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Associations Between Problematic Substance Use and Child Support Order Compliance

2020–2022 Child Support Policy Research Agreement: Task 3

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INTRODUCTION

Many noncustodial parents have been ordered to pay child support, and face barriers to compliance. Though some barriers have been reported and studied, substance use is often overlooked as a barrier to child support compliance (Antelo & Waters, 2019). For noncustodial parents with substance use disorders (SUD) or problematic substance use (PSU), compliance can be further complicated, and SUD and PSU in non-custodial parents (NCPs) can intersect with other demographic variables including race, age, and income to impact child support compliance. According to the U.S. Census Bureau, approximately 70 percent of custodial parents had child support agreements in place in 2020, less than half (46%) received full child support payments, while 29 percent received partial payments (Grall, 2020). While child support payments are shown to promote child health (Baughman, 2017) and lower rates of childhood mortality (Noghanibehambari et al., 2022), inconsistent child support payments are associated with an increased rate of child maltreatment (Cancian et al., 2013).

While a number of barriers to child support order compliance have been documented including housing instability, legal system involvement, and transportation issues, the literature on the extent to which substance use among NCPs is associated with child support compliance is limited (Antelo & Waters, 2019). Substance use rates among adults in the United States increased from 17.8% in 2015 to 20.8% in 2019 (Substance Abuse and Mental Health Services Administration, 2020); notably, substance usage and overdose rates have increased substantially over the past couple of years, coinciding with the COVID-19 pandemic (Nguyen & Buxton, 2021).

A study by Sorensen (2010) indicated that there has been a rise in illicit substance use among noncustodial parents, and prior research suggests that a significant number of NCPs

experience substance use as a barrier to obtaining and retaining employment (Miller & Knox, 2001), which is a key factor in the ability to comply with child support orders (Cancian, Kim, & Meyer, 2021). Berger et al. (2021) utilized data from approximately 3,800 NCPs across 7 states who were unemployed or underemployed and behind on child support payments and found that 15% of NCPs named substance use as a barrier to employment. In a study conducted with over 300 staff who work directly with NCPs, Vogel (2020) found that 43% of staff surveyed reported that NCPs have issues with alcohol or drugs that make it “extremely” or “very” difficult to obtain and retain employment, and an additional 39% stated they “sometimes” faced this barrier. Additionally, caseworkers reported that access to SUD treatment or resources for parents struggling with PSU and SUD were very limited (Vogel, 2020).

Williams (2014), in his examination of 50 fathers receiving methadone treatment, found that 32% reported having a court-mandated child support order. Problematic substance use can present various challenges that may impact compliance, including an inability to pass drug testing, difficulty gaining employment, working in less stable employment settings outside of the formal economy and, in some cases, facing driver’s license revocation as a punitive measure in response to noncompliance which ultimately creates more barriers to employment (Antelo & Waters, 2019). The intersection of these challenges increases the difficulty of maintaining stability and health in various parts of life, which may impact a NCP’s ability to consistently make child support payments.

Existing literature on child support compliance examines both the ability to pay (Cancian et al., 2008) and attitudes regarding pay (Natalier & Hewitt, 2010); a small subset of the literature focuses on connections between problematic substance use and child support compliance (Vogel, 2020). Problematic substance use and/or the presence of a substance use

disorder (SUD) are potential barriers to child support compliance among noncustodial parents (Cancian et al., 2018) and can complicate both ability and willingness to pay. However, among the relatively few studies examining relationships between SUD and child support compliance, substance use is typically examined indirectly, or examined as one of several barriers to child support compliance rather than as a primary factor in child support noncompliance. Often, SUD and inability to comply with child support orders are addressed in parallel by organizations, agencies, and programs, but the issues of SUD and child support compliance are approached as distinct rather than overlapping (Williams, 2014), despite the substantial connection between these issues.

