

# CFRP POLICY BRIEF

## Who Establishes Paternity?: A Study Of Unmarried Parents

Though most unmarried parents establish paternity in the hospital at the time of the child's birth, nearly a third forgo this opportunity to secure the father's legal rights and responsibilities. To better understand who establishes paternity and who does not, CFRP collected survey data from 800 Texas mothers who had recently given birth outside of marriage. Survey results suggest that the failure to establish paternity is closely linked to poor parental relationships; for many, pregnancy comes early in the relationship, and breakups during the prenatal period are common. Although these findings help identify which parents might benefit from increased outreach regarding the benefits of paternity establishment, the data also reveal instances in which establishing paternity could be detrimental to the mother or child. Fathers who decline to establish paternity, for example, are more likely to have a history of abusive behavior; in these cases, the optimal method of paternity establishment is through the court system, where legal parameters can help ensure the safety and security of the family.

In the U.S., approximately two out of five children are born to unmarried parents. This is a concern not only because of the increased risk of negative child outcomes associated with nonmarital childbearing, but also because these children do not have a legal father until paternity is established. Paternity establishment affirms the father's legal rights and responsibilities. In addition, fathers who voluntarily establish paternity at their child's birth are more likely to be involved and supportive of their child, both of which are associated with a wide range of positive child outcomes. Given these benefits, it is important to understand who voluntarily establishes paternity in-hospital, and who does not.

Federal and state laws have been enacted over the past 20 years to simplify the process of voluntary paternity establishment. In Texas, roughly 7 in 10 unmarried parents establish paternity in the hospital by signing an Acknowledgement of Paternity (AOP) form. This rate represents a large increase over previous decades, yet little research has been done to help policymakers better

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understand who establishes paternity in the hospital, who does not, and what can be done to ensure an effective process.

To address these questions, CFRP collected survey data from over 800 Texas mothers who recently had a nonmarital birth. The results suggest that whether or not parents establish paternity in the hospital is largely determined by the status of the parental relationship. Parents who are romantically involved or living together are much more likely to sign the AOP than parents with no relationship. Further, for many parents who do not sign an AOP (non-signers), the birth of their child was preceded by markedly shorter and more unstable relationships. Moreover, though both signing and non-signing fathers share a similar set of demographic characteristics, non-signers are far more likely to carry traits that may destabilize the relationship, such as unemployment, family violence, and previous children with other partners.

## Paternity Establishment

For many parents, establishing paternity is a deeply symbolic act, affirming the connection between father and child. For others, establishing paternity may be a legal decision, carrying important benefits and protections for the family. Several notable benefits of establishing paternity include:

- The right to include the father's name on the birth certificate
- Ensuring a child's eligibility for public and private benefits through the father, including health insurance, life insurance, social security, veteran's benefits, and inheritance.
- Allowing children access to the father's genetic history
- Ensuring the ability to file for child support or establish visitation orders

*Voluntarily establishing paternity is linked to a number of positive outcomes for children.*

Regardless of the reasons for doing so, it is clear that voluntarily establishing paternity is linked to a number of positive outcomes for children, including higher levels of father involvement, a reduced likelihood of entering the formal child support system, and improved compliance with child support orders when they are present.<sup>1</sup>

## Fathers' Race and Education Are NOT Closely Linked to Signing the AOP

Prior research has noted several demographic differences between those who establish paternity in the hospital and those who do not. Several studies, for example, have found that Hispanic and African American fathers are less likely than White fathers to establish paternity.<sup>2</sup> Other studies have observed that fathers with at least a high school degree are more likely to establish paternity than fathers with

<sup>1</sup> Mincy, R., Garfinkel, I., & Nepomnyaschy, L. (2005). In-Hospital Paternity Establishment and Father Involvement in Fragile Families. *Journal of Marriage and Family*, 67(3), 611-626.; Argys, L. M., & Peters, H. E. (2001). Interactions between unmarried fathers and their children: The role of paternity establishment and child support policies. *The American Economic Review*, 91(2), 125-129.

