

Filipino American Boys and Young Men: Culturally Responsive Recommendations for Policy and Practice



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Introduction

In response to former president Barack Obama's "My Brother's Keeper" initiative, several agencies and organizations began to examine the experiences of boys and young men of color. The Substance Abuse and Mental Health Services Administration introduced conversations on Asian American and Pacific Islander (AAPI) boys and young men, highlighting their general experiences (Nadal & Kuramoto, 2015) as well as best practices for serving this population (Nadal, Kuramoto, & Lin, 2017). One major recommendation was to disaggregate data on AAPI boys and young men, especially given their diverse experiences based on ethnicity, gender, socioeconomic status, immigration status, and more. The purpose of this brief is to underscore the experiences of Filipino American youth - the third largest AAPI group (López, Ruiz, & Patten, 2017) and the first largest AAPI group in 11 states including California - the state in which most AAPIs reside (U.S. Census, 2012). As the first Asian group to arrive in the United States (Cordova, 1983; Nadal, 2011), Filipino Americans have unique historical, colonial, and sociocultural experiences that set them apart from all other racial and ethnic groups.

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Who Are the Filipino Americans?

POPULATION

According to the U.S. Census (2010), the Asian American population experienced a 75 percent increase between 2000 and 2015 (López, Ruiz, & Patten, 2017). By 2040, it is projected that the Asian American population will increase from 20.5 million (in 2015) to 35.7 million, with approximately one out of ten Americans being of Asian descent (Ong, Ong, & Ong, 2016). Filipino Americans are the third largest immigrant group in the country (Migration Policy Institute, 2015), comprising 3.9 million people, or approximately one-fifth of the AAPI population (López, Ruiz, & Patten, 2017). The majority of Filipino Americans in the United States reside in California, Hawai'i, and other parts of the U.S. West Coast. However, there are large populations of Filipino Americans in metropolitan cities and suburban areas across all fifty states, including New York, New Jersey, Chicago, Texas, Alaska, and Virginia.

While approximately half of Filipino Americans (or 1.9 million) are immigrants (Migration Policy Institute, 2015), the remainder span from second to fourth generation; approximately one-fifth of self-identified Filipino Americans are multiracial (Nadal, 2011). Further, the U.S. Department of Homeland Security estimates that there are 300,000 undocumented Filipino Americans living in the United States, with Filipino Americans composing the largest undocumented population out of all Asian Americans (Baker & Rytina, 2013).

HISTORY OF MIGRATION TO THE UNITED STATES

The first Filipinos arrived in the United States on October 18, 1587, in what is now known as Morro Bay, California (forty years before the Pilgrims landed in Plymouth Rock) as a result of the Acapulco trade between Spain, Mexico, and the Philippines (Cordova, 1983). Some settled in the Louisiana bayous in the late 1700s, where they worked mostly as shrimpers and farmers. These Filipino men married Creole, Mexican, and White women, forming multicultural Filipino American communities that lasted for generations.

After the Spanish-American War and the declaration of Philippine independence from Spain in 1898, the United States proclaimed the Philippines as one of its colonies. With this, some Filipinos were invited to study in American colleges and universities; these sponsored students (in Tagalog, the primary national language of the Philippines, known as *pensionados*) were mostly men from upper-class families, and most immigrated to established institutions in the Midwest and East Coast. Nonsponsored Filipinos simultaneously migrated to the United States with aspirations to

attain American educations. However, a majority of them became farmworkers in the grape and asparagus fields of California, sugar-cane plantation workers in Hawai'i, or fish cannery workers in Alaska. Other Filipinos came to the United States through the U.S. military, with most serving as navy stewards; these Filipinos settled in places like Brooklyn, New York; Virginia Beach, Virginia; and San Diego, California.

Today, most Filipino Americans can trace their immigration history to the Immigration Act of 1965, which put an end to quotas of immigration from the Philippines. Sometimes known as the post-1965 Filipinos, these immigrants were mostly educated professionals (e.g., physicians, nurses, and engineers). While these immigrants settled all over the United States, those who settled in the West Coast and Hawai'i joined the generations of working-class Filipinos who had been living there for decades.



