

In-Hospital Acknowledgement of Paternity
Literature Review

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Purpose

The Texas Child and Family Research Partnership (CFRP) has been contracted by The Texas Office of the Attorney General, Child Support Division (OAG) to provide recommendations regarding ways to expand paternity education, increase or sustain federal performance of paternity measures, and reduce the incidence of rescissions of paternity establishments. Ultimately, these recommendations should lead to higher and more accurate levels of paternity establishment among unmarried fathers, fewer paternity disestablishments, and improved compliance with child support obligations.

To inform recommendations to the OAG, CFRP developed a research program to determine the prenatal and parental factors that affect in-hospital paternity establishment, ascertain when unmarried parents are most receptive to messages about paternity establishment, examine the association between in-hospital paternity establishment and subsequent child support compliance or use of informal support, and determine whether a father's understanding of the paternity establishment process affects his future involvement with his child and compliance with child support. Additionally, CFRP will investigate the underlying motivations prompting paternity rescission filings.

The purpose of this literature review is to summarize what is known about paternity establishment, and the association between paternity establishment and the use of child support services. The information presented in this literature review will guide subsequent work on the research program. The literature review is divided into three sections: (1) background and importance of paternity establishment, (2) factors associated with the use of child support services and provision of informal support, and (3) conclusions and future directions for research.

Background and Importance of Paternity Establishment

CHANGES IN FAMILY STRUCTURE

The normative family in the United States was previously comprised of two married parents living in one household with their biological children. Today, almost one-third of children currently live apart from at least one of their biological parents and many children never live with both of their biological parents.

Approximately 41 percent of children are born to unmarried parents, up from 18 percent thirty years ago.¹ This proportion varies considerably by race and ethnic groups, however. Seventy-three percent of African American babies and 53 percent of Latino babies are born outside of marriage, as compared to 29 percent of White babies.² Nonmarital births also are more common among younger parents: 88 percent of teenage births and 63 percent of births to women aged 20-24 are nonmarital.³

CONSEQUENCES OF FAMILY STRUCTURE CHANGES FOR CHILDREN

The growing proportion of children born to unmarried parents is concerning because single-parenting is associated with a host of cognitive, behavioral, social, and health risks for children. Children living apart from at least one parent are considerably more likely to live in poverty^{4,5} and spend less time with their father⁶ than children living with both parents. Poverty and lack of paternal involvement have been linked to a variety of detrimental outcomes for children, such as increased risk of death, disease, learning disabilities, substandard academic achievement, behavioral problems, and teenage pregnancy.^{7,8}

Another cause for concern that is often not discussed is that, at birth, unmarried biological fathers have no legal rights or responsibilities to their children until legal paternity is established. Consequently, children born outside of marriage cannot access their paternal genetic history or medical records and are ineligible for other benefits through their fathers such as Social Security, medical insurance, life insurance, veteran's benefits, and inheritance. Moreover, until paternity is legally established, fathers have no legal visitation rights, custody rights, or legal say in decisions regarding their children.

Alarmingly, evidence suggests that many parents are misinformed or lack information about the importance of paternity establishment.^{9,10} In fact, a majority of parents believe that biological fathers have some legal rights to their children, including visitation rights, without the legal establishment of paternity.¹¹

THE ROLE OF CHILD SUPPORT IN STRENGTHENING FAMILIES

Child support payments can serve as a safety net from many of the deleterious effects associated with one-parent households. For example, child support payments lift approximately one million people out of poverty every year and helps families avoid the need for public assistance.¹² Moreover, fathers who pay child support are more likely to spend time with and have a stronger influence on their children compared to fathers who do not pay child support.¹³ Paternity must be established voluntarily or through the court for child support orders to be established.

