



Using a Public Health Approach to Prevent and Respond to Hate-Motivated Behavior in the United States

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Note: Line numbers are included along the left to help quickly identify specific text within the policy brief.

Abstract

Hate-motivated behavior (HMB), action directed against individuals or communities based solely on their identifying characteristics, is a significant, expanding public health concern. It exists on a spectrum from expressions of hate (speech, imagery, rhetoric) to acts of bias (microaggressions, social exclusion); discrimination by individuals, organizations, and governmental bodies (social, political, economic, and educational); hate crimes; and genocide. HMB includes actions by individuals as well as the promulgation of any laws, rules, and regulations that are structural determinants seeking to disenfranchise groups from full civic participation. HMB has negative health and social consequences for both individual victims and entire communities. Public health needs to substantively address primary, secondary, and tertiary prevention of HMB. Three evidence-informed strategies are outlined in this policy brief. The first, “Strengthen Recognition of and Response to HMB” requires a whole-of-society approach that sets the expectation that HMB will not be tolerated as key to modifying behavior, expanding preventive efforts and showing accountability. The second, “Expand Education Activities among Adults, Adolescents, and Children to Moderate the Number and Effects of HMBs,” promotes awareness and understanding about HMB using skill-based, evidence-informed educational



programs. The third, “Advocate for a Comprehensive Research Agenda for HMB,” calls for accelerated and increased research.

Relationship to Existing APHA Policy Statements

- APHA Policy Statement 20244: The Case for Improved Racial and Ethnic Public Health Data Collection Practices to Reduce Racial Disparities in Health
- APHA Policy Statement 20234: Protecting the Health and Well-Being of People Living Unsheltered by Stopping Forcible Displacement of Encampments
- APHA Policy Statement 20233: A Call to Stop Shackling Incarcerated Patients Seeking Health Care
- APHA Policy Statement 20227: A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention
- APHA Policy Statement 20229: Advancing Health Equity through Protecting and Promoting Access to Voting
- APHA Policy Statement 20228: Preserving Public Health Capacity by Protecting the Workforce and Authority
- APHA Policy Statement 202117: Advancing Public Health Interventions to Address the Harms of the Carceral System
- APHA Policy Statement 202119: Preventing Violations of Sexual and Reproductive Health Rights in Immigration Detention
- APHA Policy Statement 20213: A Comprehensive Approach to Suicide Prevention within a Public Health Framework



- APHA Policy Statement 20207: APHA Opposes Separation and Confinement to Detention Centers of Immigrant and Refugee Children and Families at U.S. Borders
- APHA Policy Statement 201811: Addressing Law Enforcement Violence as a Public Health Issue
- APHA Policy Statement 20178: Housing and Homelessness as a Public Health Issue
- APHA Policy Statement 20169: Promoting Transgender and Gender Minority Health through Inclusive Policies and Practices
- APHA Policy Statement 20168: Opposition to Immigration Policies Requiring HIV Tests as a Condition of Employment for Foreign Nationals
- APHA Policy Statement: 20152: Restricted Access to Abortion Violates Human Rights, Precludes Reproductive Justice, and Demands Public Health Intervention
- APHA Policy Statement 201516: Expanding and Coordinating Human Trafficking-Related Public Health Research, Evaluation, Education, and Prevention
- APHA Policy Statement 20142: Reduction of Bullying to Address Health Disparities Among LGBT Youth
- APHA Policy Statement 201311: Public Health Support for People Reentering Communities from Prisons and Jails
- APHA Policy Statement 20128: Opposing the DHS-ICE Secure Communities Program
- APHA Policy Statement 200914: Building Public Health Infrastructure for Youth Violence Prevention
- APHA Policy Statement 20092: Border Crossing Deaths: A Public Health Crisis Along the US–Mexico Border
- APHA Policy Statement 20095: The Role of Public Health Practitioners, Academics, and Advocates in Relation to Armed Conflict and War