To address this gap in the literature, our study assesses the extent to which problematic substance use is associated with child support compliance. Our primary goal in this task is to assess whether there are differences in compliance rates among Medicaid-insured NCPs with problematic substance use (as documented in Medicaid claims) versus otherwise-similar Medicaid-insured NCPs with no documentation of problematic substance use in 2020. We use a range of administrative data sources to explore and control for the well-documented relationships between sociodemographic characteristics, material hardship, and child support compliance rates.

DATA AND METHODS

Our primary data are drawn from the Wisconsin Administrative Data Core (WADC), a unique dataset comprised of merged administrative data records from multiple state systems. For this study, we use the following data sources: Medicaid claims data (to examine health-related indicators of problematic substance use); child support records from the Kids Information Data Systems (KIDS) (to examine characteristics of child support orders, including amount ordered,

amount paid, etc.); and quarterly wages drawn from the state of Wisconsin Unemployment Insurance (UI) wage records. In addition, relevant sociodemographic characteristics were extracted from the WADC.

Study Sample

Our analysis included NCPs who: were over the age of 18; had a current child or family support order in 2020, with current support owed to a custodial parent (as opposed to the state); were insured by Medicaid in 2020; and, had a valid social security number in the state's administrative records. There were 155,094 NCPs who owed current child support or family support in the year 2020¹ including NCPs with multiple child support orders in 2020²; we included one record per NCP, regardless of the number of cases and we also included an indicator for NCPs with multiple orders. Our final sample is comprised of the 17% of NCPs with current support orders who were Medicaid-insured in 2020 (n=47,751).

Measures

Our primary outcome of interest is child support compliance among NCPs with current child or family support orders in 2020. Child support compliance is measured as the ratio of how much child support owed is paid. To measure compliance, we use data on current orders and payments from KIDS. We create the measure of compliance by summing all monthly payments in 2020 and then dividing the total payments by the total amount of current support due in 2020. Based on prior literature (Cancian et al., 2021), we categorized child support compliance as follows: 1) zero compliance, which indicates that the NCP did not pay any child support during

¹We began with the universe of NCPs who had current orders in 2020 (N=176,946). We excluded cases where the payee is the state of Wisconsin, not identified, not in our administrative records, or unknown, resulting in a universe of 157,162 NCPs. Of this sample, we find 47,751 NCPs who are Medicaid insured.

²19.27 percent of the NCPs in our sample had more than one child or family support order.

2020; partial compliance, which includes those who paid greater than 0 and less than 90 percent; and full compliance, which includes those who paid at least 90 percent of their child support owed for 2020. For NCPs with multiple orders, we summed payments and order amounts across all orders to create one measure of compliance. Our primary models focus on a binary indicator for full compliance (defined as 90% or higher).

Our primary explanatory measure is problematic substance use. We classified parents as having problematic substance use if the Medicaid claims data in 2020 indicated a diagnosis of an SUD, and/or any inpatient or outpatient services related to substance use. Examples include but are not limited to procedures and prescriptions for methadone/buprenorphine; overdose treatment; and emergency visits related to substance use.

In addition, some of our models include a variety of other measures that may be related to substance use or child support compliance. To account for differences in child support owed, from KIDS, we include the total current child support due in 2020. We also include wages as measured from the quarterly UI wage data. This allows us to include a measure of NCPs' income from employers in Wisconsin for 2020. We created the following income categories based on annual wages in 2020: 1) \$0 earners³, 2) \$1 to \$10,000, 3) \$10,001 to \$20,000, and 4) \$20,001 to \$30,000, and 5) \$30,001 or more. Additional relevant NCP sociodemographic characteristics extracted from the administrative data include: age; race (White, Black, Native American, Asian / Pacific Islander); ethnicity (Hispanic/non-Hispanic); and gender (Male/Female). We have categorized age as follows: 18 to 29; 30 to 49; and 50 years and above.