<sup>2</sup> Guzzo, K. (2009). Paternity establishment for men's nonmarital births. *Population Research and Policy Review*, 28(6), 853-872.; Puder, K.S., Gonik, B., & Schrauben, E. (2003). Paternity establishment: variables associated with failed implementation. *Primary Care Update for OB/GYNs*, 10(5), 258-260.

lower levels of education.<sup>3</sup> Survey data collected by CFRP suggest that, in Texas, these differences in demographic characteristics are often small and fail to explain why some fathers sign the AOP and others do not:

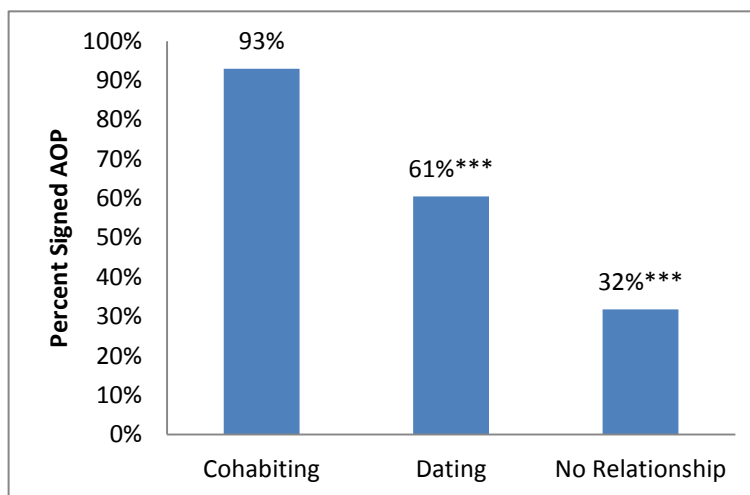
- Hispanic and White fathers are equally likely to sign the AOP.
- African American fathers are less likely than White or Hispanic fathers to sign the AOP, however this difference disappears when controlling for other factors such as the parents’ relationship.
- AOP signers and non-signers have similar levels of education; in both groups, roughly 4 in 10 fathers have a high school degree, and 2 in 10 did not complete high school.

## Parents’ Relationship Status Is Closely Linked to Signing the AOP

Though demographic differences, such as race and education, fail to provide much insight into who signs the AOP, the status of the parental relationship offers a large and significant clue. Previous research shows that the stronger the parental relationship, the more likely it is for parents to establish paternity at the child’s birth.<sup>4</sup> CFRP data confirm this trend, as shown in Figure 1.

- Dating couples are nearly *twice as likely* as those in no relationship to establish paternity in the hospital.
- Cohabiting couples are nearly *three times as likely* as those in no relationship to establish paternity in the hospital.

**Figure 1: Percentage Who Signed AOP by Relationship Status**



Source: PES Mothers at 3 months, weighted

Note: \*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ; Indicates statistically different from Cohabitors

<sup>3</sup> Argys, L. M., & Peters, H. E. (2001). Interactions between unmarried fathers and their children: The role of paternity establishment and child support policies. *The American Economic Review*, 91(2), 125-129.; Mincy, R., Garfinkel, I., & Nepomnyaschy, L. (2005). In-Hospital Paternity Establishment and Father Involvement in Fragile Families. *Journal of Marriage and Family*, 67(3), 611-626.; Puder, K.S., Gonik, B., & Schrauben, E. (2003). Paternity establishment: variables associated with failed implementation. *Primary Care Update for OB/GYNS*, 10(5), 258-260.

