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CFRP POLICY BRIEF

Relationship Violence and Paternity Establishment: Mapping the Policy Implications

Unmarried parents are encouraged to establish paternity for their children by signing a form in the hospital at the time of birth; however, for families experiencing relationship violence, the preferred method of paternity establishment is through the court system, where legal parameters can be placed on a father's access to mother and child. Nonetheless, few cases of violence are rerouted to the court system by the professionals who administer paternity establishment at the hospital. To better understand the challenges these professionals face in addressing family violence, CFRP collected data in Texas from nearly 600 certified birth registrars and 800 mothers who had recently given birth outside of marriage. The data reveal that relationship violence is particularly high among fathers who don't attend the birth; meanwhile, nearly 90% of violent fathers who do attend the birth establish paternity at that time, rather than through the judicial system. CFRP's findings highlight the difficulties birth registrars face in detecting and intervening in cases of relationship violence, especially given the highly sensitive and complex nature of the problem. The findings also point to several policy options for improving the safety and welfare of unmarried mothers and their children, including the need to provide birth registrars with explicit training and directives for how to recognize and respond to potential cases of relationship violence.

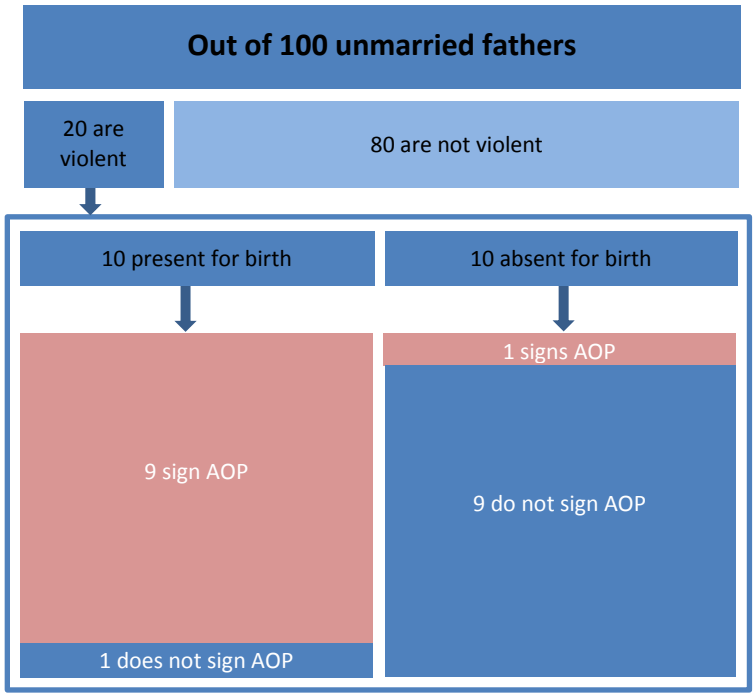
The birth may be the only opportunity in the paternity establishment process to refer victims of relationship violence to the judicial system.

Each year in the United States, more than 1.5 million children are born to unmarried parents.[1] These children do not have a legal father until paternity is established, a formal process completed by most families in the hospital at the time of the child's birth. In Texas, roughly 7 in 10 parents establish paternity in the hospital by signing an Acknowledgement of Paternity (AOP) form. Although most unmarried parents are encouraged to establish paternity in the hospital, special consideration should be given to parents experiencing relationship violence. In Texas, a substantial number of unmarried mothers report physical or emotional abuse from the father of the child. In these cases, the preferred method of paternity establishment is through the court system where legal parameters can be placed on a father's visitation access to the mother and child.

Despite recognition from policymakers that families embroiled in abusive environments should seek paternity establishment through the courts, identifying these families poses a significant challenge. Birth registrars, the hospital staff most often responsible for establishing paternity, typically spend only a brief period with parents. During this time, their primary focus is to explain and administer the AOP. Unless explicit signs of violence or manipulation are evident, birth registrars are unlikely to properly detect and redirect every case of relationship violence to the courts for paternity establishment.

