

Thoughts and Experiences with Mental Health, Substance Use, and Crime during the COVID-19 Lockdown

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Abstract.

The COVID-19 lockdown has taken a major toll on people's lives. This study set out to explore how the shutdown has affected families and psychological health. Data were collected from 637 respondents. Statistical findings revealed that the majority of people were experiencing increased levels of depression, stress, anxiety, and loneliness. The majority of respondents also felt that various social problems, such as drug and alcohol use, domestic violence, and victimization, were also worsening because of the crisis. There was also a general belief that there would be an increasing need for mental health services across society. Even though the majority of participants felt that this pandemic has placed a major strain on their families, nearly 8 out of 10 stated that their family relationships have improved. Those from the lower-class seem to have been impacted the most (e.g., stress, depressive symptoms, anxiety) and have the highest concerns about crime and violence. Women were also more likely than men to be experiencing increased mental health issues and to be concerned about larger social problems. Other illuminating findings were found concerning ethnicity and age in regard to mental health and social problems (e.g., crime, victimization, domestic violence). This study has brought forth additional findings to help elucidate how the ongoing COVID-19 stay-at-home orders are affecting people's lives and overall functioning.

Keywords: Mental Health; Stress; Depression; Substance Use; Anxiety; Crime; Victimization; Domestic Violence, Covid-19.

1. Introduction

On March 11, 2020, the World Health Organization (WHO) declared a new pandemic, which has since been referred to as the COVID-19 outbreak. The COVID-19 disease is due to the SARS-CoV-2 virus, and was first formally identified in December of 2019 in Wuhan, China [1, 2]. In March of 2020, the United States implemented a nationwide lockdown to try and slow the spread of the disease. As of this writing, most of the nation is still under quarantine; lockdown orders and requirements vary across each state. During this time, most Americans have been significantly affected to some extent. Negative factors include psychological distress, social isolation, loss of employment, financial strain, inability to pay the rent or mortgage, inadequate schooling, and decline in physical health.

The objective of this paper is to take a closer look into the lives of people as they are trying to adjust and cope with this ongoing national and global plight. Data that has been produced during the COVID-19 lockdown has already demonstrated that people's lives are being affected in numerous unhealthy ways [3, 4]. This has caused a serious strain on many government agencies and healthcare systems [1, 5]. This work has set out to collect current information on how families and individuals are managing the current COVID-19 situation and how they are faring mentally, physically, and interpersonally. This research will help to shed further light on how this virus, and the subsequent lockdown orders, has impacted the lives of everyday Americans. The research may be of use to those working in the fields of psychology, medicine, social work, addiction, and criminology.

2. Literature Review

Since the “shelter-in-place” orders were enacted, there have been rising rates of mental and physical health conditions. According to Chiappini et al. (2020), there are various negative psychological effects that are caused by ongoing social distancing and social isolation, such as anxiety, fear, and loneliness. The authors also noted that “deaths of despair” have increased due to the shutdown, such as deaths due to drug overdose, alcohol abuse, and suicide. Home isolation appears to be having a particularly notable effect on the elderly and children [6]. Asmundson et al. (2020) also found that social isolation can contribute to distress and exacerbate anxiety and mood disorders. Those that are dealing with mental illnesses are more negatively affected by, and susceptible to, life stressors. Disruptions in mental health care has contributed to increases in mental health issues and anguish [7]. Brown et al. (2020) used hierarchical multiple regression to look at the effects of stress, economic well-being, and mental health risk factors on parenting. The researchers found that increased stress was associated with increased levels of both anxiety and depressive symptoms. They also found a positive correlation between parental stress and child maltreatment neglect [8].

