a private clinic. However, it should not be a procedure that is covered under Tricare at a military medical facility unless it is necessary to save the life of the mother.”

--“Abortions at military hospitals, regardless of who is paying should only be done based on specific circumstances.”

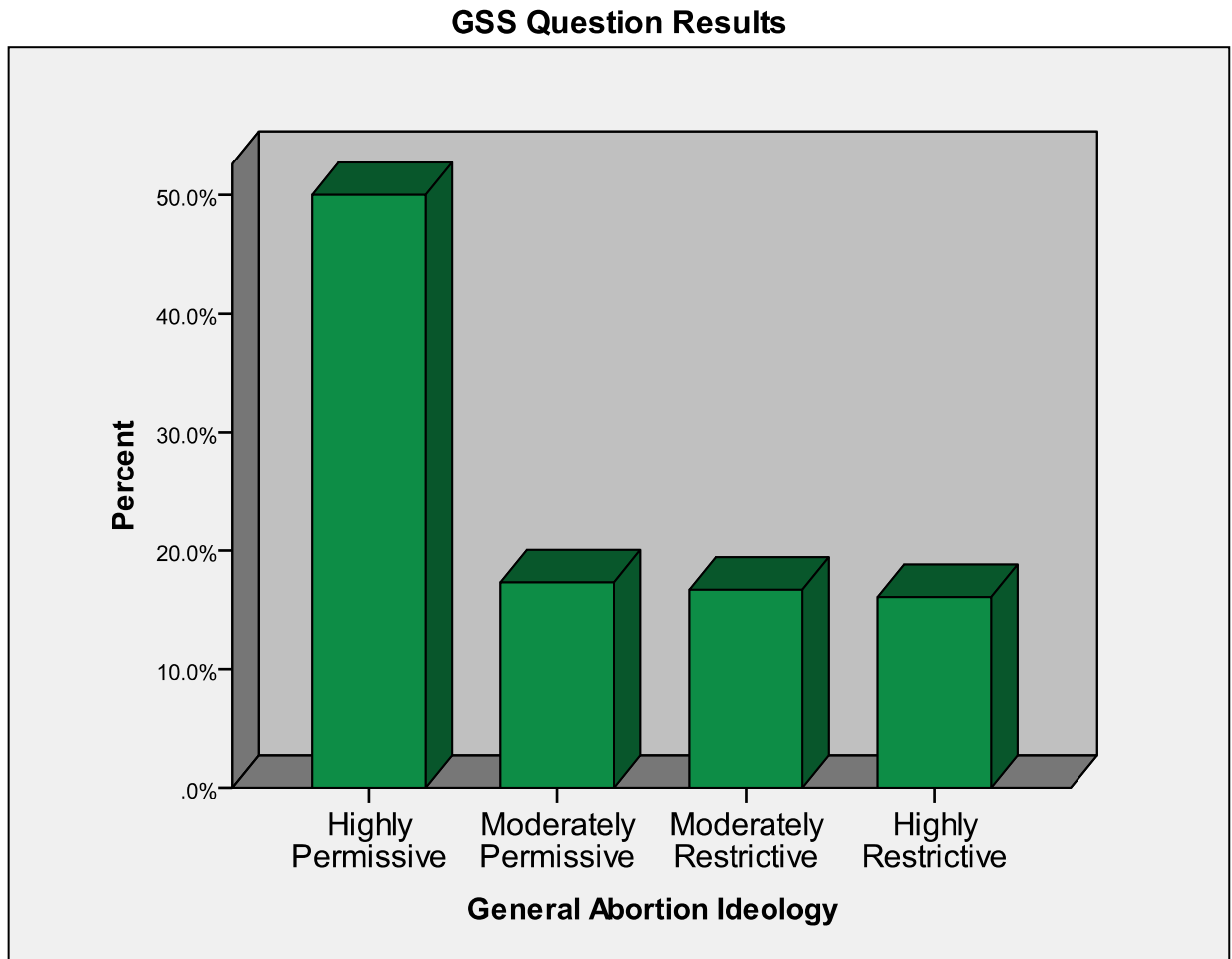
-- If a soldier got pregnant, she hopefully did so on her own time, meaning off-duty. She did not get pregnant as part of her military service. She should spend her own money at a non-government owned hospital to have an abortion...With that said I believe a woman should have a right to an abortion, just not one provided at a facility owned and operated by our government.”

--“The military should not pay for abortions when it provides FREE preventive measure to ALL members through condoms”

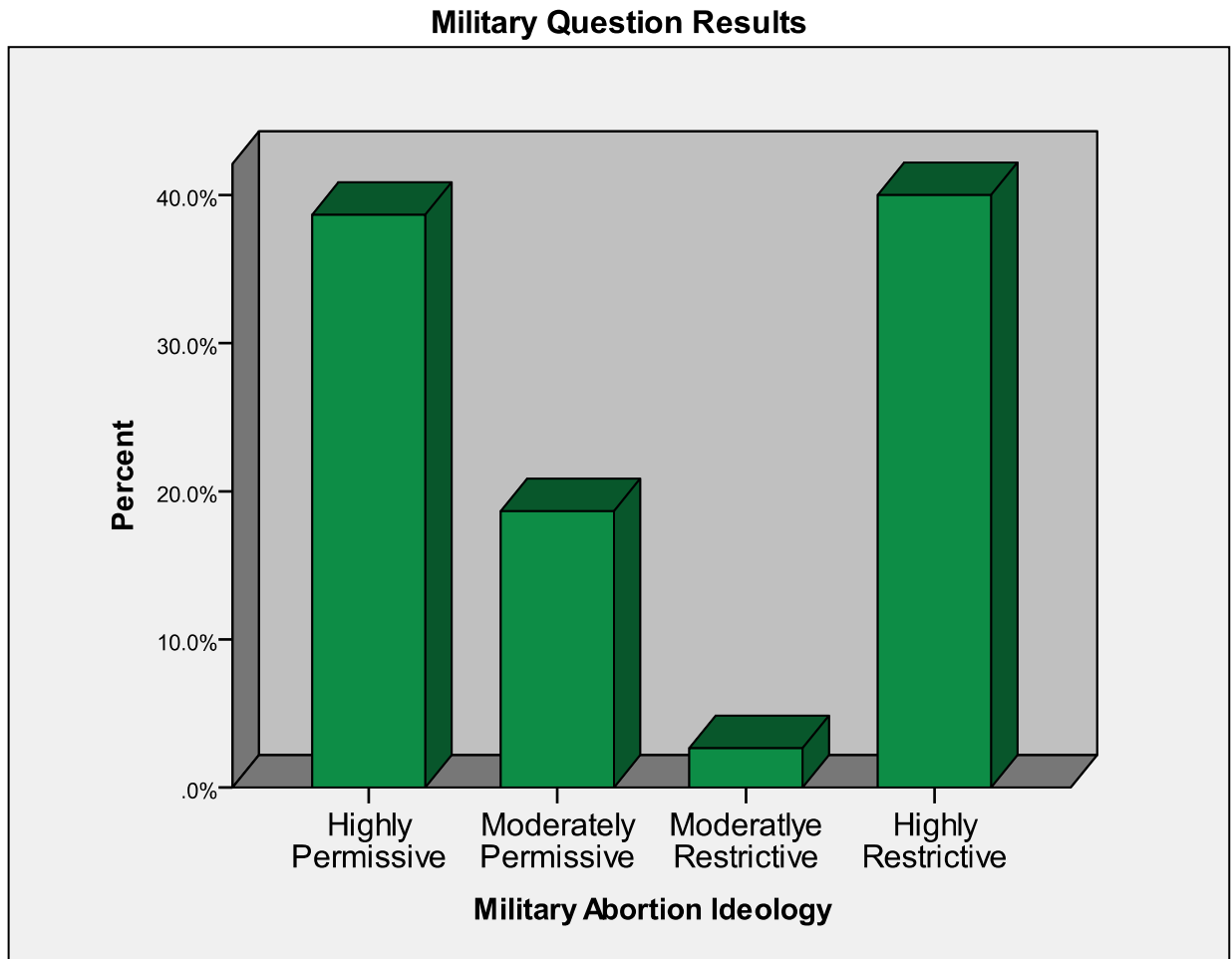
--“US government facilities should not be used for abortion procedures. 1) There are many other medical issues that the US military facilities could focus their attention on. 2) There are many Veterans that are on waiting lists for appointments at VA hospitals. They should be treated first. 3) The image of the US military should not be associated with abortion.”

--“ As for the questions involving the female soldiers and abortion I believe that it should be covered by Tricare but once again not as a form of birth control, but for situations such as rape.”

In order to calculate a general level of permissiveness or restriction on both abortion ideologies, a composite variable was computed for general abortion ideology as well as military-specific ideology, and the results were analyzed. Answers from the GSS questions were collapsed and averaged into a new variable, “General Abortion Ideology” (values 1.00-2.00). Values approaching 1.00 indicated an increasingly permissive attitude on access to legal abortion, while values approaching 2.00 indicated increasingly restrictive attitudes. The median for these responses was 1.25, trending toward an overall more permissive attitude on abortion. With a mode of 1.00, a plurality of respondents (over 40%) supported legal abortion for each question answered. The following graph (Graph 2) represents dispersion (also in Appendix E):

**Table 3:** General Abortion Ideology

Military-specific ideology was less permissive, and with a lower response rate; again, nearly 10% of respondents refused to answer any of the military abortion questions. Similar to the general abortion ideology variable, answers were collapsed into a single integer from 1.00-2.00 with increased value indicative of a less permissive attitude on military abortion policy. The median for these responses was 1.33, but a bimodal distribution (mode = 2.00) indicated much more polarization of opinion (also in Appendix E):

**Graph 4: Military Abortion Ideology**

*E.Hypothesis Testing (see Appendix F)*

First, a simple chi-square test was run against each component of the independent variables in my hypothesis: deployment length, interaction with female service members while deployed, and perceived sexual assault while deployed. Of these, just one test emerged as statistically significant: awareness of rape and military abortion ideology. If respondents reported

awareness of rape while deployed, they were more likely to display a permissive attitude on questions of abortion (chi-square 11.61, p-value 0.009, PRE 0.221).

To further test this result, a composite variable was created that combined awareness of incidence of harassment, assault, and rape while deployed. Responses were categorized from 1.00-3.00 (Low to High), with increased values indicating more egregious types of sexual misconduct ranging from harassment to multiple types of misconduct. A chi-square test was again run with this composite as the independent variable and military abortion ideology as the dependent variable. The results were again statistically significant (chi-square 18.59, p-value 0.005). The negative PRE value (-0.09) from this test meant that respondents who were aware of higher and more serious incidences of sexual misconduct during deployment were more likely to be permissive on questions of military abortions.

#### *F. Controls (see Appendix F)*

After running a chi-square test on only the main independent and dependent variables, controls were added to the chi-square test of sexual assault perception and military abortion ideology because of its statistical significance without controls.

A number of control tests yielded no significant results. Tests were run to control for sex, but sexual assault perception did not remain significant for male or female participants. Tests were then run to control for race, and again, no significant results remained after adding this factor. After controlling for military branch, no significant results remained. Finally, controlling for religious sect yielded no significant results.

After controlling for age, sexual assault perception stayed significant for those over 40 years of age (chi-square 23.58, p-value 0.001). Additionally, the highly negative PRE value

(-0.41) means that respondents over 40 years old would be more likely to be permissive on military abortion questions with a high level of predictability.

Then, education was controlled for during testing. For those pursuing graduate degrees, sexual assault perception remained statistically significant (chi-square 17.77, p-value 0.007). The PRE value was positive and moderately strong (0.18), meaning that graduate students were more likely to be restrictive on military abortion questions. After controlling for marital status, sexual assault perception remained significantly related to military abortion ideology for both single participants (chi-square 18.81, p-value 0.005) and divorced participants (chi-square 16.04, p-value 0.014). To determine PRE direction, a new variable was created to combine single and divorced participants, thus displaying only married or not married as possibilities, and significance remained for the not married group (chi-square 24.00, p-value 0.001). For the group, however, the PRE was weak (0.057), meaning that knowledge of marital status only increased predictability by 5.7% for testing of sexual assault incidence against military abortion ideology.

For the final demographic control, officer or enlisted entries were added as a control variable. After controlling for entry method, significance remained on the chi-square test for enlisted members (chi-square 18.63, p-value 0.005). With a moderate PRE value (-0.13), this result meant that the sexual assault perceptions of enlisted service member would increase predictability for military abortion ideology by 13%.

