

A Matter of Principle: How Local Consent Affects U.S. Support for Military Interventions

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Abstract: U.S. policy elites regularly claim that local populations welcome U.S. military intervention on their territory, which implies a powerful moral justification for war. Does the consent of the “intervened population” affect U.S. public support for military intervention? A large literature shows that U.S. support for war follows cost-benefit calculations. In this view, ordinary Americans are prudent, not principled, about war—specifically, they support low-cost interventions that are likely to succeed. Yet our conjoint survey experiment finds that American respondents do take a moral position regarding military intervention. In the experiment, we asked 3,360 U.S. citizens to evaluate ten hypothetical military intervention scenarios with attributes that we varied randomly. The results show that local consent significantly increases support for war on average, even when the intervention is predicted to be costless. This finding is consistent with the anti-paternalist position that using force for the benefit of others requires their consent as a matter of principle. Our study contributes to a recalibration of the roles of principled and prudential considerations in U.S. support for war. The importance of consent and the principled logic behind its effect on support for military intervention suggest that policy elites concerned with the democratic legitimacy of U.S. wars should identify the actual views of the population where the United States militarily intervenes.

Does the consent of the local population to a military intervention affect public support in the intervening country? The question looms particularly large in the United States, the country that has used military force outside its own borders most frequently in the postwar international order. U.S. military interventions have shaped the international system, they have shaped the American people,¹ and they have often had staggering costs for the populations on whose territory the United States has used force.² Research shows that in the United States, public opinion influences policy decisions about military intervention.³ It is therefore important to understand what affects U.S. public support for military interventions abroad.

This article provides novel, experimental evidence that the consent of “the intervened” is an important, independent force for determining public support of U.S. military intervention abroad. While it is possible that local consent matters because it signals something about the projected consequences of an intervention—such as greater likelihood of success or lower costs of intervention—our findings suggest that consent matters not as a proxy for instrumental considerations, but on principle. Local consent influences intervention support across a range of projected consequences. It does not become more important when an intervention is projected to be costlier, or when it is more risky. Instead, local consent appears to matter on principle: Local consent substantially increases support even for interventions projected to be relatively costless and successful. Moreover, while many studies find that factors such as gender and ideology condition U.S. support for war, we find the effect of support of the intervened population is consistent across identity factors such as political party, race, and gender. These findings challenge the prevailing view that Americans are primarily “prudent,” supporting intervention when it is low-cost and likely to succeed.⁴ Instead, our results suggest

that Americans care on principle about whether U.S. interventions are welcomed by their intended beneficiaries. This finding has significant implications for democratic accountability and the legitimacy of U.S. foreign policy.

Whether local consent matters in determining Americans' support for U.S. intervention abroad is relevant because many U.S. presidents, whether Democrat or Republican, have claimed that local populations benefit from and therefore welcome U.S. military operations on their territories. According to elite discourse, the purpose of both major wars in Afghanistan and Iraq was to defend U.S. security interests. But the elite discourse was also replete with claims that the local populations would benefit from and welcome U.S. military intervention. President George W. Bush stressed that Operation Enduring Freedom was meant to help the people of Afghanistan overcome internal divisions and Taliban rule.⁵ Two years later, Vice President Dick Cheney even more bluntly predicted that "we will, in fact, be greeted as liberators" in Iraq.⁶ U.S. policy elites have claimed that the local population would benefit from U.S. intervention nearly every time the United States conducted major hostilities abroad in the post-Cold War era.⁷

President Donald Trump has on occasion been called an isolationist, leading some analysts to predict a reduction in U.S. military interventionism.⁸ Even before sending U.S. planes to bomb Iranian nuclear sites, however, he threatened to annex Canada and Greenland at the start of his second term. It is far from certain that President Trump would rely on economic coercion alone to achieve these foreign policy goals, stating about Greenland, "One way or the other, we're going to get it."⁹ While not concealing strategic and economic interests in acquiring these territories, President Trump has claimed that both local populations would welcome annexation. He told reporters that the Canadian public "liked it," as Canadians would enjoy lower taxes in the United States.¹⁰ President Trump promised the population of Greenland that "we will keep you safe. We will make you rich," and Vice President J. D. Vance asserted that Greenland wanted liberation from Danish rule.¹¹ It is poorly understood whether such claims resonate with the U.S. public, because scholars have not investigated the role of local consent in U.S. war support.

We investigate whether local consent shapes U.S. public support for war using a pre-registered experimental survey with 3,360 U.S. respondents to investigate if local consent, potentially in interaction with other factors, increases U.S. war support in a hypothetical scenario.¹² In particular, we use a conjoint experiment, a method in which respondents evaluate multiple hypothetical scenarios with attributes that randomly vary.¹³ This design allows us to estimate the average effect of each scenario attribute on intervention support.¹⁴ For this study, we asked respondents to assess their support for a U.S. intervention to rescue a minority group at risk of ethnic cleansing by its own government in the fictional country of Esor. We then exposed respondents to ten intervention scenarios with randomly varied attributes: the consent of the group to be rescued, the projected costs to them, projected costs to bystanders, and the likelihood of success.

We find that local consent increases war support. In the forced choice outcome, it increases support for an intervention to a similar extent as the intervention's expected likelihood of success. Local consent affects support less than an intervention's projected costs to beneficiaries and bystanders, which reduce war support. We also find that consent has its own effect on war support; it is not merely a cue for the likely outcome of an intervention. Moreover, the results are consistent with respondents taking a principled stance on consent because we find that local consent influences war support even when the U.S. military intervention is

projected to be costless. Increasing costs (i.e., projected civilian casualties) or uncertainty of success do not raise the importance of consent. Rather, respondents rate local consent for an intervention as relatively less important when projected civilian casualties are very high. Overall, our results suggest that Americans take a principled stance on the necessity of local consent, and since consent retains an effect across variation in costs and benefits, it is apt to shape war support across a wide range of U.S. military interventions.

These findings are surprising considering both existing academic literature and dominant policymaking assumptions. The existing literature suggests that local consent does not independently affect U.S. war support. Academic and U.S. policy circles largely agree that support for war in the United States follows an instrumental logic¹⁵ that is based on an expected utility calculation¹⁶ about a military intervention's likelihood of success and its costs.¹⁷ The U.S. public is “prudent,” concerned with the consequences of U.S. wars abroad, not with matters of principle.¹⁸ While existing investigations show that Americans are responsive to moral frames and appeals when cued by elites about U.S. wars abroad, the literature finds little indication that principled moral demands structure U.S. attitudes toward the use of force before acting.¹⁹ In contrast, the dominant position in moral philosophy is that using force for the benefit of a third party—“third-party rescue”—requires the consent of the intended beneficiary.²⁰ This position is grounded in the general moral demand to respect others’ freedom and individual autonomy, and for groups, their collective self-determination. It is paternalistic to fight wars to benefit a local population without seeking their consent.