Other researchers have found supporting evidence that shows that current conditions have contributed to declining mental health. Alonzi et al. (2020) studied 620 adults between the ages of 18 to 35 and found that both women and men are experiencing increased levels of distress, anxiety, and depression. Women appear to have higher levels of overall distress than men, and those with preexisting conditions have experienced the highest increase in mental and physical health conditions [9]. Physical health concerns have also become more of a problem since the shutdown. People, overall, have become even more sedentary and physically inactive during the lockdown. Maugeri et al. (2020), conducted a cross-sectional online survey with 2,974 respondents and found an increase in range of concerning health issues. Some of the problems they highlighted concern increases in obesity, heart, respiratory, and circulatory problems, bone loss, muscle loss, and compromised immune systems. They noted that social distancing and self-isolation has contributed to this, as well as contributing to increased levels of stress, anxiety, and depression [3]. Cheval et al. (2020) collected data from 273 respondents via online questionnaires and found a clear connection between restricted public movement and decreased quality of life. Through linear regression and t-test analysis, they determined that increased sedentary behavior due to the lockdown has contributed to increased levels of stress, anxiety, and depression. The shutdown has also contributed to cognitive decline, decreased vitality and health, and increases in mortality [10].

The COVID-19 shutdown also appears to be having an impact on certain types of crimes. Boman and Gallupe (2020) used 911 and police calls as the metric for determining what kind of an impact the mandatory stay-at-home orders have had on criminal behavior. They found that group crimes were down (e.g., crimes committed by peer groups) and that most minor offences were down (e.g., petty crimes). On the other side of this, they found that homicide and serious battery rates have increased in certain major areas. The researchers also found that intimate partner violence (IPV) has gotten worse since the mass lockdowns [11]. Other researchers have found that occurrences of domestic violence have risen since the quarantine. Bullinger et al. (2020) noted that even though overall 911 calls have gone down since the lockdown, calls for domestic violence has gone up by 7.5%. They positioned social isolation, stress, and monetary issues contributing to this problem. Even though a significant portion of domestic violence goes undetected, it was positioned that child maltreatment has increased due children not going to school (e.g., no reporting) and their particularly vulnerable positions in the home [12]. Platt et al. (2020) also explained that the current situation, where children and adolescents are isolated at home, is placing victims at an increasing risk of violence (e.g., physical, sexual), neglect, and exploitation. The restriction of social space is contributing, in part, to intrafamily violence. Other factors contributing to the rise in domestic violence rates include decreases in awareness (e.g., teachers), response (e.g., police), and social resources [13]. Overall, it appears that social distancing and isolation is exacerbating conflict in the home and is contributing to increased domestic violence [11, 14].

There also appears to be a clear upward trend occurring in the realm of addiction and addictive behaviors. Volkow (2020) described social isolation and stress as significant risk factors for relapse. He argued that social distancing further compromises those that are dealing with certain conditions (e.g., cancer, diabetes, heart) and that it places those with substance use disorders at particular risk. For example, heavy opioid users and chronic smokers often have issues with immunocompromised systems, respiratory problems, and pulmonary damage [15]. The shutdown associated with SARS-CoV-2 also appears to be associated with spikes in alcohol and drug use [4, 11]. Current social distancing and isolation has also been found to be associated with increases in over-the-counter medications, synthetic drug use (e.g., fentanyl), and overdose [6]. Kar and Ayushi (2020) found that the stay-at-home orders have contributed to problems with addiction treatment (e.g., opioid agonist treatment) and behavioral addictions. For example, since the shutdown people have been much more socially isolated, which has contributed to spikes in television, Internet, and gadget (e.g., smart phone) addictions [16]. This appears to be supported by additional research. In a study with 2,050 respondents, Dong et al. (2020) looked at the consequences of the current lockdown on mental health and use of the Internet. Data were collected using a self-report survey, the Internet Addiction Test

(IAT), and the Depression, Anxiety, and Stress (DASS-21) instrument. Through linear regression analyses, it was determined that the current lockdown has had a significant effect on children and adolescents, and that it has contributed to increases in depression, anxiety, and stress. This, in turn, has led to a notable increase in Internet use and addiction [17].

Whatever one may believe about the ongoing stay-at-home orders, the lockdowns have clearly had a direct impact on the mental, physical, and social functioning of children, adolescents, and adults. This is evident across issues concerning mental illness (e.g., depression, anxiety), physical disease, crime (e.g., domestic violence), and addiction [4, 6, 10, 15]. This work has set out to further explore these issues.