After running controls on the general demographic characteristics, a few tests were also run with the normal determinants of abortion ideology as controls: political party and religious affiliation and strength. After controlling for party, significance disappeared for Republicans and Democrats, but interestingly, remained for self-identified Independents (chi-square 14.57, p-value 0.024). Additionally, the strong PRE value (-0.28) meant that for Independents, increased

sexual assault incidence meant more permissive attitudes on military abortion ideology with predictability of nearly 30%.

Finally, religion was run as a control. Unsurprisingly, there was no significance for religiously affiliated respondents (since religious affiliation would be expected to outweigh sexual assault incidence as a predictor), but those with no religious affiliation were still statistically significant on the sexual assault perception and military abortion relationship (chi-square 17.15, p-value 0.009). The PRE value for this group, however, was very weak (-0.02), meaning that this increased predictability by only 2% for non-religious participants. While a test was also run to control for religiosity, knowing how often a participant attended services did not yield any significant results on the sexual assault and military abortion relationship.

#### *G. Other Variables (see Appendix G)*

Because the civilian population displays other characteristics as determinants of general abortion ideology, I decided to run a few chi-square tests with other variables as the independent variable to see if the military sample surveyed displayed any similarities with the civilian population. Because religion and religiosity are usually the two most common determinants, a test was run on religious adherence and strength of religiosity against the individual abortion questions. Another test was also run on the weaker determinants of sex and political party affiliation, as well as economic and social ideology.

After running these tests, neither sex nor economic policy view was statistically significant in relation to abortion ideology. Social policy, political party and religious variables showed significance. Social policy was statistically significant in relation to both general abortion ideology (chi-square 54.82, p-value 0.00) and military abortion ideology (chi-square 38.61, p-value 0.003). General abortion ideology had strong predictive value (PRE 0.351) and

military abortion ideology was almost as strong (0.279). This means that, as respondents rated themselves more conservative on social issues, they were much more likely to be restrictive on abortion questions.

Political party also displayed significance for both categories of abortion ideology. It displayed a strong relationship with general abortion ideology (chi-square 22.43, p-value 0.033), but no predictive value (PRE 0.00). On military abortion ideology, the relationship was even stronger (chi-square 33.33, p-value 0.001) and with a higher PRE (0.222). Thus, knowing political affiliation of respondents would increase predictive value of military abortion ideology by 22.2%.

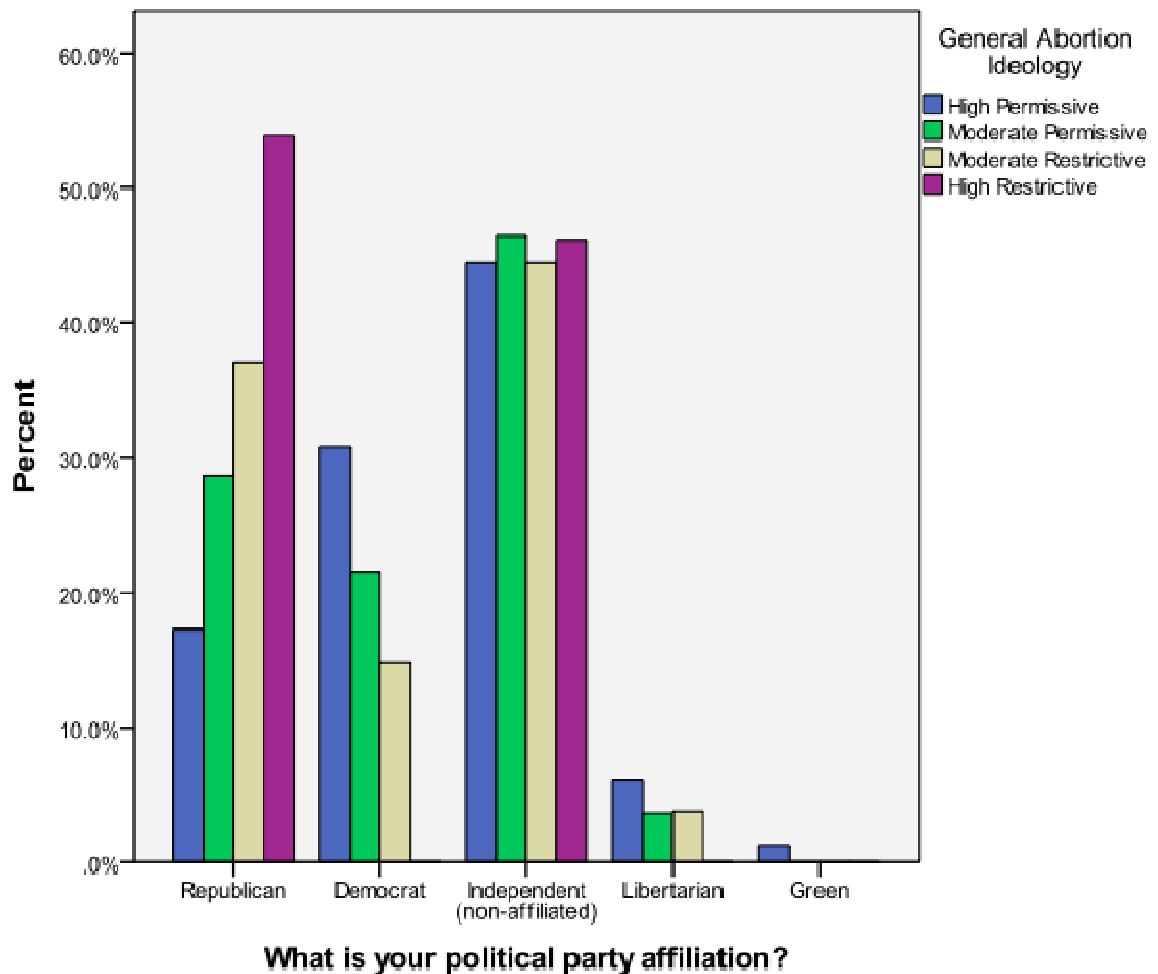
To further test this relationship, a new variable was created for each party affiliation to show status as a Republican, Democrat, etc. After running chi-square tests for each affiliation separately, significance remains for Republicans and Democrats. Identification as a Republican is statistically significant in relation to general abortion ideology (chi-square 14.19, p-value 0.003). With a positive PRE value (0.342), Republican affiliation means more restrictiveness on general questions of abortion. For military ideology, this relationship is even stronger (chi-square 18.80, p-value 0.00), as the positive PRE value (0.391) increases predictive value by 39.1% for Republicans.

Democrats move in the opposite direction, with similar levels of significance. For general abortion ideology, Democratic affiliation is statistically significant (chi-square 12.0, p-value 0.007) and has a highly negative PRE (-0.343), meaning Democrats will be more permissive on abortion questions. Military abortion ideology was also a stronger relationship (chi-square 15.78, p-value 0.001) and another highly negative PRE value (-0.392). Knowing Democratic affiliation would thus increase predictive value for military abortion ideology by 39%.



While tests were run against the Independent, Libertarian, and Green party affiliations, no results were significant in such tests. The Independent test results were particularly interesting, because earlier hypothesis testing of sexual assault incidence against military abortion ideology remained significant after controlling for Independent status.

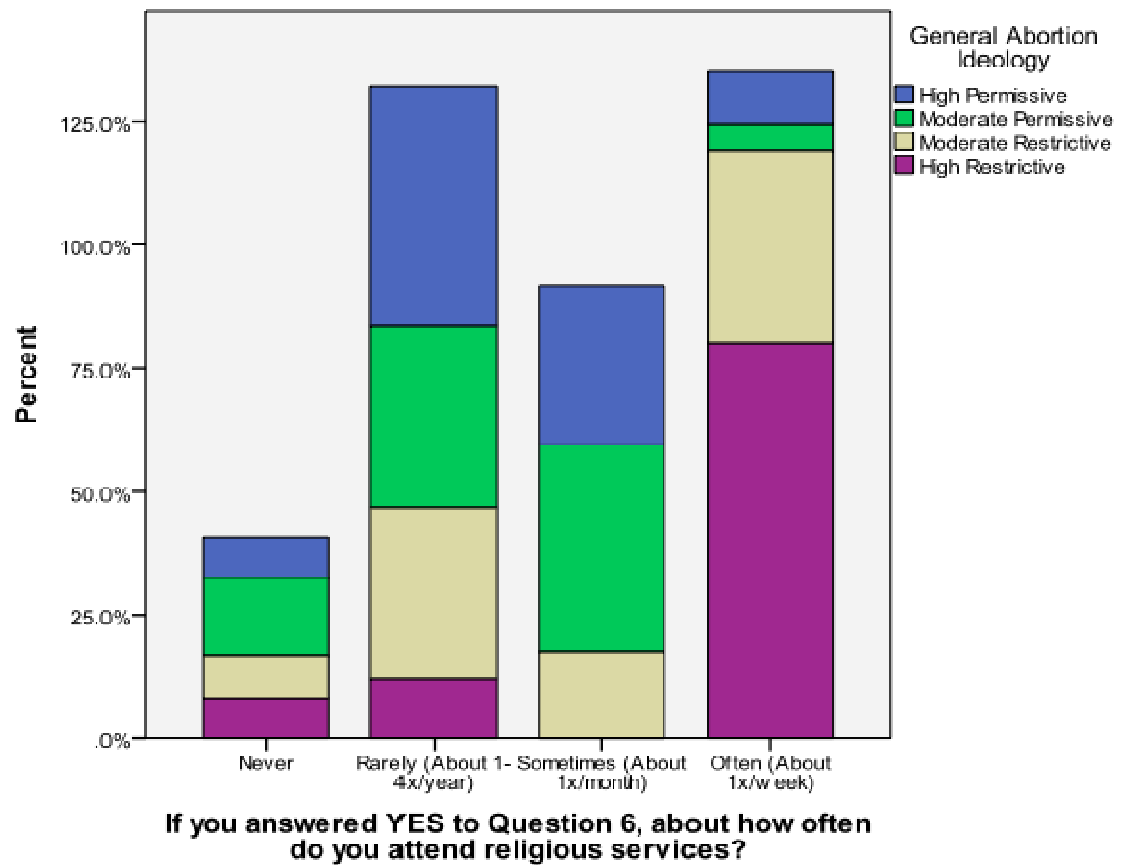
**Graph 5: General Abortion Ideology According to Political Party**



Finally, religious variables were tested against general and military abortion categories. Just like political party, affiliation with any religion was statistically significant in relation to abortion questions. For general abortion ideology, respondents who claimed adherence to a religion were much more likely to be restrictive on abortion (chi-square 32.15, p-value 0.00, PRE

0.50). For military abortion ideology, the predictive value (PRE 0.41) was slightly lower, but still highly significant (chi-square 24.26, p-value 0.00) meaning that those who affiliated themselves with a religion were much more likely to be restrictive on abortion. Tests were also run to compare specific sects with abortion ideology, but none were significantly related.

The final religious variable was religiosity, measured by how often respondents attended services for their respective sects. Just as with general affiliation, religiosity was significantly related to both general and military abortion categories. For general abortion ideology, increased attendance at services meant a more restrictive attitude on abortion (chi-square 44.43, p-value 0.00). This had a strong predictive value of 35.2% (PRE 0.352), meaning that knowing how often respondents attended services would increase predictability on abortion questions by over 35%. On military ideology the relationship was even stronger (chi-square 25.92, p-value 0.002), with a predictive value of 36.8% (PRE 0.368).

**Graph 6: General Abortion Ideology According to Religiosity**

## Conclusions

In summary, the current United States military, far from being a bastion of conservatism, very closely reflects the political values of the United States populace on abortion issues. There are high rates of support for legal abortion when it's considered medically necessary or a result of rape, and there are much lower support numbers when the abortion will be for social or more ambiguous, situational reasons. For military-specific abortion questions, the majority of service members seem to again reflect American views that abortion should be available for women, but taxpayer dollars should not cover this procedure (Tricare is funded with tax money).

Interestingly, the refusal of some respondents to answer contradicts the literature about American opinion on civilian abortions, which Jelen and Wilcox (2003) claimed was an "easy"

issue that most Americans have an opinion about. In my view, this reflects the controversy over federal funding, illustrated by the large opinion divergence in general versus military abortion ideology. The level of permissiveness on military abortion ideology was not nearly as high as that on general abortion ideology, and the funding issue is a clear sticking point. Also, the difference could be attributed to beliefs and attitude about the military's commitment to high personal standards, as one respondent stated: "In the military, women are given access to free birth control methods. Sex education is given once a year to all members of the military to include sexual harassment training. This is not a perfect system by any means, *but it does mean that the people should be held to a higher standard than the general public*" (italics added).