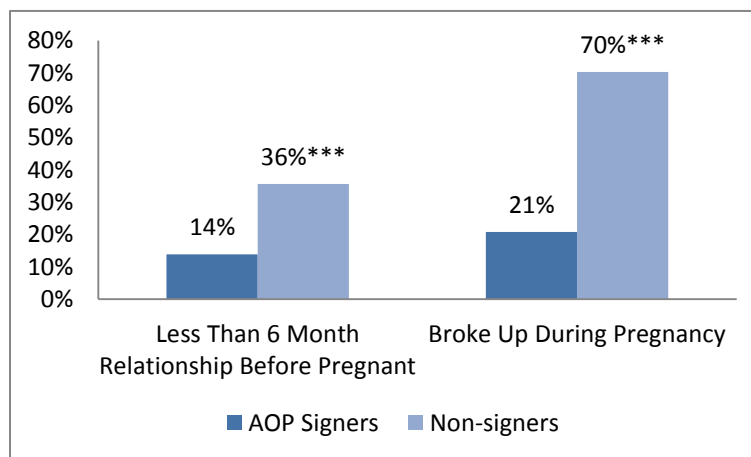
<sup>4</sup> Brown, P. R. 2006. The Father-Child Relationship in Voluntary Paternity Acknowledgment Cases. Report submitted to the Wisconsin Department of Workforce Development, Bureau of Child Support. Madison, WI: Institute for Research on Poverty, University of Wisconsin.; Mincy, R., Garfinkel, I., & Nepomnyaschy, L. (2005). In-Hospital Paternity Establishment and Father Involvement in Fragile Families. *Journal of Marriage and Family*, 67(3), 611-626.

## Non-signing Parents Have Short and Rocky Relationships Prior to the Birth

Not only are most non-signing parents in no relationship at the time of the child’s birth, but for many, their history as a couple has been comparatively brief and unstable. For a significant portion of non-signers, pregnancy comes early on in the relationship, launching them into a turbulent and precarious prenatal period.

As shown in Figure 2, more than one-third of non-signing parents were dating for less than 6 months prior to becoming pregnant. Not surprisingly, many non-signers also experience rocky and unstable pregnancies, with 7 in 10 breaking up sometime during the prenatal period. In fact, parents who fail to sign the AOP are more than three times as likely as AOP signers to have split up at least once while the mother was pregnant.

**Figure 2: Relationship Instability by AOP Signing**



Source: PES Mothers at 3 months, weighted

Note: \*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ; Indicates statistically different from AOP Signers

## Non-signing Fathers Carry Substantial Risks

Though it is clear that the relationships of many non-signers are beset with troubles long before the birth of their child, it is not entirely clear why these relationships are prone to unravel. One possible explanation lies with certain characteristics of non-signing fathers that may work to undermine the stability of the parental relationship.

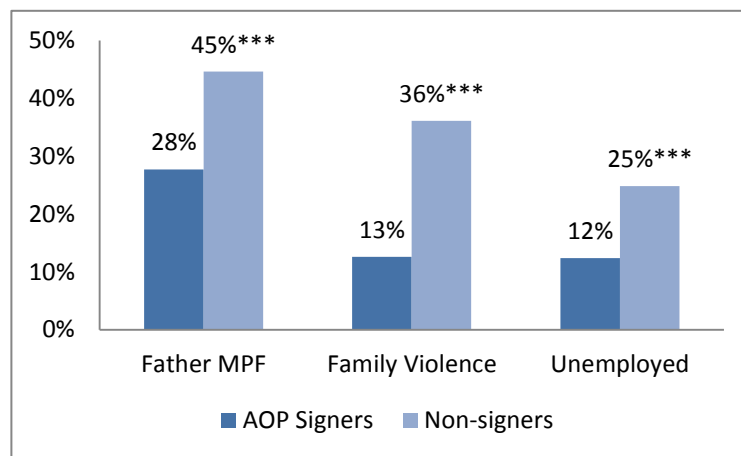
*Nearly half of non-signing fathers have previous children from another relationship.*

Compared to AOP signers, non-signing fathers are significantly more likely to have previous children with another partner (i.e. multipartner fertility (MPF)). With existing commitments to other households, nearly half of these fathers chose not to sign the AOP, shirking their rights and responsibilities to the current child.