³For purposes of this report, we treat any NCP without a wage record in the 2020 state UI wage record system as a \$0 earner. However, the UI wage records exclude some categories of workers who are not covered by the state UI system, including individuals who work outside the state of Wisconsin, self-employed workers, and some other seasonal, agricultural, government, and military personnel. Therefore, a small percentage of NCPs we classify as \$0 earners may have earnings not covered by UI in Wisconsin.

Data Analysis Plan

Descriptive statistics were used to characterize the sample and to summarize differences in compliance rates among NCPs who have evidence of problematic substance use during the year and those without an SUD diagnosis or who did not utilize treatment services. Evidence for problematic substance use includes an SUD diagnosis, inpatient, outpatient, or emergency room visit related to substance use, including intentional or unintentional overdose . We used two-tailed independent *t*-tests to check the significance of the difference between the groups. All associations were considered statistically significant at the $p < .05$ levels for all analyses.

Binomial logistic regression analyses were conducted to explore the relationship between problematic substance use and compliance. For these analyses, our outcome is a binary indicator of full compliance, defined as at least 90% compliance in 2020. We ran three separate models to explore associations between child support compliance and problematic substance use. In model 1, we estimate the bivariate association between PSU and compliance. In model 2, we include covariates to account for NCP sociodemographic characteristics, including age and race/ethnicity, in addition to our indicator of PSU. For the final model, model 3, in addition to our indicator of PSU and NCP sociodemographic characteristics, we add measures of wages, total amount of child support due, and an indicator for multiple orders. The covariates are chosen to control for well-documented factors associated with compliance, so that we can better isolate the role of PSU.

Results

Our sample consisted of 47,751 NCPs. Approximately 13 percent of the NCPs in our sample ($n=6,331$) had a health-related indicator of problematic substance use according to 2020

Medicaid claims. Table 1 presents differences in compliance rates among NCPs with PSU versus those without PSU. The mean compliance rate for the full sample was 57.5 percent.

Table 1: Comparison of compliance rate among NCPs with and without problematic substance use

	Full Sample	No Problematic Substance Use	Problematic Substance Use
N	47,751	41,420	6,331
Mean Compliance Rate:			
Paid to owed ratio (%)	57.5	58.7***	49.3
Percentage of Cases with:			
Nonpayment	18.4 (8,770)	17.9*** (7,422)	21.3 (1,348)
Partial payment	42.6 (20,341)	41.6*** (17,229)	49.2 (3,112)
Full payment (90% or more)	39.0 (18,640)	40.5*** (16,769)	29.5 (1,871)

Note: *** p<.001

We found statistically significant differences in mean compliance rates among NCPs with PSU compared to those without. The mean compliance rate among NCPs with PSU was significantly lower than among those without PSU (49.3% vs. 58.7%). This difference is also evident across different categories of compliance. A higher percentage of NCPs with PSU were nonpayers than were NCPs without PSU (21.3% vs. 17.9%), and a higher percentage also made partial payments (49.2 vs. 41.6), while a smaller share of NCPs with PSU paid in full than did NCPs without PSU (29.5% vs. 40.5%).

Table 2 summarizes the sample characteristics and compares NCPs with and without PSU. Our NCP sample was largely male (86.4 percent). The sample was racially and ethnically diverse, with Whites comprising nearly half of the sample (46.5%), Blacks comprising 36.8%, Native Americans comprised 5.0%, and Asian/Pacific Islander were 1.8% of the sample. Approximately 10% of the sample were identified as Hispanic. The average age of the NCPs in the sample was 36.8 years (SD=8.39, Range: 18 to 82 years). Average annual earnings were

\$9,249, and the average child support owed for the year was \$3,333. Almost 20 percent of the sample had multiple support orders.