THE IMPORTANCE OF PATERNITY ESTABLISHMENT

One strategy to ensure that unmarried fathers have legal rights and responsibilities to their children and to improve fathers' financial and emotional investment in their children is to establish paternity. By definition, paternity establishment is the legal determination of fatherhood for a child. Prior research demonstrates that children with fathers who establish paternity are more likely to receive child support,¹⁴ less likely to live in poverty,¹⁵ and spend more time with their nonresidential fathers^{16,17} than children with fathers who do not establish paternity.

Overall, paternity establishment serves to increase economic provisions from fathers and reduces the toll on public assistance.^{18,19} As mother-headed households receive crucial child support income, they are less likely to need federal welfare assistance.²⁰ Moreover, when states meet minimum paternity establishment percentage requirements, they are eligible to receive incentive payments based on performance.²¹

Texas currently has a strong paternity establishment program. In 2010, the statewide paternity establishment percentage in Texas was 94.7 percent;²² that is, almost 95 percent of the total number of children born out of wedlock either had paternity established voluntarily or through court. Consequently, Texas is eligible to receive all of the available federal incentive payments.²³

HISTORY OF PATERNITY ESTABLISHMENT AND ACKNOWLEDGEMENT OF PATERNITY

Lawmakers have long recognized the benefits of paternity establishment; in fact, since the enactment of Title IV-D of the Social Security Act in 1975, federal legislation has provided much of the impetus for change in paternity establishment policies. Congress enacted the Family Support Act in 1988 to revise and strengthen existing child support policies. The primary components of this act included setting incentives for states to establish paternity, requiring states to use genetic testing in cases of contested paternity, encouraging states to use civil processes for establishing paternity, and setting time limits on when paternity can be established.

To improve rates of paternity establishment, legislators also recognized the need to make the paternity establishment process easier for those involved. Prior to policy changes, paternity was typically established through lengthy court proceedings. In 1993, Congress enacted the Omnibus Reconciliation Act, which required states to create a simplified, administrative process for parents to voluntarily establish paternity in the hospital at the time of their child's birth.

The voluntary paternity acknowledgement process was enhanced again by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996. Through PRWORA, Congress increased the paternity establishment standard for states from 75 percent to 90 percent of all births to unmarried mothers. Congress also required unmarried parents to sign a voluntary acknowledgment, called the *Acknowledgement of Paternity (AOP)* form in Texas, for the father's name to be identified on the child's birth certificate. By 2010, the majority of paternities (64 percent) were established by a voluntary acknowledgment, which is signed by both parents as part of an in-hospital or other acknowledgment program.^{24,25}

PREVALENCE OF AOP

The aforementioned policies, along with various in-hospital paternity programs, have paved the way for increasing rates of paternity establishment. National estimates, for example, indicate that the rate of paternity establishment has increased by as much as 25 percent from 1999 to 2004,²⁶ and studies using large urban samples found that paternity establishment rates were nearly 70 percent in 2005.²⁷ Recent research further suggests that in-hospital voluntary

paternity acknowledgement programs effectively increased paternity establishment rates by nearly 40 percent since their inception.²⁸ Although the rate of in-hospital paternity acknowledgement is not always measured by states or the Office of Child Support Enforcement (OCSE), it is estimated that up to 84 percent of all paternities established occur in the hospital.^{29,30}

In Texas, the rate of paternity establishment also is increasing. According to records from the OAG, the rate of voluntary paternity establishment was 71 percent in 2010.³¹ The rate of voluntary paternity establishment increased slightly to 74 percent in 2012.³²

Association between In-Hospital AOP Signing and Future Use of and Compliance with Child Support

A range of positive outcomes are associated with voluntary paternity acknowledgment, particularly when paternity is acknowledged in the hospital near the time of the child's birth. For example, there is evidence that fathers who acknowledge paternity in the hospital are twice as likely to pay child support as fathers who acknowledge paternity elsewhere.^{33,34}

Furthermore, children of fathers who acknowledge paternity in the hospital have lower rates of mortality than children of fathers who did not acknowledge paternity, even when controlling for maternal factors or various health risks at birth for the child.³⁵ Finally, fathers who signed the AOP in the hospital are more likely than fathers with no paternity establishment or paternity establishment outside the hospital to be involved in their child's life (e.g., contact with child within the last 30 days, overnight visits).³⁶