Contrary to my initial hypothesis, neither deployment length nor female interaction while on deployment seems to have any effect on any abortion opinions, but a relationship exists between perceived incidence of sexual misconduct and permissiveness on military abortions. Service members who were aware of rape, and higher levels of misconduct generally, were more likely to support expanding abortion options for female service members. From these results, it seems like most of the everyday aspects of a deployment (i.e. length, interaction with female service members) makes little difference, but perception of sexual assault has an impact. Particularly because of the rape awareness and military abortion ideology relationship, it seems as though service members who have seen the debilitating effects of the lack in reproductive choice for military women may then shift their own policy views.

After controlling for demographic variables, the perception of sexual assault remained statistically significant for service members who were: older, unmarried, not religious, enlisted, or unaffiliated with either of the major political parties of the United States. Because questions were not asked about how often specific types of sexual misconduct occurred, I believe the

strong relationship between misconduct perception and military abortion policy for the 40+ demographic makes sense, as they have most likely been exposed to the greatest amount of sexual misconduct. Additionally, the exposure to incidences of sexual misconduct is most likely higher within the enlisted ranks because reports of assault most often come from enlisted service members, not officers (Walker 2011). Most interestingly, the relationship between sexual misconduct occurrence and military abortion ideology remained significant for Independents, and status as an Independent seemed to bear no relationship to general or military abortion ideology. This seems to suggest that those entering the military as Independents are not only non-affiliated with either major party, but also less ideologically rigid and more seriously impacted by the experiences of deployment than those with formal party memberships.

After moving onto other variables, results were as expected in accordance with the literature. Higher ratings of social conservatism meant more restrictiveness on abortion ideology, and major political party affiliation has a statistically significant effect on both general and military abortion questions. Unsurprisingly, Republican affiliation means a more restrictive response, and Democratic affiliation means a more permissive response, both with strong predictive value. Additionally, religious affiliation and religiosity were great predictors of abortion ideology across the board. General affiliation with any religion was the strongest, as knowing if a respondent identified with a religion increased predictive value by nearly 50% for general abortion ideology, and over 40% for military abortion ideology. Religiosity was not quite as strong, but still significant and increased predictive value over 35% for both general and military abortion ideologies.

Looking at some of the majorities in the sample, which was a roughly representative sample of the entire military, it seems as though a broad consensus exists about access to

abortion for women service members. While there is a general hesitation about covering abortion services under Tricare, a majority or near majority support allowing women to use their own funds to pay for abortions overseas or in the United States at a military facility.

The recent Burris Amendment to the 2011 Defense spending bill would have accomplished this end by restoring regulations from the 1970s and allowing military doctors to perform abortions when expenses are paid out-of-pocket by the women consenting to the procedure. This amendment did not make the final cut in the recent spending bill, but it deserves a standalone vote. Additionally, the ongoing problem of sexual assault within the military needs to be addressed more effectively, as many service members claimed in the survey. The Defense STRONG (Sexual Trauma Response, Oversight and Good Governance) Act was recently introduced by Reps. Tsongas (D-Mass.) and Tuner (R-Ohio). This would provide survivors of sexual assault with access to a military lawyer, ability to transfer to another base and away from the perpetrator, and greater confidentiality in the process (Emery 2011). In my opinion, both the Defense STRONG Act and the Burris Amendment deserve consideration. More comprehensive approaches are needed than the current Defense policies, especially considering the results of this study: respondents who were aware of higher rates of sexual harassment, assault, and rape were more likely to support reproductive options for women service members. It cannot be understated that services are clearly lacking for these women, and other military members can see the effects of this health care gap.

For future research, questions should ask more extensively about sexual misconduct, including personal experiences or knowledge of unintended pregnancies. Questions about birth control practices and other sexual health indices could be included to evaluate the similarities between different areas of deployment. Finally, questions should be included about social and

job consequences following a pregnancy or sexual assault experience. Especially because the consequences for many service members can include serious health complications and even career-ending decisions, this topic demands further exploration. Only by opening up channels of communication to service members who fully understand this impact can legislators begin to craft a more comprehensive and equitable approach to reproductive care within the military.

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## APPENDIX A: SURVEY INSTRUMENT

Dear Participant:

This survey forms the basis of a senior capstone in political science on opinions about abortion and women's health among military service members and veterans. It is being conducted by Mary Jane Egan, an undergraduate student from American University.

The survey is being administered via SurveyMonkey online. If you agree to participate in this study, please enter today's date below, and you will be able to proceed to the online survey at the bottom of the page.

The survey asks a series of questions related to abortion ideology and political beliefs. Participation in this study will require 10 minutes of your time. The researcher perceives no more than minimal risks from your involvement in this study but the answers you give will help to shed light on the experiences and attitudes of veterans. If you choose to participate, you can also choose to be entered into a raffle to win a \$50 Visa Rewards gift card.

The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study; therefore, all responses are confidential. The researcher retains the right to use and publish non-identifiable data and to present aggregate data representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher.

Upon completion of the study, all information that matches up individual respondents with their answers will be destroyed. The results of this research will be presented to the Honors Program Office at American University to meet the requirements of honors certification and may also be presented at the School of Public Affairs Undergraduate Research Conference or the Honors Capstone Conference at American University.

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. You may also refuse to answer any individual question without consequences.

If you have questions or concerns during the time of your participation in this study, or after its completion or if you would like to receive a copy of the final aggregate results of this study, please contact:

Mary Jane Egan  
[me8477a@american.edu](mailto:me8477a@american.edu)

Dr. Kimberly Cowell-Meyers  
(202)885-6223  
[kcowell@american.edu](mailto:kcowell@american.edu)

If you have questions about your rights as a research subject, please contact:

Dr. David Haaga  
American University  
Chair, Institutional Review Board  
[dhaaga@american.edu](mailto:dhaaga@american.edu)  
(202)885-1718

Matt Zembrzuski  
American University  
IRB Coordinator  
[irb@american.edu](mailto:irb@american.edu)  
(202)885-3447

Thank you for taking the time to participate in this study and support this research.

## **Part I: Demographics**

### **1. What is your age?**

- ☐ 18-24
- ☐ 25-39
- ☐ 40+

### **2. What is your sex?**

- ☐ Female
- ☐ Male

### **3. What is your race? (randomized)**

- ☐ Hispanic/Latino
- ☐ White, non-Hispanic
- ☐ African-American
- ☐ Asian-American
- ☐ Other (please specify)

### **4. What is your education level?**

- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Bachelor's Degree
- ☐ Graduate work
- ☐ Graduate Degree (Masters, JD, PhD, MD, etc.)

### **5. What is your marital status?**

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

### **6. Do you have a religious preference?**

- ☐ Yes
- ☐ No

### **1. If you answered YES to Question 6, do you identify with any of the following religious sects? (randomized)**

- ☐ Jewish
- ☐ Methodist
- ☐ Roman Catholic
- ☐ Baptist
- ☐ Muslim
- ☐ Pentecostal
- ☐ Lutheran
- ☐ Other (please specify)

**2. If you answered YES to Question 6, about how often do you attend religious services?**

- ☐ Never
- ☐ Rarely (About 1-4x/year)
- ☐ Sometimes (About 1x/month)
- ☐ Often (About 1x/week)
- ☐ Daily

**3. What is your political party affiliation? (randomized)**

- ☐ Independent (non-affiliated)
- ☐ Green
- ☐ Republican
- ☐ Libertarian
- ☐ Democrat
- ☐ Other (please specify)

**4. Under what branch of the military did/do you serve? (randomized)**

- ☐ Marine Corps
- ☐ Air Force
- ☐ Army
- ☐ Navy
- ☐ Coast Guard

**5. How many total months did you serve in the military?**

- ☐ 0-12
- ☐ 12-18
- ☐ 19-24
- ☐ 25-36
- ☐ 36+

**6. How did you enter the military?**

- ☐ Enlisted
- ☐ Officer

## **Part II: Deployment Details**

### **1. Were you ever deployed to a war zone during your service?**

- ☐ Yes
- ☐ No

### **1. If you answered YES to Question 1, how many total months did you spend in a war zone(s)?**

- ☐ 1-6
- ☐ 7-12
- ☐ 13-18
- ☐ 18-24
- ☐ 25+

### **2. If you answered YES to Question 1, about how often did you have contact with female soldiers on base?**

- ☐ Never
- ☐ About once a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Daily

### **3. If you answered YES to Question 1, were you aware of any soldiers becoming pregnant during deployment?**

- ☐ Yes
- ☐ No
- ☐ Not sure

### **1. Besides war zones, did you spend any time on a military base(s) outside the United States?**

- ☐ Yes
- ☐ No

### **2. About how often did you have contact with female soldiers on base?**

- ☐ Never
- ☐ About once a month
- ☐ About once a week
- ☐ A few times a week
- ☐ Daily

### **3. Were you aware of any active-duty soldiers becoming pregnant on base?**

- ☐ Yes
- ☐ No
- ☐ Not sure



**Section III: Sexual Misconduct**

1. For the purposes of this section, please use the following definitions:

- a) Verbal sexual harassment: influencing, offering to influence, or threatening the career, pay, or job of another person in exchange for sexual favors, and deliberate or repeated offensive comments or gestures of a sexual nature
- b) Sexual assault: unwanted sexual contact, including fondling and molestation
- c) Rape: unwanted penetration, whether that is oral, anal, or vaginal

**1. On a scale of 1-7, with 1 meaning "rarely occurring" and 7 meaning "overwhelming," how pervasive of an issue do you perceive the following types of sexual misconduct are within the military?**

**--Verbal Sexual Harassment**

- ☐ 1: rarely occurring
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7: overwhelming

**--Sexual Assault**

- ☐ 1: rarely occurring
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7: overwhelming

**--Rape**

- ☐ 1: rarely occurring
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7: overwhelming

**2. While on deployment (anywhere outside the United States), were you personally aware of sexual misconduct by soldiers, against other soldiers?**

- ☐ Yes
- ☐ No

**1. If you answered YES to Question 2, what type of conduct occurred? (please check all that apply)**

- ☐ Verbal sexual harassment
- ☐ Sexual assault
- ☐ Rape

**2. If you answered YES to Question 2, how often were these incidents reported to command?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Unsure

**3. If you answered YES to Question 2, how often were offenders prosecuted?**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Do not know

**4. How would you rate the response to these cases of sexual assault by those in command?**

- ☐ 1: optimal
- ☐ 2: good
- ☐ 3: fair
- ☐ 4: poor

**5. In your opinion, how important is the reform of current sexual assault policies within the United States military?**

- ☐ 1: Not important
- ☐ 2: Somewhat important
- ☐ 3: Important
- ☐ 4: Very important
- ☐ 5: Extremely important

## **Section IV: Political Ideology**

**1. We hear a lot of talk these days about liberals and conservatives. I'm going to show you a seven-point scale on which the views that people might hold are arranged from extremely liberal--point 1, to extremely conservative-- point 7. Where would you place yourself on this scale?**

### **--Economic Policy**

- ☐ 1: Extremely liberal
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7: Extremely conservative

### **--Social Policy**

- ☐ 1: Extremely liberal
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7: Extremely conservative

**Part V: Abortion Hypotheticals**

Please tell me whether or not you think it should be possible for any pregnant woman to obtain a legal abortion in the following situations:

**1. If there is a strong chance of serious defect in the baby?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**2. If she is married and does not want any more children?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**3. If the woman's health is seriously endangered by the pregnancy?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**4. If the woman's life is seriously endangered by the pregnancy?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**5. If the family has a very low income and cannot afford any more children?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**6. If she became pregnant as a result of rape?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**7. If she is not married and does not want to marry the man?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**8. The woman wants it for any reason?**

- ☐ Yes
- ☐ No
- ☐ Don't know

Please tell me whether or not you think it should be possible for a pregnant soldier to obtain a legal abortion in the following situations:

**1. The woman is paying with her own money at a United States military hospital?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**2. The woman is paying with her own money overseas at a military hospital?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**3. The abortion will be covered under the Department of Defense Tricare health system?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**Section VI: Comments and E-mail address**

**1. Do you have any additional comments about this survey or your answers?**

This survey is now complete. Thank you for your contribution and willingness to participate!