Our central finding that consent significantly shapes support for war, even when the projected cost-benefit calculation for the intervention is favorable, suggests then that the role of consent in war support is principled, consistent with consent addressing concerns over paternalistic intervention. This moral principle—that beneficiaries are entitled to veto third-party rescue—resonates with the U.S. public, even though we did not explicitly ask respondents to consider matters of right and wrong or moral principles. This is to our knowledge the first finding that suggests that a principled moral demand—one must not engage in third-party rescue without consent—affects U.S. support for war, alongside prudential considerations about the consequences of U.S. military operations abroad.

The insight that local consent influences U.S. support for war in this way has important policy implications. U.S. policy elites have often claimed consent without really interrogating whether the local populations welcomed interventions,²¹ which often cause staggering civilian casualties and long-term instability. The importance of consent and the principled logic behind its effect on war support suggest that policy elites concerned with the democratic legitimacy of U.S. military operations should establish the actual views of the population where the United States militarily intervenes. Of course, consent might be most difficult to establish in precisely those places where significant imminent threats might make an intervention more urgent. We explore pathways toward establishing local consent in the conclusion.

Our article proceeds in five steps. We first discuss how often the claim that local populations benefit from U.S. intervention has been used to legitimize different types of historical and contemporary U.S. military interventions. The second part reviews the literature on support for war in the United States. Thereafter, we articulate theoretical expectations for the role of local consent in U.S. war support. Next, we outline the design of our experiment, before discussing the results. We explore policy implications and avenues for future research in the conclusion.

U.S. Military Interventions and Claims of Local Consent

U.S. military interventions abroad are common and varied. The United States has used military force in other countries hundreds of times.²² A new dataset, introduced by Sidita Kushi and Monica Duffy Toft, puts the number at “almost 400 military interventions since the country's founding in 1776.”²³ In line with Kushi and Toft, we define military intervention as any “confirmed instance of the U.S. usage of force” outside of its territory to exert political pressure or in the context of a conflict.²⁴ This definition includes special operations, drone strikes, or operations in another state's territory that are directed against a non-state actor rather than that state's government.²⁵ Defined in this way, U.S. military interventions vary widely in their consequences. They have ranged from discrete military operations, such as the assassination of Osama bin Laden that killed five civilian bystanders and no U.S. troops, to air campaigns that caused significant civilian deaths and few U.S. casualties, to major wars with boots on the ground that spanned decades and cost thousands of foreign and U.S. lives, chiefly the wars in Korea, Vietnam, Afghanistan, and Iraq.

Across this universe of cases of different types of interventions—whether large-scale or targeted—U.S. policymakers often claim that military action benefits the population on whose territory force is used. These claims are more than rhetorical; they serve as part of the moral and political justification for U.S. intervention.²⁶ Kushi and Toft report that from 1990 to 2019, humanitarian objectives were among the two most common rationales for U.S. intervention.²⁷ Such humanitarian goals are as frequent as the goal of protecting U.S. citizens or diplomatic missions abroad. Among post-Cold War interventions that are often framed as benefiting the population, common goals are to build (33 times) or remove (8 times) regimes. Official explanations for interventions in Iraq,²⁸ Libya,²⁹ Syria,³⁰ and Afghanistan³¹ all featured, among other objectives, liberating the local population from their regimes. Such explanations assumed and often explicitly claimed that the local population welcomed “liberation.” In short, most major U.S. military interventions abroad since the end of the Cold War were legitimized partly with intended benefits to the local people.

Many Western military powers share a long and inglorious tradition of claiming that military interventions benefit the intervened population. They echo one prevalent justification for nineteenth-century European and U.S. imperialism: that Western military intervention would benefit less developed or “less civilized” populations.³² We are by no means the first to highlight continuities between imperialism and contemporary U.S. military interventionism. About twenty-five years ago, scholars of international relations noticed that the George W. Bush administration, which had criticized “humanitarian interventions” under President Bill Clinton, was using military means to redesign and rebuild states, with the United States assuming governance authority for prolonged periods.³³ In the words of Joseph Nye, “American empire [was] the dominant narrative of the twenty-first century.”³⁴ James Fearon and David Laitin coined the terms “neo-trusteeship” and “post-modern imperialism” to describe U.S. military operations abroad.³⁵

Various commonalities³⁶ and differences³⁷ between twenty-first-century U.S. military interventions and imperialism receive extensive treatments in the literature. Among the differences are the United States' attempts to obtain “legal mandates” for contemporary interventions,³⁸ and the prevalent goal for the United States to exit as quickly as possible rather than permanently control territory, which typically characterizes formal empire.³⁹ We do not wish to reopen this debate about the extent to which contemporary U.S. interventionism should be considered imperialist. Instead, we highlight one significant but understudied commonality

between the ideal type of nineteenth-century imperialism and U.S. interventionism: Both Democrat and Republican presidents consistently claim that U.S. military power benefits the local population.

A critical disjuncture from imperialism is that contemporary policy elites infer local consent from this “intent to benefit” the intervened population. In the age of imperialism, policy elites would not have needed to infer local consent from the claim that they were bringing civilization to the colonized populations, since these populations were not considered capable of consent any more than they were considered capable of self-governance.⁴⁰ For instance, President William McKinley said after the United States annexed the Philippines in 1898 that he thought “we could not leave them to themselves, they were unfit for self-government, and they would soon have anarchy and misrule over there, worse than Spain's was.”⁴¹ Here the intention to benefit the local population sufficed as a source of legitimacy and supposed moral justification for military intervention.⁴² Today, policy elites infer local consent in addition to asserting intent to benefit to justify interventions. As we explain in more detail below, moral philosophers now largely agree that the use of force for the purposes of rescuing, liberating, or generally benefiting a third party is paternalistic and impermissible unless the intended beneficiary consents.

This understanding makes it especially important to investigate whether Americans view consent as necessary. Studies of conflict-affected populations suggest that it is unsound to simply *assume* that the local population favors intervention even when an intervention genuinely aims to benefit them. Austin Knuppe argues that local support varies for interventions that have ostensibly humanitarian purposes, since populations understand that all military operations cause collateral damage.⁴³ Even interventions with moral or humanitarian objectives cause significant local harm.⁴⁴ In addition, external intervention for the benefit of an oppressed group can escalate the local government's violence,⁴⁵ or, after weakening a government, can lead to instability.⁴⁶ Conflict-affected populations may have become increasingly aware of this possibility after the security situations in Afghanistan and Iraq deteriorated.⁴⁷ Although an in-group's urgent need for assistance can increase support for foreign intervention,⁴⁸ nationalism and national pride are additional factors that may undercut support for external military intervention.⁴⁹

In short, actual local support for intervention likely varies, and assuming otherwise is both empirically and normatively problematic. Establishing local consent to U.S. intervention is necessary if an intervention for the benefit of a third party is to be legitimate and not elicit the objection that it is paternalistic.⁵⁰ This objection is *one* reason (among many) why imperialism is now widely deemed morally wrong. To gauge whether the moral case against paternalistic intervention resonates in U.S. support for war, we therefore need to investigate whether differences in local consent shape U.S. citizens' attitudes toward U.S. military interventions abroad. This quest is distinct from understanding whether support for war is shaped by presidents claiming or aiming to benefit the population in the territories where the United States intervenes militarily.

