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NEEDS-ASSESSMENT REPORT FOR WP2

COMBATHATE

COMBATING HATE SPEECH AND HATE CRIMES AGAINST INDIVIDUALS WITH MENTAL DISABILITIES.

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ABOUT THE PROJECT

PROJECT NAME
COMBATHATE (Combating Hate Speech and Hate Crimes Against Individuals with Mental Disabilities)

PROJECT NUMBER
101205522

EU PROGRAMME
Citizens, Equality, Rights and Values (CERV)

WHY THIS PROJECT?
Individuals with mental disabilities frequently face hate speech and hate crimes that undermine their dignity, safety, and well-being. COMBATHATE seeks to address this challenge by developing tailored support systems, raising public awareness, and strengthening cooperation between civil society and public authorities (including law enforcement).

PROJECT CONSORTIUM

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Gli Amici di PUCK

RINGMAJANDUS
AMANITA
2013
SOTSIAALNE ETTEVÕTLUS

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1.Executive Summary

Purpose and scope

Work Package 2 (WP 2) of **COMBATHATE** set out to (1) document the scale and nature of hate speech/crime targeting people with mental or intellectual disabilities in Estonia, Bulgaria and Italy; and (2) translate the evidence into the psychological- and legal-support architecture that will be piloted under Tasks 2.2-2.3 and scaled in WP 3-5.

Data collection at a glance

Stream	Tool(s)	Sample size / units
Online survey	17-item Microsoft Forms (EE, BG, IT)	136 valid responses
Stake-holder interviews	Semi-structured guides	7 key informants
Focus-groups (Estonia)	COMBATHATE grid	2 groups, 10 participants (5 RNUN + 5 AMANITA)
Focus-groups (BG + IT)	COMBATHATE grid	1 group each (5 BG, 6 IT)
Desk / legal review	Penal Codes, municipal statutes, NGO case-law	3 partner countries

Headline quantitative findings

Indicator (past 12 m)	Estonia	Bulgaria	Italy
Hate-speech prevalence	65 %	67 %	50 %
Hate-crime prevalence	23 %	37 %	30 %
Formal report filed (victims)	33 %	**0 %**	12.5 %
Mean psychological-impact score (1–5)	3.85	3.1	3.1
Knows a dedicated psych-support service	33 %	37 %	32.5 %
Knows a dedicated legal-aid service	27 %	**20 %**	27.5 %

Victims in all three countries described anxiety, avoidance of public space, and social withdrawal as the most frequent consequences.

Convergent qualitative themes

- **Legal vacuum or narrow interpretation** – disability is missing from, or inconsistently applied in, hate-speech/-crime provisions in all three jurisdictions.
- **Reporting maze & distrust** – procedures are paper-heavy, not available in easy-read, and frontline police often lack neuro-diversity training.
- **Family hyper-vigilance & burnout** – relatives report permanent "alert mode" (stress ≥ 4/5 for 80 % of BG and 83 % of IT focus-group members).
- **Service fragmentation** – psychological help-lines, legal clinics and municipal social services operate in silos; many respondents confuse emergency helplines with legal-aid hot-lines.
- **Public stigma** – routine verbal slurs on buses, in schools and health-care settings are reported as "normal background noise", with witnesses rarely intervening.

Gap analysis

Gap	Evidence	Strategic implication
No explicit disability clause in hate-speech/-crime law	All expert interviews	Advocacy briefs → WP4 policy line
Icon-free, text-dense complaint forms	75 % of survey victims found forms "too hard"	Design icon-based, AAC-ready template (Task 2.2)
Low staff disability literacy	Police called "laughing" by EE respondents	3-h neuro-diversity module (Task 2.3; WP4 roll-out)
Service visibility < 40 %	Survey & focus-group confusion	Country-specific "Help Map" leaflets + QR microsites
Family support missing	High caregiver stress	Peer cafés & CBT micro-scripts (WP 3 pilot)

Priority recommendations feeding Deliverables D2.2 & D2.3

1. **Psychological First-Aid protocol** – 8-step card with pictograms, grounding techniques and warm-referral checklist.
2. **Legal-aid pathway & Evidence-bundle kit** – flow-chart plus template letters; aligns with differing national procedures.

3. **Icon-based incident form & proxy-reporting toolkit** – enables guardians/staff to report on behalf of non-verbal or low-literacy victims.
4. **3-hour blended training capsule** for police, judiciary and support staff; includes role-plays on de-escalation and interviewing.
5. **Unified Help-Maps (BG, EE, IT)** – show 24/7 lines, peer groups and legal clinics; distributed in large-print, easy-read and audio.

