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Role Of Covid-19 Attributions In Inciting Violence Toward Older Asian Individuals

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Abstract

Older adults in the Asian Americans and Pacific Islanders (AAPI) community faced heightened levels of violence and discrimination during the COVID-19 pandemic. Yet, little is known about the factors driving Asian-specific violence. This study investigated if individuals who attributed COVID-19 to stable factors and anything related to China were more likely to commit violence against older Asian adults. From April 23 to May 5 2020, a survey was conducted with 1498 American individuals ($M = 55.19$ years, $SD = 17.97$ years) using two online platforms. Participants who made stable attributions about the origin of COVID-19 were significantly more likely to show a proclivity to commit violent behaviors against older Asian adults. For every unit increase in the degree of stability of COVID-19 attributions made, the odds of committing Asian-specific violence increased by 84.2%. Compared to participants who did not make COVID-19 attributions related to China, those who attributed COVID-19 to anything related to China had 1.91 times the odds of reporting they would commit Asian-specific violence. There is a pertinent need to stem violence against the AAPI community by exercising nuance in COVID-19 related messaging. Future research directions on anti-Asian violence are discussed.

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Introduction

Older adults in the Asian Americans and Pacific Islanders (AAPI) community faced heightened levels of violence and discrimination during the COVID-19 pandemic (Turton, 2021). The present study aimed to investigate whether perceived causes of COVID-19 that are rooted in race might contribute to the rise in violence against older AAPI adults. The independent variable, perceived causes of COVID-19, included attributing the cause to stable factors and anything related to China. The dependent variable was proclivity to commit violence towards an older person of Asian descent.

First, it was hypothesized that participants who made stable attributions about the origin of COVID-19 would be more likely to commit Asian-specific violence. Second, it is hypothesized that participants who attributed COVID-19 to factors related to China would exhibit higher levels of proclivity to commit Asian-specific violence.

Review of Studies Relevant to the Problem

COVID-19 is a global pandemic that has affected the everyday lives of millions of people. Particularly, the COVID-19 pandemic has placed older adults at greater risk of health complications and mortality (Mueller et al., 2020). Older adults may also bear a higher psychosocial burden, due to social factors such as isolation, abuse, and ageism, thus further compromising the health and well-being of elderly individuals (D'cruz & Banerjee, 2020). Empirical evidence prior to COVID-19 indicated that age stereotypes were becoming more negative over time (Levy, 2017). During COVID-19, sentiments surrounding older adults have become increasingly ageist, involving sentiments that imply the lives of older people are less valuable and that downplay the pandemic because older adults bear the brunt of its health effects (Xiang et al., 2021).

Aside from older adults, the AAPI community represents another vulnerable subgroup that has been subjected to racial stereotypes and discrimination. As the beginning of the outbreak has been linked to China, people of Chinese and East Asian origin have become associated with COVID-19. Many of the initial reports termed COVID-19 as the "Wuhan Virus" the "Chinese Virus" or the "Kung Flu," with the latter term being used by President Donald Trump in public discourse (Barreneche, 2020; Levenson, 2020). From March 19, 2020 to June 30, 2021, *Stop AAPI Hate*, an Asian American advocacy organization, received 9,081 reports of hate incidents directed towards Asian Americans (Jeung et al., 2021). Of all acts of discrimination, verbal harassment was the most common (63.7%), followed by shunning (16.5%), physical assault (13.7%) and being coughed at or spat on (8.5%) (Jeung et al., 2021). Hate incidents involving seniors aged 60 years and older are becoming more prevalent, with 7.2% of seniors reporting hate incidents in 2021 compared to 6.5% in 2020. Furthermore, the proportion of physical assaults out of all hate incidents has increased from 10.8% in 2020 to 16.6% in 2021 (Jeung et al., 2021). Anti-Asian sentiment has also increased sharply since the start of the pandemic. Compared to November 2019, the proportion of negative tweets referencing Asians increased by 68.4% in March 2020. In contrast, the proportion of negative tweets referencing other racial groups (e.g. Blacks and Latinx) remained stable during the same time period (Nguyen et al., 2020).