- APHA Policy Statement 200718: Opposition to US Attack on Iran
- APHA Policy Statement 200617: Opposition to the Continuation of the War in Iraq
- APHA Policy Statement 20051: Condemning the Cooperation of Health Professional Personnel in Physical and Mental Abuse and Torture of Military Prisoners and Detainees
- APHA Policy Statement 20043: Workplace Violence Prevention – Increased Funding for Intervention Research, Training, and Establishment of an Enforceable OSHA Standard
- APHA Policy Statement 200410: Proposed Resolution Condemning Actions Against LGBT and HIV Related Research and Service Delivery

Section 1. Problem Statement

1. Policy and Target Population

Hate-motivated behavior (HMB) is a significant and rapidly growing public health problem in the United States. While numerous APHA policy statements are directed at specific types of hate, there is no APHA policy statement that speaks to HMB as a whole. Addressing HMB through a public health lens aligns with public health’s values and obligations outlined in the 2019 APHA Public Health Code of Ethics.¹

The word “hate” is used here, as elsewhere, as a shorthand for a range of specific “isms” and phobias that are based on devaluing and having bias against others based on membership in one or more specific groups.² This overarching policy statement is needed because HMB has individual, interpersonal, community, and structural antecedents and effects that are strongly associated with societal structures and social determinants of health.³ When the word hate is used in U.S. law, such as “hate-crime law,” it is defined as “bias against those with specific characteristics rather than anger or general dislike.”⁴ These identifying characteristics often include *age, disability, ethnicity/race, gender identity*, being unhoused, immigration status, income, *nationality*, occupation, physical appearance (e.g., body size/shape), political affiliation,

religion, rural residing, sex, and sexual orientation.^{5,6} Crimes on the basis of the italicized characteristics are legally designated as federal hate crimes.⁷ HMB is putting into action bias against individuals or communities based on identifying characteristics, even if not criminal in nature. It exists on a spectrum from expressions of hate (speech, imagery, rhetoric) to acts of bias (microaggressions, social exclusion, implicit bias, stigma); discrimination by individuals, organizations, and governmental bodies (social, political, economic, and educational); criminal actions; and genocide, as displayed in the Pyramid of Hate (Figure 1),⁸ a tool commonly used in educational and advocacy settings to illustrate how bias can escalate into more severe forms of hate and violence.^{5,8}

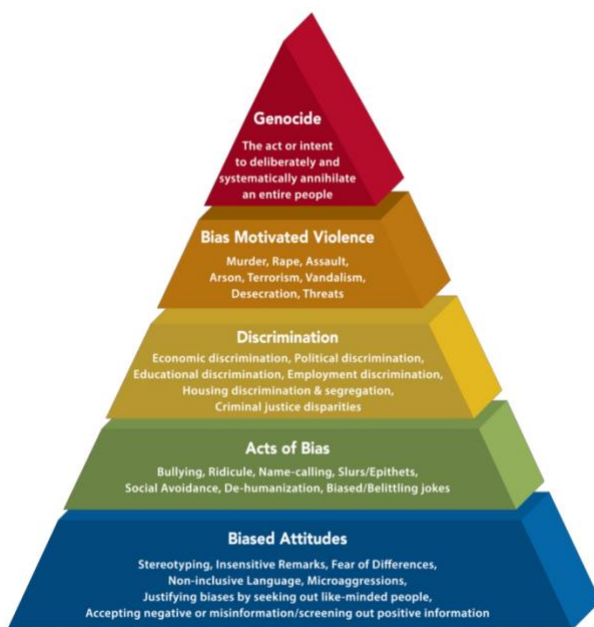


Figure 1. Pyramid of Hate

Many types of HMB do not fit the legal definition of a crime; for example, hate speech, unless threatening, is generally protected under the First Amendment, meaning that the government cannot punish it simply because it is offensive.⁹ Acts of bias, such as social exclusion, are not illegal. Social media sites can promote bias and hate against specific groups without repercussions. Governmental HMB includes laws, rules, and regulations that seek to



disenfranchise groups from full civic participation.¹⁰ While not illegal, these actions, along with any HMB, have negative health and social consequences for both individual victims and entire communities, which can persist for generations.¹¹ The target population for this policy is anyone who is at risk of either being a victim of HMB or engaging in HMB. As the specific groups targeted in a society for HMB can and do change over time, this policy applies to the entire population. Although public health has addressed specific types of HMB individually (such as racism), it has just begun to substantively address primary, secondary, or tertiary prevention of HMB overall.