We find statistically significant differences between NCPs with and without PSU on a variety of sample characteristics. Demographically, when compared to NCPs without PSU, a higher proportion of those with PSU were female (21.6% vs 12.4%), between 30 and 49 years old (78.1% vs. 71.4%), and White (62.9% vs. 43.9%) or Native American (7.7% vs. 4.6%). Mean wages were lower for NCPs with PSU compared to those without PSU (\$5,156 vs. \$9,992), and differences are apparent across the income distribution. When compared to NCPs without PSU, a larger proportion of NCPs with PSU had annual wages between \$1 to \$10,000 (49.4% vs. 37.8%), while NCPs with PSU were less prevalent in higher income categories. For instance, a lower proportion of NCPs with PSU had annual wages between \$20,001 to \$30,000 (3.9% vs. 6.2%) and annual wages greater than \$30,000 (3.3% vs. 11.2%). Despite these differences in earnings, the two groups owed similar amounts of child support during the year (mean of \$3,297 and \$3,339, respectively). Finally, NCPs with PSU were less likely to have multiple support orders than were those without PSU (16.4% vs. 19.7%).

Table 2: Characteristics of noncustodial parents with and without problematic substance use (N=47751)

	Full Sample		No PSU		PSU	
	N	%	N	%	N	%
Gender:						
Female	6,487	13.6	5,117	12.4***	1,370	21.6
Male	41,249	86.4	36,288	87.6***	4,961	78.4
Age (Years):						
	47,751	36.8 (.04)	41,420	36.8*** (.04)	6,331	36.6 (.09)
18–29	9,415	19.7	8,408	20.3***	1,007	15.9
30–49	34,534	72.3	29,591	71.4***	4,943	78.1
50 or greater	3,802	8.0	3,421	8.3***	381	6
Race:						
White	22,180	46.5	18,195	43.9***	3,985	62.9
Black	17,562	36.8	16,430	39.7***	1,132	17.9
Native American	2,404	5.0	1,916	4.6***	488	7.7
Hispanic	4,649	9.7	4,009	9.7	640	10.1
Asian/Pacific Islander	868	1.8	788	1.9***	80	1.3
Wages (\$):						
	47,751	\$9349.00	41,420	\$9991.60*** (92.3)	6,331	\$5144.80 (130.7)
\$0	16,556	34.7	14,394	34.8	2,162	34.1
\$1–\$10,000	18,783	39.3	15,654	37.8***	3,129	49.4
\$10,001–\$20,000	4,720	9.9	4,140	10	580	9.2
\$20,001–\$30,000	2,834	5.9	2,586	6.2***	248	3.9
\$30,001 or greater	4,858	10.2	4,646	11.2***	212	3.3
Child Support Order Amount:						
	47,751	\$3333.50 (12.8)	41,420	\$3339.10 (13.8)	6,331	\$3296.50 (33.7)
Less than \$1,000	6,241	13.1	5,465	13.2	776	12.3
\$1,000–\$2,999	20,720	43.4	17,881	43.2	2,839	44.8
\$3,000–\$4,999	11,735	24.6	10,168	24.5	1,567	24.8
\$5,000 or greater	9,055	19.0	7,906	19.1	1,149	18.1
Multiple Order NCPs						
	9,202	19.3	8,164	19.7***	1,038	16.4

Note: ** p < 0.05, *** p < 0.01; Standard errors of continuous variables are in parentheses.

Table 3 presents the results from the three binomial logistic regression models to examine associations between PSU and compliance, as measured by paying at least 90 percent of the amount owed. Similar to the descriptive results in Table 1, the results from each model demonstrate that NCPs with PSU are significantly less likely to be in full compliance than NCPs without PSU. Odds ratios of less than one, as we estimate for each model, indicate lower likelihoods of a particular outcome for the measure of interest. Therefore, across specifications, and even when controlling for potential confounding characteristics, we find that PSU is associated with lower likelihood of full compliance for Medicaid-insured NCPs with current child support orders in 2020.

