

# ARTICLES

## Gender Mistrust as a Public Health Crisis: A Preliminary Proposal

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## INTRODUCTION

There is an increasingly well-documented phenomenon in the United States of gender mistrust between men and women, especially among the socioeconomically vulnerable. It is one of the factors that prevents and breaks down stable, long-term relationships like marriage and the parenting of mutual, marital children.<sup>1</sup> Gender mistrust has negative personal and social effects upon women's well-being. Of course, it also has negative effects upon the well-being of men, children, and wider society. Each deserves attention. But the subject of this Symposium invites a focus upon women.<sup>2</sup>

Gender mistrust (sometimes called "gender distrust")<sup>3</sup> is the tendency of one sex to negatively characterize the other sex based upon generalized and derogatory stereotypes and biases.<sup>4</sup> I propose that gender mistrust between men and women is a public health crisis and as such, a fit subject for the attention of lawmakers and policymakers. A great deal has been written about gender mistrust from a sociological and psychological perspective, but nothing has treated it under the heading of "public health."

Even at first blush, there are many difficulties with such an analysis. These difficulties include: the seeming novelty of considering impaired relationships to be a "health crisis"; the fears that such an analysis will lead to singling out already vulnerable communities for opprobrium; the necessary intrusion upon deeply private matters resulting from such an analysis; and the struggle to imagine appropriate and helpful ways forward.

At the same time, there are several advantages to thinking about gender mistrust under the banner of public health. Good health is a basic human good; thus, evidence of compromised health—especially on a large scale—should motivate correspondingly large action. Furthermore, public health authorities are ubiquitous in the United States and are rightly focused upon disparities in health outcomes between the rich and poor, majority and minority races, and various ethnicities. Given that gender mistrust already disproportionately harms vulnerable racial, ethnic, and socioeconomic groups across the United States, a public health lens should therefore prove quite

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1. I speak of "mutual, marital children," given research that strongly indicates that children reared by their stably married, biological parents, on average, experience better outcomes on measures such as education, future family formation, and health, which are driven not only by income, but also by factors associated with differing family structures. See MARY PARKE, ARE MARRIED PARENTS REALLY BETTER FOR CHILDREN?: WHAT RESEARCH SAYS ABOUT THE EFFECTS OF FAMILY STRUCTURE ON CHILD WELL-BEING, CTR. FOR L. & SOC. POL'Y 2–3 (2003), <https://www.clasp.org/sites/default/files/public/resources-and-publications/states/0086.pdf> [<https://perma.cc/74CP-RC8M>]; see also Alysse ElHage, *When It Comes to Child Well-Being, Is One Parent the Same as Two?*, INST. FOR FAM. STUD. (Sept. 7, 2017), <https://ifstudies.org/blog/when-it-comes-to-child-well-being-is-one-parent-the-same-as-two> [<https://perma.cc/9698-HL97>] (quoting renowned sociologists Sarah McLanahan and Isabel Sawhill, who said that "most scholars now agree that children raised by two biological parents in a stable marriage do better than children in other family forms across a wide range of outcomes").

2. "The Law of Women's Health and Equity" was one of the panels at the Symposium.

3. See, e.g., Linda M. Burton et al., *The Role of Trust in Low-Income Mothers' Intimate Unions*, 71 J. MARRIAGE & FAM. 1107, 1107 (2009).

4. Kei M. Nomaguchi et al., *Adolescents' Gender Mistrust: Variations and Implications for the Quality of Romantic Relationships*, 73 J. MARRIAGE & FAM. 1032, 1033–34 (2011).

useful. Finally, both legal and medical scholarship evince a much-increased propensity to link damaged or missing relationships with negative health outcomes.

My brief proposal on this subject is intended only to help clear the above-mentioned hurdles and suggest the above-described advantages, so that gender mistrust might be understood as a worthy subject of more sustained attention in law and policy. It will also offer some preliminary suggestions about legal and policy tools to address gender mistrust and identify some current efforts proceeding under the banner of women's health that might actually be exacerbating gender mistrust.

Gender mistrust is an important subject against the backdrop of current electoral politics—a concern of this Symposium—because candidates inevitably claim to care about boosting the fortunes of women, especially in economically vulnerable populations. Sometimes they also claim to care about reducing inequality between socioeconomic, ethnic, or racial groups. But without some attention to the willingness of women and men to form and sustain unions, their efforts—if any—will be incomplete at best and ineffective at worst.

There is something in my proposal for politicians of any persuasion. It is the opposite of a partisan bid. Because in order to assist women to have stable relationships, children, and marital parenting—and all of the health and economic and other advantages that pair with those—ideas and programs favored by both the left and the right are needed.

In order to support my thesis about the public health urgency of gender mistrust, and to meet the likely objections to my thesis, this Article will proceed as follows:

Part I will consider the broad question of declaring impaired relations a public health crisis. To answer this question, I will look at health authorities' classifications of public health crises and advance analogies to a 2019 legislative declaration that racism is a public health crisis and to other recent claims linking gun violence and the opioid crisis with impaired relationships.

On the basis of well-accepted definitions of gender mistrust, Part II will conclude that gender mistrust is a fit object of heightened public health concern. It will also discuss in detail the negative health effects of gender mistrust upon women.

Part III will consider several of the leading obstacles to addressing gender mistrust as a matter of law and policy. Reviewing these obstacles provokes the discussion of a variety of potential responses the state might consider in order to advance the health of women and others.

## I. IMPAIRED RELATIONS AND NEGATIVE STEREOTYPES AS A PUBLIC HEALTH CRISIS?

This section will consider the reasonableness and usefulness of conceiving situations involving impaired personal relationships, negative stereotypes, or both, as public health crises.

### A. WHAT MAKES A PUBLIC HEALTH CRISIS?

Public-health-crisis language might easily be overused in order to garner attention and motivate action respecting a favored subject. It is an intrinsically

attention-grabbing concept. But leading authorities have articulated elements of a public health emergency that map easily onto the phenomenon of gender mistrust. In fact, United States' public health authorities have signaled that they are anxious to apply the notion of public health beyond one of its most commonly understood meanings: state-assisted efforts to prevent and treat diseases.<sup>5</sup> A 2017 article in *Preventing Chronic Disease*, a journal published by the Centers for Disease Control and Prevention (CDC), opined:

To solve the fundamental challenges of population health, we must address the full range of factors that influence a person's overall health and well-being. Education, safe environments, housing, transportation, economic development, access to healthy foods—these are the major social determinants of health, comprising the conditions in which people are born, live, work, and age.<sup>6</sup>

This same article referred to “public health” more comprehensively as “what we do as a society to ensure the conditions in which everyone can be healthy.”<sup>7</sup> Public health is not concerned solely with responding to illness after the fact but is also highly attentive to determinants of health that are “upstream” and “nonmedical.”<sup>8</sup>

Regarding the makings of a public health “crisis”, important elements of the CDC's understanding of this term are illustrated in its 2016 publication entitled, *A Public Health Approach to Alzheimer's and Other Dementias*.<sup>9</sup> There, without devoting attention separately to a definition of a “public health crisis,” the CDC stated that the following factors, when taken together, justified declaring Alzheimer's a public health crisis: the vast numbers of persons subject to these illnesses and the likely large numbers of persons affected in the future; the serious health outcomes associated with the conditions (for example, debilitation and death); the high-cost burden for federal and state governments; the extensive range of burdens visited upon individuals acting as caregivers; and the significant disparities, by race, ethnicity, and socioeconomic group, in the incidence of the illnesses and in the provision of adequate treatment.<sup>10</sup> The publication included suggested responses such as better diagnosis, the spread of awareness, further research, and improved treatment.<sup>11</sup>

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5. See Lawrence O. Gostin, *A Theory and Definition of Public Health Law*, 10 J. HEALTH CARE L. & POL'Y 1, 1 (2007).

6. See, e.g., Karen B. DeSalvo et al., *Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century*, 14: E78 PREVENTING CHRONIC DISEASE 1, 1 (2017).

7. *Id.* at 2 (emphasis omitted).

8. See *id.*

9. Alzheimer's Ass'n et al., *A Public Health Approach to Alzheimer's and Other Dementias* (2016), <https://www.alz.org/media/Documents/public-health-approach-alzheimers-curriculum.pdf> [<https://perma.cc/K75B-5PTU>].

