APA Recommendations for Reporters
Covering the AAPI Community and Anti-AAPI Hate and Violence

Introduction

The unprecedented rise in anti-AAPI* (Asian American and Pacific Islander) hate incidents and crimes that began during the COVID pandemic has taken a heavy mental health toll on the AAPI community — high levels of stress, anxiety, depression, and trauma-related symptoms have been reported. Collective trauma resulting from being targeted has the community reeling and searching for answers. Equally concerning is the fact that this mental health burden is falling on the very group with the lowest rate of mental health service utilization. The American Psychiatric Association (APA) recognizes that racism and racial discrimination adversely affect mental health and is deeply committed to promoting equity in mental health for all. (APA 2018).

Under this backdrop, the APA has created this resource for journalists and reporters whose work can support the mental health needs of the AAPI community and help to address upstream factors involved in anti-AAPI hate such as hate-inspiring rhetoric and media misrepresentations.

Accurate, thoughtful, and nuanced reporting can help the public better understand the heavy toll of these attacks, counter implicit and explicit biases that contribute to these attacks, provide a systemic lens that includes context, and reduce barriers to accessing mental health resources. Conversely, sensationalized or biased reporting can be detrimental. While specific examples are described below, the best general approach is to thoughtfully consider the mental health impact on the community as a story is developed, identify and address any racial elements of the story, and provide the appropriate context.

This document is a toolkit for best practices in reporting on the AAPI community with mental health in mind, and background on this community and the challenges it faces.

Top takeaways when reporting on the AAPI community

- Screen story for potential impact on the AAPI community.
- Identify elements that may reinforce stereotypes or foster prejudice (hateful rhetoric, homogenization, model minority, etc.).
- Address impact on the community and contextualize, including historical context.
- When appropriate, link to mental health impacts and offer resources (988 crisis line, local mental health resources, etc.).

*In this document, the commonly used term AAPI is used instead of the more inclusive AANHPI (Asian American and Native Hawaiian/Pacific Islander) Community because AAPI is more commonly used and understood in general parlance. It is meant to be inclusive of Native Hawaiians.
1. **Best Practices for Reporting on the AAPI Community**

The term Asian American and Pacific Islander describes a diverse and fast-growing population of 25 million Americans represented by nearly 50 ethnic groups and 100 spoken languages. Reporting that humanizes the AAPI community can help blunt factors that drive a climate of intolerance, and reporting on mental health issues can raise awareness and promote help-seeking. Reporting on disaggregated data on the AAPI community, when possible, can help to shed light on the diverse needs within various subgroups that comprise it. Getting to know people in the local AAPI community can provide perspective and understanding about what’s going on in their lives. Most importantly: When people see their community members depicted accurately, it allows them to better relate to health or other messaging.

<table>
<thead>
<tr>
<th>Tips for Reporting on the AAPI Community</th>
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<tr>
<td><strong>Try to:</strong></td>
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<tr>
<td>Include the AAPI community’s input and perspective in general stories — representation matters.</td>
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<td>Remind the audience that the AAPI community is deeply rooted in America.</td>
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<td>Use disaggregated data when possible.</td>
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<td>Refer to individuals and communities as specifically as possible (e.g., a second-generation Vietnamese American woman from city z).</td>
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<td>When reporting on hateful acts:</td>
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<td>• Clearly identify acts of racism directed against AAPI communities.</td>
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<td>• Focus on the victims rather than the perpetrators.</td>
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<td>• Include the broader context of the situation.</td>
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<td>• Address the mental health impacts (include symptom burden, stigma, link to resources).</td>
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<td>Reach out to experts. Reach this toolkit’s authors at <a href="mailto:press@psych.org">press@psych.org</a>.</td>
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<td>Use translators and those familiar with the culture to include perspectives on non-English speaking community members in reporting.</td>
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<td>Interview community members speaking openly about mental illness and treatment (to help destigmatize and normalize seeking treatment).</td>
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<td>Choose diverse members of the AAPI community in interviews (representing various ages, genders, nativities, etc.).</td>
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2. The Impact of Racism

News coverage can impact mental health: when people see someone who looks like them getting hurt or portrayed in a degrading way, it can negatively impact mental well-being. Recent polling provides some insights on what is going on in the community and the perspectives of AAPI people in the AAPI community.

