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Opioid overdose events and child maltreatment indicators: Differential county-level associations

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Highlights

- Few studies have examined the impact of the opioid epidemic on child maltreatment.
- Clarifying links can inform resource allocation and practice decisions to support impacted children and families.
- County-level opioid morbidity and mortality not related to maltreatment-related hospitalizations.
- No effects were found for CPS intakes, substantiations, or placements.
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Opioid epidemic effects may be state-specific, and only one factor influencing child maltreatment.

- Opioid overdose event rates and child maltreatment indicators:

Abstract

Background & Purpose

Concerns have been raised that the opioid epidemic has caused increases in child maltreatment and thus, increased child protective system (CPS) caseloads. Understanding the specific impact of the opioid crisis on the child welfare system is a current priority for researchers and policymakers. Yet, research is routinely limited by available measures of the opioid epidemic, maltreatment, or both. Research analyzing broader aspects of maltreatment and the opioid epidemic can improve our understanding of this link, informing decisions about how to target child welfare resources to improve child outcomes. Thus, the purpose of this study was to examine the longitudinal associations between county-level opioid overdose event rates and four indicators child maltreatment.

Methods

Publicly available data on several county-level indicators, including opioid overdose events, were linked to hospitalization and CPS records for Washington State from 2005 to 2017. Indicators of child maltreatment (intakes, substantiations, out-of-home placements, and maltreatment-related hospitalizations) were aggregated to the county-level based on the county's child population per year. The opioid epidemic was operationalized as opioid overdose-related events, hospitalizations and deaths, as reported by the Department of Health. Panel data analysis was used to examine the link between opioid overdose events and the four outcomes within and across time while accounting for several county-level covariates.

Results

Each of the child maltreatment indicators, except substantiations, were positively correlated with opioid overdose at the county-level. Correlations ranged from 0.10 (placement) to 0.15 (intakes). Results from the panel analysis demonstrated that no significant associations were found for any of the four child maltreatment indicators and the opioid overdose event rates. However, fixed-time effects were significant, positively for intakes and hospitalizations and negatively for substantiations and placements.

Conclusions

As counties experienced increased problems with the opioid epidemic, associations between opioid overdose event rates and child maltreatment indicators were not found after accounting for other county-level factors. Findings point to the saliency of broader macro-level contexts – including states’ child welfare policies and economic environments – for understanding the link between the opioid epidemic and child maltreatment.

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Keywords

Opioid; Child maltreatment; Child protective services; Linked administrative data; County

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