"This is not an American problem": Lived Experiences of Asian Canadian Discrimination During the COVID-19 Pandemic

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Abstract

Background
Asian Canadians have experienced increased cases of racialized discrimination following the first emergence of SARS-Cov-2 in China. This study examined how COVID-19 has affected Asian Canadians' sense of safety and belonging in their Canadian (i.e., geographical) communities.

Methods
Purposive and snowball sampling methods were used to recruit Asian Canadians diverse in region, gender, and age. We conducted semi-structured interviews (through Zoom videoconference or telephone) and used independent qualitative thematic analysis in duplicate to derive primary themes and subthemes.

Results
Thirty-two Asian Canadian participants described five predominant themes associated with how COVID-19 affected their sense of security and belonging to their communities during the pandemic: 1) Relationship between socio-economic status and exposure to discrimination; 2) Politics, media, and the COVID-19 pandemic; 3) Effect of discrimination on mental, physical, and social health; 4) Ways of coping with the impact of discrimination; and 5) Implications for sense of safety and sense of belonging.

Conclusion
During the COVID-19 pandemic, Asian Canadians in our study felt unsafe due to a rise in hate crimes and discrimination against people of Asian descent, while feeling a strong sense of belonging to their communities. Our findings emphasize the damaging role that fear plays in discrimination and stigmatization towards people of particular (usually minority) racial groups.

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Introduction

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), beginning in Wuhan, China, spread rapidly across countries resulting in a global pandemic.[1] Although many impacts of the COVID-19 pandemic worldwide are clear,[2] including loss of life, decreased financial stability, and worsened physical and mental wellbeing,[3-5] the full extent of the damage is unknown.[3,6] The narrative that "others" from far-flung places are to blame for epidemics and pandemics, is a dramatic example of a long-standing tradition of hatred. Globally, in the COVID-19 pandemic, there has been an increase in negative attitudes, prejudice, and racism towards people of Asian descent, reinforcing longstanding systemic discrimination and negative stereotypes.[6]

Racial discrimination is defined as unequal treatment of persons or groups on the basis of their race or ethnicity.[3] During the COVID-19 pandemic, anti-Asian discrimination and Asian focused hate crimes have subjected Asians to verbal harassment including racial slurs and physical attacks.[4,6] Reported incidents have led to a heightened awareness of the broad marginalization of Asian populations, globally.[7,8] The experience of discrimination and its long-term consequences varies in context, such as where the harassment occurs (e.g., healthcare system, community), the actors involved (e.g., employers, neighbours[9,10]), and the people it targets.

There has been limited investigation into how Asian Canadians have experienced discrimination and the impacts this had. The objective of this study was to examine experiences and impacts of Asian Canadian discrimination during the COVID-19 pandemic on individual and Canadian (i.e., geographical) community sense of safety (the ability to engage with public spaces, in-person or online, without fear of discrimination, harassment, or violence) and belonging (concurrently identifying with a group or community that is important to them, and acceptance of that identity by other members of the group).[3,6,7]

Methods

Study Design

We applied a qualitative descriptive study design[11] to understand how COVID-19 has affected Asian Canadians' sense of safety and belonging. The University of Calgary Conjoint Health and Research Ethics Board (ID:REB20-0358) and Dalhousie University Health Science Research Ethics Board (ID:REB2020-5120) approved the study and permitted participants to provide oral consent in lieu of written consent. Interviews were conducted from March 23 to May 27, 2021. We followed the Consolidated Criteria for Reporting Qualitative Research **[Appendix 1]**.