3. Methodology

3.1. Research Design

Data for this study were collected via a quantitative questionnaire designed specifically for the purposes of this investigation. Information for the study was collected across a period of approximately 8-months (May–December 2020). Data were obtained in a non-probabilistic manner through various survey approaches (e.g., telephone, in-person, Internet). Consent for participation was given through the respondent's willingness to fill out the questionnaire. No compensation was provided. The survey took less than 5 minutes to complete. All respondents were at least 18 years of age. The survey consisted of several questions asking about key demographic variables (e.g., gender, social class, age, and ethnicity). Collecting data on these variables allows for important analyses and group comparisons. Most of the information collected was at the nominal and ordinal levels. There were a number of true-false items to allow for binary comparisons. There were also a number of questions constructed on Likert-type scales ranging from 1 to 5, where 1 meant "strongly disagree" and 5 meant "strongly agree." A response of "3" on the scale was taken as a neutral response or position.

3.2. Research Participants

The total sample size for the study was 637. The final sample consisted of 364 women (57.6%) and 468 men (42.1%). In regard to this variable, none of the study respondents identified as any other type of gender category. Participants ranged in age from 18 to 82. Respondents ranging in age from 18 to 29 made up the majority of the sample ($n = 374$, 58.9%). This was followed by respondents in their 30's ($n = 107$, 16.9%), 40's ($n = 68$, 10.7%), 50's ($n = 67$, 10.6%), 60's ($n = 13$, 2.0%) and 70's to 80's ($n = 6$, 0.9%). Two of the study respondents did not answer this particular question. Concerning social class, the largest single segment consisted of those that identified as belong to the working-class ($n = 300$, 47.5%). This was followed by middle-class ($n = 234$, 37.1%), lower-class ($n = 82$, 13.0%) and upper-class ($n = 15$, 2.4%). Six of the study respondents did not answer this particular question.

Hispanics made up the majority of the total sample ($n = 384$, 65.0%). Although the sample was skewed toward Hispanics, this is relatively representative of the general population in the California region where most of the data were collected. Followed by Hispanics, White respondents made up 25.8% of the sample ($n = 164$). This was followed by Asian at 6.3% ($n = 40$), Black at 3.5% ($n = 22$), Middle Eastern at 2.8% ($n = 18$), Multi at 0.9% ($n = 6$), and Native American at 0.2% ($n = 1$). Two of the study respondents did not answer this particular question. To be able to properly conduct certain inferential analyses, some groups (on certain variables) were not assessed due to small sample size, low power, and issues with standard errors. Outside of this, the final sample was large enough to allow for a range of useful and informative statistical analyses.

3.3. Data Analysis and Procedures

Data analysis was conducted through the use of the program SPSS Statistics 27. Discrete variables were coded as needed in order to perform various procedures. Descriptive analyses were conducted with the categorical variables across numerous measures in order to get a better understanding of the sample and general findings. Due to the nature of the levels of measurement for this study, the primary statistical tests employed consisted of Spearman's rho, Mann-Whitney U, Wilcoxon, and Kruskal-Wallis. Crosstabulations with chi-square tests, Phi, and Cramer's V were run to check for group differences and correlations at the discrete level.

Due to the binary nature of many of the survey items, logistic regression techniques were also employed to help capture a better sense of how various groups were feeling about the lockdown and what they were personally experiencing. Level of significance for each test was set at an alpha of 0.05, and all tests were 2-tailed. If any questionnaire item was left blank (i.e., the respondent did not answer that particular question), then it was not included in any analysis that involve that particular variable. None of the collected surveys had to be discarded due to excessive missing responses or unintelligible markings. Each of the final 637 questionnaires were deemed to be valid and useful for the purposes of the study.