2. Context

Bias and prejudice have existed from the start of humanity, stemming from early survival instincts wherein humans developed in-group favoritism as a survival mechanism. This led to exclusion, stigmatization, and discrimination against those perceived as outsiders.¹² Hate flourished as civilization progressed. Both Aristotle and Plato spoke of societal hate.¹³ Hate and bias continued into modern history, as reflected in laws and policies. Historical state-sponsored U.S. hate actions that were widely supported include the Indian Removal Act and Trail of Tears (1830s), Jim Crow laws (and lynchings) (1882–1968), the internment and forced relocation of Japanese Americans (1942–1945), forced sterilization of people with disabilities (through the 1970s), and criminalization of homosexuality through sodomy laws (up until 2003). A persistent theme is that tolerance of one form of hate in society often leads to new forms of hate against different groups and social inequities becoming pervasive.² These and other hate actions have intergenerational effects on health and the social determinants of health.^{14,15} There are two major sources for hate crime data in the United States, the National Criminal Victimization Survey (NCVS) and the FBI Hate Crime Statistics Report. The large discrepancy in the estimates provided by these sources is due to differences in definitions and methodology. According to both sources, the occurrences of hate crimes increased greatly over the past 10 years. The NCVS estimated the number of hate crimes committed in 2009 at 148,400 and the

number in 2019 at 305,390.¹⁶ The FBI's Hate Crime Statistics Report estimates were 5,462 in 2014 and 11,679 in 2024.¹⁷ The large discrepancy is in part because the NCVS measures nonfatal hate crimes through a population survey, whether or not the crimes are reported to the police. The FBI measures only fatal and nonfatal hate crimes reported to law enforcement and classified as hate crimes. According to the NCVS, only 44% of hate crimes are reported to the police, and of those only 13% are acknowledged by the police as such despite meeting the definition of a hate crime.¹⁸ These data indicate that hate crimes are underreported. This underreporting is also affected by distrust of law enforcement by some marginalized groups as a result of systemic discrimination.¹⁸ While there is no accepted, reliable measure of noncriminal HMB, there is general agreement that hate speech is increasing both online and in person and is linked to an increase in hate crimes.¹⁹ While every group is at risk of hate crimes, some are at greater risk. The FBI reports that the largest number of hate crimes were committed against individuals identifying as Black/African American (3,415), Jewish (2,231), LGBTQ+ (lesbian, gay, bisexual, transgender, and queer) (1,193), White (943), Hispanic/Latino (898), and American Indian or Alaska Native (121). This breakdown has been fairly consistent over the past 10 years.¹⁷ Anti-Asian incidents increased from 158 in 2019 to 279 in 2020 and 746 in 2021, according to the FBI.²⁰ Also, significant increases in anti-Jewish (63%), anti-Muslim (49%), and anti-Arab (34%) hate crimes occurred in 2023.^{21,22} The NCVS employs different categories and reports that the highest levels of hate crimes are related to race/ethnicity/national origin (59%), gender (24%), sexual orientation (20%), disability (11%), and religion (9%).¹⁶ HMB is dehumanizing and has significant negative effects on individual and community well-being. At the extreme end of the spectrum, the immediate impact can be severe and include death, rape/sexual assault, and physical injury. HMB at all levels, criminal or not, can cause immediate and long-term harm. Being a victim of HMB at any age has public health consequences and is associated with poor emotional/mental health, including depression, anxiety, shame, self-hatred, post-traumatic stress disorder, the hiding of one's core identity, and poor physical health, including excessive alcohol and drug use.^{3,11,23,24,25} HMB appears to add extra harm beyond the violence. An analysis of NCVS data shows that victims of bias-motivated



offenses are more likely to report later physical and emotional harms, even after control for the initial incidence of injury.²⁶ The presence of hate groups may, in and of itself, increase the level of distress that minorities feel as a result of racism.²⁷