Expected impact (WP 2 ➜ WP 3-5 pipeline)

- **+50 formal reports** via pilot use of the icon-form during the project life-cycle.
- **≥ 4.0/5 staff confidence** post-training, vs baseline 2.4.
- **100 % translation** of all support tools into Estonian, Bulgarian, Italian and Easy-Read English.
- **50 000 campaign impressions** and measurable 20 % improvement in stigma-attitude scores (WP5 evaluation).

This Executive Summary distils the multi-country evidence base, pinpoints the structural gaps and frames the concrete design specs that will be delivered under the next tasks of WP 2.

2. Methodology & Ethical Safeguards

2.1 Design & data sources

The needs-assessment adopted a **sequential explanatory mixed-methods** design. A common 17-item Microsoft Forms survey generated comparable prevalence and service-use metrics across the three partner countries. Quantitative patterns were then deepened through expert interviews and focus-groups, allowing the consortium to triangulate lived experience, legal context and service pathways. All primary instruments were co-designed, translated and back-translated (EE→EN, BG→EN, IT→EN) to secure semantic equivalence. Fieldwork ran **5 July – 28 July 2025**.

Data stream	Tool	Sample size	Countries	Purpose
Online survey	17-item MS Forms	136 valid cases	EE 66, BG 30, IT 40	Prevalence, reporting, impact
Expert/stake-holder interviews	Semi-structured guide	7 key informants	EE 2, BG 2, IT 3	Legal gaps, institutional practice

Data stream	Tool	Sample size	Countries	Purpose
Focus-groups / 1-to-1 grids	COMBATHATE grid	21 participants	EE 10*, BG 5, IT 6	Lived experience, service gaps
Desk / legal review	Penal Codes, case-law files	—	EE, BG, IT	Statutory framework, good practice

*Two separate Estonian groups: 5 RNUN + 5 AMANITA.

Survey and interview data were analysed separately for each country, then combined to identify and rank the most important gaps to address.

2.2 Participant characteristics

A total of **136 respondents** completed the survey (mean age = 29.4 yrs). Demographic composition is summarised below.

Variable	EE (n = 66)	BG (n = 30)	IT (n = 40)	Pooled %
Age 18-25	20	12	25	42 %
26-35	20	7	7	25 %
36-45	22	7	6	26 %
46 +	4	4	2	7 %
Gender – women	33	15	15	**46 %**
men	31	14	23	50 %
other / PND	2	1	2	4 %
Primary diagnosis – ASD	8	18	28	**40 %**
Anxiety disorders	11	7	4	16 %
Mood / affective	11	3	—	10 %
Psychotic spectrum	12	2	—	10 %
Intellectual disability	4	—	2	4 %

Variable	EE (n = 66)	BG (n = 30)	IT (n = 40)	Pooled %
Other / PNS	20	—	6	20 %

95 % of Italian and 80 % of Bulgarian respondents live with family; Estonia shows a more even split between family and semi-independent arrangements.

Qualitative participants mirrored survey demographics: 62 % female caregivers, 38 % self-advocates; mean caregiving tenure = 11 years.

2.3 Data protection & ethics

Safeguard	Operationalisation
GDPR compliance	Data hosted on COMBATHATE Microsoft 365 tenant (EU servers); access via 2-factor authentication; datasets anonymised before analysis.
Informed consent & capacity support	Easy-read information sheets; pictogram consent form; guardian co-signature where required; right to withdraw without prejudice.
Gender & non-discrimination mainstreaming	Sex-disaggregated sampling, gender-neutral language, balanced imagery; monitoring of participation and benefit by gender and rural/urban residence.

No personal names or identifying photographs are retained in the analytical files; quotations are coded with gender-neutral IDs (e.g. “BG-FG-03”).

These layered safeguards ensured that all quantitative and qualitative data were collected **lawfully, ethically and inclusively**, while protecting participants from harm and respecting EU fundamental values.

3. Country Chapters

3.1 Estonia – RNUN ± AMANITA

Item	Value
Online-survey respondents	**66**
Focus-groups	2 groups, **10 pax** (5 RNUN + 5 AMANITA)
Expert interviews	2 (legal stakeholder + municipal social-service head)

3.1.1 Quantitative highlights (RNUN survey)

- **Hate-speech prevalence:** 65 % (43 / 66)
- **Hate-crime exposure:** 23 % (15 / 66)
- **Formal reports (victims):** 33 % filed; 67 % silent
- **Mean impact:** 3.85 / 5; 68 % rate 4–5 (high/severe)
- **Service awareness:** Only 33 % know a psych line; 27 % know legal aid

3.1.2 Qualitative synthesis

- **Legal gap:** Penal Code lacks disability clause → prosecutions rely on workaround articles.
- **Reporting maze:** Two-tier, paperwork-heavy; police "laugh" at victims; zero hate-speech reports in focus-group.
- **Hidden exploitation (AMANITA):** ridicule in group-homes, employer dismissals; residents often unaware they are mocked.
- **Community stigma ("NIMBY"):** neighbours petitioned against new supported-housing.
- **Capacity limits:** guardians crucial; icon-based proxy form demanded.
- **Positive seeds:** EPRÜ disability-training for local services; discussion circles.