Support for War in the United States

Should we expect ordinary U.S. citizens to care about the extent to which the local population supports U.S. military intervention? Existing studies argue that support for war in the United States follows the logic of a cost-benefit calculation.⁵¹ U.S. citizens prefer wars with a higher chance of victory.⁵² They support wars more the lower the projected costs are in terms of U.S.

military casualties⁵³ and foreign civilian casualties.⁵⁴ Foreign civilian casualties decrease support for war less than do U.S. military casualties⁵⁵ or uncertainty about the success of military campaigns.⁵⁶ Moreover, if ordinary Americans are asked to trade off maximizing military effectiveness and minimizing U.S. casualties against minimizing foreign civilian casualties, they prioritize military effectiveness and saving U.S. soldiers.⁵⁷ This body of scholarship casts the U.S. public as “prudent”⁵⁸ and self-regarding.⁵⁹

At the same time, we have reason to believe that, alongside these instrumental considerations, moral demands play a role in explaining public support for military interventions in the United States. Studies link variation in individuals’ deeply held values to their propensity to support the use of force abroad.⁶⁰ This finding suggests that individuals’ moral commitments are reflected in their stances on foreign policy. Studies also show that framing the use of force as immoral decreases support for war.⁶¹ Appeals to moral duties, in turn, increase support, particularly for humanitarian interventions.⁶² Distinguishing between security and humanitarian frames, Sarah Maxey argues that the latter particularly resonate with “cooperative internationalists.”⁶³ As a result, when presidents appeal to both frames to legitimize a given intervention, they increase support for an intervention.⁶⁴ At the same time, this literature argues that the public supports security goals more than humanitarian rationales.⁶⁵ As Daniel Drezner argues, “While Americans aspire for liberal policy ends, realist considerations of national interest trump those aspirations.”⁶⁶

Critically, studies showing that moral frames increase support for war suggest that (some) U.S. citizens are susceptible to moral arguments or to cues about the intervention being morally legitimate. They do not investigate whether U.S. citizens’ attitudes incorporate moral demands before they are cued to consider them. Other articles claim that moral considerations explain why U.S. citizens prefer multilateral rather than unilateral interventions,⁶⁷ and why they prefer interventions against autocratic regimes, particularly those that violate human rights,⁶⁸ to those against democracies.⁶⁹ These works suggest that moral demands resonate in individuals’ views regarding the use of force, without specifying which moral demands account for the observed variations in war support.

Others find that support for war varies with interventions’ projected consequences, which determine their objective moral permissibility.⁷⁰ Some of the cost-benefit calculations that have long been argued to matter to U.S. respondents in fact influence the *moral* permissibility of military interventions and could therefore be indicative of respondents’ making moral consequentialist calculations rather than (purely) self-regarding instrumental ones.⁷¹ It may not be possible in all contexts to disentangle moral consequentialist considerations from truly self-regarding instrumentalist reasons when explaining why U.S. respondents prefer interventions that are projected to be more successful and less costly, including to civilians. Whether for self-regarding or moral reasons, the projected consequences of U.S. military interventions matter for war support. But what about categorical or principled moral considerations?

Certain ways to use force are in a category that is wrong; they are considered impermissible regardless of their consequences. For instance, dominant moral theories prohibit intentional killing of the innocent⁷² and torture⁷³ “on principle,” regardless of their projected consequences. There is little evidence that Americans reject the use of force when it conflicts with such principled moral demands. Janina Dill, Scott Sagan, and Benjamin Valentino find no difference in how U.S. respondents view an attack that is deliberately directed against civilians, which is categorically wrong, compared with one that kills them collaterally, which

means that the moral permissibility turns on consequences.⁷⁴ Geoffrey Wallace shows that just over half of U.S. respondents support prohibiting torture. But his study does not investigate whether those who do reject torture do so for consequentialist reasons—that is, torture does not work or torture may be used against U.S. soldiers when they are captured—or whether they reject torture on principle because it is wrong per se.⁷⁵

International relations literature grapples most directly with the difference between rejecting the use of force for consequentialist versus principled reasons in the context of nuclear weapons. Many moral philosophers argue that the use of nuclear weapons is always wrong on principle, regardless of the consequences.⁷⁶ Political scientists prominently claim that nuclear use is correspondingly subject to a taboo⁷⁷—an emotionally anchored, principled rejection of nuclear use in all circumstances.⁷⁸ Yet the emerging consensus from survey research in a rapidly expanding literature is that respondents do not object to the use of nuclear weapons on principle in the United States⁷⁹ or in many other surveyed countries.⁸⁰ Rather, the public's qualms about nuclear use stem from the expectation of the consequences.⁸¹

The absence of evidence that principled moral demands shape U.S. war support casts doubt on the relevance of local consent, since avoiding paternalistic intervention is a matter of principle. But if local consent affected support for war, would it necessarily stem from a moral concern with avoiding paternalistic intervention, a moral wrong associated with imperialism? Local actors' attitudes shape the outcome of military operations, whether in peacekeeping missions,⁸² civil wars,⁸³ counter-insurgency operations⁸⁴ or interstate wars.⁸⁵ Claiming local consent might be an implicit claim about the likely success of an intervention. To understand whether U.S. citizens are concerned with the moral demand to seek local consent for a U.S. intervention, it is therefore necessary to investigate support among U.S. respondents in a setup where information about local consent varies and the projected success and costs of an intervention are known. This is what we do here.

The Consent Requirement in Third-Party Rescue

Why might the consent of the local population to U.S. intervention matter, if not just to indicate whether the intervention will succeed or be costly? The dominant position in moral philosophy is that using force for the purpose of rescuing a third party is impermissible unless the intended beneficiary consents. Most philosophers use individual third-party rescue as a starting point for articulating claims about the permissibility of wars meant to rescue, liberate, or otherwise benefit a foreign population.⁸⁶ An overriding moral good is necessary to justify the use of force. As Jonathan Parry explains, “Just as others may not use my body and property without my authorization, they may not justify their actions by appeal to reasons grounded in my good, if I validly refuse to be benefited.”⁸⁷ It is paternalistic to use violence to rescue a victim even from an unjust aggressor without the victim's consent.⁸⁸ The counter position is rare: In this view, third-party rescue is permissible whenever self-defense would be permissible, namely when the projected benefits outweigh the costs, regardless of whether the beneficiary of rescue consents.⁸⁹ According to this position, consent does not play its own role in legitimizing the use of force.