Specifically, according to model 1, which estimates the likelihood of full compliance by PSU status, there is a 38.3% decrease in the likelihood of compliance for NCPs with PSU (odds ratio (OR): 0.617, 95% confidence interval (CI): 0.582, 0.653) compared to those without PSU. Model 2 finds a similar estimate while controlling for some sociodemographic measures (OR: 0.535, CI:0.504,0.568). Model 3, which adds additional controls for wages and amount (and number) of child support orders, similarly estimates lower odds of full compliance for NCPs with PSU compared to those without. Specifically, this model estimates that NCPs with PSU have 37.1% lower likelihood of full compliance (OR:0.629, CI:0.591,0669) than NCPs without PSU. In models 2 and 3, the estimates for our covariates follow previous evidence from the literature, suggesting lower likelihood of compliance for NCPs with lower income, multiple orders, higher order amounts, younger NCPs, and NCPs from structurally disadvantaged racial and ethnic backgrounds.

Table 3: Logistic regression analyses of compliance with child support orders

	(1) Full Payment	(2) Full Payment	(3) Full Payment
Problematic Substance Use	0.617*** [0.582,0.653]	0.535*** [0.504,0.568]	0.629*** [0.591,0.669]
Gender (ref: Female)			
Male		1.010 [0.955,1.068]	1.057 [0.996,1.122]
Race (ref: White)			
Black		0.512*** [0.490,0.535]	0.571*** [0.544,0.599]
American Indian		0.576*** [0.527,0.631]	0.624*** [0.567,0.687]
Hispanic		0.687*** [0.643,0.734]	0.710*** [0.662,0.763]
Asian/Pacific Islander		0.825** [0.718,0.947]	0.849* [0.731,0.985]
Age (ref: 18 to 29)			
30–49		1.307*** [1.245,1.373]	1.353*** [1.284,1.426]
50 or more		1.549*** [1.432,1.676]	1.733*** [1.593,1.885]
Annual Wages (ref: \$0)			
\$1–\$10,000			1.515*** [1.444,1.590]
\$10,001–\$20,000			3.367*** [3.139,3.611]
\$20,001–\$30,000			6.035*** [5.523,6.595]
\$30,001 and greater			11.376*** [10.498,12.327]
Annual Child Support Order (ref: Below \$1,000)			
\$1,000–\$2,999			0.705*** [0.663,0.750]
\$3,000–\$4,999			0.598*** [0.558,0.641]
\$5,000 and greater			0.497*** [0.460,0.537]
NCPs with Multiple Orders			
			0.476*** [0.447,0.506]
Observations	47,751	47,648	47,648

Notes: *** p<.001, ** p<.01, * p<.05; 95%. Coefficients are odds ratios. Confidence Intervals are in the square brackets. Number of observations reduced from Model 1 to Models 2 and 3 are due to missing demographic and wages information.

DISCUSSION AND IMPLICATIONS

This report examined associations between problematic substance use, including an SUD diagnosis and accessing medication, inpatient, or outpatient substance use treatment services, and child support order compliance. Our findings demonstrate that NCPs with PSU are less likely to be in full compliance with child support orders compared to NCPs without PSU. These findings are comparable to those found in other research in this area, including Antelo & Waters (2019); as the authors point out, there is no formal mechanism in the child support system for screening SUD in NCPs or CPs. Furthermore, differences in full compliance rates based on PSU remain significant, even while controlling for a wide range of sociodemographic characteristics, including race, age, income, and amount of child support ordered annually.

Some sociodemographic characteristics were also associated with child support compliance. For instance, minoritized populations such as Black, Native American, and Hispanic NCPs were less likely to be in full compliance with child support orders compared to White NCPs. Income also plays a vital role in predicting compliance. As income increases, it increases the likelihood that NCPs are able to comply with child support obligations. When the child support order amount increases, it reduces the odds of being in full compliance.