3.1.3 Integrated gap matrix

Domain	Quant signal	Qual insight	Priority action
Legal protection	23 % hate-crime vs clause-vacuum	All informants call for amendment	WP 4 advocacy brief
Reporting	67 % victims silent	No easy-read form; police untrained	Icon-based form + mediator
Services	50 % unsure legal aid	Confuse helpline vs legal	"Help-Map EE" leaflet + 24/7 chat
Stigma	65 % prevalence	NIMBY petitions, ridicule	Neighbourhood road-show
Training	—	Police "laughing" at victims	3h neuro-diversity module

3.1.4 Country-specific recommendations

1. **Single-door complaint pathway** (pilot Pärnu); integrates proxy-reporting checklist.
2. **Penal-Code amendment brief** submitted via RNUN-led legal task-force (due Dec 2025).
3. **Neighbourhood sensitisation road-show** – four forums, attitude target −20 %.
4. **Employer-outreach pack** promoting Töötukassa "support-person" subsidy.

3.2 Bulgaria – PROVISION

Item	Value
Online-survey respondents	**30**
Focus-group	5 individual grids (guardians/self-advocates)
Expert interviews	2 (key stakeholders)

3.2.1 Quantitative highlights

- **Hate-speech prevalence:** 66.7 % (20 / 30)
- **Hate-crime exposure:** 36.7 % (11 / 30)
- **Formal reports:** 0 % – none of the 11 victims filed
- **Mean impact:** 3.1 / 5; 47 % severe (≥ 4)
- **Service awareness:** Psych 37 %, legal 20 %

3.2.2 Qualitative synthesis

- **Legal omission:** disability absent from Arts 162-163; prosecutors "reluctant".
- **Accessibility void:** five grid participants could not name any reporting point; ask for **icon-based form** and **mandatory school awareness**.
- **Family stress:** 80 % rate stress 4-5 / 5; isolation greater in rural areas.
- **Good practice:** NGO legal hub in Sofia – serves 30 cases/yr (expert interview BG-01).

3.2.3 Integrated gap matrix

Domain	Survey	FG / Interviews	Priority action
Reporting	0 % filed	Need mediator, pictogram form	WP 4 Task 4.3 pilot
Training	48 % distrust police	Officer-parent confirms zero training	3 h module + video
Service visibility	37 % know psych	"Zero guidance after diagnosis"	"Help-Map BG" leaflet + hotline
Family burden	47 % severe impact	Peer-support cafés requested	WP 3 pilot sessions

3.2.4 Country-specific recommendations

1. **Icon-based complaint + NGO mediation**.
2. **3 h neuro-diversity course** for police/judiciary.
3. **Legal & Psych "Help-Map BG"** (leaflet + QR microsite, Oct 2025).
4. **Penal Code advocacy brief**.

3.3 Italy – PUCK (+ MusikArt support)

Item	Value
Online-survey respondents	**40**
Focus-group	1 group, 6 relatives / professionals
Expert interviews	3 (legal, civic, NGO)

3.3.1 Quantitative highlights

- **Hate-speech prevalence:** 50 % (20 / 40)
- **Hate-crime exposure:** 30 % (12 / 40)
- **Formal reports:** 12.5 % ever reported
- **Mean impact:** 3.1 / 5; 65 % anxiety, 44 % withdrawal
- **Service awareness:** Psych 32.5 %, legal 27.5 %

3.3.2 Qualitative synthesis

- **Art 604-bis gap:** mental disability not explicit; prosecutors reluctant.
- **Barriers ranked:** low police training, evidentiary hurdles, no AAC interpreters, trivialisation of verbal abuse.
- **Good practices:** "Evidence-bundle" strategy reopened care-facility case; Municipal Disability Council as one-stop helpdesk.
- **Family hyper-vigilance:** 83 % focus-group stress ≥ 4; ask for psycho-education cafés.
- **MusikArt role:** will co-produce myth-buster kit and video capsules for WP5 schools programme (noted in EE collaboration list).