HMB has a significant effect on entire communities as all group members are alerted that they are unwelcome and at risk of harm; this damage increases when the justice system does not recognize hate crimes as such.²⁸ Community members can suffer from vicarious trauma by witnessing HMB perpetrated on other community members.^{11,29} The “weathering” effect of racism has been studied in Black and Hispanic populations, and findings have shown that long-term exposure to systemic HMB leads to premature mortality, increased and earlier-onset chronic disease, and poor maternal and child health outcomes^{30,31,32} (weathering may well occur with other marginalized groups, although studies are needed to confirm this). HMB at the societal/structural level impacts communities by creating and sustaining, through laws and policies, systematic inequities in housing, education, employment, and access to healthy food and health care.¹¹ Specific policy examples include denying of mortgage services to Black and minority neighborhoods (“redlining”),³³ U.S. policy-driven disparities experienced by indigenous communities through broken treaties and chronic underfunding of the Indian Health Service,³⁴ health burdens and lack of access to care due to structural stigma faced by LGBTQ+ individuals (including the limited education that health care professionals receive regarding LGBTQ+ care),³⁵ and inequities in health care access among people with disabilities, especially regarding accessible medical equipment, provider training, and reproductive health.³⁶ HMB victims may not seek health care owing to access issues, limited infrastructure, or fear of retraumatization, discrimination, dismissive attitudes, bias among providers, or mistrust of the system, leading to delayed diagnoses, untreated conditions, and worsening health outcomes.¹¹ Mental health services are further strained.¹¹ HMB at the system level affects social determinants of health, reinforcing systemic inequities that shape the well-being of communities.¹¹

HMB has significant economic consequences affecting individuals, businesses, and communities. Some key findings include the following:

- A 2019 study by Bard University estimated that reported hate crimes cost the United States \$3.39 billion, with nonfatal incidents accounting for \$2.88 billion and fatal incidents adding \$510 million. Additional costs of fear, pain, suffering, lost productivity, and decreased quality of life for individuals and communities further strain public resources.³⁷
- A 2025 American Hospital Association report calculated the financial costs to hospitals of violence at \$18.27 billion in 2023.³⁸ Limiting these data is that not all HMB results in “violence,” and not all “violence” is related to HMB.
- Local economic growth is adversely affected by hate crimes through decreased property values, increased insurance premiums, and reduced investment.³⁹

Individuals can hate due to multiple factors, including socialization, insecurity, fear, financial gain, and seeking to blame others for their own situations^{40,41}; they may join hate groups because of loneliness and a feeling of not belonging.^{40,42} Although the issue is not well studied, limited evidence suggests that being a racist is related to greater levels of stress and worse health outcomes.⁴³ Anyone can be a perpetrator of HMB. In 2024, U.S. hate crime perpetrators were reported as White (5,878), Black/African American (2,306), of unknown race/ethnicity (2,069), Hispanic (860), of multiple races (707), Asian (196), and Indigenous (90).¹⁷

Political disinformation and hate speech have a definitive role in polarizing society and pose a threat to the country’s social fabric.⁴⁴ While studies have linked hateful, incendiary, or violent speech by politicians to racist attitudes and support for political violence, unanswered questions include the following: Is a “lone wolf” more susceptible to hateful rhetoric? What is the mediating role of partisan polarization? and What exacerbates the effect of political hate speech?⁴⁵

Hate groups contribute significantly to HMB in the United States, giving their members a sense of purpose and belonging. Groups use social media to prey on fears of social and political change when people believe that their status, livelihood, or way of life is under attack. Groups use hate to create cohesion and/or gain social, political, or financial advantages.⁴² The Southern Poverty



Law Center tracked 1,430 active hate and antigovernment groups in 2023 (up from 1,225 groups in 2022).⁴⁶ Political parties and candidates can also stoke hate (particularly in the form of “othering”) to deflect blame for failed policies or to buttress policies that serve only a small (usually wealthy) minority. HMB can occur at the institutional level, in the form of both biased policy and tacit approval of hate crimes against specific groups, emboldening individuals and groups to commit such crimes.⁴⁷

HMB is violence at its core and should be addressed as a public health problem so that an equitable, inclusive, and healthier environment for all can be built.