Many philosophers reject such nonconsensual third-party rescue on principle because it is paternalistic. In this view, even a costless rescue that is certain to succeed requires consent. Others argue that consent is only necessary if third-party rescue has costly consequences: Rescuing me from certain death by breaking my arm is the lesser moral evil to letting me die, but whether or not I wish to make this trade-off is up to me.⁹⁰ Similarly, it may well be justified

for me to inflict harm on innocent bystanders in an effort to save myself, if this is the lesser moral evil. Yet if I wish not to use “my good”⁹¹ to justify harming others, no one is allowed to do so on my behalf.⁹² In this view, it may in principle be permissible to rescue a third party without their consent, but not if the rescue is projected to impose costs on them or on innocent bystanders. It is, of course, compatible with a principled position (consent is always necessary) to argue that it is morally *more* urgent to obtain consent, the more costly the intervention is.

Yet other philosophers argue that consent matters more urgently when the permissibility of third-party rescue is uncertain (e.g., because it is unclear whether an attempt at rescue would be successful).⁹³ It is then up to the intended beneficiary whether to make a gamble. Here philosophers acknowledge an instrumental—in moral terms a “prudential”—role of consent. An uncertain-to-succeed rescue has better chances if the beneficiary consents and hence cooperates in the rescue. Many philosophers thus agree that beneficiary consent matters. But they disagree about whether it matters on principle, meaning always, or whether it matters only when third-party rescue is projected to be costly or uncertain to succeed, so depending on the expected consequences of the intervention.

When it comes to U.S. military intervention meant to benefit a foreign population, such as an ethnic group threatened by its own government, these theories of the consent requirement in third-party rescue ground the following expectations: We expect that the consent of the intended beneficiary, or the “intervened population,”⁹⁴ has a positive effect on support for U.S. military intervention (H1), if attitudes resemble the dominant moral position. If attitudes align with the less common position, in contrast, consent does not matter. Projected costs to the beneficiaries of U.S. intervention (H2), costs to bystanders (H3), and uncertainty of success (H4) should all decrease war support. Moreover, the effect of local consent should be larger the more beneficiary costs (H5) and bystander costs (H6) an intervention is projected to have and the less certain it is to succeed (H7). Proponents of the principled consent requirement, meanwhile, would expect that in the rare situation when third-party rescue is predicted to *not* have costs, support still depends on local consent (H8). See [table 1](#) for an overview of expected effects.

Table 1. Effects on Support for U.S. Military Intervention

	Consent	Harm to beneficiaries	Harm to bystanders	Likelihood of success
Effect	Positive	Negative*	Negative*	Positive*

NOTE: This table summarizes the article’s main expectations for the effects of scenario attributes on respondents’ support for U.S. military intervention meant to rescue a group from threat of harm.

*Interactions with consent.

But what does it mean for a group to consent? How many individuals who constitute the group must support the intervention? In the real world, answering this question would become critical if a U.S. administration sought to establish local consent: What benchmark of support would it be looking for? Do U.S. respondents seek consent from every individual on whose behalf the United States intervenes (universal consent requirement), or is a majority sufficient (majoritarian consent requirement)? Would it be wrong for some members of a group to prevent the rescue of others by refusing their consent?⁹⁵ In that case, it might be enough if just some members of the group support the intervention (minimal consent requirement). We explore without firm expectations whether war support simply increases with local consent,

whether majority consent is a critical threshold, or if only universal consent makes a difference for war support.

Can consent to rescue be inferred from the circumstances? In the exceptional case of individual third-party rescue, whereby there is no means to establish consent of the person in an emergency and rescue can only succeed if carried out imminently, it may be permissible to infer consent from the circumstances and rescue the person without establishing explicit consent.⁹⁶ When it comes to military intervention for the benefit of a collective, imminence can play a similar role of lessening the requirement to establish explicit consent. For example, it may be justified to infer consent to third-party rescue during an unfolding genocide.⁹⁷ Unless imminence lowers the threshold for establishing explicit consent, the moral demand is that third-party rescue requires the intended beneficiary's consent—lest the rescue be considered paternalistic. If this resonates with the U.S. public, local consent to U.S. intervention should affect war support.

Research Design

To examine these hypotheses, we used an online survey experiment conducted by YouGov on a sample of 3,360 adult U.S. citizens.⁹⁸ Our hypotheses were registered before receiving the data.⁹⁹ YouGov's matched sampling procedure uses a stratified sample of the American Community Survey to draw the target sample and construct the sampling frame; the sample itself was drawn from a large pool of opt-in respondents.¹⁰⁰

We tested our hypotheses via a conjoint experiment in which respondents were presented with multiple potential intervention scenarios with randomly varied attributes.¹⁰¹ The profile-by-profile random assignment of the attributes allows us to estimate the marginal effect of each individual attribute, averaged over the distribution of the remaining ones. This estimate, also known as the Average Marginal Component Effect (AMCE), is our main quantity of interest.¹⁰² The variation of multiple attributes is a design feature that mitigates social desirability, meaning respondents are less likely to feel compelled to answer in a way they think is considered appropriate. In addition, the results of conjoint experiments compare well with behavioral outcomes in the real world.¹⁰³

Respondents first read a short vignette that describes the hypothetical country, Esor, and the ethnic Braam group, who were at risk of ethnic cleansing by their government (see [table 2](#) for the full vignette). As outlined previously, the spectrum of U.S. military interventions is extremely broad. We opted for a humanitarian intervention scenario, meaning the United States' main goal for using force abroad was to rescue a group in the target country. For humanitarian interventions, the benefit that the use of U.S. military force affords to a third party is a particularly important rationale; claims of local consent are particularly salient. We used a U.S. intervention in a hypothetical country to avoid partisan implications associated with a real-world case.¹⁰⁴ Hypothetical scenarios provide a useful baseline for future research that may investigate how results may change in other contexts.

Table 2. Survey Vignette Presented to Respondents

Vignette	
Introduction	
Collective military intervention	The ethnic Braam group in the country Esor is threatened by Esor's government with persecution, ethnic cleansing, and even genocide. Intelligence reports suggest that the Braam have long endured persecution from the government, and recently the government has started to imprison, kill, and disappear members of the Braam. The president of the United States is considering a U.S. military intervention in Esor to protect the Braam, who are unable to defend themselves against Esor's troops. Intelligence suggests that an external intervention is the only way to stop the violence against the Braam. The U.S. Regional Command has drawn up plans for a military intervention into Esor. Relying on air power, a military intervention would not put U.S. troops in harm's way.

After a manipulation check, in which we tested that respondents understood the scenario, respondents learned that “the U.S. Regional Command in charge of the intervention in Esor has drawn up potential strategies for the intervention to protect the Braam. The strategies have different projected consequences.”¹⁰⁵ We portrayed the U.S. military, the most trusted government institution in the United States, as communicating the facts of the case.¹⁰⁶ We then presented respondents with five pairs of intervention scenarios (ten total), for which the levels of consent of the Braam; the projected civilian casualties among the Braam; the projected civilian casualties among the ethnic majority; and the likelihood that the intervention succeeds all randomly varied. Each intervention scenario was comprised of different attributes and attribute levels, listed in [table 3](#). For instance, a respondent may have seen these two scenarios: scenario A (95 percent likely to succeed; projected to cause 200 civilian casualties among the Braam and 200 among the ethnic majority; and almost all Braam consent), and scenario B (65 percent likely to succeed; projected to cause no Braam civilian casualties and 20 ethnic majority civilian casualties; just less than half the Braam consent). All projected consequences (attribute levels) were independently randomized, and respondents could potentially have seen any combination.