3.3.3 Integrated gap matrix

Domain	Survey	Interviews / FG	Priority action
Legal	12.5 % reporting	Art 604-bis omission	WP 4 advocacy + case-law hub
Reporting pathway	48 % say "wouldn't help"	Forms rejected; no AAC	Icon-form + NGO mediator
Training	—	Police parent cites zero training	Same 3 h module (ITA)
Family support	65 % anxiety	5/6 relatives in "alert 24 h"	CBT micro-scripts + cafés
Service visibility	60 % unaware	Helpdesk good practice	Scale "one-stop" model

3.3.4 Country-specific recommendations

1. **Disability-hate incident template** (2 p, IT+EN) for national police.
2. **Case-law & template "Legal Hub"** cloud, curated by lawyer INT-LEG-01.
3. **Family CBT micro-script toolkit** – co-designed with MusikArt professionals.
4. **School myth-buster kit & video capsules** (MusikArt lead, Feb 2026).

Cross-country takeaway

Despite contextual nuances, the three chapters converge on four imperatives: *legal*

recognition, *accessible reporting*, *front-line training* and *family-centred psychosocial support*. These findings directly inform the Task 2.2 support-system architecture and Task 2.3 training curriculum detailed in Sections 6-7.

4.Cross-Country Triangulated Findings

This section interweaves the survey statistics, focus-group narratives and expert-interview insights from Estonia, Bulgaria and Italy to highlight convergent patterns and meaningful divergences across four analytic lenses.

4.1 Prevalence & Loci of Hate Speech / Hate Crime

Country	Hate-speech exposure (past 12 m)	Hate-crime exposure	Top three loci*
Estonia	**65 %** (43 / 66)	23 % (15 / 66)	Public transport · Neighbourhood streets · Schools
Bulgaria	**66.7 %** (20 / 30)	36.7 % (11 / 30)	Public space 45 % · Education 20 % · Workplace 15 %
Italy	**50 %** (20 / 40)	30 % (12 / 40)	Public space 32 % · Education 25 % · Online 18 %

*Multiple answers allowed; percentages are share of hate-speech incidents mentioning each venue.

Triangulation:
Focus-groups in all three countries confirmed a “public-space normalisation” of verbal slurs (e.g., buses in Tallinn, village markets in Varna, suburban trains around Naples). Italian relatives added an **online dimension**—Instagram and TikTok taunts—echoing the 18 % survey tally. Conversely, Estonian participants stressed **neighbourhood hostility** when new supported-housing opened, a theme absent in the other two contexts.

4.2 Reporting Behaviour

Metric	Estonia	Bulgaria	Italy	Qualitative convergence
Victims who filed a formal report	**33 %** (5 / 15)	**0 %** (0 / 11)	**12.5 %** (5 / 40 victims)	All focus-groups cited *complex forms, anticipated disbelief* and *lack of AAC* as deterrents.
Top deterrent 1	"Maze-like paperwork"	"Don't know how/where"	"Wouldn't help"	Trivialisation by frontline police clerks
Top deterrent 2	Fear / shame	Distrust in institutions	No trust in police	Prior rejection of complaints

Qualitative interviews revealed an additional **"capacity barrier"** in Estonia and Bulgaria: guardians feared they lacked legal standing to sign on behalf of adults deemed legally competent. This directly feeds the proxy-reporting design under Task 2.2.

4.3 Psychological Impact

Indicator	Estonia	Bulgaria	Italy
Mean self-rated impact (1–5)	**3.85**	**3.1**	**3.1**
Victims rating impact ≥ 4 (high/severe)	68 %	47 %	65 % anxiety / 44 % withdrawal
Dominant reactions (FG)	Panic attacks, sleep loss	Social withdrawal, hyper-vigilance	Anxiety, loss of self-esteem

Triangulation shows **similar emotional trajectories** despite legal-system differences: initial shock → prolonged anxiety → avoidance of triggering settings. Italian relatives highlighted **online re-victimisation** amplifying distress, a nuance less pronounced elsewhere.

4.4 Service Awareness & Perceived Needs

Support type known	Estonia	Bulgaria	Italy
Psychological helpline	33 %	37 %	32.5 %

Support type known	Estonia	Bulgaria	Italy
Legal-aid service	27 %	**20 %**	27.5 %
"Know no service at all"	38 %	63 %	50 %

Perceived priority services (multi-pick):

1. **Public awareness / education campaigns** – 55–70 % across countries.
2. **24 h crisis hotline** – half of BG and IT respondents; echoed by EE pilots requesting chat-bot.
3. **Ongoing counselling** – one-third of BG and IT; 27 % EE.
4. **Free legal advice / accompaniment** – one-quarter overall.

Focus-groups reinforced the numbers, emphasising the need for *single, memorable contact points* rather than a patchwork of agencies. Estonian participants demonstrated confusion between a national mental-health crisis line and the crime-victim fund's phone line—a misalignment also observed in Bulgaria.

Cross-Cutting Insights

- **Public-space dominance** of hate-speech implies that by-stander components in awareness campaigns are vital.
- **Reporting inertia** is not merely procedural; *expectation of impunity* pervades, especially in Bulgaria and Italy.
- **Psychological harm** remains substantial even when incidents are "only verbal" (focus-group quote, Sofia), undermining notions that hate-speech is a minor offence.
- **Service invisibility** is systemic; even Estonia, which has a dedicated victim-support portal, sees low awareness due to jargon and lack of Easy-Read pages.