**2. If you would like to be entered for a \$50 Visa gift card, please enter your e-mail address below.**

**APPENDIX B: DEMOGRAPHIC TABLES**

Table B1: Age

**What is your age?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 18-24	27	16.5	16.5	16.5
25-39	111	67.7	67.7	84.1
40+	26	15.9	15.9	100.0
Total	164	100.0	100.0	

Table B2: Sex

**What is your sex?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	124	75.6	75.6	75.6
Female	40	24.4	24.4	100.0
Total	164	100.0	100.0	

Table B3: Race

**What is your race?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Other (please specify)	6	3.7	3.7	3.7
White, non-Hispanic	141	86.0	86.0	89.6
African-American	9	5.5	5.5	95.1
Hispanic/Latino	5	3.0	3.0	98.2
Asian-American	3	1.8	1.8	100.0
Total	164	100.0	100.0	

Table B4: Education Level

What is your education level?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High School Diploma/GED	2	1.2	1.2	1.2
	Some College	81	49.4	49.4	50.6
	Bachelor's Degree	26	15.9	15.9	66.5
	Graduate work	24	14.6	14.6	81.1
	Graduate Degree (Masters, JD, PhD, MD, etc.)	31	18.9	18.9	100.0
	Total	164	100.0	100.0	

Table B5: Marital Status

What is your marital status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	74	45.1	45.1	45.1
	Married	70	42.7	42.7	87.8
	Divorced	19	11.6	11.6	99.4
	Widowed	1	.6	.6	100.0
	Total	164	100.0	100.0	

Table B6: Religious Affiliation

Do you have a religious preference?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	105	64.0	64.0	64.0
	No	59	36.0	36.0	100.0
	Total	164	100.0	100.0	



Table B7: Religious Sect

**If you answered YES to Question 6, do you identify with any of the following religious sects?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	7	4.3	6.7	6.7
	Baptist	18	11.0	17.1	23.8
	Roman Catholic	36	22.0	34.3	58.1
	Methodist	6	3.7	5.7	63.8
	Lutheran	6	3.7	5.7	69.5
	Pentecostal	4	2.4	3.8	73.3
	Jewish	3	1.8	2.9	76.2
	Non-Denominational Christian	19	11.6	18.1	94.3
	Mormon (LDS)	3	1.8	2.9	97.1
	Presbyterian	3	1.8	2.9	100.0
	Total	105	64.0	100.0	
Missing	System	59	36.0		
Total		164	100.0		

Table B8: Religiosity

**If you answered YES to Question 6, about how often do you attend religious services?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	10	6.1	9.6	9.6
	Rarely (About 1-4x/year)	36	22.0	34.6	44.2
	Sometimes (About 1x/month)	24	14.6	23.1	67.3
	Often (About 1x/week)	34	20.7	32.7	100.0
	Total	104	63.4	100.0	
Missing	System	60	36.6		
Total		164	100.0		

Table B9: Political Party

What is your political party affiliation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Republican	48	29.3	29.3	29.3
	Democrat	35	21.3	21.3	50.6
	Independent (non-affiliated)	73	44.5	44.5	95.1
	Libertarian	7	4.3	4.3	99.4
	Green	1	.6	.6	100.0
	Total	164	100.0	100.0	

Table B10: Economic Policy

Economic policy					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1: Extremely liberal	3	1.8	2.0	2.0
	2	9	5.5	6.1	8.2
	3	18	11.0	12.2	20.4
	4	40	24.4	27.2	47.6
	5	41	25.0	27.9	75.5
	6	23	14.0	15.6	91.2
	7: Extremely conservative	13	7.9	8.8	100.0
	Total	147	89.6	100.0	
Missing	System	17	10.4		
Total		164	100.0		

Table B11: Social Policy

		Social policy			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1: Extremely liberal	10	6.1	6.4	6.4
	2	34	20.7	21.8	28.2
	3	35	21.3	22.4	50.6
	4	37	22.6	23.7	74.4
	5	19	11.6	12.2	86.5
	6	13	7.9	8.3	94.9
	7: Extremely conservative	8	4.9	5.1	100.0
	Total	156	95.1	100.0	
Missing	System	8	4.9		
Total		164	100.0		

Table B12: Branch

		Under what branch of the military did/do you serve?			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Army	73	44.5	44.8	44.8
	Navy	44	26.8	27.0	71.8
	Marine Corps	20	12.2	12.3	84.0
	Air Force	26	15.9	16.0	100.0
	Total	163	99.4	100.0	
Missing	System	1	.6		
Total		164	100.0		

Table B13: Months Served

How many total months did you serve in the military?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-12	4	2.4	2.4	2.4
	12-18	2	1.2	1.2	3.7
	19-24	3	1.8	1.8	5.5
	25-30	5	3.0	3.0	8.5
	31-36	3	1.8	1.8	10.4
	36+	147	89.6	89.6	100.0
	Total	164	100.0	100.0	

Table B14: Officer/Enlisted

How did you enter the military?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Officer (commissioned)	45	27.4	27.6	27.6
	Enlisted	118	72.0	72.4	100.0
	Total	163	99.4	100.0	
Missing	System	1	.6		
Total		164	100.0		



**APPENDIX C: DEPLOYMENT DETAILS**

Table C1: War Zone Deployment

**Were you ever deployed to a war zone during your service?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	125	76.2	76.2	76.2
No	39	23.8	23.8	100.0
Total	164	100.0	100.0	

Table C2: Months of War Zone Deployment

**If you answered YES to Question 1, how many total months did you spend in a war zone(s)?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1-6	22	13.4	17.6	17.6
7-12	45	27.4	36.0	53.6
13-18	26	15.9	20.8	74.4
18-24	14	8.5	11.2	85.6
25+	18	11.0	14.4	100.0
Total	125	76.2	100.0	
Missing System	39	23.8		
Total	164	100.0		

Table C3: War Zone Female Interaction

**If you answered YES to Question 1, about how often did you have contact with female soldiers on base?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid .00	39	23.8	23.8	23.8
Never	5	3.0	3.0	26.8
About once a month	13	7.9	7.9	34.8
About once a week	7	4.3	4.3	39.0
A few times a week	18	11.0	11.0	50.0
Daily	82	50.0	50.0	100.0
Total	164	100.0	100.0	

Table C4: War Zone Pregnancy Awareness

**If you answered YES to Question 1, were you aware of any soldiers becoming pregnant during deployment?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	42.1	55.2	55.2
	No	47	28.7	37.6	92.8
	Not sure	9	5.5	7.2	100.0
	Total	125	76.2	100.0	
Missing	System	39	23.8		
Total		164	100.0		

Table C5: Foreign Base Deployment

**Besides war zones, did you spend any time on a military base(s) outside the United States?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	93	56.7	56.7	56.7
	No	71	43.3	43.3	100.0
	Total	164	100.0	100.0	

Table C6: Foreign Base Female Interaction

**About how often did you have contact with female soldiers on base?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	13	7.9	8.3	8.3
	About once a month	7	4.3	4.5	12.8
	About once a week	8	4.9	5.1	17.9
	A few times a week	14	8.5	9.0	26.9
	Daily	114	69.5	73.1	100.0
	Total	156	95.1	100.0	
Missing	System	8	4.9		
Total		164	100.0		

Table C7: Foreign Base Pregnancy Awareness

**Were you aware of any active-duty soldiers becoming pregnant on base?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	98	59.8	62.4	62.4
	No	35	21.3	22.3	84.7
	Not sure	24	14.6	15.3	100.0
	Total	157	95.7	100.0	
Missing	System	7	4.3		
Total		164	100.0		



**APPENDIX D: SEXUAL MISCONDUCT**

Table D1: Sexual Misconduct Awareness according to sex

**While on deployment (anywhere outside the United States), were you personally aware of sexual misconduct by soldiers, against other soldiers?**

**\* What is your sex? Crosstabulation**

			What is your sex?		Total
			Male	Female	
While on deployment (anywhere outside the United States), were you personally aware of sexual misconduct by soldiers, against other soldiers?	Yes	Count	31	23	54
		% within What is your sex?	25.0%	57.5%	32.9%
	No	Count	93	17	110
		% within What is your sex?	75.0%	42.5%	67.1%
Total			124	40	164
			100.0%	100.0%	100.0%

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	14.465 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	13.030	1	.000		
Likelihood Ratio	13.833	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	14.376	1	.000		
N of Valid Cases	164				

## Directional Measures

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Nominal by Nominal	Lambda Symmetric		.064	.065	.951	.341
		Sex_Misconduct_YN	.111	.110	.951	.341
		Dependent				
	What is your sex? Dependent		.000	.000	. <sup>c</sup>	. <sup>c</sup>
	Goodman and Kruskal tau	Sex_Misconduct_YN	.088	.047		.000 <sup>d</sup>
		Dependent				
		What is your sex? Dependent	.088	.047		.000 <sup>d</sup>

Table D2: Verbal Sexual Harassment Awareness

If you answered YES to Question 2, what type of conduct occurred? (please check all that apply)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Verbal sexual harassment	44	26.8	100.0	100.0
Missing	System	120	73.2		
Total		164	100.0		

Table D3: Sexual Assault Awareness

If you answered YES to Question 2, what type of conduct occurred? (please check all that apply)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Sexual assault	22	13.4	100.0	100.0
Missing	System	142	86.6		
Total		164	100.0		

Table D4: Rape Awareness

If you answered YES to Question 2, what type of conduct occurred? (please check all that apply)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rape	14	8.5	100.0	100.0
Missing	System	150	91.5		
Total		164	100.0		

Table D5: Reporting

If you answered YES to Question 2, how often were these incidents reported to command?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	2	1.2	3.7	3.7
	Rarely	20	12.2	37.0	40.7
	Sometimes	21	12.8	38.9	79.6
	Often	11	6.7	20.4	100.0
	Total	54	32.9	100.0	
Missing	System	110	67.1		
Total		164	100.0		

Table D6: Prosecution

If you answered YES to Question 2, how often were offenders prosecuted?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	4	2.4	7.4	7.4
	Rarely	9	5.5	16.7	24.1
	Sometimes	17	10.4	31.5	55.6
	Often	19	11.6	35.2	90.7
	Do not know	5	3.0	9.3	100.0
	Total	54	32.9	100.0	
Missing	System	110	67.1		
Total		164	100.0		

Table D7: Command Response

**How would you rate the response to these cases of sexual assault by those in command?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1: optimal	10	6.1	18.2	18.2
	2: good	25	15.2	45.5	63.6
	3: fair	11	6.7	20.0	83.6
	4: poor	9	5.5	16.4	100.0
	Total	55	33.5	100.0	
Missing	System	109	66.5		
Total		164	100.0		

Table D8: Policy Reform

**In your opinion, how important is the reform of current sexual assault policies within the United States military?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1: Not important	44	26.8	27.3	27.3
	2: Somewhat important	36	22.0	22.4	49.7
	3: Important	36	22.0	22.4	72.0
	4: Very important	29	17.7	18.0	90.1
	5: Extremely important	16	9.8	9.9	100.0
	Total	161	98.2	100.0	
Missing	System	3	1.8		
Total		164	100.0		

Graph D1: Importance of Reform, Broken Down by Sex

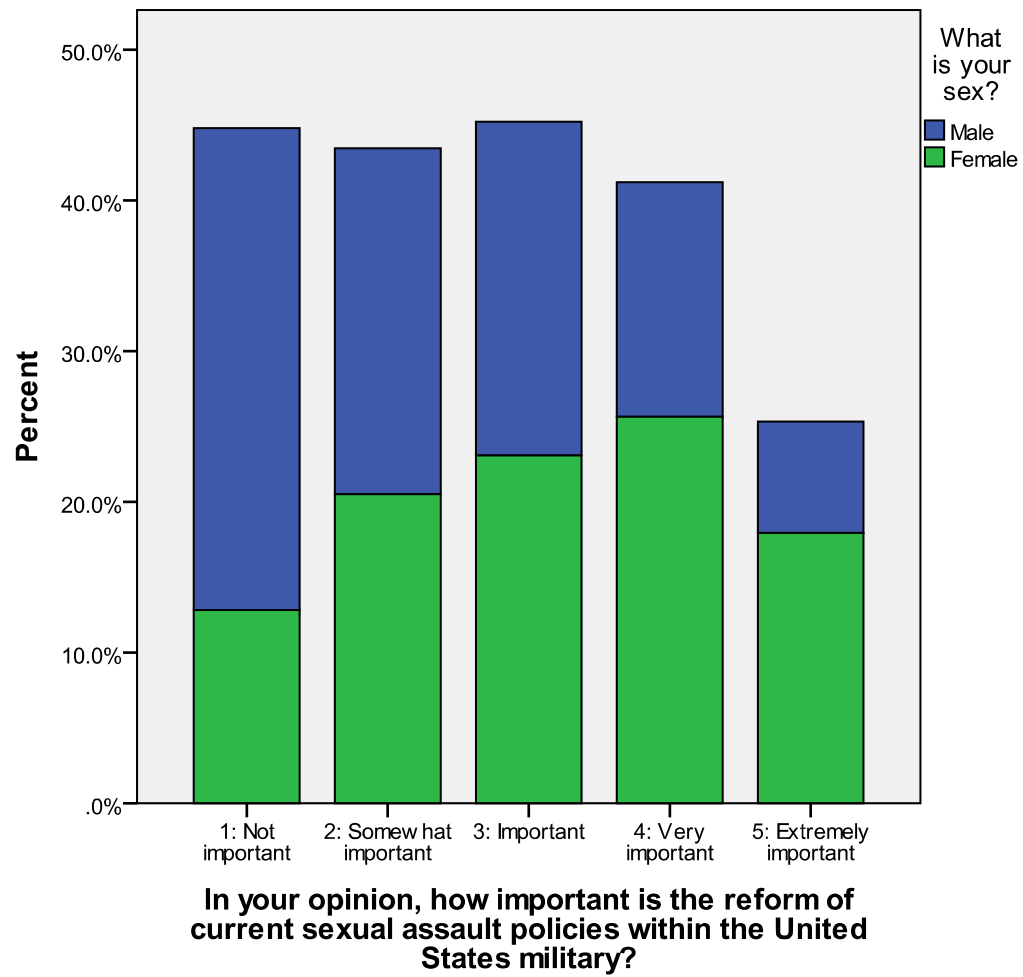


Table D9: Importance of Reform, According to Sex

**In your opinion, how important is the reform of current sexual assault policies within the United States military? \* What is your sex? Crosstabulation**