Table 3. Conjoint Attributes and Attribute Levels

Attribute (not shown to respondents)	Consideration	Level 1	Level 2	Level 3	Level 4
Beneficiary consent	support for U.S. intervention among Braam	almost no Braam support U.S. intervention	just less than half the Braam support U.S. intervention	just more than half the Braam support U.S. intervention	almost all Braam support U.S. intervention
Beneficiary costs	projected “collateral damage” among Braam	none	about 20 civilian casualties	about 200 civilian casualties	about 2,000 civilian casualties
Bystander costs	projected “collateral damage” among ethnic Esorians (not involved in the ethnic cleansing)	none	about 20 civilian casualties	about 200 civilian casualties	about 2,000 civilian casualties
Likelihood of success	likelihood that U.S. intervention stops the violence	50 percent	65 percent	80 percent	95 percent

NOTE: This table depicts the possible attributes and attribute levels of the intervention scenarios. Each respondent was presented with five pairs of randomly generated intervention scenarios (ten total interventions), which they rated on a 1–5 scale. Additional information about the experiment is available in the online appendix.

We deemed it plausible that all attribute combinations could occur in the real world. As discussed previously, U.S. military interventions have had a wide range of outcomes and consequences. Moreover, local consent to humanitarian intervention likely varies widely. Still, we have little indication of the real-world distribution of local consent and the projected consequences of U.S. humanitarian intervention *ex ante*.¹⁰⁷ We therefore varied beneficiary consent from almost no support by the Braam, to just below or above majority support, to almost full support. Doing so is in line with studies showing that local support varies even for humanitarian interventions, depending on factors such as nationalism and how a respondent's in-group perceives an intervener.¹⁰⁸

Casualties among the Braam as well as the ethnic majority ranged from none to 2,000. Depending on factors such as rules of engagement and population density, casualties from contemporary U.S. air campaigns have ranged from almost none or very few, to 200–300 (e.g., in the initial U.S. military operation in Libya in March 2011),¹⁰⁹ to up to 2,000 (e.g., in the initial air campaign of the 1990–1991 Gulf War).¹¹⁰ We varied the likelihood of success of the air campaign in 15 percent increments above 50 percent. We used this threshold because an intervention with a smaller projected chance of success is strategically unwise and arguably morally impermissible regardless of the consent of the intervened. Respondents might have viewed such an option as less realistic than the alternatives.

We used a paired conjoint experiment to ask respondents which strategy they supported more (forced choice outcome), and how much they supported each strategy on a scale of 1 to 5 (rating outcome). In line with H1–H4, we expect beneficiary consent and likelihood of success to

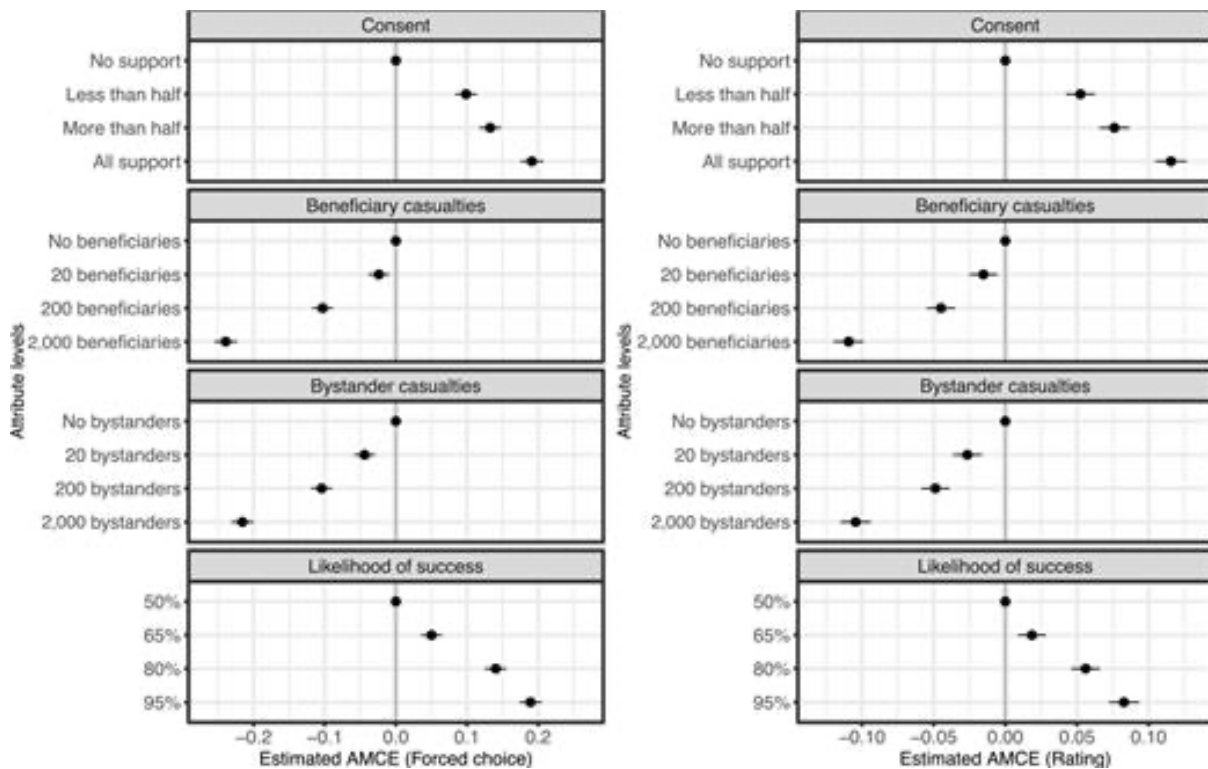
increase respondent support for a given strategy and beneficiary costs and bystander costs to reduce respondent support for a given strategy. We investigated interactions between consent and the other attributes to test H5–H8.

The Role of Consent in Support for U.S. Military Intervention

We used simple linear regressions to estimate the AMCE of each attribute.¹¹¹ The unit of analysis is the intervention scenario, with standard errors clustered by respondent. We regressed the forced choice and rating outcomes (rescaled to vary between 0 and 1) on binary variables representing attribute levels; the omitted baseline for each attribute is its lowest level.