Important to note is that the information regarding the association between in-hospital AOP signing and child support compliance is based on fathers who voluntarily signed the AOP without additional prompting to do so. Fathers who sign the AOP in response to targeted interventions or incentives may not display the same child support compliance outcomes as those who sign the AOP without additional interventions or incentives. Nevertheless, thorough knowledge of prior research is important for guiding future research programs and informing recommendations to the OAG regarding paternity establishment and child support compliance.

PARENTAL CHARACTERISTICS AND PRENATAL FACTORS ASSOCIATED WITH IN-HOSPITAL AOP SIGNING

Paternal Characteristics Associated with In-Hospital AOP Signing

The association between in-hospital AOP signing and positive child outcomes prompted a host of studies aimed at determining the predictors of in-hospital AOP signing. For example, researchers have found that characteristics specific to the father can influence paternity establishment. Hispanic and African Americans fathers are less likely than White fathers to establish paternity at all if paternity establishment is not done in the hospital.^{37,38}

Prior research also demonstrates that over half of fathers who voluntarily establish paternity do so within the first month of the child's birth,³⁹ and that their willingness to establish paternity decreases over time along with their interaction with the child.⁴⁰ Consequently, researchers recommend that fathers acknowledge paternity before the child reaches the age of one, optimally before the child leaves the hospital following the birth.⁴¹

Paternity acknowledgement also may be more likely when fathers have an underlying sense of obligation to take responsibility for their child.⁴² Some researchers propose that fathers who participated in prenatal activities (e.g., hospital visits) may have developed a "father identity" that increases their involvement in the child's life after the birth.⁴³ Indeed, one of the predictors of in-hospital AOP signing is the provision of paternal support (financial or otherwise) during the prenatal period.⁴⁴ Furthermore, fathers who were present at the child's birth are significantly more likely to sign the AOP in the hospital.⁴⁵

Finally, fathers over the age of 20, fathers with at least a high school education, and fathers who are employed at the time of the child's birth are more likely to sign the AOP in the hospital than their younger, less educated, and unemployed counterparts.^{46,47}

Maternal Characteristics Associated with In-Hospital AOP Signing

Like fathers, characteristics of mothers also have been linked with an increased likelihood of signing the AOP in the hospital. For example, Hispanic and African American mothers are less likely to sign the AOP than mothers who are White.⁴⁸ Furthermore, mothers who received government financial support at the time of the child's birth are less likely to sign the AOP in the hospital than those who did not receive support.⁴⁹ Finally, mothers over age 20 and mothers with greater than a high school education are more likely to sign the AOP in the hospital than their younger and less educated counterparts.⁵⁰

Prenatal Characteristics Associated with In-Hospital AOP Signing

Receiving adequate prenatal care also is associated with in-hospital AOP signing. Mothers who received prenatal care during their first trimester are more likely to sign the AOP in the hospital than mothers who received no prenatal care or who received care beginning later in the pregnancy.⁵¹ Related to prenatal care, mothers who delivered healthy babies are more likely to sign the AOP than those who delivered babies who were pre-term or who had low birth weights.^{52,53}

Finally, several researchers have linked the relationship quality of the mother and father, both before and after the child's birth, to the likelihood of in-hospital AOP signing. Both parents are more likely to sign the AOP at birth if the mother reports that the father was a source of support, financial and otherwise, during pregnancy.⁵⁴ Cohabiting increases the likelihood for birth parents to establish paternity threefold, and, for these parents, paternity is nine times more likely to be established in-hospital than elsewhere.⁵⁵

The strength and positivity of the relationship between the birth parents also increases the likelihood of paternity establishment, even after the child's birth; and relationship quality is linked to fathers' continued involvement with the child.^{56,57,58} When either the mother or father have children with another partner, however, they are significantly less likely to sign the AOP in the hospital⁵⁹ or to establish paternity at all.⁶⁰

Although some research points to a link between fathers' intentions to maintain involvement during the prenatal period and subsequent paternal involvement and support of their children, a need remains to understand how prenatal and parental characteristics can foster attitudes, motivations, and intentions to establish paternity.⁶¹ Furthermore, there is a need to identify ways to increase motivation—and remove barriers—for parents to acknowledge paternity.