2 Historical Trauma Among Filipinos and Filipino Americans

HISTORICAL TRAUMA AND COLONIALISM

In order to understand the impact of historical trauma on Filipino Americans, it is crucial to first understand the history of colonialism in the Philippines. In the 1500s, Ferdinand Magellan sailed to the Philippines and proclaimed the more than seven thousand islands (that were previously deemed independent communities) as part of the Spanish Empire. The Philippines was named after King Philip II of Spain (who had never once set foot on the islands). For almost four centuries, Spanish conquerors and friars incited violence in order to convert the indigenous Filipinos to Catholicism. Catholic churches were built in a majority of towns and villages across the country, and the Spanish language was integrated into the more than one hundred existing languages already spoken in the Philippines. Today, 90 percent of the population of the Philippines identifies as Catholic, with an additional 5 percent that identifies as Christian or Protestant.

From 1899 to 1941, the United States colonized the Philippines, introducing the English language and American educational systems to the Filipino culture. Several American leaders believed it was the “white man’s burden” to educate the Filipino people, whom they deemed primitive and uncivilized. Accordingly, Filipinos (as well as Native Hawaiians, Puerto Ricans, and Chamorros from Guam, all of whom had also been recently colonized) were encouraged (sometimes forced) to change indigenous names, to speak English only, and to pledge to the American flag (Strobel, 2001).



After the attack on Pearl Harbor during World War II, Japanese soldiers took control of most parts of the Philippines, using violent tactics to maintain dominance over the local people. The Philippines became a battleground during the war, resulting in the destruction of many villages and in thousands of Filipino casualties.

Spanish and American colonization, along with Japanese occupation, have negatively affected Filipinos in a number of ways. First, because of colonialism, the country has normalized a “colonial mentality” in which people learn that the values, traits, and customs of the colonizer are viewed positively, while the values, traits, and customs of indigenous people are viewed negatively (David, 2013). For instance, because Spanish colonialism forced Catholicism and Christianity onto the locals, indigenous practices, such as shamanism, *Santeria*, and polytheism, are all viewed as inferior or savage. Indigenous people in the Philippines were displaced from their lands, resulting in the dwindling of indigenous populations in the country. Similarly, because of both Spanish and American colonization, lighter-skinned people are valued more than darker-skinned people in the Philippines and in Filipino American communities (David, 2013; Nadal, 2011; Strobel, 2001).

As a result of Spanish colonization, Filipinos were also introduced to gender role expectations that did not align with precolonial conceptualizations of gender (Nadal, 2011). While the Spanish brought gender role expectations such as *machismo* (i.e., the need for men to be masculine, emotionally restricted providers) and *marianismo* (i.e., the need for women to be pure and like the Virgin Mary), precolonial Philippines harbored a culture in which women were revered and often viewed as the leaders of the communities. For example, the *babaylan* were high priestesses and spiritual healers in the Philippines; while most were cisgender women, many *babaylan* were transgender, two-spirited, or queer men.

In the present-day Philippines, gender role expectations involve a mix of pre- and postcolonial values. Women are respected as leaders (e.g., the Philippines elected two women presidents) and

are taught to work or succeed in similar ways as men (e.g., Filipina American women tend to join the workforce more than East Asian American women) (Nadal, 2011). Women are family financial decision makers, and younger family members turn to matriarchs for guidance and wisdom. However, as a result of colonialism, Filipino American men and women are expected to uphold similar gender roles traditionally taught in Latinx communities. Women are expected to serve men and care for children; men are expected to be masculine, macho, or tough; and men are not expected to seek help or express emotion. For instance, boys in Filipino American families tend to have more freedom than girls in Filipino families (e.g., they often do not have curfews, are allowed to date at earlier ages, and so on). Filipino American men are encouraged to drink alcohol and smoke at earlier ages, while women who engage in such activities are viewed as shameful and impure (Nadal, 2011).

