

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



25 programs. The third, "Advocate for a Comprehensive Research Agenda for HMB," calls for
26 accelerated and increased research.

27

28 **Relationship to Existing APHA Policy Statements**

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



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



72 • APHA Policy Statement 200718: Opposition to US Attack on Iran

73 • APHA Policy Statement 200617: Opposition to the Continuation of the War in Iraq

74 • APHA Policy Statement 20051: Condemning the Cooperation of Health Professional

75 Personnel in Physical and Mental Abuse and Torture of Military Prisoners and Detainees

76 • APHA Policy Statement 20043: Workplace Violence Prevention – Increased Funding for

77 Intervention Research, Training, and Establishment of an Enforceable OSHA Standard

78 • APHA Policy Statement 200410: Proposed Resolution Condemning Actions Against LGBT

79 and HIV Related Research and Service Delivery

80

81 **Section 1. Problem Statement**

82 **1. Policy and Target Population**

83 Hate-motivated behavior (HMB) is a significant and rapidly growing public health problem in

84 the United States. While numerous APHA policy statements are directed at specific types of

85 hate, there is no APHA policy statement that speaks to HMB as a whole. Addressing HMB

86 through a public health lens aligns with public health's values and obligations outlined in the

87 2019 APHA Public Health Code of Ethics.¹

88 The word “hate” is used here, as elsewhere, as a shorthand for a range of specific “isms” and

89 phobias that are based on devaluing and having bias against others based on membership in one

90 or more specific groups.² This overarching policy statement is needed because HMB has

91 individual, interpersonal, community, and structural antecedents and effects that are strongly

92 associated with societal structures and social determinants of health.³ When the word hate is used

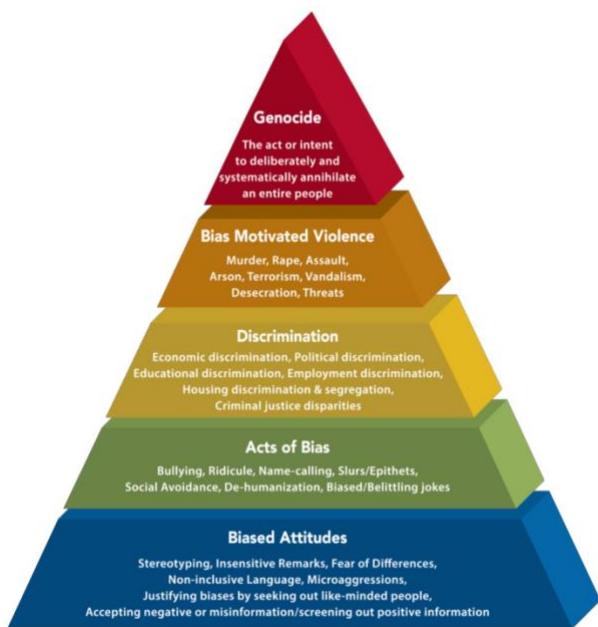
93 in U.S. law, such as “hate-crime law,” it is defined as “bias against those with specific

94 characteristics rather than anger or general dislike.”⁴ These identifying characteristics often

95 include *age, disability, ethnicity/race, gender identity*, being unhoused, immigration status,

96 income, *nationality*, occupation, physical appearance (e.g., body size/shape), political affiliation,

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



106

107 *Figure 1. Pyramid of Hate*

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

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

121

122 **2. Context**

123 Bias and prejudice have existed from the start of humanity, stemming from early survival
124 instincts wherein humans developed in-group favoritism as a survival mechanism. This led to
125 exclusion, stigmatization, and discrimination against those perceived as outsiders.¹² Hate
126 flourished as civilization progressed. Both Aristotle and Plato spoke of societal hate.¹³ Hate and
127 bias continued into modern history, as reflected in laws and policies. Historical state-sponsored
128 U.S. hate actions that were widely supported include the Indian Removal Act and Trail of Tears
129 (1830s), Jim Crow laws (and lynchings) (1882–1968), the internment and forced relocation of
130 Japanese Americans (1942–1945), forced sterilization of people with disabilities (through the
131 1970s), and criminalization of homosexuality through sodomy laws (up until 2003). A persistent
132 theme is that tolerance of one form of hate in society often leads to new forms of hate against
133 different groups and social inequities becoming pervasive.² These and other hate actions have
134 intergenerational effects on health and the social determinants of health.^{14,15}
135 There are two major sources for hate crime data in the United States, the National Criminal
136 Victimization Survey (NCVS) and the FBI Hate Crime Statistics Report. The large discrepancy
137 in the estimates provided by these sources is due to differences in definitions and methodology.
138 According to both sources, the occurrences of hate crimes increased greatly over the past 10
139 years. The NCVS estimated the number of hate crimes committed in 2009 at 148,400 and the