Non-signing fathers are also three times as likely to have been emotionally or physically abusive towards the mother or child. From a policy standpoint, paternity should not be established in the hospital when family violence is present; instead, paternity should be established through the court process where a father’s visitation access can be limited by legal parameters offering better protection to the mother and child.

Finally, non-signing fathers are unemployed at twice the rate of AOP signers. Given that financial difficulties are a main reason unmarried couples break up, it is likely that high levels of unemployment among non-signers play a role in the dissolution of their relationships.

**Figure 3: Paternal Risk Factors by AOP Signing**



Source: PES Mothers at 3 months, weighted

Note: \*  $p < 0.1$ , \*\*  $p < 0.05$ , \*\*\*  $p < 0.01$ ; Indicates statistically different from AOP Signers

## Breakups During Pregnancy and Family Violence Are Primary Predictors of Non-Signing for Parents in No Relationship

Further investigation into the predictors of not signing an AOP suggests that for parents in no relationship, short and rocky relationships prior to the birth are among the most telling indicators that the AOP will go unsigned. In addition, family violence is an important barometer for whether or not these parents will establish paternity in the hospital. In fact, for parents in no relationship, family violence is the *largest* predictor of not signing the AOP. From a policy perspective, non-signing is the preferred outcome for these families; in cases where there is family violence, paternity should be established through the court system.

*When family violence is present, paternity should be established through the courts.*

### Conclusion

Paternity establishment is one of the first opportunities for an unmarried father to affirm his commitment to his child. Data collected by CFRP make clear that, across most demographic domains, fathers who sign the AOP are not significantly different from fathers who do not. Instead, AOP signing appears to be closely linked to the status of the parental relationship. Parents who are dating or living together are significantly more likely to sign the AOP than parents without these ties. Moreover, parents who decline to sign the AOP are significantly more likely to have had short and unstable relationships prior to the birth of their child.

Not only are non-signing parents more likely to have had a troubled relationship prior to the birth, but they are also more likely to contend with a number of destabilizing paternal risk factors. Fathers who fail to sign the AOP are more likely to be unemployed, exhibit abusive behavior toward the mother or child, and have previous children with other partners. On the whole, non-signing fathers are far more likely to bear the characteristics that, over time, threaten to undermine the parental relationship, the father-child connection, and a father's economic support of his child. Indeed, fully half of non-signing mothers are already considering opening a child support case just three months after the birth of their child. From a policy perspective, increasing in-hospital paternity establishment among fathers in this group—especially those with antisocial behaviors such as family violence—is not ideal given the potential for increased harm to the mother or child. Under these circumstances, paternity should be established through the courts where legal parameters can be attached to child support and visitation orders to ensure greater safety.

### About CFRP's Paternity Studies

**Paternity Establishment Study (PES)** During a two-month period beginning in April 2013, CFRP conducted a longitudinal birth cohort study of approximately 800 mothers and 300 fathers in Texas who had a nonmarital birth in January 2013. CFRP developed the PES study to understand who establishes paternity and why, and how paternity establishment is associated with parental relationship quality and a father's involvement and support of his children.

**Checking-in with AOP Signers (CAS)** During a three-month period beginning in January 2013, CFRP collected information from approximately 600 mothers and 100 fathers in Texas who had a child in June 2009 and signed the in-hospital Acknowledgement of Paternity (AOP). CFRP developed the CAS study to understand how AOP signing is associated with parental relationship quality, father involvement, and father support three years after birth.

This research brief is part of a series exploring the dynamics of nonmarital parenting. For other briefs in this series, as well as our full report on these topics, please visit <http://childandfamilyresearch.org>.

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*The Child and Family Research Partnership (CFRP) is an independent, nonpartisan research group at the LBJ School of Public Affairs at The University of Texas at Austin, specializing in issues related to young children, teens, and their parents. We engage in rigorous research and evaluation work aimed at strengthening families and enhancing public policy.*