4. Results

4.1. Introductory Findings

Respondents were asked to provide their current experiences and feelings about a range of problems associated with the lockdown. When asked whether or not they were being psychologically affected by the current situation, 59.4% stated that

they were. Around half of the respondents (50.7%) stated that current situation is putting a strain on their family, but 75.7% said that their relationship with family has improve because of COVID-19. Exactly half of the respondents stated that they are currently experiencing depressive feelings, and 65% noted that they are currently experiencing anxiety. The majority of respondents stated that they are not currently feeling lonely (59.4%). Over half of the sample (57.7%) did report that they are currently experiencing significant stress. When asked whether they believe domestic violence is going to get worse because of this crisis, the majority said that it would (56%, Mo = 4). When asked about drug and alcohol use, most believed that drug use would get worse (59.2%, Mo = 4) and alcohol use would also get worse (70.7%, Mo = 4). In regard to crime and victimization, the majority of the sample felt that crime would get worse (52.1%, Mo = 3) and that more people would be victimized (58.8%, Mo = 5). Most of the participants felt that more people would be needing mental health services (78.4%, Mo = 5). When asked about their own physical health, 36% stated that they have experienced declines, but 41.5% stated that they had no physical health declines (Mo = 3).

4.2. Nonparametric Tests and Measures

A number of correlational tests yielded significant findings. Spearman's rho was utilized to detect any associations across the ordinal measures. Table 1 provides the associations that met the threshold for significance. The findings show that those from the lower-class tend to have a more concerned view on issues pertaining to crime, domestic violence, drug and alcohol use, and victimization. Those from the middle and upper-classes tended to not be as concerned about these problems. The remainder of the findings demonstrate that participants, overall, see associations between a range of social problems (e.g., crime, drugs, victimization, domestic violence) during the lockdown.

Table 1. Spearman's rho coefficients and p values

Association	rho	Sig.	Association	rho	Sig.
Class x Domestic Violence	-.097	.015	Domestic Violence x Drugs	.533	.000
Class x Drugs	-.087	.029	Domestic Violence x Alcohol	.429	.000
Class x Alcohol	-.081	.044	Domestic Violence x Victimization	.221	.000
Class x Crime	-.094	.019	Crime x Alcohol	.149	.000
Class x Victimization	-.084	.035	Victimization x Physical Health	.088	.027
Drugs x Alcohol	.676	.000	Victimization x Crime	.430	.000
Drugs x Crime	.256	.000			

Women were more likely than men to think that domestic violence was going to get worse under the lockdown ($U = 4383.000$, $p = .041$). Women were also more likely to believe that more people were going to need mental health services ($U = 3792.500$, $p = .000$) and that more people were going to be victimized ($U = 4317.500$, $p = .014$). Men did not see any of the problems asked about in this study as becoming more concerning. Several Kruskal-Wallis tests revealed group differences concerning class and drugs ($H = 8.153$, $p = .043$), class and crime ($H = 12.656$, $p = .005$), and class and victimization ($H = 8.251$, $p = .041$). Pairwise comparison revealed that those from the lower-class are more concerned about drug problems than those from the middle-class ($p = .006$). Those from the lower-class were more likely to be concerned about crime than those from the working-class ($p = .001$) and middle-class ($p = .001$). Victimization also appears to be more of a concern for those from the lower-class than those from the working-class ($p = .015$) and middle-class ($p = .005$).

A number of chi-square tests found significant differences across various groups in the study and a range of personal and social problems. Table 2 provides the results for each significant finding. Where any gender differences were detected, women were more concerned about a range of problems than men. Women stated that they were being affected psychologically at higher rates than men (66.9% vs. 49.6%). Women also felt more strain on family relations (80.5% vs. 68.6%), had higher rates of depressive symptoms (55.5% vs. 42.3%), were experiencing more anxiety (73.1% vs. 53.7%), and were experiencing higher rates of increased stress due to the

pandemic (64.5% vs 48.9%). Those aged 70 years and over were experiencing the highest rates of loneliness (66.7%), followed by those aged between 18 and 29 (46.8%). Respondents in their 60's had the lowest rates of loneliness (23.1%). Participants from the lower-class were experiencing the highest rates of loneliness (54.9%), whereas those from the upper-class were experiencing the lowest rates of loneliness (28.6%). Lower-class respondents had the highest rates of reported stress (78.0%), followed by those in the upper-class (73.3%).