10. See *id.* at 18, 20, 22–24, 26, 33, 36.

11. See *id.* at 48, 180.

Further, according to the Dean of Boston University's School of Public Health, to qualify as a public health crisis, "The problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large-scale solutions."<sup>12</sup>

The World Health Organization further defines a "crisis" as a situation "perceived as difficult" that "implies the possibility of an insidious process that cannot be defined in time, and that even spatially can recognize different layers/levels of intensity."<sup>13</sup> It also refers to a crisis as a "[t]ime of danger or greater difficulty" and a "decisive turning point."<sup>14</sup>

#### B. IMPAIRED RELATIONS AS A PUBLIC HEALTH CRISIS: GUN VIOLENCE, RACISM, AND OPIOID ADDICTION

Not surprisingly, in light of these broad, but logical and wholistic notions of public health crises, many researchers and politicians propose treatment of a wider variety of behaviors and conditions—including relationship statuses—under the banner of public health. Before turning to my proposal to so treat gender mistrust, I will briefly discuss current efforts to characterize gun violence, racism, and the opioid epidemic as public health crises in order to highlight helpful, existing templates for thinking about crises associated with failed or missing relationships.

Gun violence is an important and current example.<sup>15</sup> The American Public Health Association (APHA) promotes materials bearing the heading of "Gun Violence as a Public Health Issue."<sup>16</sup> The APHA cites depression as a risk factor for gun violence, whereas the existence of good relationships—that is, "youth access to trusted adults"—is named as a protective factor guarding against gun violence.<sup>17</sup>

In 2019, too, some lawmakers and public health professionals proposed applying the language of public health crises to the problem of racism. This proposal is a particularly good role model for mine concerning gender mistrust. Written testimony in mid-2019 before the Commission on Security and Cooperation in Europe (Helsinki Commission) by public health expert Dr. Gail C. Christopher of the Trust for America's Health (a leading nonpartisan think tank concerning

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12. Sandro Galea, *Crying "Crisis,"* B.U. SCH. PUB. HEALTH (Apr. 23, 2017), <https://www.bu.edu/sph/2017/04/23/crying-crisis/> [<https://perma.cc/CRV8-TCDX>].

13. *Definitions: Emergencies*, WORLD HEALTH ORG., <https://www.who.int/hac/about/definitions/en/> [<https://perma.cc/428F-TVSF>] (last visited Mar. 5, 2020).

14. *Id.*

15. See generally Sarah Zhang, *Why Can't the U.S. Treat Gun Violence as a Public-Health Problem?*, ATLANTIC (Feb. 15, 2018), <https://www.theatlantic.com/health/archive/2018/02/gun-violence-public-health/553430/> (arguing that gun violence should be treated as a public health problem).

16. See *Gun Violence as a Public Health Issue: Effective Messaging*, AM. PUB. HEALTH ASS'N, (May 1, 2018, 1:00 PM), <https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/2018/gun-violence-as-a-public-health-issue> [<https://perma.cc/H7GB-8EMN>].

17. See AM. PUB. HEALTH ASS'N., GUN VIOLENCE IS A PUBLIC HEALTH CRISIS 2 (2019), <https://perma.cc/4QUX-9F55>.

public health in the United States)<sup>18</sup> articulated the case for framing racism as a public health crisis.<sup>19</sup> Dr. Christopher proposed the Rx Racial Healing National Mobilization Campaign as a tool to advance health and other social goals compromised by racism and other forms of interpersonal and structural discrimination.<sup>20</sup> The foundation and goal of the Campaign is the realization of humans’ “interconnected and equal worth” and the overturning of the “false belief in a hierarchy of human value” (that is, the belief in the lesser worth of another person based upon the trait of race).<sup>21</sup> Dr. Christopher promoted specific action including a public–private partnership addressed in part to the leveraging of media and technology to “disseminate the new narrative about human . . . connectedness.”<sup>22</sup> She also proposed the passage of a wide variety of laws and policies targeting a diverse array of social structures—for example, housing, transportation, criminal law, and the economy—in order to eradicate the harms caused by hierarchical beliefs about human value.<sup>23</sup>

Another public health association—the Wisconsin branch of the APHA—has declared racism a public health crisis.<sup>24</sup> And in that case, local lawmakers followed up. In 2019, the Milwaukee County Board of Supervisors took the concrete step of adopting a resolution declaring racism a public health crisis and vowing to act to solve it.<sup>25</sup> The resolution is entitled, in part, “A resolution . . . supporting Milwaukee County’s commitment to achieve racial equity and transform systems and institutions impacting the health of our community.”<sup>26</sup> The resolution describes racism as both a structural and an interpersonal internalized antipathy towards—and an assigning of lesser value to—other persons based upon an intrinsic attribute they possess: race.<sup>27</sup> It points out that such a perspective—and the actions that follow thereon—“deplete[] the strength of the whole society through the waste of human resources.”<sup>28</sup> Milwaukee’s resolution emphasized the existence of research linking antipathy on the basis of race to negative health

18. *About Trust for America’s Health*, TR. FOR AM.’S HEALTH, <https://www.tfah.org/about/> (last visited Mar. 5, 2020).

19. *See Briefing on Truth, Reconciliation, & Healing: Toward a Unified Future Before the Comm’n on Sec. & Cooperation in Eur. (Helsinki Comm’n)* 4–5 (July 18, 2019) (written testimony of Gail C. Christopher), <https://www.csce.gov/sites/helsinkicommission.house.gov/files/FINAL.Christopher%20Written%20Testimony%20Helsinki%20Jul2019%20%281%29-converted.pdf> [<https://perma.cc/LHV9-49S7>] (describing the negative public health effects caused by systemic racism).

20. *Id.* at 2.

21. *See id.*

22. *Id.*

23. *Id.* at 2–3.

24. WIS. PUB. HEALTH ASS’N, 2018 RESOLUTION: RACISM IS A PUBLIC HEALTH CRISIS (2018), [https://cdn.ymaws.com/www.wpha.org/resource/resmgr/2018\\_folder/WPHA\\_Racial\\_Equity\\_Resolutio.pdf](https://cdn.ymaws.com/www.wpha.org/resource/resmgr/2018_folder/WPHA_Racial_Equity_Resolutio.pdf) [<https://perma.cc/4W63-Y3PU>].

25. Res. 19-397, 2019 Milwaukee Cty. Bd. of Supervisors (2019); *see also* Jessicah Pierre, *Racism as a Public Health Crisis*, OTHERWORDS (June 5, 2019), <https://otherwords.org/racism-as-a-public-health-crisis/> [<https://perma.cc/W7PX-DEU4>] (“[O]fficials in Milwaukee, Wisconsin decided to take a unique approach by declaring racism a public health crisis.”).

26. Res. 19-397, 2019 Milwaukee Cty. Bd. of Supervisors (2019).

27. *See id.*

28. *See id.*

outcomes including: poor general state of health; reduced life expectancy; infant mortality; and poor social, economic, educational, employment, and housing outcomes, which in turn are linked to diminished health.<sup>29</sup> The resolution proclaims that the Milwaukee legislative body will incorporate a concern to ameliorate racism into all of its work within its jurisdiction.<sup>30</sup> The APHA, a national body, has also identified racism as a public health crisis.<sup>31</sup> The Association's statement recited how racism influences important social determinants such as housing, education, and employment.<sup>32</sup>

Like racism, opioid addiction is increasingly identified as a public health crisis involving, in part, weak or missing relationships. An important 2018 article about opioid addiction in the *American Journal of Public Health* spoke of "upstream structural factors such as economic opportunity, social cohesion, racial disadvantage, and life satisfaction" as rarely "figur[ing] into the mandate of health care" but "fundamental to public health."<sup>33</sup>

Neuroscientist Rachel Wurzman also speaks and writes regularly about the link between a dearth of relationships and opioid addiction. She focuses specifically on the role of the brain's "autopilot," the striatum, which is both highly responsive to social connection or its absence and is linked to triggering compulsive behaviors such as drug addiction.<sup>34</sup>

Of course, interpersonal relationship struggles are but one potential factor operating in the complex phenomenon that is opioid addiction.<sup>35</sup> I raise them here to strengthen the case for bringing a public health lens to bear on another matter involving relationship struggles: gender mistrust. I also raise them to take advantage of all of the factors used by scholars and lawmakers who analyze not only racism and gun violence but also opioid addiction within a public health framework. These factors map well onto the phenomenon of gender mistrust. They include a qualitative and quantitative description of the impaired relations involved; evidence of a large incidence among the public; the presence of structural and interpersonal causal factors; measured disparities (for example, racial or economic) in impact; and important health consequences.

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29. *See id.*

30. *See id.*

31. *See Racism and Health*, AM. PUB. HEALTH ASS'N, <https://www.apha.org/topics-and-issues/health-equity/racism-and-health> [<https://perma.cc/3NW8-SVT7>] (last visited Mar. 5, 2020); *see also* Pam Aaltonen, *Applying Public Health Tools to Our Crisis of Hate and Violence*, 49 NATION'S HEALTH 3, 3 (2019).

32. *Racism and Health*, *supra* note 31.

33. Nabarun Dasgupta et al., *Opioid Crisis: No Easy Fix to Its Social and Economic Determinants*, 108 AM. J. PUB. HEALTH 182, 185 (2018).