Further, Filipinos and Filipino Americans may also develop a colonial mentality in which they view American values and traits positively and Filipino values and traits negatively. English is the second national language of the Philippines (alongside Pilipino-Tagalog) and is used as the primary language of educational instruction across all levels (despite English not being spoken conversationally in many parts of the Philippines). In the United States, Filipino Americans typically speak English more proficiently than other Asian American groups (97 percent versus 70 percent) (Pew Research Center, 2017), likely because American colonizers used English as the primary language of instruction. Since the 1960s, many immigrant parents chose not to teach their American-born children to speak a Pilipino language in the fear they would be discriminated against. At the same time, Filipino Americans have learned to associate speaking like a “fob” (a word that was derived from the acronym for “fresh off the boat”) with negative connotations. Thus, Filipino immigrants are often ridiculed by their American-born peers, which may result in feelings of isolation or marginalization (David, 2013; Nadal, 2011).

HISTORICAL TRAUMA AND SYSTEMIC RACISM

Throughout American history, there are many ways in which Filipinos have been discriminated against (Cordova, 1983) and which potentially influence their symptoms of historical trauma. First, in the early 1900s, when Filipino American men began to migrate to the West Coast, stereotypes were formed about these men: they were perceived as stealing jobs or viewed as threatening or sexual deviants. Anti-Filipino sentiment and discrimination emerged in California, ranging from the usage of the derogatory term “little brown monkeys” to describe Filipinos to campaigns such as “Positively No Filipinos Allowed” that emerged on doors of hotels and businesses in California. Anti-miscegenation laws were created to prevent Filipino men from dating White women; Filipino Americans became the targets of many hate crimes; and Filipino Americans were denied rights such as public accommodations and property ownership. During the Watsonville Riots of 1934, Filipinos were violently assaulted by local White men; a young man named Fermin Tobera was shot and killed in his home.

During World War II, Filipino and Filipino American men were invited to join the U.S. military in exchange for U.S. citizenship and benefits for their services. Approximately 250,000 Filipinos fought alongside American soldiers during World War II, and many were killed in combat. Although the Philippines was granted independence from the United States on July 4, 1946, surviving Filipino and Filipino American military veterans were denied recognition of their service. In 2009, President Obama signed the Filipino American Veterans Act to recognize Filipino veterans, and in 2016, Congress passed the Filipino Veterans Gold Medal Act to recognize the 250,000 veterans who served. However, by then, many veterans had already died without receiving any recognition or compensation for their service.





HISTORICAL TRAUMA AND RACIAL MICROAGGRESSIONS

In recent years, research has supported a link between racial microaggressions and trauma (Nadal, 2018). Specific to Filipino Americans, previous authors have written about how Filipino Americans are mistaken for a variety of racial ethnic groups, which may result in microaggressions and overt discrimination (Nadal et al., 2012). Because of their brown skin, indigenous or Spanish surnames, varied facial features, and diverse hair textures, Filipino Americans, unlike East Asian Americans, are often perceived as Latinx or Hispanic, Pacific Islander, Native American, Middle Eastern, and multiracial Black (Nadal, 2011; Ocampo, 2016). For instance, in Nadal and colleagues' (2012) study on Filipino Americans and racial microaggressions, Filipino American participants identified subtle and overt discrimination that they experienced that aligned with traditional East Asian American experiences with microaggressions (e.g., Filipina women being exoticized, Filipino men being demasculinized). However, Filipino American participants also identified microaggressions that more typically aligned with those of Black or Latinx Americans (e.g., being treated as an intellectual inferior, being criminalized or perceived as dangerous).

One study finds that Filipino Americans report more racial discrimination than other East Asian American groups (Alvarez et al., 1999). In this way, Filipino Americans may learn to navigate an array of discrimination, which may affect their physical and psychological health, their self-esteem, and their ability to succeed.

Relatedly, Filipino Americans have built coalitions with other racial and ethnic groups throughout American history. In the 1960s, Filipino American farmworkers in California worked collectively with the Mexican American farmworkers to create the United Farm Workers Movement and to advocate for their rights. In the 1980s and 1990s, some Filipino American young people who grew up alongside Black Americans in metropolitan areas in New York and California immersed themselves in hip hop, particularly through

DJing or turntabling; breakdancing or b-boying; emceeing or rapping; graffiti; and spoken word or poetry (Villegas, Kandi, & Labrador, 2014). In recent years, Filipino Americans who grew tired of being excluded from Asian American media worked with South Asian Americans groups to proclaim that "Brown Asians" exist (David et al., 2016).