It has been suggested that the rise in anti-AAPI violence is linked to the "othering" of people of Asian descent, where these racial minorities are perceived as outside their place of belonging and solely responsible for causing COVID-19 (Gover et al., 2020). Othering is driven by racist (e.g. white racial superiority) and xenophobic sentiments (e.g. fear of foreigners), where individuals seek to define which members of society do and do not belong in the U.S. (Perry, 2001). Historically, people of color and racial minorities have been associated with novel and rapidly spreading infectious disease outbreaks (Viladrich, 2021).

For example, the 2009 influenza outbreak was commonly referred to as the "Mexican swine flu" because it was first identified in Mexico. Even though the specific strain may have originated from other regions, such as the U.S., it was never termed the "American flu" (Hoppe, 2018). During the Ebola epidemic in 2014, although the Ebola virus mainly afflicted a few West African countries such as Guinea and Sierra Leone, it was soon associated with all African populations, a phenomenon that drove anti-African racism in Western countries (Viladrich, 2021). In the case of COVID-19, Asian Americans are treated as the physical embodiment of foreignness and the coronavirus because Asian Americans have historically been perceived as perpetually foreign no matter how long they have stayed in the U.S. (Tessler et al., 2020). While naming diseases in association with foreign nationals or countries clearly contributes to the stigmatization of racial minorities, it is unclear what factors might be driving anti-AAPI violence. Within AAPI communities, older Asian adults are at heightened risk of experiencing violence during this time. Compared to before the pandemic, prevalence rates of elder abuse increased by 83.6% such that one in five older persons in the U.S. experienced elder abuse during COVID-19 (Chang & Levy, 2021). Therefore, this study aimed to investigate the association between perceived causes of COVID-19 and the tendency to commit Asian-specific violence against older Asian individuals. It was hypothesized that individuals who attribute COVID-19 to Chinese-related factors may be more likely to engage in Asian-specific violence against older persons.

According to Attribution Theory, individuals use available information to identify the causes of their own and others' behavior (Peterson & Seligman, 1984). A key attribution that people tend to make is whether a cause is stable. Stable attribution is the tendency to infer that an event or behavior is due to unchanging, permanent factors. In contrast, unstable attribution is the tendency to infer an event or behavior arises from unstable and temporary factors. Generally, individuals tend to attribute their own behaviors to unstable causes and

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attribute the behaviors of others stable causes (Kanouse et al., 1972). It has been found that making stable attributions for negative events tend to lead to a number of worse outcomes including depression (Sweeney et al., 1986), and psychological distress among victims of bullying (Goldsmid & Howie, 2013). In addition, a study found that stable attributions can lead to aggressive behavior in the context of anger-provoking events when driving (Britt & Garrity, 2006). This study did not consider whether stable attributions contribute to aggressive behaviors toward members of an ethnic or age group. Consistently attributing the cause of COVID-19 to the AAPI community, such as perceiving COVID-19 infection as intrinsically linked to the AAPI populations, might elicit feelings of anger and frustration towards individuals of Asian descent. According to attributional theory, when individuals experience an important or harmful event, they will attempt to identify the cause of their suffering. If they infer that their victimization is a result of another person's actions, which is a stable reason, they will become angry, adopting a hostile or retaliatory behavioral reaction (Weiner, 1995). Therefore, this study also hypothesized that making stable attributions about the origin of COVID-19 was associated with engaging in greater violence against older Asian individuals.

Research Design

The following study examined whether perceived causes of COVID-19 are associated with proclivity towards committing violence against Asian individuals.

Independent Variable: Stability Attributions for COVID-19

To assess the independent variable, open-ended questions were asked about the perceived causes of COVID-19 such as, "Do you think a person or group of people likely caused the pandemic?" and "What group of people do you think likely caused the pandemic?" The responses were coded based on whether participants blamed COVID on

unstable factors such as events of zoonotic transmission or stable factors such as lab workers. In the *Stable Attribution* variable, responses were assigned 1 if participants attributed COVID-19 to a temporary factor (e.g. "accidental transmission" and "failure to alert the world about COVID-19"), 2 if participants attributed COVID-19 to neither a permanent nor temporary factor (e.g. "unsure about the cause"), and assigned 3 if participants attributed COVID-19 to a stable and unchanging factor (e.g. "scientists" and "politicians"). Higher scores indicate more stable attributions.