Drawing on original data compiled from two statewide studies, this brief highlights the intersection of relationship violence and paternity establishment from two perspectives—those of unmarried mothers and hospital staff. The first study includes survey data collected from over 800 Texas mothers who recently gave birth outside of marriage.[1] The second study examines survey responses from 600 AOP-certified birth registrars in hospitals across Texas. Together, these studies help form a more complete picture of the frequency with which violence occurs among the unmarried parents birth registrars serve. In addition, data presented in this brief offer insight into how policy might best intervene to ensure that paternity is established both safely and effectively for Texas parents.[2]

Figure 1: Relationship Violence from the Family Perspective



[1] Ideally, data gathered from father surveys would also inform this brief; however, not enough fathers completed the survey to constitute a representative sample. As a result, this brief focuses solely on relationship violence reported by mothers and perpetrated by fathers.

[2] This research brief is part of a series exploring the dynamics of nonmarital parenting. For other briefs in this series, as well as additional information about the studies that guide this research, please visit http://childandfamilyresearch.org/.

Findings

1 in 5 Unmarried Mothers Experience Relationship Violence

Survey data collected by CFRP reveal that approximately 20 percent of mothers experience relationship violence from the father of their child [Figure1]. Violent fathers tend to have poor relationships with the mother, many of which worsened considerably during the pregnancy. In addition, abusive fathers are often characterized by limited financial involvement and a lack of steady employment during the prenatal period. Nevertheless, in a large portion of violent relationships, the father remains a significant presence in the life of the mother.

Half of Abusive Fathers Attend the Hospital for Birth of their Child

Among the 20 percent of unmarried fathers who are emotionally or physically abusive toward the mother of their child, half attend the hospital for the birth and half do not [Figure 1].

Identifying and Diverting Cases of Relationship Violence to the Courts is Difficult

Ideally, parents experiencing relationship violence should establish paternity through the court system where legal restrictions can be placed on the access and visitation rights of an abusive parent. Given that most unmarried parents do not learn about paternity establishment until they arrive in the delivery room, this may be the only opportunity to refer victims of relationship violence to the state judicial system for paternity establishment. Whether or not victims of violence are referred to the courts, however, may hinge on birth registrars' ability to detect relationship violence during their brief meeting with parents. Identifying the signs of physical or emotional abuse is notoriously difficult, with numerous studies detailing rampant under-detection in the medical community—even among primary care physicians, who typically have more training and a deeper familiarity with patients.[2] For birth registrars, the innate difficulty of detection is compounded by the hectic and eventful atmosphere surrounding a birth, making it an especially inopportune time to identify and broach such a sensitive issue, especially if an abusive father is present.

Even when they detect relationship violence, birth registrars rarely intervene or redirect the AOP process.

The Majority of Abusive Fathers Who Are Present at the Birth Sign the AOP

Given the inherent difficulty in detecting relationship violence, it is perhaps not surprising that birth registrars tend to underestimate the prevalence of relationship violence among families they serve. Moreover, survey data collected from birth registrars make clear that even when they *do* detect relationship violence, they almost never intervene or redirect the AOP process. As a result, nearly 9 in 10 abusive fathers who are present at the time of the child's birth sign the AOP [Figure 1].These numbers are on par with nonviolent fathers, who sign the AOP at roughly the same rate when present at the hospital.