Participants

Participants were eligible if they were English or French-speaking adults (≥18 years) residing in Canada, self-identified as Asian/Asian Canadian and were able to provide informed consent. Eligible participants were recruited through a related survey-based study[12] where participants consented to be contacted for future COVID-19 research. We purposively sampled to ensure diversity across participants based on province, sex, and age. We interviewed everyone who agreed to participate. Preliminary analysis showed data saturation was achieved prior to analysis

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of the full data set; we continued to analyze transcripts of all participants to guarantee diversity of data. Saturation was determined at the point when no new themes were identified.[13]

Data Collection

A semi-structured interview guide was developed iteratively, and pilot tested with seven Asian Canadian adults (external to the research team) to ensure clarity of interview questions and relevance to our study objective **[Appendix 2]**. Minor refinement after pilot testing was to improve language and conversational flow. Discussion topics included: community and personal identity, the racism participants or those in their community have experienced since the onset of the COVID-19 pandemic, the impacts of that racism, and finally how participants dealt with weathering racism. Participants' demographic information was collected at the end of each interview. Two female research assistants (CDG, FT) trained in qualitative methods conducted interviews via Zoom (https://zoom.us) or telephone, based on participant preference. Interviews lasted a median of 21 minutes (IQR of 7.75) and were digitally recorded. Audio files were sent to a transcription company (www.rev.com/) to produce verbatim transcripts. The textual data was reviewed, cleaned, and de-identified by CDG and FT prior to analysis. Participants were offered the opportunity to review their transcripts as a form of member checking; three participants accepted.

Data Management and Analysis

We used NVIVO 12 (QSR International, Melbourne, Australia) to manage and analyze textual data. Two researchers (CDG, FT) independently reviewed and coded a small sample of transcripts (n=3), then in duplicate using open coding. Initial codes were compared and discussed with a senior qualitative researcher (JPL) to create a draft of the codebook. Two researchers (FT, AD) analyzed an additional three transcripts using both open and axial coding,[14] iteratively refining the codebook until all relevant ideas were included. Meetings were held after coding of every three transcripts for the duration of analysis to address new codes, consolidate ideas, and rectify disagreements by consensus. The complete dataset (n=32 transcripts) was then coded in duplicate with the finalized codebook. We used an intersectionality framework[15] and inductive thematic analysis[16] to closely examine the data and identify, analyze, and interpret repeating patterns of meanings.[17]

Results

We contacted the full sample (n=63) from the related study[12] by email. Two individuals (3%) were not interested in being interviewed on the topic; 42 (67%) did not respond to our email despite one follow-up attempt by email one week after the first invitation, and 19 (30%) consented to participate. From these 19 participants, we conducted snowball sampling, asking them to identify personal contacts who were eligible for the study and might be interested. Eleven people reached out to us of which we were able to interview nine; the remaining two did not respond to two contact attempts. In total, including four pilot interviews, 32 individuals participated (Table 1).

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All participants in our study commented that they had experienced, indirectly through witnessing (n=14, 44%) or directly through verbal or physical harassment (n=18, 56%), discrimination during the COVID-19 pandemic in Canada. Thematic data analysis resulted in development of five themes: 1) Relationship between socio-economic status (SES) and exposure to discrimination; 2) Politics, media, and the COVID-19 pandemic; 4) Effect of discrimination on mental, physical, and social health; 4) Ways of coping with the impact of discrimination; and 5) Implications for sense of safety and sense of belonging.

I.   Relationship between socio-economic status and exposure to discrimination

The nature, and extent of discrimination experienced by Asian Canadians was expressed in relation to SES. Most participants noted that the discrimination experienced by Asians of higher SES were more likely to be direct. One participant commented on their relative immunity to Asian Canadian discrimination based on their housing situation:

> "I'm pretty immune from all of this. I don't live in one of those neighborhoods that has high density. I have my own house." Male, Age 38, British Columbia

In contrast, most participants suggested that Asian Canadians of lower SES were more likely to experience direct discrimination (e.g., verbal and/or physical attacks or harassment) due to their need to maintain interactions in the community during COVID-19 (e.g., through work in public-facing occupations). One participant of lower SES commented on their direct experiences with discrimination:

> "Would a higher income and graduate degree protect me against racism and discrimination? Maybe. Even though I experienced higher [socio-economic] status here [in Canada] after immigrating I feel more socially isolated and depressed and never have I ever experienced this more than right now in the pandemic." Male, Age 65, Saskatchewan