Independent Variable: China-related Attributions for COVID-19

To assess the second independent variable, participants were asked "What do you think caused the COVID-19 pandemic?" In the *China Global* variable, responses were assigned 0 if participants did not make any references to China and assigned 1 if participants attributed COVID-19 to anything related to China, such as Chinese people, places, and politics. For instance, responses such as "bad hygiene and food practices in China", "lab in China", and "Chinese people" were scored as 1.

Outcome Variable: Proclivity to Violence Toward Older Asian Individuals

Prior to answering the dependent variable, participants were asked to complete a Modified Conflict Tactic Scale (Beach et al., 2005), by rating the likelihood of engaging in a range of violent behaviors towards older Asians, given that there were no social constraints and no punishment whatsoever that would follow. Sample behaviors include, "scream or yell," "insult, call names or swear," and "hit or slap." Thereafter, participants rated the likelihood of committing any of the named violent behaviors against older Asian individuals on a scale ranging from 0 to 100 with a higher number indicating a greater violence proclivity.

Data analysis was conducted on SPSS version 27.0. Descriptive analyses were carried out to characterize the sample's demographic characteristics. Preliminary analysis examined

the associations between demographic variables and Asian-specific violence. Demographic variables identified as significant correlates were included as covariates in subsequent regression analyses. Logistic regressions were used to examine the association between perceived cause of COVID-19 and Asian-specific violence.

Logistic regressions were the optimal methodological choice for the present study. The dependent variable on Asian-specific violence was dummy-coded such that responses were assigned 0 if participants indicated 0 on the scale and assigned 1 if participants indicated anywhere between 1 to 100 on the scale. Since a significant proportion of participants reported zero likelihood of committing violent behaviors on older Asian adults, a linear regression would be inappropriate. Those who reported some likelihood of committing Asian-specific violence were collectively assigned 1 because even the smallest positive value represented some willingness to commit violence against older Asians.

There are several reasons why a cross-sectional study design was chosen. At the start of the pandemic, there was a dearth of available information about Asian-specific violence and its underlying factors. A cross-sectional survey allowed for a quick and efficient implementation to capture potential reasons for a rise in Asian-specific violence. Data collection took place shortly after COVID-19 was detected in the United States, between April 23 and May 5, 2020. A survey design also allowed a large sample size to be obtained across various ages, ethnicities, and genders. Given an alpha of 0.05 and a power of 80%, a sample size of 85 would be required to detect an effect of $f^2 = 0.03$, a small-to-medium effect size derived from studies examining the association between racial stereotypes and justification of violence towards such individuals (Cheeseborough et al., 2020). Since the required sample size is 85, the current sample size of 1498 was more than sufficient to address the study aim. Lastly, the anonymous nature of the online survey increased the

likelihood that participants could describe proclivity toward violence in an honest way (Gnambs & Kaspar, 2015).

Presentation and Analysis of Findings

The sample size consisted of 1498 Amazon MTurk workers and participants in Lucid (M = 55.19 years, SD = 17.97 years). To participate in the study, participants had to be over 18 years of age, able to read and write in English, and have residence in the United States.

Table 1

Demographic Characteristics of Participants (N=1498)

	n (%)
Age (years), mean ± SD	55.19 ± 17.97
Gender	
Female	842 (56.2)
Male	656 (43.8)
Race	
White	1019 (68.0)
Black	284 (19.0)
Asian	104 (6.9)
Other	91 (6.1)
Education	
Less than high school	11 (0.7)
High school or equivalent	223 (14.9)
Some college or associate degree	462 (30.9)
Bachelor's degree	520 (34.7)
Master's degree	226 (15.1)
Doctorate or professional degree	55 (3.7)

Among all participants, approximately half (43.8%) were male. Sixty-eight percent of participants were White, 19% were African American, 6.9% were Asian American, and 6.1% were of other racial ethnicities. Regarding education level, 34.9% had a bachelor's degree, 30.9% had some college or an associate degree, and 15.1% had a master's degree.

