

# SOCIAL WORK IN ACTION

## Anti-Asian Climate During COVID-19: Through the Lens of an Asian Social Worker

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*Social Work in Action is a solicited column from the social work community in Hawai'i. It is edited by HJHSW Contributing Editor Sophia Kim PhD, of the Thompson School of Social Work & Public Health at the University of Hawai'i at Mānoa.*

### Introduction

Since the start of the COVID-19 pandemic in March 2020, there have been growing concerns and fear experienced among Asian American (AA) communities in the United States (US). This was in response to the growing overt anti-Asian sentiments which included bias, microaggressions, and hate incidents and crimes. Across the US, anti-Asian hate acts are reportedly on the rise. Between March 19, 2020 and March 31, 2021, approximately 6603 hate incidents were reported with close to 70% identifying as females.<sup>1</sup> It is also concerning that these acts are blatantly occurring in public streets and parks (37.8%) and in businesses (32.2%).<sup>2</sup> Following the emergence of COVID-19, researchers using mixed methods analyzed more than 3.4 million tweets from November 2019-June 2020 and revealed a marked increase (68.4%) in anti-Asian sentiment and a decline in positive Asian sentiment when compared to other racial/ethnic groups.<sup>3</sup> Together, these findings demonstrate the harmful climate surrounding the Asian identity in the US.

Disaggregated data showed that the top 3 types of discrimination were: verbal harassment (65.2%), deliberate avoidance of Asian and Pacific Islanders (18.1%), and physical assault (12.6%).<sup>2</sup> The Asian ethnic group breakdown showed that the hate incident reports came from Chinese individuals (43.7%), followed by Koreans (16.6%), Filipinx (8.8%), and Vietnamese (8.3%).<sup>2</sup> Mainstream news media are paying more attention to Asian experiences and have publicized the anti-Asian experiences permeating across major US cities.<sup>4,5</sup> Unfortunately, the link between COVID-19 and hate sentiments against AA highlights the reality of the long enduring racial stereotypes and scapegoating on AA in American society.<sup>6-8</sup> It should be clear that contrary to the model minority stereotype that is pervasively attached to the AA identity, significant social determinants of health experienced by many are xenophobia and racism. What may be most different in this current anti-Asian hate climate is that it is more visible to the general public's eye due to the attention paid by mainstream media and advocates' use of social media platforms.

### Impacts of Anti-Asian Climate

#### Mental Health

Currently, there is a growing number of studies investigating the psychosocial impacts of hate crimes, microaggressions, and discrimination on AA's mental health.<sup>8-10</sup> A report by Stop Asian American Pacific Islander (AAPI) Hate showed that AA who have experienced racism are more stressed by anti-Asian hate than the pandemic COVID-19 itself.<sup>11</sup> Several studies also investigated the impacts of social determinants of health on mental health. One study looked at levels of discrimination and health outcomes among Asians currently living in the US. It found that the full models predicting anxiety symptoms and depression symptoms were statistically significant,  $F(5, 400)=41.08$ ,  $P<.001$ , adjusted  $R^2=.33$  and  $F(5, 398)=53.17$ ,  $P<.001$ , adjusted  $R^2=.40$ , respectively.<sup>10</sup> Another study found that perceived discrimination was related to concurrent anxiety symptoms ( $B=0.21$ ,  $P=.009$ ) among Chinese American college students.<sup>9</sup> It has even been suggested that increases in COVID-19 related discrimination may be more strongly associated with PTSD symptoms (e.g., disturbed memories, thoughts, and avoidance) ( $B=1.33$ ,  $P<.05$ ) than anxiety symptoms ( $B=0.39$ ,  $P<.05$ ).<sup>6</sup> These research foci are especially important as it's been reported that AA in the US underutilize formal mental health services such as licensed clinical social workers, psychologists, psychiatrists, and other helping professionals.<sup>12</sup>

#### Mobilization of Social Movements

Amidst the pandemic COVID-19, a strength that must be recognized is the solidarity and strengthening of a collective voice within AA groups and between AA and other racial/ethnic groups. It has been stated that "social movement protests remain, more than ever, people's choice for mass resistance when abuses in power pose threats to 'ordinary' peoples' day-to-day access to material needs and resources as well as their social, political, and cultural rights".<sup>13</sup> In response to the anti-Asian hate climate, AA stakeholders have mobilized to offer various types of support

for one another and their communities. One such movement, #StopAAPIHate, was spearheaded by a nonprofit organization, Stop Asian American Pacific Islander (AAPI) Hate. Stop AAPI Hate is a coalition between Asian Pacific Policy and Planning Council (A3PCON), Chinese for Affirmative Action (CAA), and San Francisco State University. This coalition, under the leadership of Manjusha Kulkarni, executive director of A3PCON, Cynthia Choi, co-executive director of CAA, and Russel Jeung, professor and chair of the Asian American studies department at San Francisco State University, was formed to document and maintain records of racially motivated hate, violence, harassment, discrimination, shunning, and child bullying incidents<sup>14</sup>. This particular emphasis on data collection and management is critical given the need for disaggregated health data when developing tailored interventions for A/AA groups.

### Social Workers in Action

Social work is an academic discipline and practice-based profession. The heartbeat of the social work profession is our commitment to social and health justice. Given these core characteristics, what can social workers do amidst the anti-Asian climate during the pandemic COVID-19? To start, we can begin with ourselves. We must maintain our own self-awareness and explore barriers that can impact our personal or professional lives. This requires social workers to practice what we preach with our clients: (1) *compassion* – granting ourselves permission to take pauses and to be present with ourselves, and (2) *reflection* – on the impacts of the current context and aiming to learn and grow from it. For social workers, taking pauses for critical self-reflection can contribute significantly to our self-care. Self-care is necessary and vital for all helping professionals.<sup>15</sup> Furthermore, this practice can support our professional development and practice with clients. AA in the helping profession, such as social work, are not immune to social challenges like the current anti-Asian hate. The growing body of literature focusing on social determinants of health like racism, help-seeking patterns, and mental health outcomes among AA is an important start. However, fewer studies have examined variables among AA subgroups like social workers and other helping professionals.<sup>15</sup> There are opportunities to better support our helping professionals as they may be navigating through their own trauma and other mental health challenges in an anti-Asian hate climate.

Secondly, we must build our knowledge base on the long-standing history and oppressive experiences of the disaggregated AA groups in the US. The National Association of Social Workers (NASW) is the largest membership organization for professional social workers. One of our ethical responsibilities outlined in our profession's code of ethics is to maintain cultural competence, which includes recognizing the inherent strengths within all cultures and engaging in self-reflection to nurture cultural humility.<sup>16</sup> The Asian population in the US is not monolithic. It is comprised of more than 50 ethnicities and

more than 100 distinct languages<sup>17</sup>. Each ethnic group also has their distinct experiences with colonization and imperialism which have had detrimental impacts on their sense of self. Intersectionality and how various dimensions of the person come together to create our cultural identity must be understood and embraced especially because the essence of social work depends on meaningful relationships with clients. Understanding the unique lived realities of AA in the US is long overdue. Focused attention in this arena can help debunk the pervasive model minority stereotype and highlight important variables to target in research, policy development/reform, and practice.

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