As a result of these experiences with race, Filipino Americans in the United States may undergo a racial and ethnic identity development that is different than most other Asian Americans groups (Nadal, 2004; 2011). While they may develop similar racial identity statuses, such as Pre-Encounter (i.e., not recognizing that racism exists) or Encounter (i.e., awakening to the reality of race as a result of a discriminatory experience or education about systemic racism), they may also develop unique identity statuses related to race and ethnicity. For instance, some Filipino Americans may develop a pan-ethnic Asian American consciousness, in which they identify with and build coalitions with other Asian Americans; other Filipino Americans may develop an ethnocentric Filipino American awareness, in which they understand the marginalization of Filipino Americans within the broader Asian American community. Such identity statuses are important in understanding how Filipino Americans may relate to others, which may affect the types of programs or interventions that are used in working with them. For example, if a Filipino American young man identifies strongly with a pan-ethnic consciousness, he may feel very comfortable being around other East Asian American peers, mentors, and supervisors; however, if he identifies with an ethnocentric awareness, he may have difficulty trusting East Asian Americans because of his personal experiences with discrimination or overall knowledge of pan-ethnic dynamics.



3 Experiences of Filipino American Boys and Young Men

Filipino Americans, Southeast Asian Americans (e.g., Vietnamese, Cambodian, Laotian, and Hmong Americans), and Pacific Islanders often experience disparities that are contrary to “model minority” stereotypes. Unlike East Asian Americans (e.g., Chinese, Japanese, and Korean Americans), Filipino Americans generally have higher rates of substance use (Gee, Delva, & Takeuchi, 2007; Laus, 2013), tobacco use (Maxwell, Garcia, & Berman, 2007), eating disorders (Edman & Yates, 2005), and gambling problems (Quiton, 2006). Mental health issues, such as depression, suicidal ideation, and schizophrenia, are generally more prevalent among Filipino Americans than East Asian Americans (Nadal, 2011). For example, a study in Hawai’i found that Filipino Americans reported a higher incidence and severity of schizophrenia than Whites and most other East Asian Americans (Sentell et al., 2013); in California, Filipino Americans were found to have a higher prevalence of schizophrenia than Black Americans (Barreto & Segal, 2005). Similarly, Filipinos and Pacific Islanders report a higher prevalence of physical health disparities than other East Asian Americans, particularly cardiovascular disease (Abesamis et al., 2016), hypertension (Zhao et al., 2014), and diabetes (Huang & Zheng, 2015). While the U.S. Census (2017) reports that Filipino Americans are generally highly educated and have college degrees, disaggregated data reveal that American-born Filipinos are less likely than Filipino immigrants to finish college (López, Ruiz, & Patten, 2017). Further, while Filipino Americans overall have a higher household income than the general American population, more family members contribute to this income, suggesting lower individual financial earnings (Nadal, 2011). For Filipino American boys and young men specifically, there are many unique sociocultural experiences regarding education, criminal justice settings, physical health, and mental health.

EDUCATIONAL EXPERIENCES

Only recently has disaggregated data on educational attainment among AAPI boys and young men emerged, with one study examining AAPI immigrants reported that 39 percent of Filipino American men (ages 25-34) had attained a Bachelor's degree, in comparison to 87 percent of Asian Indian American men, 69 percent of Chinese American men, 63% of Japanese American men, 62 percent of Korean American men, and 42 percent of Vietnamese American men (Sanchez-Lopez, Chlala, Stephens, and Pastor, 2017). Even when Filipino Americans are college-educated, they earn less than other AAPI groups; for example, one report found that Chinese and Indian immigrant men with Bachelor's degrees have median wages of \$40 an hour, while Filipino, Korean, and Cambodian men with Bachelor's degrees average around \$30 an hour (Sanchez-Lopez et al., 2017).