Out of those surveyed, 37.8% reported that they would commit violence against an older Asian person. When asked about the origin of COVID-19, 85.4% made stable attributions and 34.0% attributed COVID-19 to something related to China.

Graph 1

Probability of committing Asian-specific violence, by stability of attributions in the whole sample
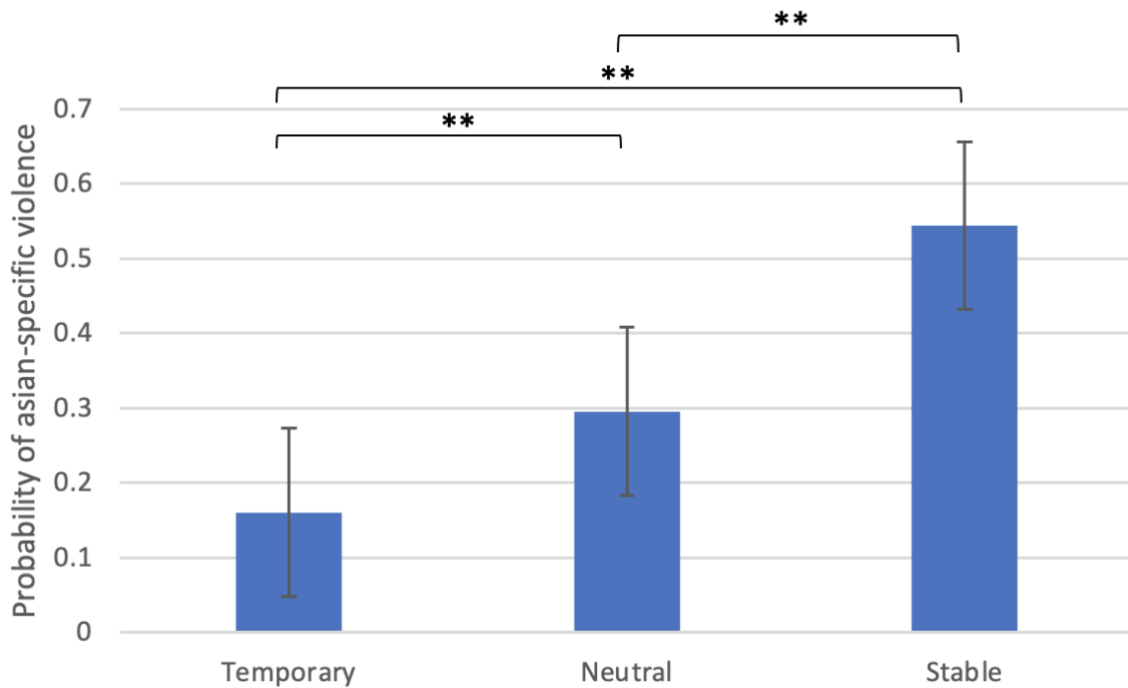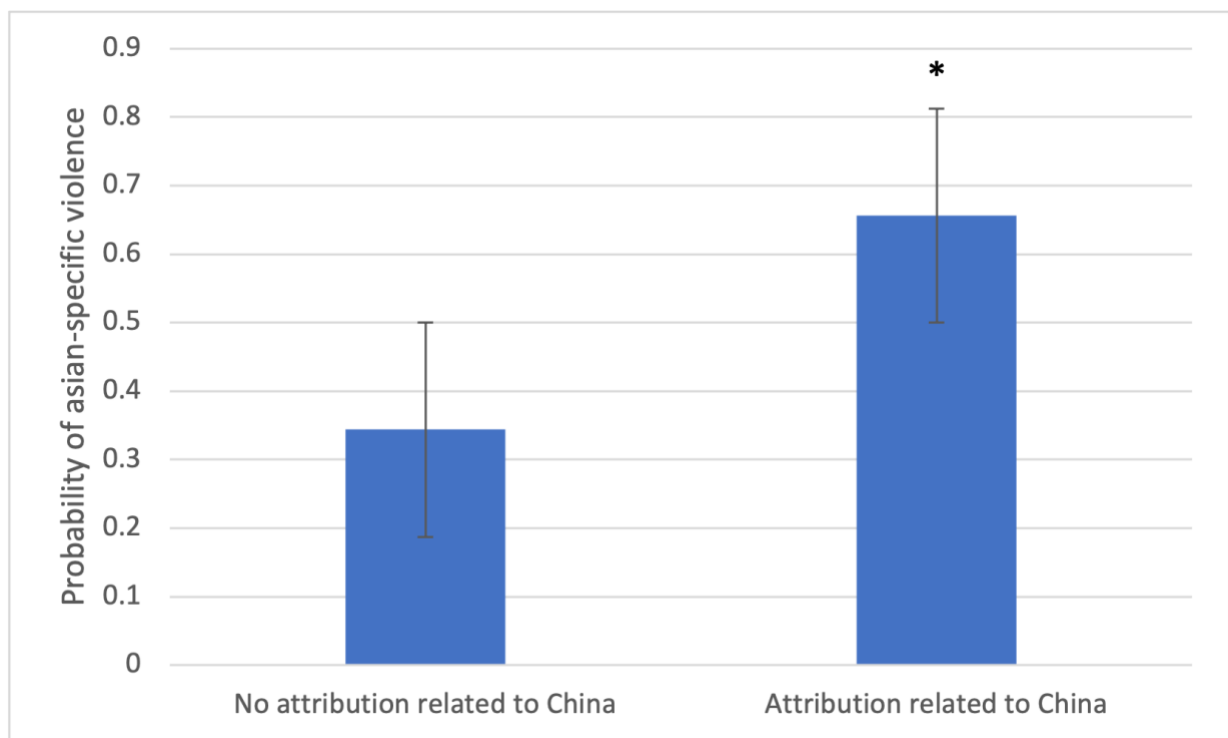