We find that, as theorized, more widespread consent and a higher likelihood of success increase support for U.S. military intervention, whereas greater harm to beneficiaries (the ethnic Braam minority) and bystanders (the ethnic majority in Esor) reduce support for intervention, consistent with H1–H4. [Figure 1](#) shows these results. The left panel plots the AMCEs for the forced choice outcome (i.e., the marginal effects of each individual attribute, averaged over the distribution of the remaining ones). The right panel shows the AMCEs for the rating outcome. The dots on the vertical line portray the baseline categories, and the dots with horizontal lines representing 95 percent confidence intervals (CIs) represent the AMCEs. For the forced choice outcome, each AMCE indicates the estimated effect of the randomly assigned attribute level on the probability of an intervention being preferred, relative to the baseline category. A positive effect means that an attribute level increased, on average, the probability that an intervention would be chosen as the more supported one compared to an intervention with the baseline attribute; a negative AMCE means that an attribute level decreased, on average, the probability that an intervention would be chosen compared to one with that attribute's baseline.

Figure 1. Average Marginal Component Effects (AMCEs) of Attributes of U.S. Military Intervention



NOTE: This figure illustrates the estimated effects of the randomly assigned scenario attribute values. The left panel plots the AMCEs for the forced choice outcome, and the right panel plots the AMCEs for the rating outcome. The dots on the vertical lines (at 0.00) depict the baseline categories. The dots with horizontal lines representing 95 percent confidence intervals are the AMCEs. For the forced choice outcome, each AMCE indicates the estimated effect of the randomly assigned attribute level on the probability of an intervention being preferred, relative to the baseline category. For the rating outcome (rescaled to vary from 0 to 1), the dots represent changes in support ratings associated with a randomly assigned attribute level compared with the baseline.

The results indicate that a very high level of consent (almost all Braam support the intervention) increased the probability that an intervention was chosen in the forced-choice task by 19 percentage points compared to the baseline (CI 0.18, 0.21). High beneficiary harm (about 2,000 Braam civilian casualties) compared to none decreased the probability of an intervention being preferred by 24 percentage points (CI -0.25, -0.22), whereas high bystander harm (about 2,000 civilian casualties) compared to none reduced the probability of an intervention being chosen by 22 percentage points (CI -0.23, -0.20). Finally, a near-perfect probability of success compared to the attribute's baseline (50 percent) increased the selection probability by 19 percentage points (CI 0.17, 0.20).

We find similar results for the rating outcome, where the AMCEs represent changes in support ratings associated with a randomly assigned attribute compared to the baseline. Here, we find AMCEs of +0.12 (consent), -0.11 (beneficiary harm), -0.10 (bystander harm), and +0.08 (likelihood of success) when comparing the highest category to the lowest.

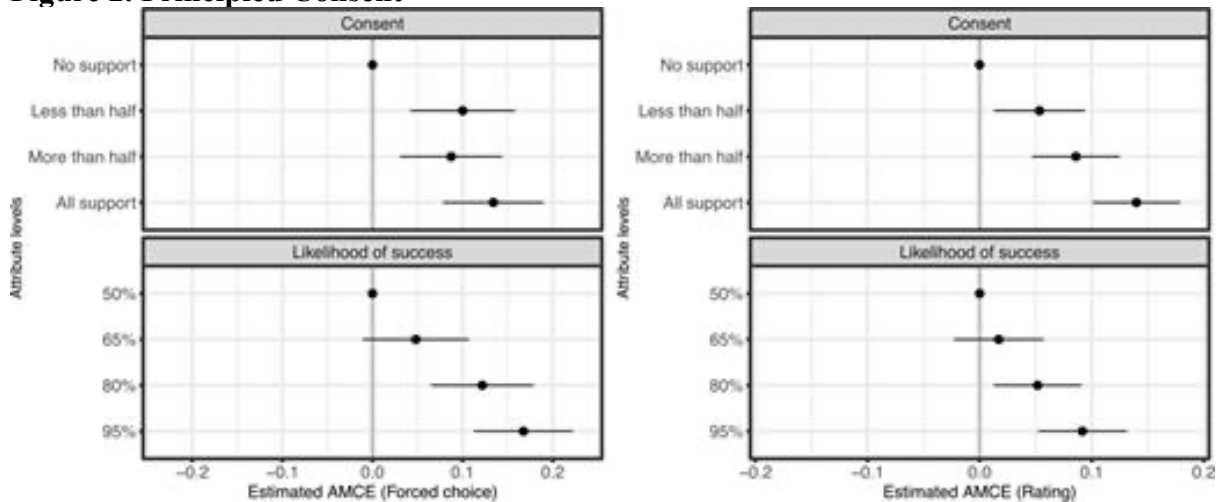
While consent does not yield the largest effect size, its influence is substantial. For example, in the forced choice design, the effect of a very high level of consent is identical to the effect

of almost certain success, and comparable to, though slightly smaller than, the negative effects of harm to beneficiaries and bystanders. In any conjoint design, it is important to exercise caution when interpreting the relative magnitude of attribute effects, since they are contingent on the attribute levels used. For example, if we had varied the costs to beneficiaries and bystanders on a more modest scale with fewer expected casualties, the effect of consent may have been larger than the effect of costs. The value of conjoint designs does not lie in identifying which attributes matter most, but rather in isolating the marginal effects of each attribute in multi-dimensional scenarios. Our results indicate a clear and substantial effect of consent.

Beyond establishing the effect of consent, we evaluate the effect of consent across levels of the other attributes: beneficiary harm, bystander harm, and likelihood of success. Overall, our findings do not support H5–H7: Consent does not interact with these attributes in the hypothesized direction. Yet we find suggestive evidence that the salience of consent shifts as the context of harm and success changes. Contrary to H5 and H6, consent does not appear to matter more as projected harm to beneficiaries or bystanders increases. In fact, high levels of harm may reduce the importance of consent. For beneficiary harm in the rating outcome, we find suggestive evidence that very high levels of harm to the Braam minority reduce the importance of consent. Specifically, the effects of “less than half support” and “more than half support” are significantly lower when 2,000 beneficiaries would be harmed. For bystander harm, we observe a similar, though weaker, pattern: In the forced choice outcome, the effect of “less than half support” is significantly smaller at 200 bystanders; in the rating outcome, the effect of “more than half support” is significantly reduced at 2,000 bystanders. When an intervention is especially harmful, those costs overshadow other considerations such as consent, which however retains an effect. We also do not find evidence for H7, which expects consent to matter more when the likelihood of an intervention's success is low. Instead, the importance of consent increases as success becomes more probable—at least up to a point. The effect of consent strengthens when the likelihood of success increases from 50 percent to 65 percent and 80 percent for the “all support” condition. But this pattern gets weaker at 95 percent success. Full results for these interactions are presented in section D in the online appendix.