140 number in 2019 at 305,390.¹⁶ The FBI's Hate Crime Statistics Report estimates were 5,462 in
141 2014 and 11,679 in 2024.¹⁷ The large discrepancy is in part because the NCVS measures
142 nonfatal hate crimes through a population survey, whether or not the crimes are reported to the
143 police. The FBI measures only fatal and nonfatal hate crimes reported to law enforcement and
144 classified as hate crimes. According to the NCVS, only 44% of hate crimes are reported to the
145 police, and of those only 13% are acknowledged by the police as such despite meeting the
146 definition of a hate crime.¹⁸ These data indicate that hate crimes are underreported. This
147 underreporting is also affected by distrust of law enforcement by some marginalized groups as a
148 result of systemic discrimination.¹⁸ While there is no accepted, reliable measure of noncriminal
149 HMB, there is general agreement that hate speech is increasing both online and in person and is
150 linked to an increase in hate crimes.¹⁹ While every group is at risk of hate crimes, some are at
151 greater risk. The FBI reports that the largest number of hate crimes were committed against
152 individuals identifying as Black/African American (3,415), Jewish (2,231), LGBTQ+ (lesbian,
153 gay, bisexual, transgender, and queer) (1,193), White (943), Hispanic/Latino (898), and
154 American Indian or Alaska Native (121). This breakdown has been fairly consistent over the past
155 10 years.¹⁷ Anti-Asian incidents increased from 158 in 2019 to 279 in 2020 and 746 in 2021,
156 according to the FBI.²⁰ Also, significant increases in anti-Jewish (63%), anti-Muslim (49%), and
157 anti-Arab (34%) hate crimes occurred in 2023.^{21,22} The NCVS employs different categories and
158 reports that the highest levels of hate crimes are related to race/ethnicity/national origin (59%),
159 gender (24%), sexual orientation (20%), disability (11%), and religion (9%).¹⁶
160 HMB is dehumanizing and has significant negative effects on individual and community well-
161 being. At the extreme end of the spectrum, the immediate impact can be severe and include
162 death, rape/sexual assault, and physical injury. HMB at all levels, criminal or not, can cause
163 immediate and long-term harm. Being a victim of HMB at any age has public health
164 consequences and is associated with poor emotional/mental health, including depression,
165 anxiety, shame, self-hatred, post-traumatic stress disorder, the hiding of one's core identity, and
166 poor physical health, including excessive alcohol and drug use.^{3,11,23,24,25} HMB appears to add
167 extra harm beyond the violence. An analysis of NCVS data shows that victims of bias-motivated

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

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

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

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

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

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

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



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

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

230

231 **3. Counterpoint Review: Alternative Explanations, Opposing Arguments**

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

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

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

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

253

254 **Section 2. Evidence-Informed Strategies and Action Steps**

255 ***Proposed Evidence-Informed Strategy 1: Strengthen Recognition of and Response to*** 256 ***HMB***

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

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

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

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

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

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

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

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

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

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

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

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

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

346

347 **Alternative Strategies**

348 Two alternative strategies are (1) implementing safeguards within social media and (2)
349 undertaking legal measures such as civil lawsuits, investigations, and prosecutions. Social media
350 enables those in civil society to use their voice and moral conscience to react publicly to actions
351 that conflict with society's values, including HMB. At the same time, an acceleration of HMB
352 has been attributed to social media platforms' use of algorithms that connect those with similar
353 ideologies, offering social approval for people to act on their hate.⁸⁴ Furthermore, there is
354 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.

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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



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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



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3. Advocate for a comprehensive research agenda for HMB.	3a	<p>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.</p>	Federal, state, local
	3b	<p>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.</p>	Federal

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