Prior research suggests that child support payments are associated with child well-being (Cancian et al., 2013; Baughman, 2017). Implementing programs that connect NCPs with PSU to existing programs and resources to support recovery efforts or reduce problematic substance use may help promote compliance. To achieve this goal, it will be necessary for state and county officials to support the development of screening tools, provide funding for county or state employees to assist with these efforts, and assist child support system employees with implementation of new case management strategies. Services that facilitate access to addiction

treatment and support for NCPs and evidence-based SUD treatment programs that are specifically targeted toward low-income NCPs may especially be warranted. In situations in which full compliance is challenging, the State of Wisconsin could contribute to improving child well-being by supplementing child support in cases of child support noncompliance. This could be accomplished by providing payments directly to the custodial parent. Such programs, including guaranteed income programs, have been shown to improve a wide range of health indicators, including reductions in hospitalization rates (Forget, 2011), psychological distress (Baird et al., 2013), and depression (Powell-Jackson et al., 2016).

Another potential mechanism through which this population could be supported is through the expansion and streamlining of a support program that assists NCPs with SUDs in applying for a modification of child support orders through the court system. This difficult-to-receive option (Antelo & Waters, 2019) is unknown to many NCPs and a laborious task in which the onus is on the NCP to initiate and complete the application process, which involves extensive paperwork and documentation and can be challenging for those who are experiencing SUD, are navigating the criminal legal system, or both. Training those who work in the child support system to assist with this process could raise compliance rates through helping NCPs obtain child support orders that are more realistic with which to comply, as well as gain knowledge on how to navigate the child support system. Alternatively, employees in the child support system could guide parents with PSU or SUD toward low-cost legal services that could provide advocacy in court. When designing enforcement strategies, support programs, and future research, the intersection of barriers to child support compliance and barriers caused by SUD must be considered, as well as the ways in which marginalization on the basis of race and class shapes these impacts.

Committing resources to the well-being of children benefits not only children and families, but the state itself. For instance, following rigorous study with the Institute for Research on Poverty, the City of Madison implemented the Guaranteed Income Program (also known as the Madison Forward Fund) which is a year-long program offering a payment of \$500 to 155 low-income households with children under the age of 18. Alleviating poverty is linked with improved health outcomes for children (Baker et al., 2020), and efforts to promote compliance with child support orders could lessen the number of children in poverty.

STUDY LIMITATIONS

There are a number of limitations that we would like to acknowledge. First, our findings are based on data sources from 2020, which saw abnormal increases in substance use (Taylor et al., 2021). Although 2020 may have been an abnormal year in terms of SUD overdoses, the increase in drug overdoses has continued into 2021. As previously mentioned, according to provisional data from the Centers for Disease Control and Prevention (CDC), between April 2020 and April 2021, drug overdose deaths increased by 25.8% (Stephenson, 2020). Therefore, our findings may provide a more accurate assessment of the current addiction climate. Secondly, our measures of income may overlook important household income; while the UI wage data are the most comprehensive data on employment and earnings that we have available, these sources exclude certain workers, including informal or off-the-books employees, and those who are self-employed. Our sample was comprised of Medicaid-eligible NCPs; hence, our findings may not be generalizable to NCPs with employer-provided healthcare. Additionally, Medicaid claims files are largely limited to categories of service and diagnosis codes which prevented us from disclosing specific substances that prompted service utilization. Finally, we should also note that

because we are examining cross-sectional data, we are unable to indicate that there is a causal relationship between PSU and child support order compliance.

CONCLUSIONS

The results from this study suggest that PSU is associated with reduced odds of child support compliance. Findings indicate that modifications for substance users in treatment in the State of Wisconsin may be warranted. Additionally, facilitating access to services that consider the range of challenges that NCPs who have been diagnosed with an SUD, or who experience challenges associated with substance use, may help address issues surrounding child support noncompliance. Meaningful strategies for improving child support compliance may involve expanding resources devoted to case management and increasing support for NCPs with PSU or SUD.

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