These interaction results speak to how the effect of consent varies depending on other attributes, but they do not indicate whether consent matters on principle. To assess whether people value consent even when an intervention is projected to be costless, as posited by H8, we used a subset of our data that includes only profiles with no casualties (the baseline attribute value for beneficiary harm and bystander harm). We then estimated the AMCE of consent and likelihood of success.¹¹² [Figure 2](#) visualizes these results. Again, for the forced choice outcome (left panel), respondents had to choose between two strategies; for the rating outcome (right panel), respondents stated how much they would support each strategy. We find that consent matters even when there is no expectation of costs to the beneficiary or bystanders of the intervention, in support of H8 and a principled stance on consent.¹¹³

Figure 2. Principled Consent

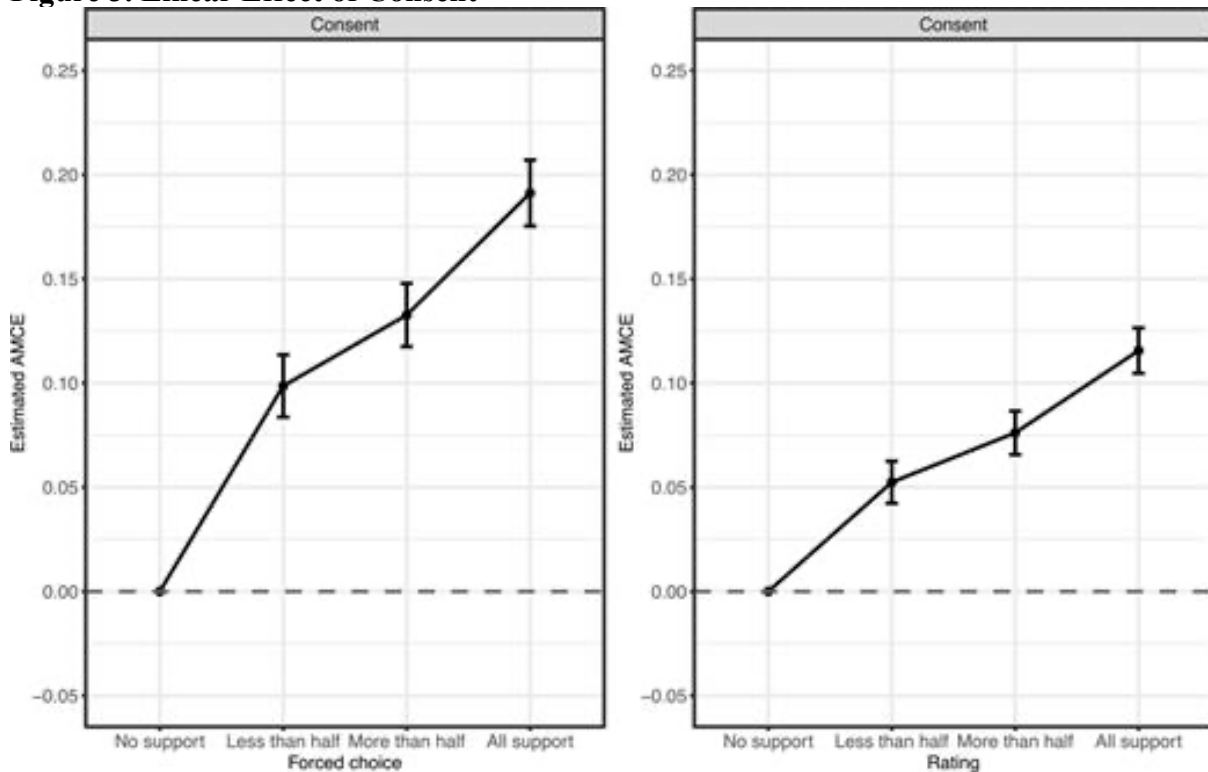


NOTE: This figure illustrates the estimated effects of the attribute values of consent and likelihood of success on the probability that a scenario would be preferred for U.S. military intervention when there is no harm to beneficiaries or bystanders. The left panel plots the AMCEs for the forced choice outcome, whereas the right panel plots the AMCEs for the rating outcome. The dots with horizontal lines representing 95 percent confidence intervals are the AMCEs. For the forced choice outcome, each AMCE indicates the estimated effect of the randomly assigned attribute level on the probability of an intervention being preferred, relative to the baseline category. For the rating outcome (rescaled to vary from 0 to 1), the dots represent changes in support ratings associated with a randomly assigned attribute level compared with the baseline.

To summarize, the experiment shows that the consent of the intervened substantially increases support for U.S. military intervention abroad in accordance with the dominant moral position in the debate about the role of beneficiary consent in third-party rescue. Consent increases war support even when the consequences of the intervention are known, so consent is not merely a cue for success. We find that consent has an effect across a range of projected consequences. The effect of consent for intervention support does not increase when an intervention is projected to be costlier. Consent is also no more important when the intervention is less likely to succeed, providing suggestive evidence *against* the notion that consent shapes war support for prudential reasons: The riskier an intervention, the more important it is for the beneficiary to cooperate. Critically, even if a U.S. military intervention meant to rescue a group is projected to be costless and successful, consent still affects support. The consent of the intervened population to intervention matters on principle.¹¹⁴

To recall, it is uncertain how many individuals in a group have to consent to fulfill the consent requirement in third-party rescue. Our results show no clear threshold effects that would suggest that U.S. war support follows the minimal, majoritarian, or universal consent requirements present in the literature. Instead, support for U.S. military intervention increases steadily with higher levels of local consent. Notably, support rises significantly even when less than half the intended beneficiaries consent. This pattern suggests that respondents do not rely on an underlying rule about how much consent is enough or what it means for the group to support intervention but respond to consent as a continuous signal. The relationship is visualized in [figure 3](#).

Figure 3. Linear Effect of Consent



NOTE: This figure illustrates the estimated effects of varying levels of beneficiary consent on support for U.S. military intervention. The left panel plots the AMCEs for the forced choice outcome, and the right panel plots the AMCEs for the rating outcome. The dots with vertical lines representing 95 percent confidence intervals are the AMCEs. For the forced choice outcome, each AMCE indicates the estimated effect of the randomly assigned attribute level on the probability of an intervention being preferred, relative to the baseline category. For the rating outcome (rescaled to vary from 0 to 1), the dots represent changes in support ratings associated with a randomly assigned attribute level compared with the baseline. The results show that as consent increases, so does support for intervention. The effects are statistically significant even when less than half the intended beneficiaries consent.