34. *See, e.g.*, Rachel Wurzman, TEDxMidAtlantic: How Isolation Fuels Opioid Addiction, TED (Oct. 2017), [https://www.ted.com/talks/rachel\\_wurzman\\_how\\_isolation\\_fuels\\_opioid\\_addiction](https://www.ted.com/talks/rachel_wurzman_how_isolation_fuels_opioid_addiction). Dr. Wurzman heads a nonprofit organization called Seek Healing that contends that medical addiction treatment is necessary but insufficient and works to, among other goals, offer social solutions to the opioid epidemic. *See The Opioid Overdose Epidemic*, SEEK HEALING, <https://seekhealing.org/why-we-care/> [<https://perma.cc/9AUP-5YRC>] (last visited Mar. 5, 2020).

35. *See* Dasgupta et al., *supra* note 33, at 185.

## II. GENDER MISTRUST HAS THE CHARACTERISTICS OF A PUBLIC HEALTH CRISIS

Like racism, gender mistrust is about interpersonal antipathy resulting in negative stereotypes about, and treatment of, another person based upon an intrinsic quality: a person's sex. And gender mistrust concerns a lack of sufficiently strong relationships, which is one possible factor involved with opioid addiction and gun violence. The three public health concerns discussed above—also like gender mistrust—are associated with diminished outcomes for persons lacking the social respect and social capital human beings require for health. Finally, like gender mistrust, all of these phenomena exhibit notable disparities in impact respecting already vulnerable populations. In order to support these assertions in detail, the following sections will discuss the meaning, origins, incidence, and consequences of gender mistrust.

### A. GENDER MISTRUST: DEFINITION, ORIGINS, AND PREVALENCE

There is a great deal of literature on the phenomenon of gender mistrust to support the conclusions immediately above about the nature, consequences and disparate impact of gender mistrust. Such articles are usually found in peer-reviewed journals of sociology and psychology, though they also reach popular outlets too.<sup>36</sup> These articles define gender mistrust and together conclude that this phenomenon is pervasive, especially among the poor, and contributes to specific negative health outcomes. In one of the leading articles on gender mistrust published in 2011 in the *Journal of Marriage and Family*, for example, sociologists defined gender mistrust as: “women’s and men’s negative attitudes toward the other gender,” or “stereotypical beliefs about men’s and women’s sexual conduct and mating strategies, such as men ‘playing’ women to get sex; women getting pregnant to trick men into relationships; and the notion that men and women cannot be trusted to remain sexually exclusive.”<sup>37</sup> In short, gender mistrust can be described as a negative attitude associated with a more or less predictable set of derogatory beliefs or stereotypes about the other sex.

Regarding these specific beliefs, a 2017 article in a leading sociological journal on the family identified beliefs about sexual exclusivity and relationship commitment as part of gender mistrust.<sup>38</sup> It highlighted how many women believe that men are “unreliable, untrustworthy, and immature,” leading women to believe they should focus instead “on their children and their own financial futures.”<sup>39</sup> Similarly, a 2002 article identified elements of gender mistrust among low-income women to include negative beliefs about men’s sexual fidelity, their ability to manage money, and their unwillingness to provide support for the children

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36. See, e.g., Kathryn Edin, *Few Good Men*, AM. PROSPECT (Dec. 19, 2001), <https://prospect.org/features/good-men/> [https://perma.cc/5PP7-7SVJ].

37. Nomaguchi et al., *supra* note 4, at 1033–34.

38. See Jennifer E. Copp et al., *Gender Mistrust and Intimate Partner Violence During Adolescence and Young Adulthood*, 38 J. FAM. ISSUES 2047, 2048 (2017).

39. See *id.* at 2050.



they father, or for the children's mothers.<sup>40</sup> For their part, men often stereotype women with beliefs that women expect too much of men and do not respect them.<sup>41</sup>

Articles recounting gender mistrust are not just a twenty-first century phenomenon. Even in 1970, while chronicling the suffering of the persistently poor, sociologists were writing about sexual partners' or spouses' stereotyping of the opposite sex, noting how commonly women label men as irresponsible, and men label women as unfaithful.<sup>42</sup>

Researchers also regularly seek to identify the origins of gender mistrust in order to imagine and apply appropriate responses. Mothers' communications to daughters appear to be one important source. This is particularly prevalent in non-intact families wherein daughters tend to witness more infidelity and serial partnerships involving their mothers.<sup>43</sup> Mothers' communications might be explicitly negative—naming men's bad traits and stressing the foolishness of relying upon men—or frequently might be just cautionary—emphasizing the need to demand respect in relationships with men.<sup>44</sup>

Important sources of gender mistrust in adolescents include their parents' own verbal projections of gender mistrust,<sup>45</sup> and how closely parents attach to particular children.<sup>46</sup> Specific experiences can also cause or heighten gender mistrust, such as “partner nonexclusivity, partner control, and partner-specific mistrust.”<sup>47</sup> This might help explain why the most recent comprehensive study of gender mistrust found that male adolescents who have sex outside of a committed relationship are more likely to demonstrate higher levels of distrust;<sup>48</sup> they have come to know personally that casual sex is not uncommon and worry about the fidelity of partners.

Stepping back in the causal chain, some researchers persuasively suggest that men's poverty, joblessness, and poor education, which have resulted in a lack of “marriageable men”—that is, men who are employed, nonincarcerated, and free

40. Rebekah Levine Coley, *What Mothers Teach, What Daughters Learn: Gender Mistrust and Self-Sufficiency Among Low-Income Women*, in *JUST LIVING TOGETHER: IMPLICATIONS OF COHABITATION ON FAMILIES, CHILDREN, AND SOCIAL POLICY* 88, 90 (Alan Booth & Ann C. Crouter eds., 2002). For similar findings, see generally Wendy D. Manning et al., *Marriageable Women: A Focus on Participants in a Community Healthy Marriage Program*, 59 *FAM. REL.* 87 (2010).

41. See Frank F. Furstenberg Jr., *The Fading Dream: Prospects for Marriage in the Inner City*, in *PROBLEM OF THE CENTURY: RACIAL STRATIFICATION IN THE UNITED STATES* 224, 234 (Elijah Anderson & Douglas S. Massey eds., 2001).

42. See LEE RAINWATER, *BEHIND GHETTO WALLS: BLACK FAMILIES IN A FEDERAL SLUM* 55, 60–61, 163–65 (1970).

43. See Nomaguchi et al., *supra* note 4, at 1035.

44. See Coley, *supra* note 40, at 93; Nomaguchi et al., *supra* note 4, at 1035.

45. See Nomaguchi et al., *supra* note 4, at 1035, 1040, 1044; see also Stacey E. McElroy-Heltzel et al., *Sources of Socialization for Interpersonal Trust: An Exploration of Low-Income Black Adolescents' Experiences*, 22 *J. YOUTH STUD.* 124, 130 (2018) (describing direct messages about trust from family members).

46. See Nomaguchi et al., *supra* note 4, at 1044.

47. Copp et al., *supra* note 38, at 2073.

48. See Nomaguchi et al., *supra* note 4, at 1044.

of the burdens of crime and drugs—fuel women’s dissociation from men.<sup>49</sup> These same factors—especially when coupled with racism—fuel men’s lack of confidence and result in excessively controlling, violent, or other problematic behavior; dynamics that, in turn, generate further gender mistrust by women about men.<sup>50</sup>

Turning to the size of the problem of gender mistrust, studies measuring the phenomenon show that large percentages of both men and women suffer from it. In one study considering how low-income mothers pass gender mistrust on to their daughters, researchers found that only 6% of these mothers’ messaging about men and relationships was hopeful;<sup>51</sup> 49% percent of messages, on the other hand, were significantly negative, and 44% were what the researchers called “neutral,” which meant they focused on being cautious—that is, looking hard for good versus bad men and staying with men only if they showed respect.<sup>52</sup> A 2009 study among low-income mothers claimed that 96% of the mothers interviewed expressed the opinion that men could not, in general, be trusted; each mother made statements of this kind to researchers an average of twelve times over the course of the study.<sup>53</sup>

These studies show the prevalence of gender mistrust among low-income Americans. Gender mistrust is not confined to the poor, but it is far more common among the poor than among the wealthy.<sup>54</sup> One study of gender mistrust among adolescents concluded, for example, that about 15.8% of young women in the most affluent neighborhoods versus 32.9% of young women in the least affluent expressed gender mistrust; for male adolescents, the respective figures were 9.2% and 34.9% regarding their trust of women.<sup>55</sup> Gender mistrust also exhibits strong racial and ethnic disparities.<sup>56</sup> It is found most often among African-American women and Hispanic men, as distinguished from non-Hispanic white men and women.<sup>57</sup>

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49. See, e.g., KATHRYN EDIN & MARIA KEFALAS, PROMISES I CAN KEEP: WHY POOR WOMEN PUT MOTHERHOOD BEFORE MARRIAGE 197–204 (2005); JUDITH A. LEVINE, AIN’T NO TRUST: HOW BOSSES, BOYFRIENDS, AND BUREAUCRATS FAIL LOW-INCOME MOTHERS AND WHY IT MATTERS 162–63 (2013); WILLIAM JULIUS WILSON, THE TRULY DISADVANTAGED: THE INNER CITY, THE UNDERCLASS, AND PUBLIC POLICY 82–83 (1987); Sara McLanahan & Audrey N. Beck, *Parental Relationships in Fragile Families*, 20 FUTURE CHILD. 17, 27–28 (2010); Edin, *supra* note 36.