MESSAGES ABOUT PATERNITY ESTABLISHMENT/PARENTAL RESPONSIBILITY AND RATE OF IN-HOSPITAL AOP SIGNING

Another potential predictor of in-hospital AOP signing is how information about paternity establishment and parental responsibility is communicated to parents. It is likely that unmarried parents – particularly fathers – do not know about or understand the need for paternity establishment prior to signing an AOP. Thus, the first and only opportunity for parents to learn about the AOP may be when they are given the opportunity to sign the AOP in the hospital at the child's birth.

In Texas, voluntary acknowledgement of paternity is a procedure that includes ensuring that parents understand the legal consequences of signing the AOP.⁶² Birthing entities in Texas such as birthing hospitals and birthing centers are mandated under the Uniform Parentage Act to provide information about the AOP to unmarried parents.^{63,64} Unmarried parents also are required to complete *The Parent Survey On the Acknowledgement of Paternity* indicating that they received information about the AOP and were provided the opportunity to sign the AOP.

The Department of Health and Human Services has published guidelines outlining how to optimally communicate with parents about paternity establishment.⁶⁵ These recommendations include providing multiple outreach opportunities and thoughtful outreach materials, having knowledgeable staff at the hospital to facilitate and answer questions, and incorporating paternity education into prenatal classes or other venues accessible to parents prior to the birth of their child. Nevertheless, these recommendations, as well as the aforementioned evidence that paternity establishment is best done in-hospital,^{66,67} are drawn primarily from the perspectives of AOP administrators and healthcare professionals.

Thus far, no researchers have solicited the perspectives of the birth parents to determine when the parents would be most receptive to receiving information about paternity and parental responsibility and how or from whom parents prefer to receive this information. Moreover, little is known about what parents know about the AOP prior to AOP signing, and whether or not there is a more optimal time than in the hospital at birth to communicate AOP information to parents. Understanding parental perspectives is crucial to ascertaining when parents are

most receptive to messages about paternity establishment and parental responsibility.

FACTORS ASSOCIATED WITH USE OF CHILD SUPPORT SERVICES AND PROVISION OF INFORMAL SUPPORT AMONG THOSE WHO SIGN THE AOP

Prior research suggests that paternity establishment is likely to increase both use and compliance with child support orders^{68,69} and that voluntary paternity establishment predicts greater compliance with child support orders than involuntary paternity establishment;⁷⁰ however, not every parent who establishes paternity uses or complies with child support orders. It remains unknown why some parents who acknowledged paternity use and comply with child support services whereas others do not.

Timing and Location of AOP Signing

One factor that may influence the effect of AOP signing on the use of child support services is when and where the AOP was signed. Evidence suggest that acknowledging paternity in the hospital more strongly predicts compliance with child support services than acknowledging paternity elsewhere.^{71,72} However, these studies compare in-hospital AOP signing with all other means of paternity establishment (including involuntary paternity establishment through court), despite the variety of ways through which paternity can voluntarily be established.

In addition to signing the AOP in the hospital, parents can voluntarily establish paternity in Texas through signing the AOP up to 300 days before birth, or signing it following the birth at a child support office, the local county birth registrar's office, or any other certified entity.⁷³ Little is known about how acknowledging paternity through these different channels can influence child support compliance; even less is known about the effects of acknowledging paternity through these different channels on the establishment of child support orders. In fact, the little research conducted on this topic suggests that fathers who voluntarily acknowledge paternity are two to three times less likely to establish a formal child support agreement than those who establish paternity through court.⁷⁴

A need exists to compare different timing and locations of AOP signing (e.g., signing prior to birth, in-hospital, through the child support office, etc.) and the effects of the timing and location of AOP signing on child support use and compliance. Any differences resulting from this comparison may illuminate why timing and location of AOP signing can affect subsequent child support use.