These triangulated findings validate the four gap domains articulated in Section 5 and underpin the design parameters for the support system (Section 6) and training curriculum (Section 7).

5. Gap Analysis

This section distils the cross-country evidence into four inter-locking areas of deficit—**legal & policy, reporting pathways, training & capacity, and family / community context**—with root-cause diagnostics and priority remedies that feed directly into WP2 Tasks 2.2 and 2.3 and inform downstream WP 3–5 pilots.

No.	Gap domain	Manifestation (EE · BG · IT)	Root cause(s)	Consequence	Priority remedy*
5.1	**Legal & policy**	• Disability absent from EE Penal Code §151[2]; BG Arts 162-163; IT Art 604-bis • Prosecutors rely on "generic offence" work-arounds	Historic focus on race/ethnicity; political caution; limited case-law	Under-charging; sentencing discounts; message of impunity	– Consortium advocacy briefs (WP4) – EU-level amicus interventions
5.2	**Reporting pathways**	• 67 % EE, 100 % BG, 87.5 % IT victims did **not** file a complaint • Paper-heavy forms; no AAC / easy-read; guardians required but unsupported	Cognitive-access barriers; fear of disbelief; police unfamiliar with neuro-diversity	Dark figure of hate-crime; repeat victimisation; no deterrence	– Icon-based incident form (Task 2.2) – Proxy-reporting toolkit + NGO mediator
5.3	**Training & capacity**	• Police described as "laughing" (EE FG); "no neuro-diversity module" (BG & IT interviews) • Support-staff self-rated	Initial curricula omit mental-disability hate; high staff turnover; lack of CPD budget	Re-traumatisation; procedural errors; secondary victimisation	– 3-h blended module (Task 2.3) with video role-plays – Certification & refresher e-learning

No.	Gap domain	Manifestation (EE · BG · IT)	Root cause(s)	Consequence	Priority remedy*
		readiness = 2.4 / 5 (survey)			
5.4	**Family / community**	• 80 % BG and 83 % IT caregivers in "hyper-vigilance" (stress ≥ 4/5) • Community "NIMBY" petitions in EE; school bullying in all three	Public stigma; service invisibility; carers as sole advocates	Burnout, social isolation, hidden cases	– Peer-support cafés + CBT micro-scripts (WP3) – Neighbourhood & school myth-buster kits (WP 5)

*All remedies are already embedded in the Task-matrix (Sections 6–7).

5.1 Legal & policy gap

Findings

- None of the three partner Penal Codes explicitly protect *mental or intellectual disability* as an aggravating ground for hate-speech or hate-crime.
- Prosecutors therefore shoe-horn incidents under generic assault, insult or "instigation to hatred" clauses, reducing deterrent effect.
- Stake-holder interviews in EE and BG cite political sensitivity about amending hate-speech articles, fearing "free-speech chill".
- Victims receive no legal-aid entitlement in EE unless physical injury is "severe"; BG Legal-Aid Act excludes misdemeanour hate-speech; Italy's 2023 reform proposal stalled in committee.

Implications

- Without statutory recognition, even perfect reporting tools will not translate into appropriate charging or sentencing.
- The support system must therefore include **evidence-bundle templates** (photos, chat logs, witness affidavits) to strengthen generic-offence prosecutions while advocacy proceeds.

5.2 Reporting pathways gap

Findings

- Across 136 survey respondents, only **10** victims (7 %) ever completed a formal complaint.
- Focus-group participants in EE and BG showed the existing form: small font, legal jargon, no pictograms, no space for AAC signatures.
- Italian interviewees described rejected complaints because "verbal abuse isn't a crime" or because "victim could not articulate exact wording".

Root-cause analysis

1. **Cognitive & literacy load** – text-dense, abstract language.
2. **Procedural complexity** – multiple windows (police, prosecutor, legal-aid petition).
3. **Absence of proxy mechanism** – carers uncertain of legal standing.
4. **Anticipated disbelief** – past experiences of trivialisation by police clerks.

Proposed solution (Task 2.2)

- **Icon-based incident form** (12 pictograms; two tick-boxes; optional voice-note).
- **Proxy-reporting consent strip** (guardian, support-worker, peer-navigator).
- **One-stop mediator NGO** trained to pre-screen and forward to police.
- **Digital companion**: webform with text-to-speech + sign-language video.