50. See Nomaguchi et al., *supra* note 4, at 1034.

51. Coley, *supra* note 40, at 92.

52. *Id.*

53. Burton et al., *supra* note 3, at 1114.

54. See Nomaguchi et al., *supra* note 4, at 1034 (“Prior research has emphasized that gender mistrust is more prevalent among economically disadvantaged groups.”).

55. *Id.* at 1040 & tbl. 2.

56. *Id.* at 1040.

57. See *id.* at 1043; see also Gerald Eric Daniels Jr. et al., *Racial Differences in Transitions to Marriage for Unmarried Mothers*, 38 J. FAM. ECON. ISSUES 370, 386 (2017) (suggesting that low marriage rates among African-Americans could be due in part to “a lack of trust and perceptions of exploitation between Black women and Black men”).

## B. GENDER MISTRUST AND WOMEN'S HEALTH

The literature on gender mistrust regularly attempts to measure its real-world, negative effects. This section describes some of the health effects upon women associated with gender mistrust.

Researchers have highlighted a retreat from wedlock,<sup>58</sup> including fewer cohabiting couples making the transition to marriage, as a result of gender mistrust.<sup>59</sup> Marriage is not only associated with benefits for a couple's children<sup>60</sup> but also with benefits for married women and men. Looking at women's interests here first, the vast majority of women want to and do get married.<sup>61</sup> A majority of unmarried women at various income levels have stated that they value marriage.<sup>62</sup> A 2013 Pew Research Center study indicated that about 61% of unmarried women and men say they would like to get married with only 12% opposed and 27% unsure.<sup>63</sup> In practice, among Americans aged forty-five and over, nine in ten have married at some point in their lives.<sup>64</sup> Couples also desire marriage for the benefit of their children. A 2010 article co-authored by Sara McLanahan, a noted sociologist of fragile families, reported that close to two-thirds of unmarried mothers and three-quarters of unmarried fathers agree with the statement: "[I]t is better for children if their parents are married."<sup>65</sup>

Marriage is also linked with good outcomes for women on measures including happiness,<sup>66</sup> health,<sup>67</sup> and prosperity<sup>68</sup> (although of course some of these outcomes may be influenced by selection effects).<sup>69</sup>

Of course there are many reasons for refraining from marriage, such as personal disinclination, difficulties with employment, educational deficits, drug and alcohol problems, or relationship conflict.<sup>70</sup> There are also relatively low levels

58. See, e.g., Maureen R. Waller & Sara S. McLanahan, "His" and "Her" Marriage Expectations: Determinants and Consequences, 67 J. MARRIAGE & FAM. 53, 53 (2005); Burton et al., *supra* note 3, at 1107–08; McLanahan & Beck, *supra* note 49, at 18; Nomaguchi et al., *supra* note 4, at 1032–33.

59. See McLanahan & Beck, *supra* note 49, at 26; Waller & McLanahan, *supra* note 58, at 62, 64.

60. See PARKE, *supra* note 1, at 2–3.

61. D'Vera Cohn, *Love and Marriage*, PEW RES. CTR.: SOC. & DEMOGRAPHIC TRENDS (Feb. 13, 2013), <https://www.pewsocialtrends.org/2013/02/13/love-and-marriage/> [<https://perma.cc/4GWL-VS9E>].

62. See Cohn, *supra* note 61; McLanahan & Beck, *supra* note 49, at 19.

63. Cohn, *supra* note 61.

64. *Id.*

65. McLanahan & Beck, *supra* note 49, at 19.

66. Emiliana R. Simon-Thomas, *Is Marriage Really Bad for Women's Happiness?*, GREATER GOOD MAG. (June 17, 2019), [https://greatergood.berkeley.edu/article/item/is\\_marriage\\_really\\_bad\\_for\\_womens\\_happiness](https://greatergood.berkeley.edu/article/item/is_marriage_really_bad_for_womens_happiness) [<https://perma.cc/FT9N-KV6W>].

67. Robert H. Shmerling, *The Health Advantages of Marriage*, HARV. HEALTH PUB.: HEALTH BLOG (Nov. 30, 2016, 9:30 AM), <https://www.health.harvard.edu/blog/the-health-advantages-of-marriage-2016113010667> [<https://perma.cc/WT5F-FMZS>].

68. Jay L. Zagorsky, *Marriage and Divorce's Impact on Wealth*, 41 J. SOC. 406, 421 (2005).

69. See, e.g., Catherine T. Kenney & Sara S. McLanahan, *Why Are Cohabiting Relationships More Violent than Marriages?*, 43 DEMOGRAPHY 127, 127–28 (2006) (suggesting that some of the difference in violence rates between marriage and other living arrangements is due to selection effects).

70. See, e.g., Coley, *supra* note 40, at 90; EDIN & KEFALAS, *supra* note 49, at 104–37.

of hope and optimism about marriage in poor communities.<sup>71</sup> One study found that when poor mothers spoke to their daughters, only 9% mentioned marriage or communicated that a happy marriage or long-term relationship was an important goal.<sup>72</sup> But gender mistrust should be counted among these reasons for avoiding matrimony. Its impact upon marriage is likely due in part to one persistent element of gender mistrust: a belief that the other partner cannot be trusted to be faithful.<sup>73</sup>

One highly interesting finding about women's gender mistrust bearing upon women's health is that even women reporting significant gender mistrust of men are willing to engage in serial relationships and bear children with them.<sup>74</sup> Poor women in particular will tend to pursue serial cohabitations,<sup>75</sup> but these relationships are marked by instability<sup>76</sup> and are far more often marked by domestic violence against women and children.<sup>77</sup> These relationships are also more likely to include multi-partner fertility, which itself elevates gender mistrust.<sup>78</sup> These relationships are also increasingly likely to produce children,<sup>79</sup> whom women will far more often parent on their own with inadequate personal and financial support from the fathers.<sup>80</sup>

Researchers measuring the quality of relationships also find that men's gender mistrust of women is associated not only with fewer stable unions, but also with jealousy and with more verbal conflict.<sup>81</sup>

These outcomes matter a great deal to women's health. Women are happier and experience better health outcomes in stable relationships, most particularly in

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71. See, e.g., EDIN & KEFALAS, *supra* note 49, at 125–28.

72. Coley, *supra* note 40, at 93–94.

73. See *supra* notes 37–40 and accompanying text.

74. See Burton et al., *supra* note 3, at 1108; Copp et al., *supra* note 38, at 2050.

75. Burton et al., *supra* note 3, at 1107–08.

76. See Edin, *supra* note 36.

77. ANDREA J. SEDLAK ET AL., U.S. DEP'T OF HEALTH & HUMAN SERVS., FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4) 5-20 (2010), [https://www.acf.hhs.gov/sites/default/files/opre/nis4\\_report\\_congress\\_full\\_pdf\\_jan2010.pdf](https://www.acf.hhs.gov/sites/default/files/opre/nis4_report_congress_full_pdf_jan2010.pdf) [<https://perma.cc/9BHF-HD5Z>] (showing the rate of child abuse was more than eleven times higher for children living with one biological parent, and an unrelated partner and more than four times higher for children living with unmarried biological parents, as compared to children living with married biological parents).

78. See Waller & McLanahan, *supra* note 58, at 55, 60–62.

79. See Elizabeth Wildsmith et al., *Dramatic Increase in the Proportion of Births Outside of Marriage in the United States from 1990 to 2016*, CHILD TRENDS (Aug. 8, 2018), <https://www.childtrends.org/publications/dramatic-increase-in-percentage-of-births-outside-marriage-among-whites-hispanics-and-women-with-higher-education-levels> [<https://perma.cc/MU79-WJNF>] (reporting that perhaps 62% of nonmarital births today occur in cohabitating households).

80. Scholars estimate that about 50% of nonresident fathers do not provide any monetary support for their children, and even those fathers who do provide support often pay less than twenty dollars a month. See Julia S. Goldberg, *Coparenting and Nonresident Fathers' Monetary Contributions to Their Children*, 77 J. MARRIAGE & FAM. 612, 612–13, 618 (2015). The closeness or quality of the parents' relationship matters significantly to fathers' willingness to support their children. *Id.* at 613.