Table 2. Chi-Square: Class, Age, Gender, Personal and Social Issues

Variables	X ²	Sig.	Phi/V	Variables	X ²	Sig.	Phi/V
Gender x Psychological Affect	19.196	.000	.174	Gender x Stress	15.352	.000	.156
Gender x Family Relations	11.602	.001	.137	Class x Lonely	9.682	.021	.124
Gender x Depressive Symptoms	10.714	.001	.131	Class x Stress	19.039	.000	.174
Gender x Anxiety	25.350	.000	.200	Age x Lonely	18.063	.003	.169

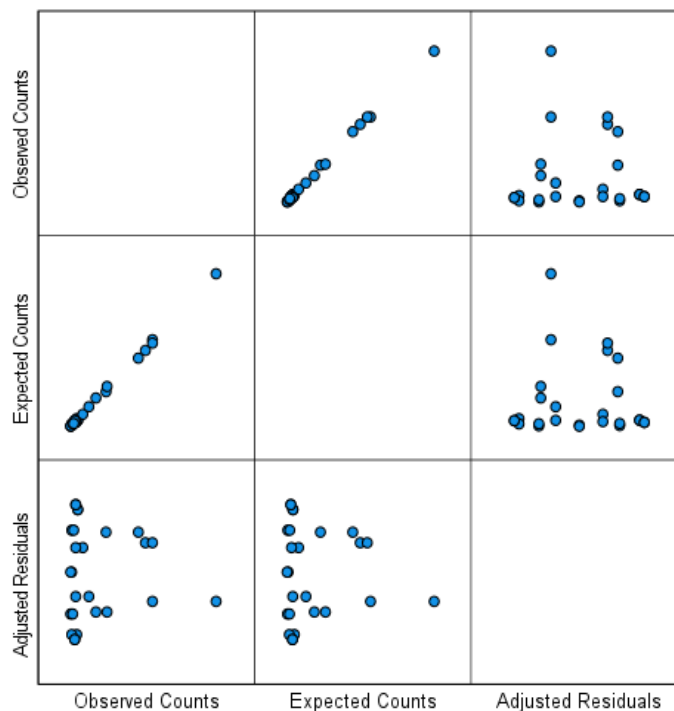
4.3. Regression Analysis

When comparing different demographic groups across the outcomes of interest, a number of significant findings were revealed. Logistic regression techniques found that the odds of Asian respondents reporting that they were being psychologically affected was 2.247 that of Hispanic respondents ($p = .033$). White respondents had lower odds of reporting depressive symptoms than Hispanic respondents (OR = .523, $p = .002$). Those from the lower-class had higher odds of reporting anxiety than those from the working-class (OR = 2.198, $p = .003$) and middle-class (OR = 1.852, $p = .024$). Lower-class respondents also had higher odds of reporting depressive symptoms than both working-class (OR = 1.894, $p = .015$) and middle-class participants (OR = 2.171, $p = .008$). Respondents in their 30's (OR = 1.802, $p = .014$), 40's (OR = 2.440, $p = .003$) and 50's (OR = 1.758, $p = .049$) had higher odds of experiencing symptoms of anxiety during the lockdown than respondents between the ages of 18 to 29.

As before, gender displayed some of the clearest contrasts between groups. Women and men differed significantly across almost every category asked about on the questionnaire. Based on the data it would appear that, overall, women have been more affected than men. Table 3 highlights some of the distinctions noted in the analysis. Women had higher odds of experiencing depressive symptoms, having issues with family, and being negatively affected psychologically. Women had odds that were more than 2 times that of men of experiencing anxiety during the lockdown. Women also had higher odds of experiencing notable stress during the COVID-19 shutdown. Figure 1 highlights the model fit for gender and ethnicity on the psychological impact during the lockdown. The linear relationship between the observed and expected cell counts suggests a good fit for the predictions made by the model. Additional linear model fits were found with other core variables in the study (e.g., depressive symptoms, anxiety, stress). Overall, it appears that the regression techniques were beneficial for illuminating distinctions across groups concerning the psychological and affective concepts of interest.