5.3 Training & capacity gap

Findings

- Only **15 %** of support-staff survey respondents across countries felt "confident" to handle disability hate incidents.
- Police academies in all three states list "hate crime" as a 2-hour block, focused on racism and xenophobia; disability not covered.
- A municipal pilot in Tallinn (2024) improved attitude scores by 42 % after a 3-hour neuro-diversity module—cited as proof-of-concept.

Training needs (competency matrix excerpt)

Competency	Police/Judiciary	Support staff	Mediators
Recognise disability-hate indicators	●●●	●●	●●●
Communicate AAC / Easy-Read	●●	●●●	●●●
Psychological first-aid skills	●	●●●	●●
Evidence-bundle guidance	●●●	●●	●●●

● basic · ●● intermediate · ●●● advanced.

Programme parameters

- Modalities: 1 day live + 4 micro-learning videos.
- Cohorts: 150 police/judiciary; 60 support-staff; 30 mediators (Year 1).
- Success KPI: mean post-test ≥ 75 % (baseline 48 %).

5.4 Family / community context gap

Findings

- **Caregiver stress** – mean 4.3 / 5; descriptors: “constant alarm”, “nightly worry” (BG), “always scanning the bus” (IT).
- **Community stigma** – AMANITA focus-group: neighbours collected signatures calling residents “dangerous”.
- **School ignorance** – Italian focus-group: 4 of 6 relatives report teachers minimising verbal slurs.

Consequences

- Families act as sole shield → burnout → reduced reporting and advocacy.
- Victims internalise stigma, lowering self-reporting even in surveys.

Interventions

1. **Peer-support cafés** – quarterly, facilitator-led, integrating CBT micro-scripts (EE pilot; adapt BG, IT).
2. **Neighbourhood road-shows & school myth-buster kits** – facts + lived-experience stories; targets 20 % stigma-score reduction.

3. **Helpline linking module** – every leaflet/form bears a QR support line; SMS call-back for speech-impaired users.

Conclusion of Gap Analysis

Addressing hate-speech and hate-crime against persons with mental disabilities demands **simultaneous action** across four domains: statutory recognition, accessible pathways, trained responders and empowered families/communities. The remedies proposed are embedded in the WP2 deliverables and coordinated with WP 3-5 pilots to produce measurable shifts in reporting rates, service satisfaction and stigma indicators over the project life-cycle.

6 Support System Blueprint (Task 2.2 lead)

Purpose. Translate the needs-assessment (Sec. 3–5) into a practical, accessible support system that (a) stabilises the person (PFA), (b) enables legal redress (legal-aid pathway), and (c) removes reporting barriers (icon-based form + proxy). **Validation.** The whole system is **stress-tested and refined** during the three Staff Training Sessions (D2.4–D2.6) and formally validated in **D2.7**. **Deliverable cadence.** D2.2 (M7) → D2.3 (M8) → D2.4 (M8, Estonia) → D2.5 (M9, Bulgaria) → D2.6 (M10, Italy) → D2.7 (M10).

6.1 Psychological First Aid (PFA) protocol

Scope & triggers. Used immediately after hate speech/crime or when a person presents with distress related to prior incidents—in public spaces, services, schools, workplaces and online aftermath.

Principles.

- Safety first; do-no-harm; autonomy; confidentiality; cultural & gender sensitivity.
- Universal design; minimal cognitive load; plain language; predictable routines.

8-step PFA sequence (with micro-scripts).

1. **Safety & orientation.**
    - Check surroundings; remove crowds/noise; offer a quiet space.
    - *Script:* “I’m here to help. Would you like a quiet corner or a seat?”
2. **Calming routine.**
    - 5-4-3-2-1 grounding (pictogram card); paced breathing; water break.
    - *Script:* “Let’s breathe together for one minute.”

3. **Sensory accommodations.**
    - Offer ear defenders; dim lights; reduce visual clutter; allow stimming.
    - Autism/psychosis adaptations: steady tone; avoid sudden touch; avoid multiple questions.
4. **Contact & connection.**
    - Identify a **trusted person** (family/peer/support worker); obtain consent to call.
5. **Needs & preferences.**
    - Choice board (icons): "medical", "legal info", "talk later", "support person", "go home".
    - Record choices on the **PFA note** (1-page).
6. **Information & options.**
    - Explain **rights** in plain language; show the **Help-Map** for the country.
    - Offer **legal pathway** explanation if the person asks to report (see 6.2).
7. **Action & referral.**
    - Warm handover: phone call while present; schedule follow-up within 24–72 h.
    - If acute risk → emergency services; accompany if consented.
8. **Closure & aftercare.**
    - Summarise choices; give the **PFA card** and **contact sheet**; agree a check-in time.

Tools produced (D2.2 → packaged in D2.3).

- A6 **PFA pocket card** (front: steps 1–3; back: steps 4–8).
- A3 **service poster** for group homes, clinics, police reception.
- **Role-play script pack** (trauma-informed, gender-aware, intersectional cases).
- **Video micro-lessons** with captions + national sign languages.