II.   Politics, media, and the COVID-19 pandemic

All participants expressed the key role that politicians and media played in enabling spread of Asian Canadian discrimination and fear toward Asians. They described influential and prominent leaders choosing to deliberately spread misinformation and disinformation by blaming, and inciting hatred towards Asians. Participants described upsetting rhetoric such as "China virus," and "Kung flu," used by politicians and their supporters alike. Amplified by the media, inflamed hate was weaponized to hurt people of Asian descent. Participants commented that politicians, especially in the United States, deliberately misled, triggered, and emboldened their supporters to attack/harass Asians. One participant described:

> "Trump saying that it's the China virus it's obviously we cover so much U.S. politics in Canada that I think it's influenced the crazy people in our country as well. Or it's resonated with them, I guess." Female, Age 24, British Columbia

All participants commented on mainstream media being a platform to spread blame or responsibility for the virus. Some participants experienced cyberbullying, which they found was

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based mostly on physical appearance and/or accent. One participant reflected on the rapid dissemination of misinformation across media platforms:

> "This seems to be a pretty common thread among people who believe conspiracy theories, or are unable to differentiate what is a news source from a reputable journalist or reporter or news agency versus... Or being able to recognize what is just inflammatory commentary or just something they made up or skewed to achieve the outcomes of say, I don't know, a racist organization or low-level white supremacist organizations just looking to recruit more members." Female, Age 35, Ontario

III.   Effects of discrimination on mental, physical, and social health

Most participants described the effects of racism as immeasurable and the impact on their mental, physical, and social health as devastating. The participants illustrated common perspectives while describing variability in their experiences, perceptions, and evaluations of discrimination. One participant described their efforts to cope with the psychological impact of discrimination through resiliency:

> "This is not an American problem. Now, more than ever, we need to come together to raise awareness of the challenges faced by our communities, to confront the people who are psychological abusing us—it's not okay." Male, Age 66, Ontario

The lived experiences and psychological and emotional impacts of discrimination among participants during COVID-19 included depression, anxiety, and persistent stress, as recounted by one participant:

> "I eat more when depressed leading to weight gain and lack of vitamin D due to staying indoors for too long, and then stress and anxiety that's just always present compared to before the pandemic. It's just that the mental impacts of it [racism] can be sometimes really overwhelming." Male, 46, Quebec

Participants discussed their worry of not knowing who, where, and why a discriminatory attack may occur. The burden of worry led to an additional layer of trauma and exhaustion from precautions for personal safety. One participant described feelings of disconcerted discomfort:

> "There is a certain kind of unsettling discomfort just knowing that people do blame such a large scale, horrific pandemic on one community, and on people that look like me, or that look like my parents." Female, Age 24, Ontario

IV.   Ways of coping with the impacts of discrimination

Participants dealt with discrimination in different ways. Some coping mechanisms included: relying on friends and family for support, ignoring social media and doing activities in groups. One participant explained how they coped with the stress:

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"Well, you just got to live your normal life. You still have to do your things.
You got to do the best you can, just make sure you practice all your safety
measures, and like I said, it's no guarantee, but some things you can't avoid,
you just got to do your best." Male, Age 54, British Columbia

All participants highlighted the countless contextual factors (related to one's personal life) that
are associated with personal experiences of Asian Canadian discrimination, prior to and within
the COVID-19 pandemic. While one person's life experience is not the same as another's, it may
be that some personal experiences are so profound that they transcend individuality to the
collective. One participant reflected on their feelings of hopelessness:

"You know that anti-Asian racism is on the rise in Canada, and I know that
now because of the pandemic this issue has come to light, but it's been going
on for so long that I've lost my resiliency." Female, Age 27, Ontario

V.   Implications for sense of physical and psychological safety and sense of belonging

Although participants' sense of physical and psychological safety was greatly affected (i.e.,
diminished sense of safety), their sense of belonging was minimally affected. All participants
expressed feeling a multitude of emotions simultaneously (e.g., anxious, scared, depressed,
angry, outrage) that sometimes were in conflict in dealing with the trauma associated with Asian
Canadian discrimination during the pandemic. Consequently, participants felt unable to safely
use public spaces in-person for fear of discrimination. Most participants commented on the
uncertainty (e.g., inability to predict who the perpetrator might be), unexpectedness (e.g., sudden
attack, harassment, or assault), and unpredictability (e.g., random behaviors of others/element of
surprise) of discrimination that made it difficult to feel and keep safe. All participants described
the need to remain alert in anticipation of harm, leading to distress and exhaustion. One
participant recounted:

"All of the Asian hate crimes are scary, in my opinion. I am less willing to do
things alone and go out into neighborhoods by myself." Female, Age 25,
British Columbia

In contrast, some participants noted acts of discrimination as having limited impact on their
sense of belonging. These participants felt connected to and strongly identified with their
Canadian and Asian cultures and communities. For example, in addition to their Asian heritage,
participants noted "being Canadian" was an integral part of their identity. Some participants
believed that the discrimination hadn't affected how they were perceived by the broader
Canadian society. Strictly adhering to public prevention practices/guidelines, as part of the
greater good, made participants feel they were a part of, and belonged to, the community.

"Working together and following the guidelines, I think that it's because we're
proud to be Canadian. We try to support that just as much as we support our
other cultural beliefs as well—it's a balance." Female, Age 27, Ontario

Discussion

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We conducted a qualitative descriptive study to examine Asian Canadian discrimination during the COVID-19 pandemic, and the impact this had on individual and community sense of safety and belonging. Findings from our study suggest that Asian Canadians felt unsafe due to the uncertain, unexpected, and/or unpredictable nature of rising discrimination. The overwhelming feeling of unsafety among Asian Canadians was associated with self-reported anxiety, depression, stress, fear, and panic. Our findings also suggest that despite feeling scared during the pandemic, Asian Canadians' felt a strong sense of belonging to Canadian society and felt well connected to their Asian Canadian communities.

Our study suggests that during the COVID-19 pandemic, Asian Canadians experienced psychological and physical distress in response to discrimination. These experiences reflect established vulnerabilities encountered by racialized minorities before the pandemic.[18] Previous research found racially stigmatized peoples experience a high rate of physical, psychological and social illnesses and impairments.[19] Moreover, the threat of discrimination contributed to participants mental exhaustion, and feelings of unsafety. These findings are mirrored in similar research that found participants describing an intense fear for their lives and their loved ones during the pandemic in reaction to discrimination.[18] Racism focuses on attacking an entire community[20] due to the biased belief that all members of a racial group share an important essence that makes them the same.[21] This may explain why participants in our study who did not directly experience discrimination felt impacted by discrimination towards other Asian Canadians.

Understanding the socioeconomic spectrum and the relationship between race and SES is important to addressing disparities among racial groups during periods of health crises.[22] SES is an important determinant of health outcomes.[19] Asian Canadians of lower SES are more prone to and encounter higher levels of physical attacks/harassment because they work and engage in activities that require the use of public spaces, which makes it easier to target, identify, access, and attack them.[23,24] Our findings highlight that media consumption could differ between high and low SES Asians, which could explain the differential experience in indirect discrimination.[25] However, exposure to, and consumption of media that portrays socially stigmatized groups as a threat to society has increased racial prejudice, and negatively influenced public attitudes[26,27]; information disseminated by politicians and mainstream media also has been found to influence public behaviors.[25] Croucher and colleagues found that social media users who perceived information on social media to be accurate and fair were more likely to believe that Chinese Americans could pose realistic threats (e.g., threats to physical and material well-being) and symbolic threats (e.g., threats to morals, values, and beliefs).[6] Additionally, He and colleagues revealed that the presence of anti-Asian hate speech on Twitter was more prevalent than counter-hate messages during the COVID-19 pandemic.[28] The information dissemination process affects emotions and behaviors that directly impacts how public opinions are formed.[29] Future work should seek to understand the influence of social media effects on treatment and attitudes toward Asian Canadians.[30]

This study needs to be considered in context of limitations. First, the transferability of lived experiences of Asian Canadians was potentially limited as our sample was comprised of

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primarily highly educated, single Asian Canadians. These demographics suggest that our sample was mainly high SES. As well, perspectives from children and youth were missed. Second, we did not include participants from South Asian Canadian communities, which is important considering the volume of racist rhetoric these communities faced at the heigh of the pandemic. Third, our study was unable to ascertain the extent and directional impact of social media on Asian Canadians. For example, whether the positive impact outweighed the negative impact, or the visa versa, particularly with participant's sense of belonging. Fourth, we conducted interviews in English and French only and perspectives from non-English speaking Asian Canadians were missed, which excludes experiences of new immigrants.