Count

		What is your sex?		Total
		Male	Female	
In your opinion, how important is the reform of current sexual assault policies within the United States military?	1: Not important	39	5	44
	2: Somewhat important	28	8	36
	3: Important	27	9	36
	4: Very important	19	10	29
	5: Extremely important	9	7	16
Total		122	39	161

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.041 <sup>a</sup>	4	.060
Likelihood Ratio	9.197	4	.056
Linear-by-Linear Association	8.729	1	.003
N of Valid Cases	161		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.194	.062	3.015	.003
		In your opinion, how important is the reform of current sexual assault policies within the United States military?	.305	.097	3.015	.003
		Dependent				
		What is your sex?	.143	.047	3.015	.003
Dependent						

Table D10: Low Importance of Reform, According to Sex

**Crosstab**

Count

		What is your sex?		Total
		Male	Female	
Reform Not Important	Other	85	35	120
	Not Important	39	5	44
Total		124	40	164

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.533 <sup>a</sup>	1	.019	.023	.013
Continuity Correction <sup>b</sup>	4.610	1	.032		
Likelihood Ratio	6.187	1	.013		
Fisher's Exact Test					
Linear-by-Linear Association	5.500	1	.019		
N of Valid Cases	164				

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	-.184	.064	-2.740	.006
		Reform Not Important Dependent	-.190	.067	-2.740	.006
		What is your sex? Dependent	-.178	.063	-2.740	.006

Table D11: High Importance of Reform, According to Sex

**Crosstab**

Count

		What is your sex?		Total
		Male	Female	
Reform Extremely Important	Other	91	24	115
	Extremely Important	9	7	16
Total		100	31	131

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.071 <sup>a</sup>	1	.044		
Continuity Correction <sup>b</sup>	2.902	1	.088		
Likelihood Ratio	3.619	1	.057		
Fisher's Exact Test				.059	.050
Linear-by-Linear Association	4.040	1	.044		
N of Valid Cases	131				

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.170	.097	1.662	.096
		Reform Extremely Important	.136	.080	1.662	.096
		Dependent				
		What is your sex?	.229	.130	1.662	.096
		Dependent				



**APPENDIX E: ABORTION HYPOTHETICALS**

Table E1: Abortion Hypothetical Defect

**If there is a strong chance of serious defect in the baby?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	32	19.5	19.5	19.5
	Yes	99	60.4	60.4	79.9
	No	33	20.1	20.1	100.0
	Total	164	100.0	100.0	

Table E2: Abortion Hypothetical Unmarried

**If she is married and does not want any more children?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	22	13.4	13.4	13.4
	Yes	61	37.2	37.2	50.6
	No	81	49.4	49.4	100.0
	Total	164	100.0	100.0	

Table E3: Abortion Hypothetical Health

**If the woman's health is seriously endangered by the pregnancy?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	21	12.8	12.8	12.8
	Yes	119	72.6	72.6	85.4
	No	24	14.6	14.6	100.0
	Total	164	100.0	100.0	

Table E4: Abortion Hypothetical Life

**If the woman's life is seriously endangered by the pregnancy?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	13	7.9	7.9	7.9
	Yes	143	87.2	87.2	95.1
	No	8	4.9	4.9	100.0
	Total	164	100.0	100.0	

Table E5: Abortion Hypothetical Low Income

**If the family has a very low income and cannot afford any more children?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	24	14.6	14.6	14.6
	Yes	71	43.3	43.3	57.9
	No	69	42.1	42.1	100.0
	Total	164	100.0	100.0	

Table E6: Abortion Hypothetical Rape

**If she became pregnant as a result of rape?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	11	6.7	6.7	6.7
	Yes	129	78.7	78.7	85.4
	No	24	14.6	14.6	100.0
	Total	164	100.0	100.0	

Table E6: Abortion Hypothetical Unmarried

**If she is not married and does not want to marry the man?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	18	11.0	11.0	11.0
	Yes	66	40.2	40.2	51.2
	No	80	48.8	48.8	100.0
	Total	164	100.0	100.0	

Table E7: Abortion Hypothetical Any Reason

**The woman wants it for any reason?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	28	17.1	17.1	17.1
	Yes	62	37.8	37.8	54.9
	No	74	45.1	45.1	100.0
	Total	164	100.0	100.0	

Table E8: Abortion Hypothetical Military Hospital (US)

**The woman is paying with her own money at a United States military hospital?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	26	15.9	15.9	15.9
	Yes	80	48.8	48.8	64.6
	No	58	35.4	35.4	100.0
	Total	164	100.0	100.0	

Table E9: Abortion Hypothetical Military Hospital (overseas)

**The woman is paying with her own money overseas at a military hospital?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	24	14.6	14.6	14.6
	Yes	84	51.2	51.2	65.9
	No	56	34.1	34.1	100.0
	Total	164	100.0	100.0	

Table E10: Abortion Hypothetical Tricare Coverage

**The abortion will be covered under the Department of Defense Tricare health system?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Skipped/Don't know	19	11.6	11.6	11.6
	Yes	59	36.0	36.0	47.6
	No	86	52.4	52.4	100.0
	Total	164	100.0	100.0	

Table E11: Abortion Ideology Statistics Summary

**General Abortion Ideology Statistics**

N	Valid	164
	Missing	0
Mean		1.3309
Median		1.2500
Mode		1.00
Std. Deviation		.39093

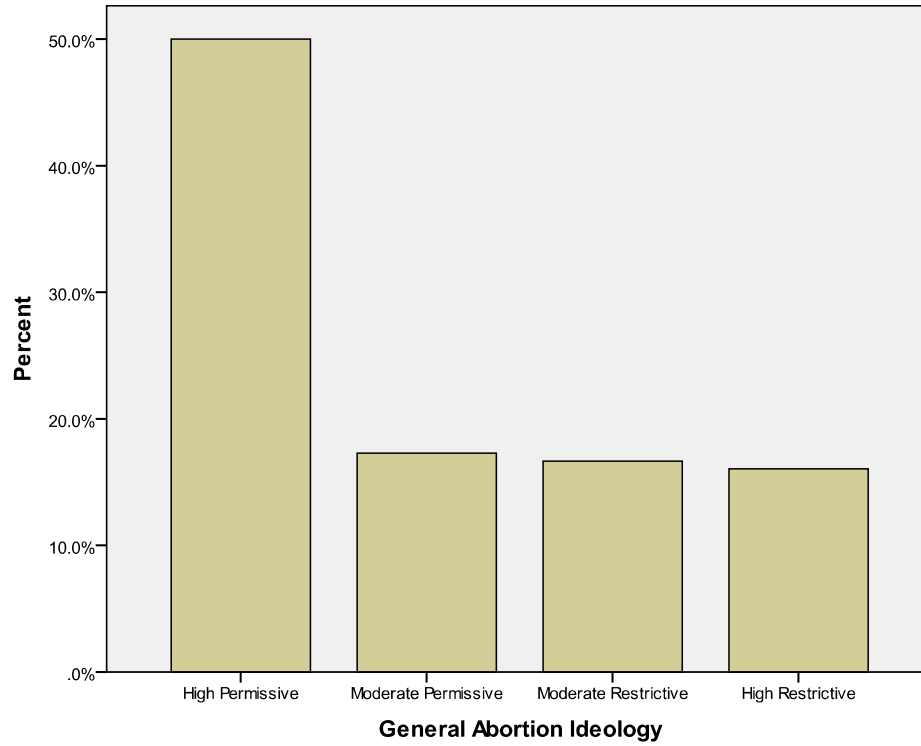
Table E12: General Abortion Ideology Variable

		General Abortion Ideology			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High Permissive	81	49.4	50.0	50.0
	Moderate Permissive	28	17.1	17.3	67.3
	Moderate Restrictive	27	16.5	16.7	84.0
	High Restrictive	26	15.9	16.0	100.0
	Total	162	98.8	100.0	
Missing	System	2	1.2		
Total		164	100.0		

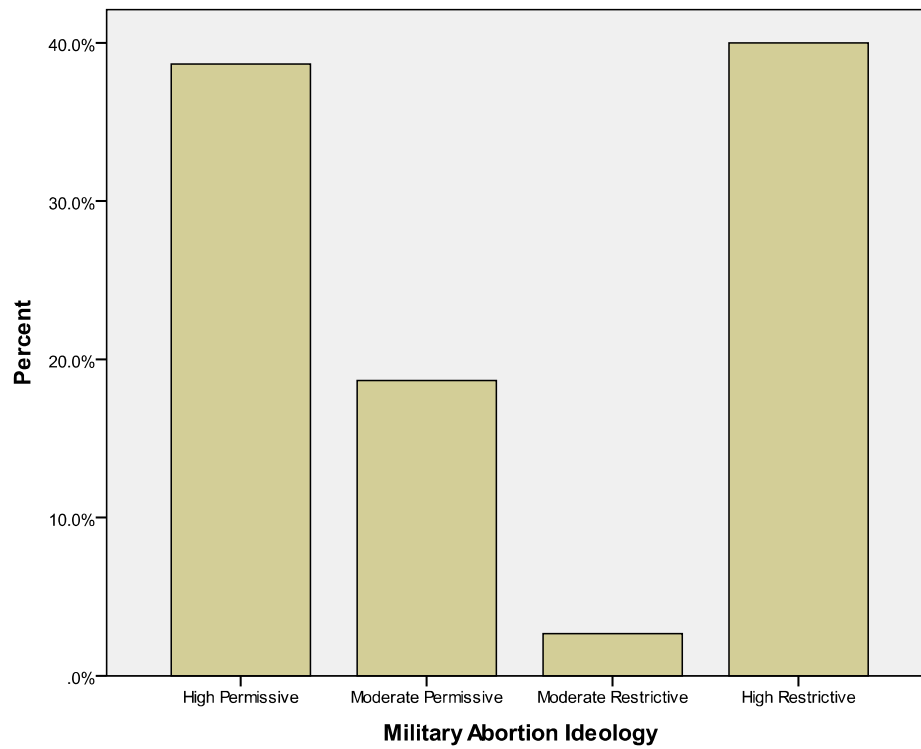
Table E13: Military Abortion Ideology Variable

		Military Abortion Ideology			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High Permissive	58	35.4	38.7	38.7
	Moderate Permissive	28	17.1	18.7	57.3
	Moderate Restrictive	4	2.4	2.7	60.0
	High Restrictive	60	36.6	40.0	100.0
	Total	150	91.5	100.0	
Missing	System	14	8.5		
Total		164	100.0		

Graph E1: General Abortion Ideology



Graph E2: Military Abortion Ideology



**APPENDIX F: HYPOTHESIS CHI-SQUARE TESTS**

Table F1: Deployment Length + General Abortion Ideology

**Crosstab**

Count

		If you answered YES to Question 1, how many total months did you spend in a war zone(s)?					Total
		1-6	7-12	13-18	18-24	25+	
General Abortion Ideology	Highly Permissive	11	25	11	6	12	65
	Moderately Permissive	5	5	8	2	2	22
	Moderately Restrictive	2	5	2	5	3	17
	Highly Restrictive	4	9	5	1	1	20
	Total	22	44	26	14	18	124