Experiences of hate crimes and physical violence

• Nearly half (49%) of AAPI individuals nationwide have experienced discrimination or unfair treatment that may be illegal. (NORC, 2023)

• 6% of Asian Americans and 10% of Native Hawaiian and Pacific Islander Americans (NHPI) experienced physical violence based on their race or ethnicity in the prior 12 months. (Momentive Poll 2023)

• Nearly one in four (23%) NHPIs and nearly one in five Asian Americans (19%) have ever been a victim of a hate crime. (Momentive Poll 2023)

• Anti-Asian hate crimes reported to police in 16 of America’s largest cities and counties rose 164% in the first quarter of 2021 in comparison to the first quarter of 2020, according to the Center for the Study of Hate & Extremism at California State University, San Bernardino. (The U.S. Department of Justice defines a hate crime as “a crime motivated by bias against race, color, religion, national origin, sexual orientation, gender, gender identity or disability.”)

Harmful Stereotypes

• Perpetual foreigner. Reinforcement of the stereotypes of AAPI community members as “perpetual foreigners” — depicting AAPI individuals as outsiders and aliens regardless of where they were born or how long they have lived in the U.S. — or “foreign threats” can contribute to a hostile climate for AAPI people and social isolation.

• Model minority. Another harmful stereotype is the model minority myth: the stereotype that all Asian Americans are “studious, successful, smart — a model minority who excel in education and accomplish the American Dream.” Even though it is a positive stereotype, it can have negative impacts. For individuals who internalize the model minority myth, it can create unrealistic expectations which can be a barrier to seeking help. (Read more in Debunking the Model Minority Myth)
Mental health impacts of racism/discrimination

- Racism is an important factor in Asian Americans’ health. Experiences of racial discrimination are associated with negative impacts on physical and mental health for Asian Americans. (Stop AAPI Hate; Gee et al, 2007)

- Racism — regardless of whether it is verbal or physical, blatant or ambiguous, direct or witnessed — can be understood as a chronic and acute stressor that elicits psychological, physiological, and behavioral responses within individuals. (Stop AAPI Hate; Karlsen, & Nazroo, 2002)

- Asian Americans who have experienced racism have heightened symptoms of depression, anxiety, stress, and physical symptoms. (Stop AAPI Hate; Liu et al)

- The negative impacts of racism on mental health can be temporary or long-lasting. Racial trauma can be felt collectively and across generations (such as the intergenerational effects of the incarceration of Japanese Americans during World War II). (Stop AAPI Hate; Nagata, et al, 2015)

According to a Kaiser Family Foundation report, among AAPI individuals,

- 33% say they have personally felt more discrimination since the COVID-19 pandemic began.
- 35% report receiving poorer service than other people.
- 20% say they have been denied a job for which they were qualified.
- 18% report being denied housing they could afford. (Kaiser Family Foundation, 2021)

In a 2023 survey, among the 49% of AAPI people who reported they had experienced discrimination,

- 50% said they experienced negative mental health impacts.
- 45% said it has changed their sense of belonging at school, workplace or community.
- 31% said they felt less safe and/or took steps to feel safer.
- 26% said their personal relationships were strained. (NORC, 2023)

Fears and worry

- 84% of Asian Americans say they worry about being the victim of a mass shooting, compared with 74% of Blacks, Hispanics/Latinos, and NHPIs, and 59% of whites. (Momentive Poll 2023)

- About a third of Asian Americans say they worry that they might be threatened and have changed their daily routine. (Pew 2022)

- One in five Asian Americans say they worry daily (7%) or almost daily (14%) that they might be threatened or attacked because of their race or ethnicity; 51% say they worry sometimes. (Pew 2022)

- Parents’ fears of school bullying based on their child’s gender, sexual orientation, or race/ethnicity are highest among Asian American parents. (Momentive Poll 2023)
Willingness to report hate crimes
Asian Americans and NHPIs are hesitant to report hate crimes to law enforcement authorities. In 2023, only 29% of Asian Americans said they are ‘very comfortable’ reporting a hate crime (30% in 2022 and 2021). More details are available at this Momentive Poll.

3. The AAPI Community and Mental Health Care: Access and Use
Similar to other communities of color, AAPI adults are less likely to seek out support from mental health professionals when compared to white adults. In 2021, among adults with mental illness, 25% of Asian adults reported receiving mental health services compared to 52% of white adults. (Kaiser Family Foundation, 2023)

Stigma and cultural factors are significant barriers to seeking care in the Asian American community. Discussing mental health concerns is considered taboo in many Asian cultures.