Table 3. Equation Findings Across Gender and Outcome Variables

Variables	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I for Exp.(B)
Affected Psychologically	.720	.165	18.963	1	.000	2.055	1.486 – 2.843
Family Relations	.637	.188	11.431	1	.001	1.891	1.307 – 2.737
Depressive Symptoms	.531	.163	10.647	1	.001	1.701	1.236 – 2.341
Anxiety	.849	.170	24.879	1	.000	2.337	1.674 – 3.263
Stress	.640	.164	15.208	1	.000	1.897	1.375 – 2.617

**Figure 1. Logit Model Residual Plot**

5. Discussion

The findings from this study reveal a general pattern of outcomes that show that people are being negatively affected in numerous ways by the COVID-19 shelter-in-place order. The data show that people are generally feeling anxious and stressed during the ongoing lockdown. As always, there are different experiences across and within demographic groups, but some clear patterns did emerge in the findings. Some of the most salient group differences concerns those from the lower-class. This class-based group had the highest rates concerning stress, anxiety, and depressive feelings. This group was also the most likely to be concerned about crime, drugs, and victimization. This makes sense when one considers that those from the lower-class are the most vulnerable to becoming unemployed and to not being able to pay their bills. This class-based group is also the most likely to live in situations where crime and other social problems are most prevalent. Regarding age, the elderly were the most likely to report feeling lonely and stressed during the pandemic. This also makes sense considering that those over 70 are the most vulnerable and likely to die from COVID-19. Older individuals are the most likely to be chronically isolated. Younger respondents appeared to be less lonely and anxious than older respondents. This also makes sense, seeing that younger people are the least likely to die from the disease and they are also more likely to be more socially active at this time.

The findings also brought to light a number of experiential and perceptual differences across gender. Women were more likely to indicate negative experiences and affect across almost all variables of interest. Women were more likely than men to state that they were currently experiencing feelings of loneliness, depression, anxiety, and stress. Women were also more likely to declare that they were experiencing family strain and that the need for mental

health services is higher than normal. Women were also more concerned about issues pertaining to domestic violence and people being victimized during the lockdown. Although each individual in the study had their own pattern of responses and experiences (e.g., some men were clearly experiencing high levels of stress, family strain, depressive feelings, anxiety, etc.), taken as a group, women were more likely to indicate that the current situation is having an overall negative impact on their lives and functioning.

Around 7 out of 10 respondents felt that drug and alcohol use was worse under the lockdown. This would correspond well with the fact that around 8 out of 10 respondents felt that the demand for mental health services was going to increase. With this said, there was one finding that may be taken as a positive outcome. Nearly 76% of respondents stated that their family relationships have improved during this crisis. Additional information collected would indicate that many family members have pulled together and have actually become closer due to COVID-19. There does seem to be a clear historical pattern among humans whereby they become more closely bonded and psychologically connected when they have to fight together to survive. Many families have had to pull together resources to manage the current situation.

Some limitations of the study concern small sample sizes across several demographic categories. The study would have been improved with larger sample data from certain ethnic groups (e.g., Native Americans), elderly respondents (70 and older), and upper-class respondents. It would make sense to collect data from more elderly women and men seeing this group is among the most likely to be in strict isolation at this time. The elderly are also the most likely to die from the virus, so it would make sense to put together an entire study focused on better understanding their concerns and experiences. Future studies could also look further at variables that may be directly connected to many of the problems and issues covered in this study (e.g., depression, anxiety, stress). Some important relevant topics to address could include employment and financial matters. Additional research could also look into how people are occupying their time during the lockdown. This could include looking into what kinds of practices and behaviors they are engaging in to help maintain their mental and physical health.

6. Conclusion

The current study set out to capture people's experiences, feelings, and concerns during the COVID-19 crisis. As of this writing, the stay-at-home orders have been in place for over 10 months, and it has clearly been taking a toll on people's lives. The vast majority of participants in this study indicated that they were currently experiencing varying types of negative and unpleasant outcomes due to the spread of the virus and the subsequent lockdown. This study has brought forth important information that should be taken into consideration when assessing the impact and consequences of placing an entire population under stay-at-home orders for an extended period of time. This study has revealed that the clear majority of respondents have been psychologically and socially impacted by this pandemic. The findings also disclosed that many of these individuals have developed new positive connections with their families. In the end, it is important that we all learn from this current crisis and work to ensure that we are better prepared as a society for any unforeseen future crises.

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