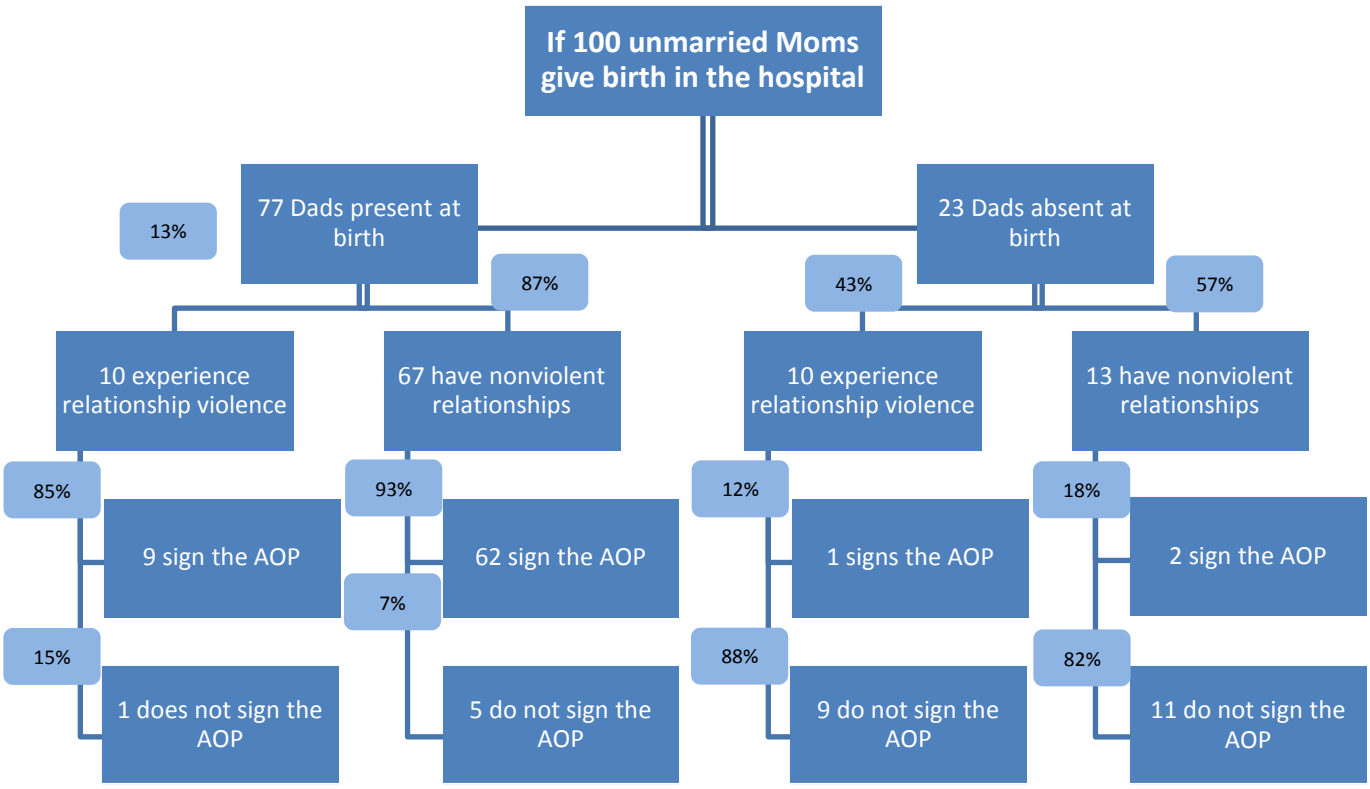
Nearly 90% of violent fathers who attend the birth establish paternity at the hospital rather than through judicial processes.

Likelihood of Relationship Violence is Linked to Father's Presence at the Hospital

To help birth registrars better discern when relationship violence is present, it may be useful to recognize the signals associated with the likelihood of an abusive relationship. One such signal is the father's absence from the birth. As shown in Figure 2, the likelihood of relationship violence is considerably higher among fathers who do not attend the birth. Roughly 43 percent—or just under half—of mothers who give birth unaccompanied by the father experience relationship violence. By contrast, relationship violence occurs in 13 percent of relationships where the father is present at the birth. This discrepancy suggests fathers' attendance at the birth may offer a clue for birth registrars attempting to get a pulse on the prevalence of violence among families they serve. In addition to exposing the connection between fathers' presence at the birth and the likelihood of relationship violence, Figure 2 reiterates the finding that the primary determinant of a father's paternity establishment decision is not whether he is violent, but whether he attends the birth.

A father's absence at the birth may be an indicator that relationship violence is present; fully 43% of birth-absent fathers are abusive.

Figure 2: Relationship Violence from the Hospital Perspective



Policy Considerations

Lack of training exacerbates the difficulties birth registrars face in detecting and responding to the issue.

Relationship violence afflicts a considerable proportion of nonmarital births. For the state agencies and hospital staff whose policies intersect with nonmarital childbearing, these cases present a significant policy challenge. Given the brief interaction between most birth registrars and parents, it may be difficult for staff to properly detect and redirect cases of relationship violence to the courts where paternity can be established with an eye toward mother and child safety.

The inherent difficulties in detecting and responding to cases of relationship violence are exacerbated by the lack of preparation and training most birth registrars receive on this topic. The example of Texas is telling on this point. Though the state posts consistently high rates of in-hospital paternity establishment and features a comprehensive training program for birth registrars through the Office of the Attorney General (OAG), limited attention has been given to the issue of relationship violence. In fact, discussions with the OAG staff responsible for birth registrar training reveal that while some do address relationship violence in their face-to-face trainings, many do not. At the hospital level, some facilities have policies in place for responding to relationship violence, but these policies are often vague, inconsistent, and not specific to the AOP process. Together, these gaps and discrepancies across OAG and hospital policy have produced unwanted variation in addressing what is often a highly sensitive and complex problem.