Localization & accessibility.

- Languages: EN + EE/BG/IT; Easy-to-Read versions; large-print; audio MP3.
- Icons and examples adapted to local contexts; back-translation variance ≤ 5 %.

Validation via trainings.

- **D2.4 (M8, Estonia—RNUN):** 5-day course includes live PFA drills; pocket-card usability score; debrief checklists.
- **Success thresholds:** usability ≥ 4.0/5; correct step order ≥ 85% without prompts.

Data & privacy.

- PFA note stores only minimal data (initials, date/time, chosen options); locked cabinet or encrypted store; retention 6 months unless case proceeds.

6.2 Legal-aid pathway

Goal. Move from incident to remedy with **clear, assisted steps** and minimal cognitive burden.

Actors & roles.

- **Victim/supporter** (may be proxy—see 6.3).
- **Mediator desk** (NGO partner in each country): intake, triage, scheduling, paperwork coaching.
- **AAC interpreter** (on roster): facilitates communication at police/prosecutor.
- **Legal-aid lawyer / Victims-Fund advocate**: case theory, filings, compensation.
- **Police/prosecutor liaison**: single point of contact per pilot city.

Country-agnostic flow (paper + digital).

Incident → PFA (6.1) → Icon Form (6.3) → Mediator Desk (ticket ID)

├– Evidence-bundle checklist (photos, messages, witness names)

├– Safety plan (if needed)

└ Book AAC interpreter + police intake slot (≤ 72 h)

Police intake (with AAC) → Prosecutor review → Legal-aid appointment

├– Victims-Fund claim (where eligible)

└ Follow-up SMS/check-in at 7, 30, 90 days

Evidence-bundle kit (D2.2 annex; refined in D2.5).

- **Checklist**: screenshots, chat logs, call records, medical note, property damage, location/time, suspects/witnesses.
- **Templates**: incident summary, witness statement (Easy-to-Read), consent for data use, chain-of-custody.
- **Packaging**: labelled envelope or encrypted folder (auto-generated ID).

Help-Map (per country).

- **Single page + QR microsite** listing psychological, legal and emergency contacts; open hours; languages; accessibility features.

Time targets (service-level).

- Mediator acknowledges submission ≤ 24 h.
- Police intake scheduled ≤ 72 h (non-emergency).
- Legal-aid appointment ≤ 7 days.
- Victims-Fund application started ≤ 10 days.

Validation via trainings.

- **D2.5 (M9, Bulgaria—PROVISION):** full role-play: intake → evidence-bundle → mock police interview with AAC.
- **Metrics:** bundle completeness ≥ 80%; interview satisfaction ≥ 4.0/5; scheduled within target times in simulation.

Localization notes (annexed in D2.2; practised in D2.5).

- Estonia: mediator coordinates with municipal victim-support fund and police; AAC roster aligned with national services.
- Bulgaria: NGO mediator leads handover to district police; legal clinic ally in Sofia; plain-language leaflet clarifies legal-aid coverage.
- Italy: Municipal Disability Council (where present) acts as one-stop door; lawyer leads **case-file strategy** using templates.

Data, DPIA & consent.

- DPIA completed before go-live; only **purpose-limited** data processed; retention tied to legal timelines; right to withdraw explained in Easy-to-Read sheet.

6.3 Icon-based complaint form & proxy reporting

Rationale. Reporting collapses without an **accessible, low-literacy path** and a lawful way for carers/staff to act when the person asks for help or cannot complete forms alone.

Form specification (paper)

- **Format:** A4 landscape; **three zones**
    - *Zone A ("Who"):* initials, contact option, trusted person.
    - *Zone B ("What"):* pictograms for insult/threat/assault/vandalism/online; yes/no checkboxes; free-draw box.
    - *Zone C ("Where/When"):* location icons (street, bus, school, home, online), time strip (morning/afternoon/night), date box.
- **Typography:** ≥ 16 pt; high contrast; sentence case; no italics.
- **Icons:** 12 core pictograms + 3 local icons; tested with self-advocates.
- **Colour code:** green (person), yellow (incident), blue (next steps).
- **Back page:** rights in plain language; QR + NFC linking to the digital wizard.
- **Unique ID:** pre-printed alphanumeric + QR; used across mediator and police.

Proxy reporting strip (tear-off)

- **Fields:** proxy name; relationship; phone; tick-box *"acting with the person's consent"*; signature; date/time.
- **Who may proxy:** guardian/caregiver; support-worker; **peer-navigator** trained by partners; lawyer.
- **Safeguards:** checkbox *"the person cannot currently complete the form"*; place to note reason (speech, literacy, panic).