Finally, we find virtually no evidence of heterogeneous treatment effects for the role of consent in shaping war support.¹¹⁵ We tested for subgroup variation across gender, political party, race, and religion. Many studies of U.S. war support identify a gender gap, with men generally more supportive of the use of force than women,¹¹⁶ whereas some find that women are “more sensitive to humanitarian concerns.”¹¹⁷ In our study, in contrast, support for intervention to rescue the Braam does not differ significantly by gender. Moreover, the role of consent does not vary significantly across political party, race, and religion.¹¹⁸ As we mention previously, the literature finds little evidence that other principled moral demands resonate in Western war support. A study showing that Ukrainian support for the defensive war against Russia follows a principled logic likewise finds almost no significant heterogeneity in support for war, providing suggestive evidence that principled moral demands, when they *do* shape war support, may be less likely to be tied to specific subgroups of respondents.¹¹⁹

Conclusion

We set out to investigate whether the consent of the local population to a military intervention affects public support in the intervening country, focusing on the United States. Given the prevalence of U.S. military interventions, it is particularly urgent for academics and

policymakers to understand the determinants of support for war in the United States. U.S. policy elites consistently claim that U.S. military campaigns abroad will rescue, liberate, or enrich the intervened population. Such claims mean that twenty-first century U.S. interventionism shares with nineteenth-century imperialism the rationale of benefiting (inter alia) the locals. Imperialism, and more generally the use of force for the supposed benefit of a third party, are now subject to an anti-paternalist objection, meaning they conflict with the general moral demand to respect others' freedom, their individual autonomy, and for groups, their collective self-determination. Third-party rescue is therefore today believed to require beneficiary consent to be morally permissible. If this principled moral demand resonates with the U.S. public, support for war should increase as the consent of the local population to U.S. military intervention increases, whenever policy elites or presidents explain or legitimize interventions as benefiting the local population.

Relying on an original experimental survey, we find that the consent of the intervened population indeed increases U.S. respondents' support for military intervention, echoing the dominant moral theory of permissible third-party rescue. Does consent really matter for moral reasons? Since we rely on an experiment, we are able to show that consent increases war support even when the projected costs and benefits of an intervention are known. The effect of local consent on war support that we find does not stem from consent potentially communicating something about the consequences of intervention, which is a possible alternative explanation for why local consent matters for U.S. war support. In the real world, the effect of local consent on war support may be even larger because the support of the intervened population may, in addition, be a cue that the intervention might succeed or achieve its aims at lower costs.

Besides ruling out that claims of local consent only have an instrumental function, our findings also speak to a long-standing debate in moral philosophy about the conditions under which consent to third-party rescue is required. We find that consent influences war support even if the intervention is projected to be costless. Consent matters on principle; anti-paternalism resonates with U.S. respondents. The alternative position that consent matters only when third-party rescue is projected to be costly for the beneficiary or bystanders does not resonate with the results of our study. In fact, the importance of consent does not increase with increasing costs: We find some suggestive evidence to the contrary. The same is true for the projected success of an intervention: Our findings do not support the prudential theory that the requirement of consent is stronger because cooperation of the beneficiary is more important for risky interventions.

Of course, public opinion is no repository for moral truth. We do not argue that U.S. respondents taking a position consistent with a principled stance on consent in third-party rescue means that this is the correct philosophical position. We merely observe that this position is resonant in U.S. support for war and highlight what follows: Local consent is apt to shape war support across a wide range of U.S. military interventions, since consent affects support for war across different projected consequences. For instance, we tentatively conclude that support for discrete military interventions that are predicted to be (relatively) costless for the local population and will not cause U.S. casualties will increase as the local population's consent increases.

Since this is the first study to investigate how local preferences affect support for war, there is significant scope for future research. We sought to illuminate the structure of U.S. war support with a hypothetical scenario in which local consent is arguably most important: a humanitarian

intervention. Future research could build on this study in several ways. First, scholars can investigate how partisanship, group identification, and various biases affect the role of local consent in different real-world contexts. Second, they can study how other policy objectives in war, chiefly war for the purpose of regime change or defense against an external aggressor, influence the role of local consent.

In addition, future studies could examine other possible sources of local consent (besides support of the local population), such as local proxy support, the regime type of the intervened country, or the presence of regional allies. Whether alternative ways of expressing local consent, such as local elites requesting assistance, have similar resonance is important particularly in light of potential practical impediments to establishing the local population's preferences before intervention. The mentioned theoretical contestation about where the appropriate threshold of consent in a group lies, moreover, highlights the importance of finding locally and contextually appropriate ways of establishing consent to U.S. military intervention.

Practically, it is difficult to measure local public support for U.S. military intervention in a hostile or war-torn country. It may be impossible to conduct representative surveys or gather precise data. This limitation does not justify baseless claims of local consent, nor should it justify inaction in the face of humanitarian crises. In rare cases, such as an unfolding genocide, it may not be possible to establish consent, but serious inquiry into whether the local population supports intervention is called for, even if exact measurement is out of reach. This might involve, for example, identifying credible local organizations and establishing communication channels to gauge community sentiment. A sincere effort to assess local support is warranted, both on moral grounds and because, as we show, local consent matters to U.S. respondents. Of course, even clear and full consent is not sufficient for justifying external intervention. While our study has focused on U.S. military intervention, interventions by other actors and through other means may be more effective in alleviating suffering and receive more local support.

The compelling principled demand that “groups on whose behalf a war is fought are entitled to veto the war” helps account for U.S. presidents’ systematic efforts to rally war support among the American people;¹²⁰ and this principle has fueled the intense academic interest in the determinants of U.S. war support. This same principled demand requires efforts to establish whether intervened populations welcome U.S. intervention, and not only because establishing consent is what a consistent application of the moral demand implies whenever presidents legitimize U.S. intervention as benefiting the local population. Our research suggests that, for the U.S. public, local consent is a matter of principle.

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97.

Consent, whether established or inferred, is not sufficient to justify U.S. military intervention. Other types of intervention via other actors and by other means may still be more suitable to prevent imminent atrocities or halt ongoing ones.

98.

The overall sample was 5,050 respondents; 3,360 were randomly assigned to complete the experiment reported in this article, of which 1,673 were randomly assigned to read a prime ahead of completing this experiment. See section F in the online appendix for details. The remaining respondents received a different experiment, which is outside of the scope of this article.

99.

See section G in the online appendix for a comparison with the pre-analysis plan.

100.

See section A in the online appendix for information on the American Community Survey and the sampling procedure. The sample approximates distributions of the sampling frame in terms of gender, education, partisanship, race, and age (cf. table A1 in the online appendix). We report unweighted results in the main text and weighted results in section E1 in the online appendix. The results are robust to the use of weights. In some cases, there are very small changes in the substantive effect size, but no changes to the significance of the results.

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We do not hold likelihood of success constant at 95 percent because doing so would result in only 527 observations. We also note that the results from H1–H4 demonstrate that changing levels of beneficiary harm and bystander harm exert a greater effect on support for U.S. military intervention than likelihood of success. The replication code includes tests on the subset of profiles in which the attribute value of likelihood of success is 95 percent and there is no beneficiary harm or bystander harm. For the forced choice outcome, we find that higher levels of consent minimally decrease the substantive estimates, but these results are not significant. For the rating outcome, we find that greater consent increases the substantive estimates of support, and this result is significant for “All support.”

113.

The same is true for medium and high levels of likelihood of success. Table C1b in the online appendix reports the results.

114.

In one correction for multiple hypotheses, the estimated AMCE for the rating outcome of “less than half of the Braam support the intervention” loses significance. The results hold for all other specifications (see table E3b in online appendix E).

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