Conclusion

Asian Canadian participants in our study felt unsafe due to increased experiences of direct and/or indirect stigmatization, discrimination, and disruption of various aspects of their lives since the start of the COVID-19 pandemic. Our findings emphasize the damaging role that fear plays in fueling discrimination and stigmatization by the majority group towards people of particular (usually minority) racial groups. It is imperative that Canadians are aware of the risk of scapegoating during times of crisis including the role of media and need for strategies including societal leadership to counteract.

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Table 1. Demographics of participants

Characteristic	Participant (n=32)
Age, median (IQR)	35 (24, 46)
Female, n (%)	18 (56%)
Education*, n (%)	
Less than high school	0 (0%)
High school	0 (0%)
College degree	3 (11%)
Bachelor's degree	16 (43%)
Postgraduate degree	1 (4%)
Master's degree	8 (29%)
Household size, median (IQR)	3 (1, 5)
Marital Status*, n (%)	
Single	18 (56.3)
Married	10 (32.3)
Divorced	1 (3.1)
Has Children*, n (%)	9 (30%)
Children live with you	7 (78%)
Province, n (%)	
Alberta	5 (16%)
British Columbia	6 (19%)
Ontario	18 (56%)
Quebec	2 (6%)
Saskatchewan	1 (3%)
Ethnicity**, n (%)	
East Asian	14 (44%)
Southeast Asian	5 (16%)
South Asian	10 (31%)
West Asian	3 (9%)

*N will be less than number of participants as some participants chose not to disclose demographic information

**Ethnicity was categorized using the UN Statistics Division of regions (available at: https://unstats.un.org/unsd/methodology/m49/). Multiple ethnicities (i.e. "multiracial" or "mixed-race") were included under the region of the Asian component of their reported ethnicity.

Table 2. Exemplar quotations by theme

Theme	Exemplar Quotations
Relationship between SES and exposure to discrimination	"I'm pretty immune from all of this. I don't live in one of those neighborhoods that has high density. I have my own house." Male, Age 38, British Columbia "Would a higher income and graduate degree protect me against racism and discrimination? Maybe. Even though I experienced higher [socio-economic] status here [in Canada] after immigrating I feel more socially isolated and depressed and never have I ever experienced this more than right now in the pandemic." Male, Age 65, Saskatchewan
Politics, media, and the COVID-19 pandemic	"Trump saying that it's the China virus it's obviously we cover so much U.S. politics in Canada that I think it's influenced the crazy people in our country as well. Or it's resonated with them, I guess." Female, Age 24, Ontario "That seems to be a pretty common thread among people who believe conspiracy theories, or are unable to differentiate what is a news source from a reputable journalist or reporter or news agency versus... Or being able to recognize what is just inflammatory commentary or just something they made up or skewed to achieve the outcomes of say, I don't know, a racist organization or low-level white supremacist organizations just looking to recruit more members." Female, Age 35, Ontario
Effects of discrimination on mental, physical, and social health	"This is not an American problem. Now, more than ever, we need to come together to raise awareness of the challenges faced by our communities, to confront the people who are psychological abusing us—it's not okay." Male, Age 66, Ontario "I eat more when depressed leading to weight gain and lack of vitamin D due to staying indoors for too long, and then stress and anxiety that's just always present compared to before the pandemic. It's just that the mental impacts of it can be sometimes really overwhelming." Male, 46, Quebec "There is a certain kind of unsettling discomfort just knowing that people do blame such a large scale, horrific pandemic on one community, and on people that look like me, or that look like my parents." Female, Age 24, Ontario
Ways of coping with the impacts of discrimination	"Well, you just got to live your normal life. You still have to do your things. You got to do best you can, just make sure you practice, all your safety measures, and like I said, it's no guarantee, but some things you can't avoid, you just got to do your best." Male, Age 54, British Columbia "You know that anti-Asian racism is on the rise in Canada, and I know that now because of the pandemic this issue has come to light, but it's been going on for so long that I've lost my resiliency." Female, Age 27, Ontario
Implications for sense of safety and belonging	"All of the Asian hate crimes are scary, in my opinion. I am less willing to do things alone and go out into neighborhoods by myself." Female, Age 25, British Columbia "Working together and following the guidelines, I think that it's because we're proud to be Canadian. We try to support that just as much as we support our other cultural beliefs as well—it's a balance." Female, Age 37, Ontario