Provision of Informal Support

Another factor that may explain why some parents who sign the AOP do not enter the child support system is that fathers who voluntarily establish paternity may provide financially for their child through informal means. For example, fathers may have an informal payment arrangement with the mother, or they may purchase material items such as diapers, clothing, and food directly for the child.

The prevalence of informal support agreements is quite high; U.S. Census data indicate that three out of five custodial mothers receive informal financial support from the noncustodial father.⁷⁵ Thus, many fathers may choose to support their child through informal avenues rather than through formal child support services.

One reason why fathers may give informal support rather than formal child support is that some mothers choose not to pursue a formal child support order due to beliefs that the fathers are financially incapable of meeting child support payments.⁷⁶ Rather, mothers may establish an informal agreement with the father that includes in-kind support.

Moreover, many fathers prefer private and more personal contributions to their children.⁷⁷ Indeed, there is some evidence to suggest that fathers who voluntarily acknowledge paternity are more likely to provide informal support than fathers with court-established paternity. According to one study, nearly 40 percent of fathers who voluntarily acknowledged paternity provided informal support, compared to 26 percent of fathers with court-established paternity.⁷⁸ Fathers who voluntarily acknowledge paternity also are more likely to comply with existing child support orders than fathers who establish paternity in court,^{79,80} suggesting that the lower prevalence of formal child support agreements among those who voluntarily acknowledge paternity is not because of fathers' unwillingness to support their child.

Researchers have yet to examine the influence of informal support on the use of and compliance with formal child support orders. Accordingly, there is a need to better understand parents' expectations regarding informal and formal child support, motivations for parents to establish an informal support agreement, and the effects of informal support on the use of formal child support services.

Lack of Understanding about the AOP

Another reason why some AOP signers may not enter the child support system is that they lack an understanding of the ramifications of signing an AOP as well as their legal rights and options. Research suggests that parents often lack understanding of the importance of paternity establishment.^{81,82} Moreover, even healthcare providers and support workers do not fully understand the AOP, including how parents can establish paternity and the benefits associated with establishing paternity.^{83,84}

If little is known about general parental understanding of paternity establishment and child support, even less is known about paternal understanding specifically. Greater understanding about AOP and child support may compel fathers to comply with court-ordered child support orders. In fact, there is preliminary evidence that paternal understanding of child support services significantly increases payment of child support.⁸⁵ Consequently, a need exists to assess parental – particularly paternal – knowledge and understanding about child support services and how this knowledge may affect future use of those services among those who sign an AOP.

PATERNITY DISESTABLISHMENT AND AOP RESCISSION

Parents who sign AOPs establish a legal father-child relationship; however, parents also retain the legal right to disestablish paternity through court proceedings or AOP rescission. Parents in Texas who wished to disestablish paternity prior to September 1, 2011 through AOP rescission were required to file a petition in court. Recent changes to the Texas Family Code, however, allow for AOP rescissions to be filed through an administrative process within 60 days of signing the AOP or by the date of the first court hearing related to the child, whichever comes first.⁸⁶ To rescind the AOP, one of the signatories of the AOP form must complete a rescission form through an AOP certified entity, mail copies of the rescission form to all other signatories and the Attorney General's Office, and submit the original rescission form to the Vital Statistics Unit.⁸⁷ This new rescission process has reduced complexities involved in filing rescissions, such as requiring a court proceeding and legal representation that are not easily accessible to all parents.