Note: *p < 0.05, **p < 0.01, ***p < 0.001

Across the whole sample, the odds of committing Asian-specific violence increased by 84.2% for every unit increase in the degree of stability of COVID-19 attributions ($p =$

0.002). Participants who made COVID-19 attributions of a temporary nature were least likely to commit Asian-specific violence (16.0%), followed by participants who did not make a temporary nor stable attribution (29.5%). Participants who made stable attributions about COVID-19 were most likely to commit Asian-specific violence (54.4%) (See Graph 1).

Graph 2

Probability of committing Asian-specific violence, by COVID-19 attributions related to China in the whole sample

Note: *p < 0.05, **p < 0.01, *** p < 0.001

Compared to participants who did not make COVID-19 attributions related to China, those who attributed COVID-19 to anything related to China had 1.91 times the odds of reporting they would commit Asian-specific violence ($p = 0.013$). In other words, participants who attributed COVID-19 to anything related to China were significantly more likely to

commit Asian-specific violence (65.6%), as compared to participants who did not make such attributions (34.3%) (See Graph 2).

Discussion of Findings

Disturbingly, 38% of the sample said that they would engage in violence against older Asians if they could do it without repercussions.

This study found that making stable attributions about COVID-19 was associated with committing violence towards older Asian adults. Consistent with this study, making stable attributions about negative events is associated with aggressive outcomes, such as reactive aggression (Law & Falkenbach, 2018). Attributing negative events to stable causes may elicit negative emotions that culminate into aggressive behaviors. For instance, drivers who made internal, stable attributions about the behavior of other drivers were more likely to experience intense negative feelings and aggressive tendencies during dangerous road situations (Du et al., 2018).