Regarding experiences within schools, studies have found that Filipino American young men (alongside Pacific Islander and Southeast Asian young men) are stereotyped or discouraged by their teachers in ways that East Asian males are not; for example, one study found that Samoan, Native Hawaiian, and Filipino youth, particularly males, reported that teachers stereotyped them as gang members or lazy (Mayeda, Chesney-Lind, & Koo, 2001). Another study documents that Filipino American students in California reported being stereotyped as delinquents, failures, or gang members and were not encouraged to attend college; meanwhile, Chinese Americans reported having positive experiences with their teachers and being encouraged to pursue college (Teranishi, 2002). Bullying is another factor that may negatively affect Filipino American boys' and young men's educational achievement; for instance, in 2015, a study in Hawai'i found that 17 percent of Filipino students were bullied in high schools and 60 percent were bullied in middle schools (U.S. Department of Education, 2016).

CRIMINAL JUSTICE

While Asian American men generally have lower incarceration rates than Black and Latino men, disaggregated data find that Southeast Asian American, Pacific Islander, and Filipino American men have more disparate experiences with the criminal justice system than their East Asian and South Asian counterparts (Nadal, 2011). On a national level, Filipino American males have higher rates of incarceration than other East or South Asian American groups, with more than 1.2 percent of Filipino American males being incarcerated, while less than 1 percent of other Asian American (Chinese, Korean, Japanese, and Indian American) men are incarcerated (Rumbaut & Ewing, 2007).

In California, Filipinos made up the largest subgroup of Asian American incarcerated adult males (386 individuals), with about 25 percent incarcerated for parole violation (Tamayose & Takahashi, 2012). In Hawai'i, Filipino American youth, particularly boys, were more likely than any other Asian American group to engage in acts of property damage (Mayeda et al., 2006). Filipino American youth in Hawai'i had the highest number of arrests for curfew violations, accounting for 33 percent of all juvenile arrests (Office of Youth Services, 2002); Filipino Americans were more likely to engage in truancy (or "cutting school") than East Asian American groups (Chesney-Lind et al., 2004).



HEALTH

Regarding physical health, both Filipino American men and women have higher rates of cardiovascular disease than East Asian Americans and the general population (Nadal, 2011). However, one study of death records reported Filipino American men died from ischemic heart disease at higher rates than both Filipino American women and the general population (Zhao et al., 2014). Filipino American men in California have significantly higher obesity rates than other Asian American groups (Maxwell et al., 2012), while Filipino men in Hawai'i were diagnosed with prostate cancer more than any other ethnic group (American Cancer Society Hawai'i Pacific, 2003).

HIV/AIDS and other sexually transmitted diseases are also prominent issues among Filipino American men. While some studies report that 49 percent of Filipino American males engaged in sexual activity as adolescents (Grunbaum et al., 2000), they have little knowledge about safe sex (Weitz, Harper, & Mohllajee, 2001). Filipino Americans compose about 40 percent of the AAPI HIV/AIDS cases in San Francisco, 89 percent of those cases involving gay and bisexual Filipino American men (San Francisco Department of Public Health, 2010). One study reveals that gay, bisexual, and queer Filipino American men engage in behavioral risk factors while using methamphetamines, including infrequent condom use, commercial sex activity, and not getting tested regularly for HIV/AIDS (Nemoto et al., 2000).

Regarding eating disorders, Filipino American male college students report more body dissatisfaction or self-dissatisfaction compared with men of other racial groups (Yates, Edman, & Aruguete, 2004) and held more highly disordered attitudes about eating than White men (Edman & Yates, 2005). Gay, bisexual, and queer Filipino American men particularly may develop body image issues owing to the unrealistic standards of beauty in their communities (Drummond, 2005).

MENTAL HEALTH AND SUBSTANCE ABUSE

The few mental health and substance abuse studies that disaggregate Filipino samples by gender demonstrate the unique experiences of Filipino boys and young men. One study found that more acculturated Filipino American men report more depressive symptoms than less acculturated men (Gonzales et al., 2006). Filipino American men were more at risk for substance abuse issues than Chinese American men (Takeuchi et al., 2007) and use substances (e.g., alcohol, illicit substances, and prescription medication) as a primary way of coping with discrimination (Gee, Delva, & Takeuchi, 2007). Tobacco use is highly prevalent among Filipino American men, with stress relief, depression, socializing, and masculinity being among the top reasons for use (Maxwell, Garcia, & Berman, 2007).