Although the incidence of AOP rescission is rare and currently represents less than a thousandth of a percent of those who signed the AOP in Texas,⁸⁸ the rate of rescission has increased drastically since the changes to the rescission process. Only 73 rescissions were filed in Texas from 2001 to September 1, 2011.⁸⁹ In contrast, 37 rescissions have been filed in Texas since September 1, 2011.⁹⁰ Despite the increasing rescission rates, a dearth of research exists on the common reasons that people rescind their AOPs and how to prevent the need for rescissions.

The issue of paternity disestablishment is complex. Disestablishment of paternity can be harmful to the child because the child loses a source of financial support.⁹¹ Thus, policymakers have attempted to make the process of establishing paternity simpler and disestablishing paternity more challenging to protect the rights of the child.⁹²

For example, there is no time limit on when paternity establishment can occur, and no DNA testing is required to establish paternity when paternity is uncontested. On the other hand, voluntary paternity acknowledgment must be rescinded within 60 days of AOP signing; otherwise the process must involve court proceedings and legal representation, both of which are quite costly for the contestor.⁹³ Furthermore, DNA testing is required in cases of contested paternity,⁹⁴ and the burden of proof falls on the contestor.⁹⁵

At the same time, policymakers also focus on the rights of the father. With DNA testing becoming easier and less expensive than before, some fathers are discovering a lack of biological connection with their child.^{96,97} Many policymakers and lawyers argue that fathers should not be responsible for a child to whom he has no biological connection,⁹⁸ and that DNA testing should be a mandated step in the paternity establishment process.⁹⁹ Yet, the use of DNA testing in contesting paternity establishment remains highly varied by state.¹⁰⁰

To protect both the rights of the father and of the child, some researchers have called for policies that prevent fathers from wrongfully establishing paternity in the first place.^{101,102} It remains empirically untested, however, whether many of these policies effectively prevent disestablishment. A need exists to gain the perspectives of those who have filed for rescission about why they filed for AOP rescission and what they feel would have prevented the need for rescission.

Conclusion

Given the increasing number of children born without a legal connection to their fathers, an important step is to gather information about the predictors of paternity establishment and the future use of and compliance with child support. Specifically, a need exists for greater understanding of the parental characteristics and prenatal factors associated with in-hospital AOP signing, messages about paternity establishment and parental responsibility, factors associated with the use of child support services and provision of informal support among those who sign the AOP, and paternity disestablishment and AOP rescission. Knowledge about the aforementioned factors will inform recommendations on ways to expand paternity education, increase or sustain federal performance of paternity measures, and reduce the incidence of rescissions of paternity establishments.

Prior research emphasizes the importance of paternity establishment, especially with regard to child support payments and paternal involvement. Nevertheless, the research demonstrates that knowledge about paternity establishment remains limited, and close inspection of the literature reveals many unanswered questions on this topic.

A reoccurring theme throughout the literature on paternity establishment is the need to understand parental perspectives and motivations for paternity establishment and the use of child support services. Thus far, researchers have not solicited parents on their understanding of the AOP and how this understanding influences AOP signing and subsequent use of child support services. More knowledge of parental perspectives and understanding of the AOP may serve to connect the dots in the literature, and explain why, for example, certain demographic and socioeconomic characteristics of parents are linked to the likelihood of AOP signing, or why some parents who acknowledge paternity do not enter the child support system.

Moreover, a need exists to better understand paternity establishment specifically within Texas. Little is known about how the Texas population compares with the national population regarding factors associated with paternity establishment and child support use and compliance. A comparison of Texas samples with national samples will shed light on whether prior research on paternity establishment can be generalized to understand paternity processes among Texas parents.

Information on paternity establishment, as well as findings from CFRP's research program, will inform the OAG – and eventually other states -- about how to increase the rates of AOP signing and subsequent use of and compliance with child support services. These recommendations

should lead to higher and more accurate levels of paternity establishment among unmarried fathers, fewer paternity disestablishments, and improved compliance with child support obligations. The resulting knowledge has important implications regarding child well-being and government assistance programs as the rate of nonmarital births in the United States continues to climb. Ultimately, the resulting knowledge will serve to improve future child outcomes.

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