Appendix 1. Consolidated Criteria for Reporting Qualitative Research Checklist

No. Item	Guide Questions or Description	Reported on Page #
DOMAIN 1: RESEARCH TEAM AND REFLEXIVITY		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Results
2. Credentials	What were the researcher's credentials?	Methods
3. Occupation	What was their occupation at the time of the study?	Methods
4. Gender	Was the researcher male or female?	N/A
5. Experience and training	What experience or training did the researcher have?	Methods
Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	N/A
7. Participant knowledge of the interviewer	What did the participants know about the researcher?	N/A
8. Interviewer characteristics	What characteristics were reported about the inter viewer/facilitator?	Methods
DOMAIN 2: STUDY DESIGN		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study?	Methods
Participant selection		
10. Sampling	How were participants selected?	Methods
11. Method of approach	How were participants approached?	Methods
12. Sample size	How many participants were in the study?	Results
13. Nonparticipation	How many people refused to participate or dropped out? Reasons?	Methods
Setting		
14. Setting of data collection	Where was the data collected?	Methods
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	Results
16. Description of sample	What are the important characteristics of the sample?	Results
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Methods
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	N/A
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Methods
20. Field notes	Were field notes made during and/or after the interview or focus group?	Methods
21. Duration	What was the duration of the inter views or focus group?	Methods
22. Data saturation	Was data saturation discussed?	Methods
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	N/A
DOMAIN 3: ANALYSIS AND FINDINGS		
Data analysis		
24. Number of data coders	How many data coders coded the data?	Methods
25. Description of the coding tree	Did authors provide a description of the coding tree?	N/A
26. Derivation of themes	Were themes identified in advance or derived from the data?	Methods
27. Software	What software, if applicable, was used to manage the data?	NVivo
28. Participant checking	Did participants provide feedback on the findings?	Strengths and limitations
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified?	Results
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Relationship to existing knowledge
31. Clarity of major themes	Were major themes clearly presented in the findings?	Results
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Discussion

Appendix 2. Semi-structured interview guide

1. Can you please tell me about yourself?
    a. How would you describe your family's cultural or ethnic community?
        i. How connected or distant do you feel to that community?
    b. How would you describe your personal or ethnic cultural identity?
2. Thinking back to the start of the pandemic until now, have you personally experienced any type of discrimination or racism?
    a. Has your broader community been exposed to racism?
        i. Do you see any patterns in people you know who have experienced these instances (similarities/differences/quantity)?
    b. IF NOT, Why do you think you have not experienced any form of discrimination or racism?
3. Do you feel as if you have encountered an increase in race-based insults, harassment or violence in-person or through social media since the onset of COVID-19?
    a. Have you experienced any of these encounters in your workplace?
    b. Can you describe some of the ways that this experience/experiences have impacted you?
    c. Have these experiences, or knowledge of other's experiences affected your sense of safety in your community?
    d. Have they affected or influenced how you engage with infection prevention practices? (e.g., mask-wearing, physical distancing)
4. Has the pandemic impacted you or your community economically?
    a. Is this different from the general population?
5. Since the onset of the COVID-19 pandemic, do you feel as though there has been a change in how your community is perceived by the public?
        i. If No, Can you describe how you feel your community is broadly perceived by the public?
    b. Do you think this has been influenced by the media coverage on COVID-19?
    c. Has this affected how you feel about your 'Canadian' identify or how others see you as 'Canadian'?
6. How have you found resilience through these experiences?
    a. Can you describe any strategies that have empowered you in these experiences?

Do you have any final thoughts?

Thank you for participating in our study.