81. Nomaguchi et al., *supra* note 4, at 1042–43.

marriages.<sup>82</sup> A strong body of literature shows that “on average, married people report greater happiness later in life than unmarried people.”<sup>83</sup> This is not explained simply by a selection effect—that happy people are more likely to get and stay married—though some such effect is undoubtedly a factor. Rather, “[h]appy people who get married still end up happier than happy people who don’t.”<sup>84</sup> Long-term committed relationships offering “reliable support, opportunities to be supportive, and a social context for meaningful shared experiences over time,”<sup>85</sup> are also good for health. But relationships other than marriage are simply far less likely to offer these possibilities because they tend to be brief and less mutually supportive.<sup>86</sup>

Gender mistrust is also particularly important in connection with women’s desiring, bearing, and raising children. Women desire children and will have them even when they cannot find a stable parenting partner.<sup>87</sup> But, as noted above, most women prefer marital childrearing.<sup>88</sup>

Women in the United States would also prefer to have more children than they will actually have.<sup>89</sup> This comes at a time when the nation’s total fertility rate is falling increasingly below replacement levels.<sup>90</sup> Today, women are experiencing the largest gap in forty years between the number of children they will actually have and the number they desire.<sup>91</sup> Women report wanting 2.7 children, but the actual fertility rate is 1.8.<sup>92</sup> Although this gap is due to a wide variety of factors, including the economy, unemployment,<sup>93</sup> the continuing dominance of the ideal male worker model,<sup>94</sup> the absence of sufficient paid leave and affordable child care across the United States, the rise of intensive parenting ideals,<sup>95</sup> and ideas

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82. See Kristen Schultz Lee & Hiroshi Ono, *Marriage, Cohabitation, and Happiness: A Cross-National Analysis of 27 Countries*, 74 J. MARRIAGE & FAM. 953, 953, 955 (2012); Simon-Thomas, *supra* note 66.

83. See Simon-Thomas, *supra* note 66.

84. *Id.*

85. *Id.*

86. See W. Bradford Wilcox & Laurie DeRose, *In Europe, Cohabitation Is Stable...Right?*, BROOKINGS: SOC. MOBILITY MEMOS (Mar. 27, 2017), <https://www.brookings.edu/blog/social-mobility-memos/2017/03/27/in-europe-cohabitation-is-stable-right/> [<https://perma.cc/M2GA-TCNB>].

87. See EDIN & KEFALAS, *supra* note 49, at 165–66.

88. See *supra* notes 61–65 and accompanying text.

89. Lyman Stone, *American Women Are Having Fewer Children than They’d Like*, N.Y. TIMES: THE UPSHOT (May 17, 2019), <https://www.nytimes.com/2018/02/13/upshot/american-fertility-is-falling-short-of-what-women-want.html>.

90. BRADY E. HAMILTON ET AL., BIRTHS: PROVISIONAL DATA FOR 2018, NAT’L VITAL STAT. SYS. 2–3 (2019), <https://www.cdc.gov/nchs/data/vsrr/vsrr-007-508.pdf> [<https://perma.cc/LJ9W-PVHS>].

91. Stone, *supra* note 89.

92. *Id.*

93. See Liam Stack, *U.S. Birthrate Drops 4th Year in a Row, Possibly Echoing the Great Recession*, N.Y. TIMES (May 17, 2019), <https://www.nytimes.com/2019/05/17/us/us-birthrate-decrease.html>.

94. See JOAN WILLIAMS, UNBENDING GENDER: WHY FAMILY AND WORK CONFLICT AND WHAT TO DO ABOUT IT 1–6, 15–16 (2000).

95. See generally Kate Bayless, *What Is Helicopter Parenting?*, PARENTS.COM (Dec. 5, 2019), <https://www.parents.com/parenting/better-parenting/what-is-helicopter-parenting/> [<https://perma.cc/3ZYS-KM42>] (discussing the prevalence of helicopter parenting).

about what “success” requires,<sup>96</sup> it is also linked to gender mistrust and its effect on relationship formation and stability. It is simply more difficult to rear a larger number of children without the presence of a stable and contributing partner.

There is also evidence that the absence of a stable parenting partner leads to greater stress and cortisol production beginning during pregnancy.<sup>97</sup> A 2016 study in the *American Journal of Public Health* examining nearly 11,000 European women and 8,000 American women reported that working single mothers were 40% more likely to suffer heart disease, 74% more likely to have a stroke, and 77% more likely to smoke than working married mothers.<sup>98</sup> Researchers pointed to the stress of single parenting as a driving factor.<sup>99</sup> Economic factors, too, are cited as likely affecting these outcomes,<sup>100</sup> but given that single parenthood by definition pairs with a lack of a spousal income, there is good reason not to treat the economic factors as unrelated.

In addition to physical health, the mental health of single mothers is also compromised both by a lack of perceived social support and by financial hardship.<sup>101</sup> Again, because single motherhood is usually accompanied by the loss of a second income, it would not be helpful to treat the economic factor as unrelated to the single parenting. It is also well-known that there are a number of correlates of poverty that themselves contribute to poor health. These include the availability of adequate health insurance, the cost and unavailability of adequate health care facilities, poor living conditions, lack of time to attend to health, cumulative stress, food deserts, environmentally and socially toxic neighborhoods, and other factors.<sup>102</sup>

Gender mistrust and its correlates—fewer stable adult relationships, less marriage, less marital parenting, and poverty—is thus one of the elements in this stew of interrelated factors disposing women to poor health.

Gender mistrust’s relationship to loneliness also impacts women’s health, especially into women’s elderly years. Loneliness as a health concern is gaining attention in the United States,<sup>103</sup> in no small part due to less marriage and other

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96. See Claire Cain Miller, *The Relentlessness of Modern Parenting*, N.Y. TIMES: THE UPSHOT (Mar. 26, 2019), <https://www.nytimes.com/2018/12/25/upshot/the-relentlessness-of-modern-parenting.html>.

97. See Anna Merklinger-Gruchala & Maria Kapiszewska, *The Effect of Prenatal Stress, Proxied by Marital and Paternity Status, on the Risk of Preterm Birth*, INT’L J. ENVTL. RES. & PUB. HEALTH 1, 12–13 (2019).

98. Karen van Hedel et al., *Work-Family Trajectories and the Higher Cardiovascular Risk of American Women Relative to Women in 13 European Countries*, 106 AM. J. PUB. HEALTH 1449, 1451, 1452 fig. 2 (2016).

99. See *id.* at 1455.

100. *Id.* at 1455.

101. Timothy Crosier et al., *Mental Health Problems Among Single and Partnered Mothers: The Role of Financial Hardship and Social Support*, 42 SOC. PSYCHIATRY & PSYCHIATRIC EPIDEMIOLOGY 6, 12 (2007).

102. See Jane Goodman & Claire Conway, *Poor Health: When Poverty Becomes Disease*, UNIV. OF CAL. S.F. (Jan. 6, 2016), <https://www.ucsf.edu/news/2016/01/401251/poor-health-when-poverty-becomes-disease> [https://perma.cc/XY6J-SUMG].

103. See, e.g., *New Cigna Study Reveals Loneliness at Epidemic Levels in America*, CIGNA (May 1, 2018), <https://www.cigna.com/newsroom/news-releases/2018/new-cigna-study-reveals-loneliness-at>

long-term partnering, high levels of divorce, and practical constraints (time, money, employment needs, family separation) impeding Americans' ability to form and nurture close relationships involving mutual care.<sup>104</sup> A 2018 report in the *Wall Street Journal* related that one in eleven Americans aged fifty and over lacks a spouse, partner, or living child.<sup>105</sup> The report recounted many personal stories, the majority of which included a reference to divorce or to being single.<sup>106</sup> It also collected data from the U.S. Census Bureau and other sources that showed that far higher percentages of baby boomers versus the older Silent Generation are divorced or never married.<sup>107</sup> And a 2017 study by AARP, also cited in the *Wall Street Journal* article,<sup>108</sup> found that "social isolation" among older adults costs Medicare nearly \$6.7 billion annually.<sup>109</sup>

Researchers attending to the subject of loneliness associate this condition with physical and mental illnesses including increased levels of cortisol, higher blood pressure, cognitive decline, problematic social behaviors, and diminished resistance to infections.<sup>110</sup> Interestingly, regarding the health of single mothers, although living with others ordinarily reduces the likelihood that a person will report feeling lonely, according to one wide-ranging study, single mothers are more likely to be lonely even though they live with children.<sup>111</sup>

There is also a gender gap among those living alone. In 2014, of those over sixty-five, 32% of women lived alone compared with only 18% of men.<sup>112</sup> Only 41% of women were married versus 67% of men, and 14% of women report being divorced as compared with 11% of men.<sup>113</sup> Although some of this discrepancy is due to women's living longer, this is less the case in the last several years as men's life expectancy has been rising faster than women's.<sup>114</sup>

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epidemic-levels-in-america [https://perma.cc/GV4G-Y6NH] [hereinafter *Cigna Study*] (stating that nearly half of Americans report feeling sometimes or always alone).