Furthermore, attributing COVID-19 to anything related to China predicted greater likelihood of committing violent behavior towards older Asian individuals. This result is consistent with recent findings that demonstrated blaming Chinese people for COVID-19 and perceiving Chinese people as a health threat is associated with the intention to attack Chinese people (Ma & Ma, 2022). The present study goes above and beyond the aforementioned study to show that regardless of blame, simply perceiving something related to China (e.g. people, places, activities) as a cause of COVID-19 can increase an individual's proclivity to commit violence against older Asians. Our study also focused on violence against older Chinese individuals. One could argue that this age group might be protected from this proclivity to violence as they might be thought of a group that is unable to defend itself. We found that proclivity toward violence against Asians does extend to older victims.

This study is the first to investigate how different perceived attributions about the origin of COVID-19 might influence violent behaviors towards Asian individuals during COVID-19. While existing studies have examined other predictors of Asian violence, they have mainly focused on behaviors (e.g. social media use) (Croucher et al., 2020), ideologies (e.g. political conservatism) (Yamawaki et al., 2021), and demographic characteristics (e.g. gender and education level) (Lambe et al., 2021). The present study adds to the growing body of literature by demonstrating that specific types of COVID-19 attributions, such as stable attributions and any attributions related to China, can increase one's proclivity to commit violent behavior towards Asians. These findings will benefit efforts to combat Asian-specific violence because perceived causes of COVID-19 may be more malleable than the other predictors and can be shaped by how public health messages are framed. To combat anti-Asian violence and crime, government agencies should practice additional nuance when communicating information about COVID-19 and its origin. For instance, any attributions made about COVID-19 to Chinese-related factors should be rooted in transitional events where possible (e.g. zoonotic transmission), to avoid reinforcing the perception that COVID-19 is intrinsically linked to people of Asian ethnicities. Biased media use (e.g. partisan cable television use and social media use) has been associated with increased stigmatization against Asian Americans (Cho et al., 2021). Therefore, as the primary providers of COVID-19 information, it is pivotal for government agencies to practice clarity and nuance when framing COVID-19 information.

Conclusion

This study has demonstrated that attributing COVID-19 to stable factors and anything related to China predict an increased likelihood of committing violent behaviors towards older Asian adults. In other words, COVID-19 attributions that are stable in nature and related to China might be driving the surge in violence towards Asian Americans in the U.S.

A strength of this study was its timing. Before the World Health Organization officially designated the novel virus as COVID-19 with a Greek letter name (World Health Organization, 2022), the press, politicians and the general public often referred to COVID-19 as the "Wuhan Virus" or "China Virus." Since data collection took place in April 2020, this study would have captured the immediate effects of using place-specific names for the virus. Another strength of the study is that it was conducted online and participants were able to describe their violence proclivity anonymously. This might have allowed greater honest disclosure.

However, there are some study limitations. This study only examined COVID-19 attributions and did not include pre-existing levels of racial prejudice, which might affect an individual's baseline tendency to engage in violent behaviors towards others. This study also utilized a cross-sectional survey design, which precludes causal inference. However, it is unlikely that the reverse relationship is occurring, where the tendency to commit violent behaviors influences perceived causes of COVID-19.

Future research should consider other study designs that allow for causal inference, such as longitudinal surveys. Intervention studies could also assess if the tendency to commit violence towards Asians could be reduced, possibly by using vignettes to shape perceptions of the causes of COVID-19 and altering how COVID-19 related information and policies are phrased. Additionally, future studies examining Asian violence during COVID-19 can consider using measures specific to anti-Asian racism, such as being blamed for the virus and being told to go back to an Asian country (Wang & Santos, 2022).

While all Americans were affected by the COVID-19 pandemic in terms of significant lifestyle changes (e.g. social distancing and quarantine orders) and fears about virus spread, Asian Americans experienced additional stressors due to the surge in racially motivated hate crimes involving physical violence and harassment (Gover et al., 2020). There is a pertinent

need to stem anti-Asian violence by exercising nuance in COVID-19 related messaging and

by promoting antiracist allyship, such as proactive bystander behaviors to discourage future

acts of racism (Lui et al., 2021).

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