3. Counterpoint Review: Alternative Explanations, Opposing Arguments

HMB, particularly hate speech, does not often meet the legal standard to be considered criminal. As noted earlier, individuals cannot be prosecuted simply for their offensive beliefs. Hate speech is criminalized when it directly incites imminent criminal activity or consists of specific threats of violence against a person or group. The First Amendment does not protect against committing a crime just because the conduct is rooted in philosophical beliefs. For example, disagreement with abortion is not hate speech, but expressing this opinion by blocking access to a clinic is illegal.⁴⁸

It is important to distinguish between “hate speech” and strongly expressed or unpopular opinions. In a democratic society, expressions of opinions and free speech must be rigorously protected. A disagreement with another point of view or vigorous debate does not necessarily constitute hate speech. Prohibitions of expression of dissent and debate create a risk of promoting only one type of “correct” thought. Productive debate requires all parties to engage in civil discourse and treat one another with respect despite sharing opposing views.

HMB can cross into hate speech when the words used are defamatory and accusatory and delegitimize other individuals. Hate speech is speech that veers from vigorous debate into name calling and derision of others on the basis of their identity. Criticism of individuals based on their



identity rather than their ideas can quickly degenerate into hate speech and HMB.⁵ Counterspeech, in which people are treated with empathy and respect, is a means of opposing hate speech by presenting an alternative narrative rather than censoring offending speech. Research indicates that empathetic counterspeech, by both groups and individuals, is more likely to result in deradicalization and peaceful resolution of conflict.⁴⁹

Section 2. Evidence-Informed Strategies and Action Steps

Proposed Evidence-Informed Strategy 1: Strengthen Recognition of and Response to HMB

Justification: Confronting and preventing HMB requires a whole-of-society approach. The APHA Code of Ethics core values of professionalism and trust, health and safety, health justice and equity, interdependence and solidarity, human rights and civil liberties, and inclusivity and engagement provide a foundation for addressing HMB.¹ Public health work rooted in these values provides a compelling example for practitioners, researchers and policymakers addressing HMB.⁵⁰

Recommended actions are focused on both prevention of HMB (primary prevention) and identification of and initial response to hate incidents (secondary prevention). The longer-term effects of HMB on individuals, organizations, communities, and the country (tertiary prevention) are also of importance.

Inaction by a social sector (e.g., government, business) or at one level (e.g., federal or state government) does not preclude action by other sectors or levels. Ultimately, it falls to the federal government, states, counties, municipalities, and civil society to act. Strengthening recognition of and response to HMB requires establishing a societal expectation that HMB will not be tolerated. While policies, rules, regulations, and laws provide a framework, they do not alone change the convictions that underly HMB or address the root causes of HMB.⁵¹



Employing a public health approach to HMB, based on a socioecological model, facilitates a comprehensive response to hate incidents.¹¹ The model has been used to assist persons in overcoming prejudices⁵² and to study transgender stigma and health,⁵³ suicide,⁵⁴ violence and bullying directed at children,^{55,56,57} disability-related hate,⁵⁸ and environmental features that legitimize and normalize HMB in neighborhoods.⁵⁹ These studies reinforce the need to articulate actions at individual, interpersonal, community, and policy levels and to propose primary, secondary, and tertiary prevention activities that consider risks and vulnerabilities.⁶⁰ For example, reductions in victims' feelings of anger, anxiety, and fear after having participated in a restorative justice program demonstrate a successful approach to tertiary prevention.⁶¹ In addition, when programs incorporate a special focus on transforming the relationship between perpetrator and victim, perpetrators have been shown less likely to reoffend.⁶²

Feasibility: Implementation requires leveraging existing local, state, and federal infrastructure with a particular focus on community-based organizations that are trusted by those affected by HMB. Community-based groups and religious congregations are positioned to detect early signs of hate and radicalization. A 2023 surgeon general report provides guidance on how to build belonging in communities, noting that social connection is a “critical and underappreciated contributor” to individual and population health and community safety.⁶³ The ability to moderate HMB can be challenging when polarization is increased through rhetoric suggesting that the well-being of one group is threatened by another,⁶⁴ and this messaging has been amplified through social media.⁶⁵ Victims experience psychological, physical, and economic harms. The adjusted estimated U.S. annual cost of hate crimes alone is at least \$3.39 billion.³⁷ In comparison, the Department of Justice (DOJ) spent \$4 billion in 2024 to support community safety for all types of crime.⁷ While these numbers suggest that prevention work would be cost effective, the source for funding programs is particularly challenging. For example, a group of civil rights and antihate organizations filed suit in July 2025 challenging the unlawful elimination of DOJ antihate community grant funds by the executive branch.⁶⁶ The group, representing more than 240 national organizations promoting civil and human rights, is concurrently advocating for prioritized congressional funding for critical hate crime prevention.