104. See Janet Adamy & Paul Overberg, *The Loneliest Generation: Americans, More than Ever, Are Aging Alone*, WALL ST. J., (Dec. 11, 2018, 10:12 AM), <https://www.wsj.com/articles/the-loneliest-generation-americans-more-than-ever-are-aging-alone-11544541134>; see also John C. Woodward et al., *Loneliness and Divorce*, 4 J. DIVORCE 73, 73 (1980) (discussing how divorce brings about loneliness).

105. See Adamy & Overberg, *supra* note 104.

106. *Id.*

107. *Id.*

108. *Id.*

109. LYNDA FLOWERS ET AL., AARP PUB. POLICY INST., *MEDICARE SPENDS MORE ON SOCIALLY ISOLATED OLDER ADULTS 1* (2017), <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf> [https://perma.cc/EQL7-2T6D].

110. See, e.g., Stephanie Cacioppo et al., *Toward a Neurology of Loneliness*, 140 PSYCHOL. BULL. 1464, 1495–96 (2014).

111. See, e.g., *Cigna Study*, *supra* note 103.

112. Renee Stepler, *Gender Gap in Share of Older Adults Living Alone Narrows*, PEW RES. CTR.: SOC. & DEMOGRAPHIC TRENDS (Feb. 18, 2016), <https://www.pewsocialtrends.org/2016/02/18/1-gender-gap-in-share-of-older-adults-living-alone-narrows/> [https://perma.cc/6J2C-YKMJ].

113. *Id.*

114. *Id.*

C. GENDER MISTRUST IS ESPECIALLY SIMILAR TO RACISM AS A SUBJECT FOR PUBLIC HEALTH ATTENTION

Having looked at the origins, incidence, disparities, and health effects characterizing gender mistrust, I return to the analogy with racism. There are, of course, differences between the phenomenon of racism and gender mistrust from a public health perspective but nothing significant enough to destroy the analogy. Racism is commonly understood as a negative evaluation of people of color by white people, which negatively impacts the former. But gender mistrust is mutual: both sexes express it and suffer from it. Furthermore, racism is both a structural and an interpersonal phenomenon. Gender mistrust, on the other hand, takes place almost exclusively interpersonally though it is influenced by structural factors.

The similarities between racism and gender mistrust, however, point toward the wisdom of classifying both as public health problems: as discussed above, both manifest in negative relationships and poor personal treatment based upon harmful stereotypes, and both diminish health outcomes.

The analogy is furthermore highly useful at the point where lawmakers and policymakers need to summon the will and the energy to ameliorate the situation. If we are willing to persist in tackling a problem as entrenched, complex, and far-reaching as racism, we should also judge ourselves capable of persisting to ameliorate gender mistrust. Solutions to both require a profound acceptance of the crucial good that is the coexistence of equality alongside diversity. Solutions to both also seek in part personal transformation: changing hearts and minds—and then behavior. And solutions to both are critically important to address the often-shocking income, educational, employment, and other inequalities marring American society today.

III. OBSTACLES AND PROPOSALS

As noted above, there are more than a few obstacles to addressing gender mistrust in law and policy. Among these are the seeming novelty of considering an impaired relationship to be a “health crisis”; fears that such an analysis will lead to singling out particular ethnic or racial communities for opprobrium; the intrusion upon deeply private matters required by such an analysis; and the difficulty in imagining appropriate or even moderately helpful ways forward. A discussion of the second and third obstacles provides the occasion for considering proposals that address the fourth. These proposals include exhorting and empowering affected groups to take the lead; persisting to improve state-sponsored relationship and communications programs; enlisting the help of religious institutions, especially those with track records of strengthening marriage and other relationships; highlighting the critical mass and intellectual credibility of the literature supporting the social importance of stable and healthy relationships between men and women; supporting a wide-variety of economic, social justice, educational, and other initiatives designed to ameliorate gender mistrust, not just “couple-focused” interventions; focusing upon the crisis in blue-collar male employment; and reducing the amount of attention devoted to campaigns claiming that abortion



and contraception are women's leading health needs, given the possibilities that such campaigns have increased women's immiseration in important respects. Each of these is addressed below.

A. NOVELTY OF CONSIDERING IMPAIRED RELATIONS TO BE A "HEALTH CRISIS"

Turning to the first objection—the apparent novelty of considering an impaired relationship to be a “health crisis”—it seems that recent events have substantially mitigated this apprehension. Society now increasingly, even *commonly*, observes that matters such as negative stereotypes and the mistreatment following thereon, as well as loneliness resulting from a lack of social support, are credibly, empirically, and both directly and indirectly related to diminishing human health. Racism, for example, is linked quite regularly with harms to both physical and mental health.<sup>115</sup> Opioid addiction has also been linked to a deficit of supportive relationships.<sup>116</sup> Public-health-crisis language has been used to describe both of these issues.<sup>117</sup> It seems, therefore, that this first obstacle is not a significant one. There is currently a demonstrable willingness to think about broken, absent, or hostile relationships under a public health umbrella.

B. RISK OF BLAMING THE VULNERABLE

The second objection involves the possibility that any sustained attempt to address gender mistrust will be perceived as a negative judgment on poor or minority Americans—as a criticism of patterns and practices more often adopted by people other than white, college-educated Americans. We have only to think of the outcry<sup>118</sup> that greeted then-Assistant Secretary of Labor Daniel Patrick Moynihan's 1965 report, *The Negro Family: The Case for National Action*,<sup>119</sup> or the response<sup>120</sup> to African-American law professor Ralph Richard Banks's book *Is Marriage for White People?: How the African American Marriage Decline Affects Everyone*.<sup>121</sup> Here, I would note the willingness of Daniel Markovits, the author of a recent book, *The Meritocracy Trap: How America's Foundational Myth Feeds Inequality, Dismantles the Middle Class, and Devours the Elite*, to identify briefly the cycle of poverty and reduced educational levels of poor Americans associated with nonmarriage, nonmarital parenting, and divorce.<sup>122</sup>

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115. See *supra* notes 18–32 and accompanying text.

116. See *supra* notes 33–34 and accompanying text.

117. See *supra* Section I.B.

118. See Stephen Steinberg, *The Moynihan Report at Fifty: The Long Reach of Intellectual Racism*, BOS. REV. (June 24, 2015), <http://bostonreview.net/us/stephen-steinberg-moynihan-report-black-families-nathan-glazer> [<https://perma.cc/2A7Q-CC3P>] (discussing the “storm of controversy” that the report generated).

119. U.S. DEP'T OF LABOR, *THE NEGRO FAMILY: THE CASE FOR NATIONAL ACTION* (1965).

120. Gilien Silsby, *Banks' Book Stirs Controversy*, USC NEWS (Nov. 16, 2011), <https://news.usc.edu/28455/banks-book-stirs-controversy/> [<https://perma.cc/2F7A-5KGQ>].

121. RALPH RICHARD BANKS, *IS MARRIAGE FOR WHITE PEOPLE?: HOW THE AFRICAN AMERICAN MARRIAGE DECLINE AFFECTS EVERYONE* (2011).

122. See DANIEL MARKOVITS, *THE MERITOCRACY TRAP: HOW AMERICA'S FOUNDATIONAL MYTH FEEDS INEQUALITY, DISMANTLES THE MIDDLE CLASS, AND DEVOURS THE ELITE* 116–18 (2019).

However, in the part of the book devoted to solutions, there is no further discussion of this problem.<sup>123</sup> Questions about male–female relationships including marriage and marital childbearing among lower-income Americans are indeed painful.

A recent, personal encounter underscored to me this risk of blaming the vulnerable. I was participating in a meeting with leaders of public and private family-support programs and struck up a long conversation with a young African-American woman. She told me that she is married to a wonderful African-American man and had previously committed herself to premarital chastity and marital parenting. In the course of her marriage, however, tension has arisen with her mother and her aunts, who have all borne children both in and out of wedlock with men who are no longer on the scene. They have expressed skepticism about whether she should trust her husband and have openly asked whether she feels that she is somehow superior to them in committing to strictly marital parenting. They are proud of their ability to support themselves and rear children without a man.