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.916 <sup>a</sup>	12	.246
Likelihood Ratio	13.868	12	.309
Linear-by-Linear Association	.484	1	.487
N of Valid Cases	124		

Table F2: Deployment Length + Military Abortion Ideology

**Crosstab**

Count

		If you answered YES to Question 1, how many total months did you spend in a war zone(s)?					Total
		1-6	7-12	13-18	18-24	25+	
Military Abortion Ideology	Highly Permissive	7	15	10	5	6	43
	Moderately Permissive	4	11	0	0	4	19
	Moderately Restrictive	1	0	2	0	1	4
	Highly Restrictive	8	15	12	7	7	49
	Total	20	41	24	12	18	115

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	<b>14.648<sup>a</sup></b>	<b>12</b>	<b>.261</b>
Likelihood Ratio	21.388	12	.045
Linear-by-Linear Association	.219	1	.640
N of Valid Cases	115		

Table F3: Female Interaction + General Abortion Ideology

**Crosstab**

Count

		Female Interaction while Deployed		Total
		Low Interaction	Moderate Interaction	
General Abortion Ideology	Highly Permissive	29	52	81
	Moderately Permissive	13	14	27
	Moderately Restrictive	6	21	27
	Highly Restrictive	11	15	26
Total		59	102	161

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
<b>Pearson Chi-Square</b>	<b>4.342<sup>a</sup></b>	<b>3</b>	<b>.227</b>
Likelihood Ratio	4.477	3	.214
Linear-by-Linear Association	.001	1	.970
N of Valid Cases	161		

Table F4: Female Interaction + Military Abortion Ideology

**Crosstab**

Count

		Female Interaction while Deployed		Total
		Low Interaction	Moderate Interaction	
Military Abortion Ideology	Highly Permissive	20	38	58
	Moderately Permissive	8	19	27
	Moderately Restrictive	2	2	4
	Highly Restrictive	24	36	60
Total		54	95	149

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.283 <sup>a</sup>	3	.733
Likelihood Ratio	1.282	3	.734
Linear-by-Linear Association	.583	1	.445
N of Valid Cases	149		

Table F5: Awareness of Rape + Military Abortion Ideology

**Military Abortion Ideology \* Rape**

Count

		If you answered YES to Question 2, what type of conduct occurred? (please check all that apply)		Total
		Rape	No	
Military Abortion Ideology	High Permissive	8	50	58
	Moderate Permissive	1	27	28
	Moderate Restrictive	2	2	4
	High Restrictive	3	57	60
Total		14	136	150



**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.610 <sup>a</sup>	3	.009
Likelihood Ratio	8.522	3	.036
Linear-by-Linear Association	1.632	1	.201
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.091	.060	1.457	.145
		Military Abortion Ideology Dependent	.221	.143	1.457	.145
		Rape_yes Dependent	.057	.039	1.457	.145

Table F6: Sexual Misconduct Incidence

Incidence of Sexual Misconduct					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	143	86.7	86.7	86.7
	Moderate	13	7.9	7.9	94.5
	High	9	5.5	5.5	100.0
	Total	165	100.0	100.0	

Table F7: Sexual Misconduct Incidence + General Abortion Ideology

## General Abortion Ideology \* Incidence of Sexual Misconduct Crosstabulation

Count

		Incidence of Sexual Misconduct			Total
		Low	Moderate	High	
General Abortion Ideology	Highly Permissive	69	6	6	81
	Moderately Permissive	23	4	1	28
	Moderately Restrictive	24	2	1	27
	Highly Restrictive	24	1	1	26
Total		140	13	9	162

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.184 <sup>a</sup>	6	.785
Likelihood Ratio	3.080	6	.799
Linear-by-Linear Association	1.023	1	.312
N of Valid Cases	162		

Table F8: Sexual Misconduct Incidence + Military Abortion Ideology

## Crosstab

Count

		Incidence of Sexual Misconduct			Total
		Low	Moderate	High	
Military Abortion Ideology	High Permissive	47	6	5	58
	Moderate Permissive	27	1	0	28
	Moderate Restrictive	2	0	2	4
	High Restrictive	52	6	2	60
Total		128	13	9	150

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.586 <sup>a</sup>	6	.005
Likelihood Ratio	13.038	6	.042
Linear-by-Linear Association	.408	1	.523
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	-.051	.070	-.730	.465
		Military Abortion Ideology Dependent	-.090	.123	-.730	.465
		Incidence of Sexual Misconduct Dependent	-.036	.049	-.730	.465

Table F9: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Age

**Chi-Square Tests**

What is your age?		Value	df	Asymp. Sig. (2-sided)
18-24	Pearson Chi-Square	1.964 <sup>a</sup>	2	.374
	Likelihood Ratio	2.198	2	.333
	Linear-by-Linear Association	1.688	1	.194
	N of Valid Cases	26		
25-39	Pearson Chi-Square	7.639 <sup>b</sup>	6	.266
	Likelihood Ratio	7.600	6	.269
	Linear-by-Linear Association	.626	1	.429
	N of Valid Cases	103		
40+	Pearson Chi-Square	23.579 <sup>c</sup>	6	.001
	Likelihood Ratio	10.575	6	.102
	Linear-by-Linear Association	.240	1	.624
	N of Valid Cases	21		
Total	Pearson Chi-Square	18.586 <sup>d</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

**Directional Measures**

What is your age?				Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
40+	Ordinal by Ordinal	Somers' d	Symmetric	-.182	.124	-1.216	.224
			Military Abortion Ideology Dependent	-.410	.250	-1.216	.224
			Incidence of Sexual Misconduct Dependent	-.117	.099	-1.216	.224

Table F10: Sexual Misconduct Incidence + Military Abortion Ideology  
CONTROL: Sex

Chi-Square Tests				
What is your sex?		Value	df	Asymp. Sig. (2-sided)
Male	Pearson Chi-Square	4.053 <sup>a</sup>	6	.669
	Likelihood Ratio	5.873	6	.438
	Linear-by-Linear Association	.609	1	.435
	N of Valid Cases	115		
Female	Pearson Chi-Square	7.651 <sup>b</sup>	6	.265
	Likelihood Ratio	7.292	6	.295
	Linear-by-Linear Association	.051	1	.822
	N of Valid Cases	35		
Total	Pearson Chi-Square	18.586 <sup>c</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

Table F11: Sexual Misconduct Incidence + Military Abortion Ideology  
CONTROL: Race

What is your race?		Value	df	Asymp. Sig. (2-sided)
White, non-Hispanic	Pearson Chi-Square	11.186 <sup>a</sup>	6	.083
	Likelihood Ratio	9.120	6	.167
	Linear-by-Linear Association	.987	1	.321
	N of Valid Cases	129		
Hispanic/Latino	Pearson Chi-Square	.833 <sup>c</sup>	1	.361
	Continuity Correction <sup>d</sup>	.000	1	1.000
	Likelihood Ratio	1.185	1	.276
	Fisher's Exact Test			
	Linear-by-Linear Association	.667	1	.414
	N of Valid Cases	5		
Asian-American	Pearson Chi-Square	.750 <sup>e</sup>	1	.386
	Continuity Correction <sup>d</sup>	.000	1	1.000
	Likelihood Ratio	1.046	1	.306
	Fisher's Exact Test			
	Linear-by-Linear Association	.500	1	.480
	N of Valid Cases	3		

Table F12: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Education Level

### Chi-Square Tests

What is your education level?		Value	df	Asymp. Sig. (2-sided)
High School Diploma/GED	Pearson Chi-Square	. <sup>a</sup>		
	N of Valid Cases	2		
Some College	Pearson Chi-Square	2.467 <sup>b</sup>	6	.872
	Likelihood Ratio	3.296	6	.771
	Linear-by-Linear Association	.031	1	.861
	N of Valid Cases	77		
Bachelor's Degree	Pearson Chi-Square	3.407 <sup>c</sup>	2	.182
	Likelihood Ratio	4.055	2	.132
	Linear-by-Linear Association	2.408	1	.121
	N of Valid Cases	23		
Graduate work	Pearson Chi-Square	17.768 <sup>d</sup>	6	.007
	Likelihood Ratio	17.514	6	.008
	Linear-by-Linear Association	.365	1	.546
	N of Valid Cases	22		
Graduate Degree (Masters, JD, PhD, MD, etc.)	Pearson Chi-Square	2.380 <sup>e</sup>	4	.666
	Likelihood Ratio	3.304	4	.508
	Linear-by-Linear Association	1.388	1	.239
	N of Valid Cases	26		

### Directional Measures

What is your education level?				Value	Asymp. Std. Error <sup>b</sup>	Approx. T <sup>c</sup>	Approx. Sig.
Graduate work	Ordinal by Ordinal	Somers' d	Symmetric	.151	.176	.865	.387
			Military Abortion Ideology Dependent	.179	.213	.865	.387
			Incidence of Sexual Misconduct Dependent	.130	.150	.865	.387

Table F13: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Marital Status

### Chi-Square Tests

What is your marital status?		Value	df	Asymp. Sig. (2-sided)
Single	Pearson Chi-Square	18.805 <sup>a</sup>	6	.005
	Likelihood Ratio	9.035	6	.172
	Linear-by-Linear Association	.035	1	.851
	N of Valid Cases	70		
Married	Pearson Chi-Square	3.491 <sup>b</sup>	6	.745
	Likelihood Ratio	3.920	6	.687
	Linear-by-Linear Association	1.990	1	.158
	N of Valid Cases	65		
Divorced	Pearson Chi-Square	16.042 <sup>c</sup>	6	.014
	Likelihood Ratio	12.239	6	.057
	Linear-by-Linear Association	4.170	1	.041
	N of Valid Cases	15		
Total	Pearson Chi-Square	18.586 <sup>d</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

### Chi-Square Tests

MarriedYN		Value	df	Asymp. Sig. (2-sided)
Not Married	Pearson Chi-Square	24.002 <sup>a</sup>	6	.001
	Likelihood Ratio	13.335	6	.038
	Linear-by-Linear Association	.390	1	.532
	N of Valid Cases	85		
Married	Pearson Chi-Square	3.491 <sup>b</sup>	6	.745
	Likelihood Ratio	3.920	6	.687
	Linear-by-Linear Association	1.990	1	.158
	N of Valid Cases	65		
Total	Pearson Chi-Square	18.586 <sup>c</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

## Directional Measures

MarriedYN				Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Not Married	Ordinal by Ordinal	Somers' d	Symmetric	.037	.097	.377	.706
			Military Abortion Ideology Dependent	.057	.151	.377	.706
			Incidence of Sexual Misconduct Dependent	.027	.072	.377	.706

Table F14: Sexual Misconduct Incidence + Military Abortion Ideology  
CONTROL: Officer/Enlisted

## Military Abortion Ideology \* Incidence of Sexual Misconduct \* How did you enter the military?

Count

			Incidence of Sexual Misconduct			Total
			Low	Moderate	High	
How did you enter the military?						
Officer (commissioned)	Military Abortion Ideology	Highly Permissive	17	2	3	22
		Moderately Permissive	5	0	0	5
		Highly Restrictive	9	4	0	13
		Total	31	6	3	40
Enlisted	Military Abortion Ideology	Highly Permissive	30	4	2	36
		Moderately Permissive	21	1	0	22
		Moderately Restrictive	2	0	2	4
		Highly Restrictive	43	2	2	47
		Total	96	7	6	109
Total	Military Abortion Ideology	Highly Permissive	47	6	5	58
		Moderately Permissive	26	1	0	27
		Moderately Restrictive	2	0	2	4
		Highly Restrictive	52	6	2	60
		Total	127	13	9	149



## Chi-Square Tests

How did you enter the military?		Value	df	Asymp. Sig. (2-sided)
Officer (commissioned)	Pearson Chi-Square	6.313 <sup>a</sup>	4	.177
	Likelihood Ratio	7.750	4	.101
	Linear-by-Linear Association	.053	1	.818
	N of Valid Cases	40		
Enlisted	Pearson Chi-Square	18.633 <sup>b</sup>	6	.005
	Likelihood Ratio	10.950	6	.090
	Linear-by-Linear Association	.160	1	.690
	N of Valid Cases	109		
Total	Pearson Chi-Square	18.315 <sup>c</sup>	6	.005
	Likelihood Ratio	12.794	6	.046
	Linear-by-Linear Association	.419	1	.517
	N of Valid Cases	149		