Proposed Evidence-Informed Strategy 2: Expand Education Activities among Adults, Adolescents, and Children to Moderate the Number and Effects of HMBs

Justification: Education is a key aspect as it can focus on an individual’s ability to recognize and understand root causes and stand up against intolerance, discrimination, and bias.^{51,52,67,68}

Successful implementation of antibullying programs and policies in schools has been reported.^{55,69} Such programs facilitate K–12 and university-level institutions’ ability to moderate HMB among students and staff.^{62,69} Adolescent program participants have successfully mediated HMB among their peers.⁷⁰ Educators have established classroom climates that positively affect empathy and self-advocacy.⁶⁹ School-based programs are particularly effective when teachers have confidence in their ability to address HMB.⁷¹ Work done within educational institutions is strengthened when they partner with those fostering organizational change; building supportive, safe environments; and conducting bystander training.^{51,67,68,72,73,74,75} Bystanders, who play a role in mediating HMB, need support as well as training.^{72,73}

Feasibility: The effectiveness of education ultimately depends on widespread community engagement and buy-in. Readiness to act and social cohesion among all levels, sectors, jurisdictions, faiths, and members of society are required to build the commitment and action necessary to counter HMB. Transforming society into one where HMB is not tolerated requires respecting one another in all interactions. This strategy builds on what is already happening in some schools across the country. Advantageously, the educational system is in place and educators are skilled at curriculum revision. While millions of students have participated in antihate programs, more need to be reached.⁵¹ Educators can enhance their skills through professional development. Community residents can learn bystander response skills.^{70,71,72} Bystander intervention training has been found to reduce perceived harm among victims of street harassment incidents.^{70,71,72}

A broad array of community-based organizations are partnering in both designing and delivering education.^{8,51,67,68,75,76} Training is available through the DOJ and select private businesses.^{51,70,73,74,75} University faculty have designed and tested prevention programs.^{69,72,76}



Proposed Evidence-Informed Strategy 3: Advocate for a Comprehensive Research Agenda for HMB

Justification: Researchers investigating HMB call for improved methodology and reporting standards, interdisciplinary studies, and empirical support to justify which interventions, including policies, are most effective in fighting HMB.^{77,78} Research is also needed to examine (1) the influence of cultural and environmental contexts; (2) the existence of multiple, rather than single, motivations for HMB; and (3) victim-offender overlap.⁷⁹ Other identified gaps include linking the effects of HMB to health status and social determinants of health for both individuals and communities⁷⁸ and the effects of political HMB.⁸⁰ Public health practitioners are particularly well placed to consider relationships between HMB and social determinants of health and should be encouraged to study how interpersonal and structural factors influence risk for violence.⁸¹

Feasibility: Funding is needed to encourage collaboration across disciplines. Currently most funding is from the fields of psychology and psychiatry.⁸² The University of California at Los Angeles, in response to the recent significant rise in HMB, launched interdisciplinary work to better understand and mitigate HMB, providing a model for other universities.⁸³ Since government research funding is tied to political priorities, it may be more difficult for researchers to obtain federal and/or state funding for HMB research; as such, private foundations may be a more likely funding avenue.