As one response to obvious sensitivities in this area, lawmakers and policy-makers have previously addressed situations that also contained the potential to ignite these kinds of tensions. This is true of any serious effort to combat poverty. But perhaps the most pointed example is the HIV/AIDS crisis. Despite the disproportionate incidence of HIV/AIDS among gay and bisexual men—and the obvious concern that the crisis would be used to criticize versus assist suffering fellow citizens—the country eventually tackled it with a great deal of law, policy, money, and research. However, this solution came only after a great deal of suffering and death had already ensued—after the impulse to blame was overcome by a commitment to cure. Interest groups devoted to the well-being of LGBTQ citizens agitated for this result while simultaneously articulating how human rights principles demanded attention on a large scale.<sup>124</sup>

Likewise, gender mistrust disproportionately affects groups of Americans who are already vulnerable. Their suffering, too, will only be prolonged by inclinations toward blame. And the persons afflicted—this Article’s focus is upon women—have expressed a desire for better relationships in order to promote the happiness and health of themselves and their children.<sup>125</sup> At the same time, women take pride in successfully managing their own lives and in their single parenting.<sup>126</sup> In light of this dynamic, it seems certain that groups fighting for racial justice and justice for the poor would have to take the lead in this matter, as LGBTQ interest groups did in the thick of the fight against HIV/AIDS. Such

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123. See generally *id.* at 271–86 (arguing for reform in education and payroll taxation but not mentioning how to remedy the prevalence of nonmarriage, nonmarital parenting, and divorce among poor Americans).

124. For an in-depth discussion of the HIV/AIDS crisis, see generally RANDY SHILTS, *AND THE BAND PLAYED ON: POLITICS, PEOPLE, AND THE AIDS EPIDEMIC* (1987).

125. See, e.g., Edin, *supra* note 36.

126. See generally EDIN & KEFALAS, *supra* note 49 (delving into the lives of over one hundred low-income single mothers and discussing what motherhood means to these women).

groups could better frame access to stable marriages and marital childbearing in the language of civil rights, where it belongs. They could better manage the balance between acknowledging the structural and personal hindrances to stable relations between men and women and the good of finding ways of stabilizing them. Access to stable, committed relationships such as marriage and to marital parenting should not be distributed so disparately according to race, income, and education levels when these relationships are so fundamentally connected to women's health, happiness, and economic opportunity. These relationships are also a crucial part of the intergenerational transmission of education levels, wealth, and family stability.<sup>127</sup> Current gaps in outcomes in every one of these arenas will only persist or worsen if substantial attention is not paid.

Should they choose to tackle the issue of gender mistrust, anti-poverty groups and groups like Black Lives Matter may perhaps spur the emergence of a movement so focused. But there is nothing foregone about the emergence of a movement so focused. Fortunately, scholars on both the left and the right are devoting increasing public attention to the matters of nonmarriage and nonmarital parenting among the disadvantaged.<sup>128</sup> Perhaps the current trove of research about the good of stable male–female relationships and parenting, and the size of social gaps traceable to the retreat from marriage, will eventually inspire the development of an effective movement.

### C. INVADING PRIVACY

A third objection concerns the private nature of intimate male–female relationships. Objections of this type greeted the marriage promotion programs touted by the federal government during recent years.<sup>129</sup> There is a great deal of common sense in the idea that blunt and bureaucratic government programs stand little chance of providing useful assistance to private, romantic relationships. But as one commentator has astutely observed: “if . . . we're willing to advocate for the use of long-acting reversible contraceptives (LARCs) and the dispatch of nurses and social workers into the homes of single moms for parenting education, offering voluntary marriage and relationship education to low-income adults seems relatively innocuous by comparison.”<sup>130</sup>

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127. See HELEN M. ALVARÉ, PUTTING CHILDREN'S INTERESTS FIRST IN U.S. FAMILY LAW AND POLICY: WITH POWER COMES RESPONSIBILITY 58–65 (2018); see also MARKOVITS, *supra* note 122, at 116–18 (discussing how marriage and childrearing among elites contributes to growing inequality).

128. For two bipartisan proposals for how to solve the cycle of poverty as exacerbated by increased rates of nonmarriage and nonmarital parenting, see generally ISABEL V. SAWHILL, GENERATION UNBOUND: DRIFTING INTO SEX AND PARENTHOOD WITHOUT MARRIAGE (2014), and AEI/BROOKINGS WORKING GRP. ON POVERTY & OPPORTUNITY, OPPORTUNITY, RESPONSIBILITY AND SECURITY: A CONSENSUS PLAN FOR REDUCING POVERTY AND RESTORING THE AMERICAN DREAM (2015), <https://www.brookings.edu/wp-content/uploads/2016/07/Full-Report.pdf> [<https://perma.cc/S48T-B7C9>].

129. See, e.g., Martha Fineman et al., *No Promotion of Marriage in TANF!*, 30 SOC. JUST. 126, 129–30 (2003).

130. Brent Orell, *Promoting Marriage Is Good Social Policy*, REAL CLEAR POL'Y (Mar. 15, 2019), [https://www.realclearpolicy.com/articles/2019/03/15/promoting\\_marriage\\_is\\_good\\_social\\_policy\\_111122.html](https://www.realclearpolicy.com/articles/2019/03/15/promoting_marriage_is_good_social_policy_111122.html) [<https://perma.cc/UQ23-VFM9>].

Although some past state-sponsored marriage and relationship programs did not bear a great deal of fruit,<sup>131</sup> there is also evidence available that some couples and families *have* benefited from more recent initiatives, experiencing increased marital stability and reduced conflict.<sup>132</sup> Given the importance of marriage and other stable relationships to the well-being of women and others, *and* the lengthy runways accorded other federal programs with few results—including the much-beloved Head Start<sup>133</sup>—these outcomes are likely sufficient to justify at least further efforts in the marital arena.

Some relationship or marriage projects promoted by religious groups are also showing positive results. A good example is an ecumenical project called *Communio*.<sup>134</sup> With privately raised dollars, this nonprofit assists churches by using local data to diagnose the relationship, marital, and family challenges in their communities; to reach out to those most likely to suffer relationship difficulties who are *also* open to an invitation from a church; and to offer these couples activities and programs responsive to their needs.<sup>135</sup> Researchers concluded that after two years of operation, the programs were likely responsible for a “dramatic decline” in divorce rates in one of the early-adopting counties—even controlling for factors such as education, race, and income<sup>136</sup>—although they did not yet have other hoped-for effects including promoting the well-known “success sequence” (which includes marital parenting).<sup>137</sup> Further efforts to improve the project and boost these results are underway.<sup>138</sup>

As even this one example shows, messages and programs designed to ameliorate gender mistrust need not be intrusive. They can be offered on a voluntary basis and even measure and respond to local demand.

In response to those who would disparage relationship-assistance programs, I would highlight that mitigating gender mistrust would provide important social, emotional, financial, and other benefits, not only for the women involved but also for men and children. It would also likely advance social goods including narrowing the income and employment gaps between richer and poorer Americans and

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131. See, e.g., ERIKA LUNDQUIST ET AL., U.S. DEP'T HEALTH & HUMAN SERVS., OPRE REP. 2014-09A, A FAMILY-STRENGTHENING PROGRAM FOR LOW-INCOME FAMILIES: FINAL IMPACTS FROM THE SUPPORTING HEALTHY MARRIAGE EVALUATION 47 (2014), [https://www.acf.hhs.gov/sites/default/files/opre/shm2013\\_30\\_month\\_impact\\_reportrev2.pdf](https://www.acf.hhs.gov/sites/default/files/opre/shm2013_30_month_impact_reportrev2.pdf) [<https://perma.cc/J2UK-K6QB>].

132. See QUINN MOORE ET AL., U.S. DEP'T HEALTH & HUMAN SERVS., OPRE REP. 2019-06, EFFECTS OF TWO HEALTHY MARRIAGE PROGRAMS FOR LOW-INCOME COUPLES: EVIDENCE FROM THE PARENTS AND CHILDREN TOGETHER EVALUATION 2 (2019), [https://www.acf.hhs.gov/sites/default/files/opre/pact\\_hm\\_impact\\_brief\\_010319\\_508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/pact_hm_impact_brief_010319_508.pdf) [<https://perma.cc/ZUY7-YXWC>].

133. See ALVARÉ, *supra* note 127, at 76–77.

134. See COMMUNIO, <https://communio.org/> [<https://perma.cc/UP3B-58DX>] (last visited Mar. 7, 2020). Disclaimer: I am on the board of the *Communio* project.

135. See Seth D. Kaplan, *Reversing Social Disintegration*, NAT'L AFF., Spring 2019, at 111, 117–20.

136. W. BRADFORD WILCOX ET AL., PHILANTHROPY ROUNDTABLE, DECLINING DIVORCE IN JACKSONVILLE: DID THE CULTURE OF FREEDOM INITIATIVE MAKE A DIFFERENCE? 1–2, 4 (2019), [https://www.philanthropyroundtable.org/docs/default-source/briefings/final\\_cof\\_nov.pdf?sfvrsn=10afa840\\_1](https://www.philanthropyroundtable.org/docs/default-source/briefings/final_cof_nov.pdf?sfvrsn=10afa840_1) [<https://perma.cc/SF42-4D72>].