While there is a dearth of literature on trauma and childhood sexual abuse among Filipino American men, one study in San Diego found that while Asian Americans had a lower rate of childhood sexual abuse (4.9 percent) than the general population (12.3 percent), Filipino Americans had a childhood sexual abuse rate of 13.2 percent (Ima & Hohm, 1991). Further, another study qualitatively explored the experiences of Filipino American male survivors of childhood sexual abuse, finding that while self-disclosure is integral to healing, cultural issues may prevent Filipino Americans from disclosing their abuse to others (Desierto, 2014).

One of the reasons why Filipino American men may have difficulty in seeking help for their mental health problems is because of the cultural value of *hiya*, or shame (Nadal, 2011). While many cultural groups experience stigmas regarding mental health (and seeking mental health services), Filipino American men may feel a great sense of shame when they develop psychological problems; they may perceive their mental health problems to be a sign of weakness or sometimes as a punishment from God or a higher power (Nadal, 2011).

3 Recommendations for Serving Filipino American Boys and Young Men

In identifying some factors that may influence Filipino American boys and young men, this report will conclude with recommendations for how to best serve this population.

1. **When engaging in research on AAPIs, disaggregate data,** particularly in exploring differences based on ethnicity and gender. Just as it would be expected for racial and gender differences to emerge among general U.S. populations, such differences are also likely to emerge when exploring the intersections of ethnicity, phenotype, skin color, and gender. On forms and other documents, provide opportunities for people to identify their ethnic group, sexual orientation, and other relevant identities. Collect this data, analyze differences, and report within-group findings whenever possible so that specific group experiences will be understood.
2. **Challenge the model minority myth,** considering factors such as immigration status, generation, and socioeconomic status. One unique factor regarding second-generation Filipino American boys and young men is that even if their immigrant parents are highly educated or have a higher socioeconomic status, these youths may still experience educational or health disparities (unlike traditional narratives in which only poor or uneducated people of color encounter such disparities). Thus, instead of making assumptions about Filipino American boys and young men, ask them about their experiences, their support systems, and ways you can best support them.
3. **Consider unique cultural factors when working with Filipino Americans,** particularly those involving family involvement and collective support. Health providers and clinicians may anticipate involvement from family members when working with Filipino Americans, particularly regarding decision-making processes and treatment (Nadal & Monzones, 2010). Filipino Americans typically consider many nonrelatives to be extended family (e.g., referring to parents' friends as *tita* [aunt] or *tito* [uncle] despite no actual blood relation) and to be integral in their health care decisions (Desierto, 2014; Nadal, 2011). Further, Filipino Americans tend to view collectivism and interpersonal support as vital to their treatment and are more likely to prefer emotionally warm and interpersonally connected therapies as opposed to East Asian Americans who are more likely to prefer structured and direct counseling approaches (Nadal, 2004; 2011).
4. **Integrate factors such as gender role expectations and sexuality into your work** with Filipino American boys and young men. Previous research has found that when AAPI men believe their masculinity is being threatened or questioned, they may develop lower self-esteem and other mental health issues; they may also engage in unhealthy and harmful coping mechanisms and behaviors (Iwamoto & Kaya, 2016). Further, given the number of factors that influence the sexual health of gay, bisexual, and queer Filipino American men, programs that support boys and young men of color must consider the ways that masculinity and gender role conflict may negatively affect their ability to express themselves emotionally or sexually. Reflect on the ways that toxic masculinity is normalized in many organizations and how boys and young men of color internalize these messages.
5. **Understand the unique racialized experiences and identities of Filipino American boys and young men,** particularly how colonialism, racism, and discrimination within AAPI communities may influence their perspectives or symptoms of trauma. Be open in having conversations about these topics, even if the boys and young men are not initiating these conversations themselves. Recognize that Filipino Americans may feel more comfortable with non-Asian American people of color (e.g., Pacific Islanders, Latinx Americans, Black Americans) than with East Asian Americans. Demonstrate your knowledge of Filipino American communities and find Filipino American role models who can assist in validating their experiences.

BIOGRAPHY

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