The following policy options are informed by CRFP data and should be used as a first step in developing appropriate processes for AOP-certified staff handling cases of relationship violence. In crafting the most suitable approach, it may be helpful to consider the role of the fathers' presence at the birth. The table below is organized accordingly, with each policy option calibrated to account for the father's presence or absence from the hospital. A number of advantages and disadvantages are associated with each.

Table 1: Policy Options for Addressing Relationship Violence and Paternity Establishment

Policy Option	Advantages	Disadvantages
Father is Absent from Hospital		
1. Distribute information to every mother about establishing paternity safely.	Reaches everyone and will be relevant at least 43% of the time; more objective	Adds to the content birth registrars have to go over with parents; not a guaranteed opportunity to refer to services
2. Screen for violence first, target information to those that disclose.	Targeted approach; doesn't waste time; more opportunity to refer to services	Many will not disclose; misses cases; time-consuming
Father is Present at Hospital		
1. Begin AOP process by speaking with every mother alone to screen for relationship violence and/or review a new supplementary section about establishing paternity safely.	More objective; opportunity to refer to services	Time consuming; could anger or alienate fathers; many will not disclose
2. Train birth registrars to detect relationship violence.	Targeted approach; doesn't alienate fathers who are not violent	Misses cases; requires in-depth training; outside birth registrars' job duties

Each option includes inherent challenges. Some mothers may not disclose violence out of fear of retaliation by the father, distrust of hospital staff, stigma associated with relationship violence, or concerns that hospital staff will be legally obligated to report violence to the authorities. When a mother does disclose, simply relaying the message that she should establish paternity through the courts may not be enough to prompt appropriate action. In developing strategies to help mitigate these challenges, the OAG should consider partnering with organizations that have expertise in developing effective methods of screening and intervention for relationship violence.

Conclusion

Data presented in this brief offer a foundation for understanding the interplay between relationship violence and paternity establishment. Under existing policy guidelines, relationship violence is rarely addressed during the in-hospital paternity establishment process. Identifying cases of violence is difficult, and without uniform policies or training on how to detect or screen for violence, the majority of cases almost certainly go unrecognized. Even when violence *is* perceived, results from this study make clear that, in the absence of a clear directive or established procedure for intervention, few birth registrars move to modify the AOP process.

Despite the knot of challenges in this area, there is ample room for headway. Both targeted and uniform policy options offer unique promise, and either approach would likely result in more court-ordered paternities for the endangered families that need it most. At the same time, this brief makes clear that the scope and complexity of the problem lie outside the reach of any single policy solution to alleviate. Though policymakers should employ a broad set of strategies to locate the optimal interventions, the role of hospitals and birth registrars to effectively engage these strategies cannot be overstated. Without increased training and capable implementation by those on the front lines, little progress is likely. For this reason, efforts to create clear and meaningful policies around relationship violence and paternity establishment are a critical first step toward ensuring the safety of unmarried mothers and their children.

Without uniform policies addressing family violence, the majority of cases will likely continue to go unrecognized.

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.

[1] Martin, Joyce A., et al. (2013). Births: Final data for 2012. National Vital Statistics Reports, 62(9).

[2] Kurz D, Stark E. Not-so-benign neglect: the medical response to battering. In: Yllo K, Bograd M, editors. Feminist Perspectives on Wife Abuse. Beverly Hills, Calif: Sage Publications; 1988. pp. 249–66.; Flitcraft A. Domestic abuse: diagnosing, treating, and understanding its victims. Med Student. January/February 1992;18:4-6.; Freund KM, Bak SM, Blackhall L. Identifying domestic violence in primary care practice. J Gen Intern Med. 1996;11:44–6. [PubMed]; Varjavand, N., Cohen, D. G., & Novack, D. H. (2002). An assessment of residents' abilities to detect and manage domestic violence. Journal of general internal medicine, 17(6), 465-468.; Wenzel, J. D., Monson, C. L., & Johnson, S. M. (2004). Domestic violence: prevalence and detection in a family medicine residency clinic. JAOA: Journal of the American Osteopathic Association, 104(6), 233-239.