137. See Kaplan, *supra* note 135, at 123.

138. See *id.* at 123–24.

between different racial and ethnic groups. Public health measures should consider the benefits to the welfare of whole communities. At least we should be asking the questions posed by Professor Lawrence Gostin in a *Lancet* magazine profile where he opined:

“I’m still passionate about the rights of individuals, but not at the expense of wider social justice.” Nowadays, he explains, he’s perpetually balancing the value of personal freedom against the value of the common good, and trying to locate the tipping point. “I’ve never had a rigid view of it, but first I ask questions. How serious is the infringement of civil liberty? How much are we intruding on individuals? Then I balance this against the public good.”<sup>139</sup>

Furthermore—on the point that initiatives directed to ameliorate gender mistrust need not be personally invasive—gender mistrust is a “cycle” or “stew” with interlinking causes and effects, as Part I describes. As such, it invites interventions at various points. Some interventions might involve direct communications and training about the good of stable gender relations, likely beginning in adolescence when gender mistrust can first develop.<sup>140</sup> These communications could be part of the relationship education some states already offer to adolescents.<sup>141</sup> Efforts could also include public–private partnerships with churches and other social justice providers already directly communicating with voluntary audiences about healthy dating and marriage.

Also, because there are so many structural factors shaping gender mistrust, nonmarriage, and nonmarital parenting—including matters as diverse as the state of the labor market, racism, the quality of education, and criminal justice practices—many initiatives would not be “personal” at all. *All* of these structures and systems contribute especially to men’s unemployment and to behaviors that elevate gender mistrust and reduce couples’ prospects for marriage and marital parenting.<sup>142</sup> Thus it seems quite likely that effective interventions must include attention to the disproportionately high rates of incarceration of men in poor and minority communities. It should also consider affirmative-action-style attention to the educational and employment prospects of the same groups. Particular attention to the situation of men appears necessary, even though it will provoke the charge of sexism. But this objection should fail in light of the robust evidence about the recent decline of real hourly earnings for less-educated men<sup>143</sup> and the

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139. Geoff Watts, *Lawrence Gostin: Legal Activist in the Cause of Global Health*, 386 *LANCET* 2133, 2133 (2015).

140. See generally Nomaguchi et al., *supra* note 4 (investigating the prevalence and effect of gender mistrust on adolescents).

141. See generally MINDY E. SCOTT ET AL., U.S. DEP’T OF HEALTH & HUMAN SERVS., OPRE REP. NO. 2017-74, *HEALTHY MARRIAGE AND RELATIONSHIP EDUCATION PROGRAMS FOR YOUTH: AN IN-DEPTH STUDY OF FEDERALLY FUNDED PROGRAMS* (2017), [https://www.acf.hhs.gov/sites/default/files/opre/years\\_task\\_46\\_final\\_report\\_finalv2\\_b508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/years_task_46_final_report_finalv2_b508.pdf) [<https://perma.cc/VCL5-N7QM>] (discussing the various federally-funded relationship programs states currently offer to adolescents).

142. See *supra* notes 49–50 and accompanying text.

role that this plays in especially poorer and minority women's inability to find a suitable marriage partner and rear children within stable marriages.

One caveat should be mentioned here. There is no guarantee that strictly economic solutions will work. Gender mistrust is an established phenomenon. Social norms around temporary sexual relationships and nonmarital parenting have changed a great deal in the last few decades. One recent study showed that even the rise of lucrative blue-collar jobs in the fracking industry did not elevate marriage or marital parenting rates within the communities involved, but rather boosted both marital *and* nonmarital births.<sup>144</sup> This should provoke reflection about sources of strained relations between the sexes that are *beyond* economics, and increase support for programs involving direct communications and skills-training for forming stable relationships.

There is one, final factor that ought to be mentioned in the context of law and policy directed to relieving gender mistrust in the name of women's health. Significant voices in the struggle for women's health regularly insist upon the overriding importance of contraception and abortion. Contraception was a prominent feature of the struggle over the "contraception mandate" of the Affordable Care Act.<sup>145</sup> Regarding abortion, the claim that broad access to legal abortion is necessary for women's health is *the* leading feature of pro-choice speech at state legislatures today.<sup>146</sup> The amount of attention focused upon these subjects within the universe of women's health tends to undermine the cause of repairing gender mistrust. Highly vocal promotion of contraception and abortion as leading elements of women's health care might exacerbate gender mistrust. Both campaigns fail to challenge the social structures pressuring women to be "nonpregnant" or childless as the price of equality with men. These social structures include the dominant narrative of the "ideal worker"—the childless individual perpetually available to the employer<sup>147</sup>—and the stunning absence of paid leave in the United States,<sup>148</sup> comprehensive family policy,<sup>149</sup> and other recognition of the enormous contributions parents make to society. These dynamics lead women to

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143. See Ariel J. Binder & John Bound, *The Declining Labor Market Prospects of Less-Educated Men*, 33 J. ECON. PERSP. 163, 163 (2019).

144. Melissa S. Kearney & Riley Wilson, *Male Earnings, Marriageable Men, and Nonmarital Fertility: Evidence from the Fracking Boom*, 100 REV. ECON. & STAT. 678, 678 (2018).

145. See Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 77 Fed. Reg. 8725, 8726 (Feb. 15, 2012) (codified at 45 C.F.R. pt. 147) (describing the over 200,000 comments received by the Department of Health and Human Services regarding the contraception mandate).

146. See Helen M. Alvaré, *Abortion and Democracy: Evaluating the Case for Maintaining a Broad Abortion Right at the State Level*, HOW. HUM. & C.R. L. REV. (forthcoming 2020) (manuscript at 1–2) (on file with author).

147. See WILLIAMS, *supra* note 94, at 1–2.

148. See Christopher Ingraham, *The World's Richest Countries Guarantee Mothers More than a Year of Paid Maternity Leave. The U.S. Guarantees Them Nothing.*, WASH. POST (Feb. 5, 2018, 3:11 PM), <https://www.washingtonpost.com/news/wonk/wp/2018/02/05/the-worlds-richest-countries-guarantee-mothers-more-than-a-year-of-paid-maternity-leave-the-u-s-guarantees-them-nothing/>.

149. See Helen M. Alvaré, *Curbing Its Enthusiasm: U.S. Federal Policy and the Unitary Family*, 2 INT'L J. JURIS. FAM. 107, 110, 145–47 (2011).

the logical conclusion that they are legally and socially disadvantaged simply on account of their sex, which intrinsically includes their ability to bear children.

Even at the personal level, leading philosophers, economists, and sociologists have observed how contraception and abortion—which allow for sex outside of committed partnerships without the fear of conception<sup>150</sup>—can increase the objectification of women by men; the pressure women feel to have uncommitted sexual encounters they do not prefer;<sup>151</sup> nonmarital pregnancy, births, and parenting;<sup>152</sup> and the retreat from marriage.<sup>153</sup>

Discussions of contraception and abortion should address that the intellectual, emotional, and physical severing of sex from its consequences may open the door to gender mistrust. And such discussions ought to encourage a great deal more attention to facilitating good relations between men and women, as distinguished from highlighting situations involving conflict and separation.

#### CONCLUSION

Gender mistrust has all the hallmarks of a public health problem: it is widespread; contributes to negative health outcomes; exhibits racial, ethnic, and income disparities; and is a complex phenomenon requiring assistance from experts in multiple fields.

Perhaps, though, its most noteworthy feature is the way in which it acts to deprive already vulnerable citizens of some of the most precious things in life: stable intimate relationships and mutual parenting. It also deprives fellow citizens of stability and confidence in a host of other important arenas such as education, employment, and financial security.

To throw up our hands in the face of such a problem in the name of privacy or complexity would be irresponsible. It would also be, in my view, a violation of the most basic civil rights, which are never only about individuals but also about communities, beginning with the first community: the family.

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150. See ZYGMUNT BAUMAN, *LIQUID LOVE: ON THE FRAILTY OF HUMAN BONDS* 46–47 (2003) (discussing the negative repercussions of severing sex from even the thoughts of procreation and a shared future).

151. See George A. Akerlof et al., *An Analysis of Out-of-Wedlock Childbearing in the United States*, 111 Q.J. ECON. 277, 280, 294–97 (1996).

152. See *id.* at 281–82, 285, 297; see also Andrew Beauchamp & Catherine R. Pakaluk, *The Paradox of the Pill: Heterogeneous Effects of Oral Contraceptive Access*, 57 ECON. INQUIRY 813, 828 (2019) (concluding that access to the pill increased nonmarital childbearing).

153. See Akerlof et al., *supra* note 151, at 297–303; see also Timothy Reichert, *Bitter Pill*, FIRST THINGS, May 2010, at 26, 28, 33 (arguing that contraception encourages women to participate in “the sex market” and delays and reduces marriage).