Alternative Strategies

Two alternative strategies are (1) implementing safeguards within social media and (2) undertaking legal measures such as civil lawsuits, investigations, and prosecutions. Social media enables those in civil society to use their voice and moral conscience to react publicly to actions that conflict with society's values, including HMB. At the same time, an acceleration of HMB has been attributed to social media platforms' use of algorithms that connect those with similar ideologies, offering social approval for people to act on their hate.⁸⁴ Furthermore, there is variability in how social media platforms monitor HMB and differentiate (and respond to)



355 nonprofane, hateful speech from profane, innocuous speech.⁸⁵ The authors of a 2022 meta-
356 analysis concluded that evidence is insufficient to determine the effectiveness of online hate
357 speech/cyberhate interventions in reducing the creation and consumption of hateful content
358 online.⁸⁶ More work in this area is essential if we are to live in a welcoming society.

359 Lengthy civil lawsuits may have influence beyond an individual case. “After the fact”
360 investigations, such as those related to complaints filed through the Civil Rights Act of 1964,
361 wherein the government investigates discriminatory practices can lead to strong consequences
362 (e.g., losing federal funding); however, they have potential to change circumstances only at the
363 location in question. Also, investigations are limited to groups covered under the act, such as
364 universities; findings are not necessarily applied to other settings. Prosecutions may deter others
365 from similar actions, but these legal actions take time and ultimately do not alter people’s
366 underlying beliefs. Furthermore, many forms of HMB are not illegal and would not be affected
367 by criminal or civil actions.

370 **Action Steps**

Evidence-Informed Strategy		Action Steps	Advocacy Level
1. Strengthen recognition of and response to HMB. (Note: HMB is a persistent societal challenge that is not easily eliminated and will require ongoing interventions.)	1a	Beginning in 2026, urge leaders of public, private, and government entities to enforce existing organizational rules and laws against HMB (or, if absent, create such rules and laws); send a clear message of intolerance for HMB through actions, publications, and policies; establish a milieu that values respect for differences, tolerance, and social equity; and promote activities that facilitate a greater understanding of and familiarity with all people living in one's community. To send a clear message of intolerance, leaders need to model this behavior.	Federal, state, local

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	1b	Beginning in 2027, educate local community-based organizations, businesses, nongovernmental organizations, and government units and urge them to include HMB exposure risks in current and future physical/social/emotional climate assessments and use evaluation results to craft opportunities for diverse populations to learn about and interact with one another for mutual tolerance and acceptance in safe, connected communities.	Local
	1c	By 2030, expand local, state, and federal judicial systems' restorative justice programs to achieve reparations, whether emotional, material, or relational.	Federal, state, local
	1d	By 2028, strengthen local, state, and federal law enforcement and public health data systems to produce valid and reliable measures and rigorous data analysis based on clearly articulated definitions of valid HMB measures.	Federal, state, local
	1e	Annually, require Congress and state legislatures to expand tracking of HMB, strengthen laws, and allocate fiscal resources to prevent and respond to HMB, including hate crimes.	Federal, state, local

2. Expand education activities among adults, adolescents, and children and to moderate the number and effects of HMBs. (Note: HMB is a persistent societal challenge and will require ongoing interventions.)	2a	By 2026, partner schools with trusted community-based organizations to offer skill-based, evidence-informed programs to prevent HMB. Programs should aim to establish schools as a place of belonging and safety where clear and transparent mechanisms exist for reporting of HMB without fear of reprisal while actively promoting vigorous civil discourse.	Local
	2b	Beginning in 2026, encourage state and local school boards, including universities, to view schools as change agents to ameliorate discriminatory behaviors, including providing training to school personnel to recognize, report, and intervene when HMB occurs and to adopt curricula that teach about the history and harms of HMB.	State, local
	2c	Annually urge schools and other organizations such as public libraries to provide bystander intervention training to school personnel and high school students, to local businesses and organizations, and to community residents.	State, local

3. Advocate for a comprehensive research agenda for HMB.	3a	Academic institutions, professional associations, and national partners should, both immediately and on an ongoing basis, increase advocacy for funding of interdisciplinary, collaborative research that addresses gaps in knowledge; broadens understanding of root causes; evaluates primary, secondary, and tertiary prevention interventions and strategies; and investigates how different variables intersect in the development and exacerbation of HMB across and within different groups in society.	Federal, state, local
	3b	Research funders, including the federal government and private philanthropies, should fund studies on the creation, consumption, and impact of online hate speech, enabling the development and evaluation of counteractions to its negative effects on individuals, communities, and civil society.	Federal

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