## Directional Measures

How did you enter the military?				Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Enlisted	Ordinal by Ordinal	Somers' d	Symmetric	-.066	.076	-.857	.391
			Military Abortion	-.134	.154	-.857	.391
			Ideology Dependent				
			Incidence of Sexual Misconduct Dependent	-.044	.051	-.857	.391

Table F15: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Political Affiliation

#### Chi-Square Tests

What is your political party affiliation?		Value	df	Asymp. Sig. (2-sided)
Republican	Pearson Chi-Square	3.223 <sup>a</sup>	4	.521
	Likelihood Ratio	4.880	4	.300
	Linear-by-Linear Association	2.599	1	.107
	N of Valid Cases	44		
Democrat	Pearson Chi-Square	1.071 <sup>b</sup>	4	.899
	Likelihood Ratio	1.608	4	.807
	Linear-by-Linear Association	.028	1	.868
	N of Valid Cases	30		
Independent (non-affiliated)	Pearson Chi-Square	14.568 <sup>c</sup>	6	.024
	Likelihood Ratio	14.033	6	.029
	Linear-by-Linear Association	2.671	1	.102
	N of Valid Cases	68		
Libertarian	Pearson Chi-Square	. <sup>d</sup>		
	N of Valid Cases	7		
Green	Pearson Chi-Square	. <sup>e</sup>		
	N of Valid Cases	1		
Total	Pearson Chi-Square	18.586 <sup>f</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

#### Directional Measures

Independents				Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Independent	Ordinal by Ordinal	Somers' d	Symmetric	-.185	.094	-1.871	
			Military Abortion Ideology	-.284	.141	-1.871	
			Dependent				
			Incidence of Sexual Misconduct Dependent	-.137	.074	-1.871	

Table F16: Sexual Misconduct Incidence + Military Abortion Ideology

CONTROL: Religious Affiliation

**Military Abortion Ideology \* Incidence of Sexual Misconduct \* Do you have a religious preference?**

Count

Do you have a religious preference?			Incidence of Sexual Misconduct			Total
			Low	Moderate	High	
Yes	Military Abortion Ideology	Highly Permissive	23	2	2	27
		Moderately Permissive	15	1	0	16
		Moderately Restrictive	1	0	0	1
		Highly Restrictive	46	4	2	52
		Total	85	7	4	96
No	Military Abortion Ideology	Highly Permissive	24	4	3	31
		Moderately Permissive	12	0	0	12
		Moderately Restrictive	1	0	2	3
		Highly Restrictive	6	2	0	8
		Total	43	6	5	54
Total	Military Abortion Ideology	Highly Permissive	47	6	5	58
		Moderately Permissive	27	1	0	28
		Moderately Restrictive	2	0	2	4
		Highly Restrictive	52	6	2	60
		Total	128	13	9	150

**Chi-Square Tests**

Do you have a religious preference?		Value	df	Asymp. Sig. (2-sided)
Yes	Pearson Chi-Square	1.609 <sup>a</sup>	6	.952
	Likelihood Ratio	2.261	6	.894
	Linear-by-Linear Association	.127	1	.721
	N of Valid Cases	96		
No	Pearson Chi-Square	17.154 <sup>b</sup>	6	.009
	Likelihood Ratio	14.257	6	.027
	Linear-by-Linear Association	.095	1	.758
	N of Valid Cases	54		
Total	Pearson Chi-Square	18.586 <sup>c</sup>	6	.005
	Likelihood Ratio	13.038	6	.042
	Linear-by-Linear Association	.408	1	.523
	N of Valid Cases	150		

Table F17: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Religious Sect

**Chi-Square Tests**

Rel sect gen		Value	df	Asymp. Sig. (2-sided)
Protestant	Pearson Chi-Square	2.102 <sup>a</sup>	6	.910
	Likelihood Ratio	3.364	6	.762
	Linear-by-Linear Association	1.488	1	.222
	N of Valid Cases	52		
Catholic	Pearson Chi-Square	5.268 <sup>b</sup>	4	.261
	Likelihood Ratio	5.458	4	.243
	Linear-by-Linear Association	3.101	1	.078
	N of Valid Cases	31		
Jewish	Pearson Chi-Square	. <sup>c</sup>		
	N of Valid Cases	3		
Mormon	Pearson Chi-Square	. <sup>c</sup>		
	N of Valid Cases	3		
Total	Pearson Chi-Square	1.005 <sup>d</sup>	6	.985
	Likelihood Ratio	1.347	6	.969
	Linear-by-Linear Association	.112	1	.738
	N of Valid Cases	89		

Table F18: Sexual Misconduct Incidence + Military Abortion Ideology  
 CONTROL: Religiosity

**Chi-Square Tests**

If you answered YES to Question 6, about how often do you attend religious services?		Value	df	Asymp. Sig. (2-sided)
Never	Pearson Chi-Square	. <sup>a</sup>		
	N of Valid Cases	10		
Rarely (About 1-4x/year)	Pearson Chi-Square	6.049 <sup>b</sup>	6	.418
	Likelihood Ratio	6.584	6	.361
	Linear-by-Linear Association	.188	1	.665
	N of Valid Cases	30		
Sometimes (About 1x/month)	Pearson Chi-Square	4.014 <sup>c</sup>	4	.404
	Likelihood Ratio	4.432	4	.351
	Linear-by-Linear Association	1.350	1	.245
	N of Valid Cases	22		
Often (About 1x/week)	Pearson Chi-Square	7.385 <sup>d</sup>	4	.117
	Likelihood Ratio	5.323	4	.256
	Linear-by-Linear Association	.790	1	.374
	N of Valid Cases	33		
Total	Pearson Chi-Square	1.596 <sup>e</sup>	6	.953
	Likelihood Ratio	2.264	6	.894
	Linear-by-Linear Association	.106	1	.744
	N of Valid Cases	95		

**APPENDIX G: OTHER INDEPENDENT VARIABLES**

Table G1: Social Policy + General Abortion Ideology

**Crosstab**

Count

		Social policy							Total
		1: Extremely liberal	2	3	4	5	6	7: Extremely conservative	
General Abortion Ideology	High Permissive	9	21	25	13	6	1	2	77
	Moderate Permissive	0	6	7	9	3	2	0	27
	Moderate Restrictive	0	7	3	7	2	4	3	26
	High Restrictive	1	0	0	8	7	6	3	25
	Total	10	34	35	37	18	13	8	155

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	54.817 <sup>a</sup>	18	.000
Likelihood Ratio	67.359	18	.000
Linear-by-Linear Association	34.957	1	.000
N of Valid Cases	155		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.386	.057	6.549	.000
		General Abortion Ideology Dependent	.351	.053	6.549	.000
		Social policy Dependent	.429	.064	6.549	.000

Table G2: Social Policy + Military Abortion Ideology

**Crosstab**

Count

		Social policy							Total
		1: Extremely liberal	2	3	4	5	6	7: Extremely conservati ve	
Military Abortion Ideology	High Permissive	6	17	16	9	6	1	1	56
	Moderate Permissive	0	8	7	6	2	1	3	27
	Moderate Restrictive	0	1	3	0	0	0	0	4
	High Restrictive	2	6	7	18	10	10	3	56
	Total	8	32	33	33	18	12	7	143

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2- sided)
Pearson Chi-Square	38.607 <sup>a</sup>	18	.003
Likelihood Ratio	40.918	18	.002
Linear-by-Linear Association	17.645	1	.000
N of Valid Cases	143		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.309	.063	4.903	.000
		Military Abortion Ideology Dependent	.279	.057	4.903	.000
		Social policy Dependent	.347	.072	4.903	.000

Table G3: Political Party + General Abortion Ideology

**Crosstab**

Count

		What is your political party affiliation?					Total
		Republican	Democrat	Independent (non-affiliated)	Libertarian	Green	
General Abortion Ideology	High Permissive	14	25	36	5	1	81
	Moderate	8	6	13	1	0	28
	Permissive						
	Moderate	10	4	12	1	0	27
	Restrictive						
	High Restrictive	14	0	12	0	0	26
Total		46	35	73	7	1	162

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	22.426 <sup>a</sup>	12	.033
Likelihood Ratio	28.439	12	.005
Linear-by-Linear Association	6.260	1	.012
N of Valid Cases	162		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Nominal by Nominal	Lambda	Symmetric	.012	.030	.392	.695
		General Abortion Ideology Dependent	.000	.000	. <sup>c</sup>	. <sup>c</sup>
		What is your political party affiliation? Dependent	.022	.057	.392	.695
	Goodman and Kruskal tau	General Abortion Ideology Dependent	.058	.021		.005 <sup>d</sup>
		What is your political party affiliation? Dependent	.046	.017		.003 <sup>d</sup>



Graph G1: Political Party + General Abortion Ideology

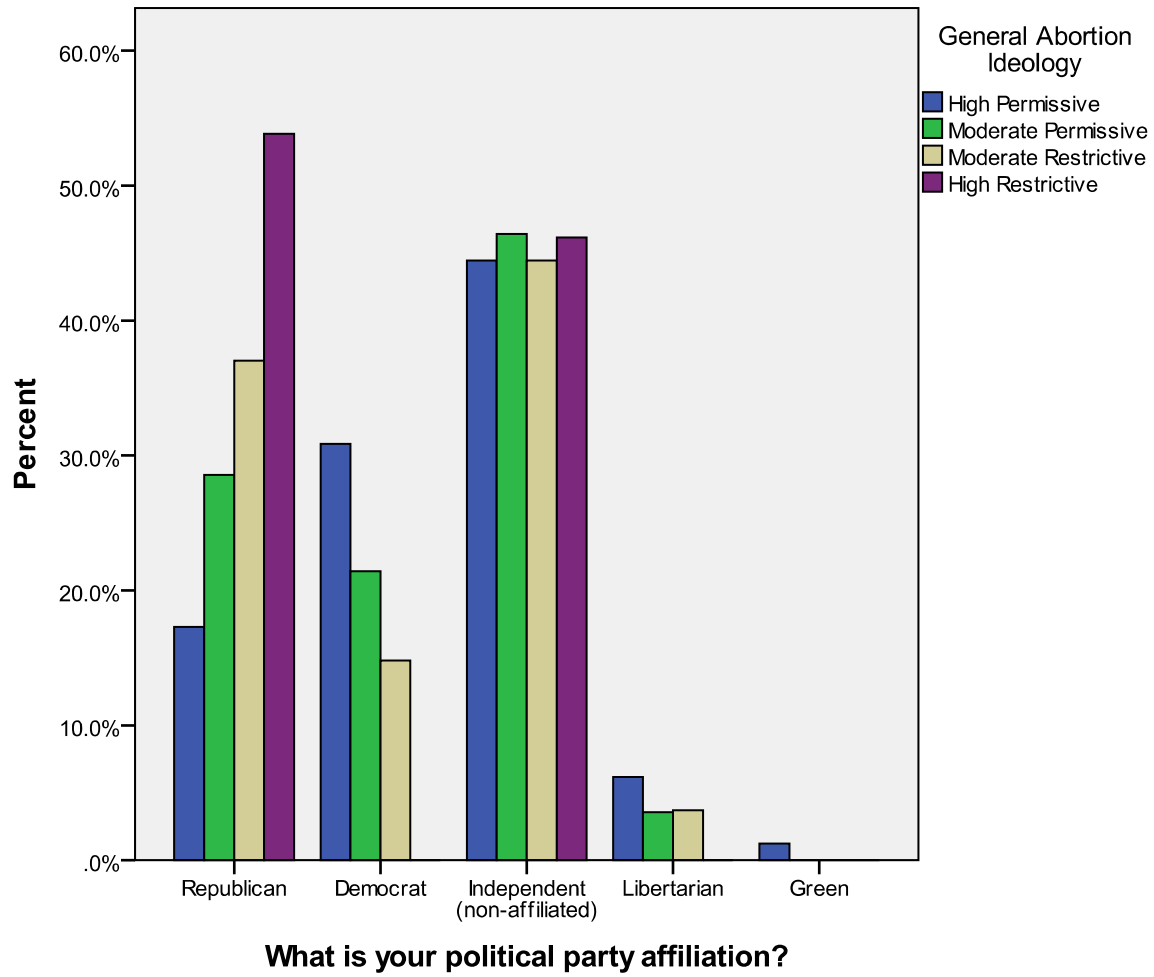


Table G4: Political Party + Military Abortion Ideology

**Crosstab**

Count

		What is your political party affiliation?					Total
		Republican	Democrat	Independent (non-affiliated)	Libertarian	Green	
Military Abortion Ideology	High Permissive	7	21	27	2	1	58
	Moderate	9	3	13	3	0	28
	Permissive						
	Moderate	0	0	4	0	0	4
	Restrictive						
	High Restrictive	28	6	24	2	0	60
Total		44	30	68	7	1	150