The persistent damaging racial stereotypes of Asian Americans, such as the model minority and the perpetual foreigner stereotypes as defined above, contribute to misconceptions about Asian Americans’ mental health status and mental health needs. (Stop AAPI Hate)

4. AAPI: A Diverse Community

Demographics
• More than 22 million Asians live in the U.S.; the number is projected to surpass 46 million by 2060. (Pew Research Center, 2021a)
• AAPI is the fastest-growing major racial or ethnic group in the U.S. (Pew Research Center, 2021b)

The largest Asian-origin groups in the U.S. are: (Pew Research Center, 2021a)

- 24% Chinese
- 21% Indian
- 19% Filipino
- 10% Vietnamese
- 9% Korean
- 7% Japanese
- 15% All other¹

¹The 15% other includes Pakistani, Thai, Cambodian, Hmong, Laotian, Taiwanese, Bangladeshi, Nepalese, Burmese, Indonesian, Sri Lankan, Malaysian, Mongolian, Bhutanese and Okinawan. Other Asian-origin groups are not represented in this dataset such as Tibetan, Brueneian, Mien, Singaporean, Timorese, Maldivians, Afghan, Armenian, Azerbaijani, Georgians, Kazakhs, Kyrgyz, Tajiks, Turkmen and Uzbek. Also not included are Native Hawaiian and other Pacific Islander population groups such as Carolinian, Chamorro, Chuukese, Fijian, Guamanian, Hawaiian, Kosraean, Marshallese, Native Hawaiian, Niuean, Palauan, Pohnpeian, Papua New Guinean, Samoan, Tokelauan, Tongan, Yapese. See more on Native Hawaiian and other Pacific Islander populations.
• About 43% of Asian Americans were born in the U.S.; about 57% were born in another country. By comparison, 86% of all Americans were born in the U.S. while 14% were born in another country. (Pew Research Center, 2021a)

• The low percentage of native-born AAPIs is one of the enduring legacies of racism and the past legal restrictions on AAPI individuals entering the U.S. (See more on the history of immigration from Asia and related U.S. policy in the History Matters section below.)

Socioeconomic Disparities

Overall, Asian Americans do well on measures of economic well-being compared with the overall U.S. population, but this varies widely among Asian origin groups.

• **Median Household Income**: Households headed by Asian people ($85,800) vs. all U.S. households ($61,800) (Pew Research Center, 2021c)
  - Origin groups differ vastly. Households headed by Burmese Americans, for example, had significantly lower mean incomes than Asian Americans overall ($44,400 vs. $85,800)
  - Income inequality is rising most quickly in this community. While Asians near the top had the greatest growth in income, Asians near the bottom experienced the least growth. AAPIs recently displaced African Americans as the group with the greatest income disparity. (Pew Research Center, 2018).

• **Poverty**: Asian Americans are less likely than the overall U.S population to live in poverty (10% vs 13%). Again, there is a vast difference in these statistics for Asian subgroups. For example, Mongolian Americans and Burmese Americans each had a 25% poverty rate in 2019.

• **English literacy**: Although rates vary widely among ethnic groups, nearly three-fourths of U.S. Asians speak English fluently. For those who don’t, language can present a barrier to health care. (Pew Research Center, 2021a)

• **Immigration status**: People from Asia made up about 14% of the 10.5 million unauthorized immigrants in the U.S. in 2017. (Pew Research Center, 2021a)

• **Education level**: More than half of Asians aged 25 and older (54%) have a bachelor’s degree or more, compared with 33% of the U.S. population in the same age range. (Pew Research Center, 2021a) Like economic trends, there are wide disparities among origin groups. For example, 75% of Indian Americans aged 25+ hold a bachelor’s degree, but only 15% of Bhutanese adults of the same age range do.

**History Matters**

People in the Asian American community faced racist attacks during the COVID-19 pandemic, but this is just the latest wave of attacks on a community that has endured cycles of similar episodes throughout American history. Several organizations have tracked the history of discrimination, exclusionary legislation and its impact, and other events that have impacted AAPI people in the U.S.:

• Stanford University: [Timeline of Systemic Racism Against AAPI](#)

• Harvard University: [History of AAPI](#)

• U.S. House of Representatives: [Asian Pacific Islander Americans in Congress, First Arrivals, First Reactions](#)

• Stop AAPI Hate: [National Report 2021 - Appendix](#)
5. Resources

- Stop AAPI Hate: https://stopaapihate.org/
- Asian American Journalist Association: Statement on Guidance on Covering Violence in Asian American Communities
- Vox: The long history of anti-Asian hate in America, explained (with comments from this report's author) racism-coronavirus-xenophobia
- Vox: A reading list to understand anti-Asian racism in America (with suggestions from this report's author)

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• USC Pacific Asia Museum. Debunking the Model Minority Myth.