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.332 <sup>a</sup>	12	.001
Likelihood Ratio	34.784	12	.001
Linear-by-Linear Association	6.672	1	.010
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Nominal by Nominal	Lambda	Symmetric	.140	.074	1.788	.074
		Military Abortion Ideology Dependent	.222	.090	2.218	.027
		What is your political party affiliation? Dependent	.049	.086	.555	.579
	Goodman and Kruskal tau	Military Abortion Ideology Dependent	.107	.036		.000 <sup>c</sup>
		What is your political party affiliation? Dependent	.079	.024		.000 <sup>c</sup>

Table G5: Republican + General Abortion Ideology

**Crosstab**

Count

		Republicans		Total
			Republican	
General Abortion Ideology	High Permissive	67	14	81
	Moderate Permissive	20	8	28
	Moderate Restrictive	17	10	27
	High Restrictive	12	14	26
Total		116	46	162

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.194 <sup>a</sup>	3	.003
Likelihood Ratio	13.748	3	.003
N of Valid Cases	162		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.259	.069	3.614	.000
		General Abortion Ideology Dependent	.342	.091	3.614	.000
		Republicans Dependent	.209	.057	3.614	.000

Table G6: Republican + Military Abortion Ideology

**Crosstab**

Count

		Republicans		Total
			Republican	
Military Abortion Ideology	High Permissive	51	7	58
	Moderate Permissive	19	9	28
	Moderate Restrictive	4	0	4
	High Restrictive	32	28	60
Total		106	44	150

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	18.803 <sup>a</sup>	3	.000
Likelihood Ratio	20.735	3	.000
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.303	.067	4.356	.000
		Military Abortion Ideology Dependent	.391	.085	4.356	.000
		Republicans Dependent	.247	.058	4.356	.000

Table G7: Democrat + General Abortion Ideology

**Crosstab**

Count

		Democrats		Total
			Democrat	
General Abortion Ideology	High Permissive	56	25	81
	Moderate	22	6	28
	Permissive			
	Moderate Restrictive	23	4	27
	High Restrictive	26	0	26
Total		127	35	162

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.001 <sup>a</sup>	3	.007
Likelihood Ratio	17.217	3	.001
N of Valid Cases	162		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	-.231	.054	-3.951	.000
		General Abortion Ideology Dependent	-.343	.078	-3.951	.000
		Democrats Dependent	-.174	.044	-3.951	.000

Table G8: Democrat + Military Abortion Ideology

**Crosstab**

Count

		Democrats		Total
			Democrat	
Military Abortion Ideology	High Permissive	37	21	58
	Moderate Permissive	25	3	28
	Moderate Restrictive	4	0	4
	High Restrictive	54	6	60
Total		120	30	150

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.780 <sup>a</sup>	3	.001
Likelihood Ratio	16.109	3	.001
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	-.257	.068	-3.524	.000
		Military Abortion Ideology Dependent	-.392	.100	-3.524	.000
		Democrats Dependent	-.191	.055	-3.524	.000

Table G9: Independent + General Abortion Ideology

Crosstab					
			Independents		Total
				Independent	
General Abortion Ideology	High Permissive	Count	45	36	81
		% within Independents	50.6%	49.3%	50.0%
	Moderate Permissive	Count	15	13	28
		% within Independents	16.9%	17.8%	17.3%
	Moderate Restrictive	Count	15	12	27
		% within Independents	16.9%	16.4%	16.7%
	High Restrictive	Count	14	12	26
		% within Independents	15.7%	16.4%	16.0%
Total	Count	89	73	162	
	% within Independents	100.0%	100.0%	100.0%	

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.050 <sup>a</sup>	3	.997
Likelihood Ratio	.050	3	.997
N of Valid Cases	162		

Table G10: Independent + Military Abortion Ideology

Crosstab					
			Independents		Total
				Independent	
Military Abortion Ideology	High Permissive	Count	31	27	58
		% within Independents	37.8%	39.7%	38.7%
	Moderate Permissive	Count	15	13	28
		% within Independents	18.3%	19.1%	18.7%
	Moderate Restrictive	Count	0	4	4
		% within Independents	.0%	5.9%	2.7%
	High Restrictive	Count	36	24	60
		% within Independents	43.9%	35.3%	40.0%
Total	Count	82	68	150	
	% within Independents	100.0%	100.0%	100.0%	

## Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.560 <sup>a</sup>	3	.135
Likelihood Ratio	7.072	3	.070
N of Valid Cases	150		



Table G11: Religious Affiliation + General Abortion Ideology

**Crosstab**

Count

		Do you have a religious preference?		Total
		Yes	No	
General Abortion Ideology	High Permissive	37	44	81
	Moderate Permissive	19	9	28
	Moderate Restrictive	23	4	27
	High Restrictive	26	0	26
Total		105	57	162

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	32.147 <sup>a</sup>	3	.000
Likelihood Ratio	40.641	3	.000
Linear-by-Linear Association	31.746	1	.000
N of Valid Cases	162		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.405	.053	7.127	.000
		General Abortion Ideology Dependent	.498	.066	7.127	.000
		rel_prefYN2 Dependent	.341	.047	7.127	.000

Table G12: Religious Affiliation + Military Abortion Ideology

**Crosstab**

Count

		Do you have a religious preference?		Total
		Yes	No	
Military Abortion Ideology	High Permissive	27	31	58
	Moderate Permissive	16	12	28
	Moderate Restrictive	1	3	4
	High Restrictive	52	8	60
Total		96	54	150

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.256 <sup>a</sup>	3	.000
Likelihood Ratio	26.034	3	.000
Linear-by-Linear Association	20.198	1	.000
N of Valid Cases	150		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.339	.067	4.972	.000
		Military Abortion Ideology Dependent	.410	.080	4.972	.000
		rel_prefYN2 Dependent	.289	.059	4.972	.000

Table G13: Religious Sect + General Abortion Ideology

**Crosstab**

Count

		Rel_sect_gen				Total
		Protestant	Catholic	Jewish	Mormon	
General Abortion Ideology	High Permissive	19	13	2	0	34
	Moderate Permissive	10	5	0	1	16
	Moderate Restrictive	14	8	1	0	23
	High Restrictive	13	10	0	2	25
Total		56	36	3	3	98

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.041 <sup>a</sup>	9	.633
Likelihood Ratio	9.099	9	.428
Linear-by-Linear Association	.313	1	.576
N of Valid Cases	98		

Table G14: Religious Sect + Military Abortion Ideology

**Crosstab**

Count

		Rel_sect_gen				Total
		Protestant	Catholic	Jewish	Mormon	
Military Abortion Ideology	High Permissive	11	9	2	1	23
	Moderate Permissive	10	5	0	0	15
	Moderate Restrictive	1	0	0	0	1
	High Restrictive	30	17	1	2	50
Total		52	31	3	3	89

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.840 <sup>a</sup>	9	.848
Likelihood Ratio	5.677	9	.772
Linear-by-Linear Association	.488	1	.485
N of Valid Cases	89		

Table G15: Religiosity + General Abortion Ideology

**Crosstab**

Count

		If you answered YES to Question 6, about how often do you attend religious services?				Total
		Never	Rarely (About 1-4x/year)	Sometimes (About 1x/month)	Often (About 1x/week)	
General Abortion Ideology	High Permissive	3	18	12	4	37
	Moderate Permissive	3	7	8	1	19
	Moderate Restrictive	2	8	4	9	23
	High Restrictive	2	3	0	20	25
	Total	10	36	24	34	104

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	44.428 <sup>a</sup>	9	.000
Likelihood Ratio	49.712	9	.000
Linear-by-Linear Association	16.978	1	.000
N of Valid Cases	104		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.347	.083	4.232	.000
		General Abortion Ideology Dependent	.352	.086	4.232	.000
		If you answered YES to Question 6, about how often do you attend religious services? Dependent	.342	.080	4.232	.000

Graph G2: Religiosity + General Abortion Ideology

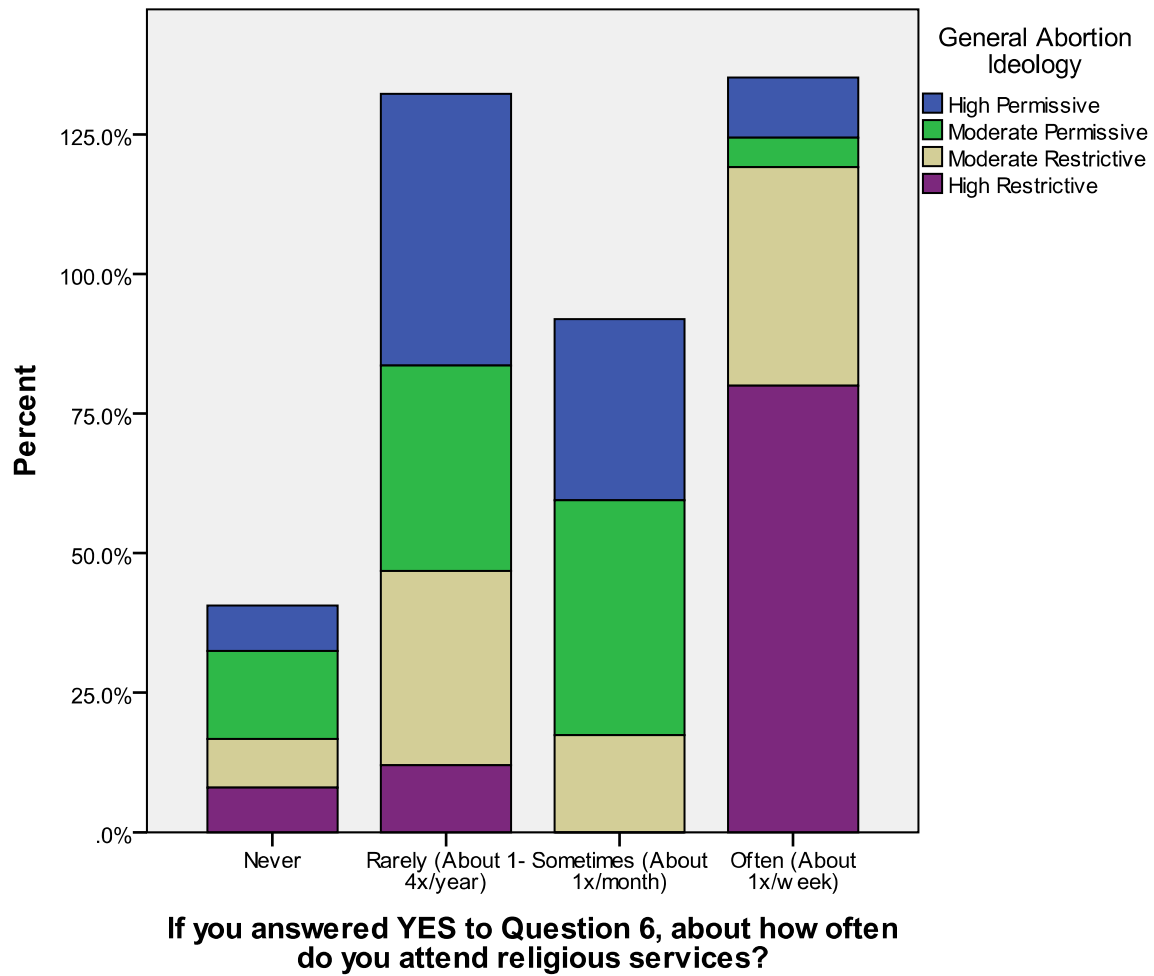


Table G16: Religiosity + Military Abortion Ideology

**Crosstab**

Count

		If you answered YES to Question 6, about how often do you attend religious services?				Total
		Never	Rarely (About 1-4x/year)	Sometimes (About 1x/month)	Often (About 1x/week)	
Military Abortion Ideology	High Permissive	5	14	6	2	27
	Moderate Permissive	1	6	6	3	16
	Moderate Restrictive	0	1	0	0	1
	High Restrictive	4	9	10	28	51
	Total	10	30	22	33	95

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.920 <sup>a</sup>	9	.002
Likelihood Ratio	27.745	9	.001
Linear-by-Linear Association	17.597	1	.000
N of Valid Cases	95		

**Directional Measures**

			Value	Asymp. Std. Error <sup>a</sup>	Approx. T <sup>b</sup>	Approx. Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.399	.079	5.035	.000
		Military Abortion Ideology Dependent	.368	.075	5.035	.000
		If you answered YES to Question 6, about how often do you attend religious services? Dependent	.437	.086	5.035	.000