Digital wizard (mirrors the paper form)

- **Device-agnostic:** mobile-first; offline capture with later sync.
- **Accessibility:** text-to-speech; font resize; dark mode; simple animations; captions in videos.
- **Languages:** EN, EE, BG, IT; Easy-to-Read toggle.
- **Output:** PDF of the completed form (incident ID); optional audio note.

Distribution & intake

- **Where:** police front desks; group homes; day centres; schools; clinics; NGOs; municipal desks.
- **How many (pilot):** 100 copies per police station; 300 per country for services; re-order QR on footer.
- **Chain-of-custody:** stamp at receipt; scan to PDF; paper archived 12 months (unless case active).

Validation & iteration

- **D2.5 (Bulgaria):** stress-test completion time (target ≤ 8 min), error rate (≤ 2 critical errors per 30 forms), comprehension checks.
- **D2.6 (Italy):** police-desk simulation; rejection-rate log; re-design micro-copy if any field causes > 10% confusion.
- **D2.7 (M10):** publish v1.1 with changes from both sessions; changelog annexed.

6.4 System-wide validation loop & deliverables

What gets delivered when.

- **D2.2 (M7, PUCK):** full blueprint + prototypes (PFA card, icon-form, evidence kit, Help-Maps) + translations (EN + partner languages).
- **D2.3 (M8, PUCK):** training materials (slides, manuals, videos, scenario packs), ready for the three courses.
- **D2.4 (M8, RNUN): Training 1 – PFA** (Estonia).
- **D2.5 (M9, PROVISION): Training 2 – Legal rights** (Bulgaria).
- **D2.6 (M10, PUCK): Training 3 – Support protocols** (Italy).
- **D2.7 (M10, PUCK):** consolidated session summaries + evaluations; **formal validation** of the support system.

How validation works (applies to each component).

- **Usability score:** target ≥ 4.0/5.
- **Task completion:** ≥ 85% without facilitator prompts.
- **Error rate:** ≤ 10% non-trivial issues; ≤ 2 critical errors per cohort.
- **Language QA:** back-translation variance ≤ 5%.

- **Decision gate:** components meeting all thresholds are **"validated"**; others iterate once (≤ M10) before sign-off.

6.5 Governance, roles & risks

Roles.

- **PUCK (lead):** D2.2–D2.3 owner; icon-form & overall QA; Training 3 host; D2.7 compiler.
- **RNUN:** digital wizard; PFA drills; Training 1 host.
- **PROVISION:** legal-aid pathway; evidence kit; Training 2 host.
- **MUSIKART (IT support):** co-design of training videos; family-CBT micro-scripts; myth-buster assets for schools.

Key risks & mitigations.

- **Police intake reluctance.** Early MoUs; champion officers; short desk-guide.
- **Icon misinterpretation.** Multi-country usability tests; adjust iconography.
- **Data-privacy breach.** DPIA; encryption at rest/in transit; minimal data capture; clear retention rules.
- **Interpreter gaps.** Roster + backup remote interpreters; booking SLA.

6.6 KPIs (tracked quarterly; feed into D2.7 and WP3 hand-over)

Area	KPI	Target by M10
PFA	Usability score	≥ 4.0/5
Legal pathway	Evidence-bundle acceptance	≥ 80% by police
Reporting	Icon-form completion time	≤ 8 min median
Reporting	Proxy usage (where warranted)	≥ 30% of submissions in pilots
Training	Confidence uplift (pre/post)	≥ +25%
Access	Materials translated & accessible	100%

Outcome. By M10, the consortium has a **validated** support system—**PFA protocol**, **legal-aid pathway**, and **icon-based reporting with proxy**—translated into partner languages, field-tested across the three trainings, and ready for WP3 pilots and wider institutional uptake.

7. Training Needs & Programme (Task 2.3)

Goal. Build the knowledge, skills and attitudes required to deploy the Support System (Sec. 6) across all partner sites, and to **validate** it through three five-day staff trainings (D2.4–D2.6), with consolidated evaluation in D2.7.

Audiences.

- **Frontline support staff** (social workers, educators, group-home staff).
- **NGO mediators / helpline operators** (intake, accompaniment, evidence-bundle).
- **Programme coordinators / ToT cohort** (6 persons to sustain the programme).

7.1 Competency matrix

Levels. N = Novice; I = Intermediate; A = Advanced.
Assessment modes. K = Knowledge test; S = Skills OSCE/simulation; A = Attitude/behaviour via rubric & follow-up.

Competency domain	Component skills (keywords)	Support staff	Police/justice	NGO mediator	ToT cohort	Assessed by
Disability literacy	neurodiversity basics; sensory needs; de-escalation phrases	I	I	I	A	K,S
Trauma-informed care	safety; triggers; grounding; micro-scripts	I	I	I	A	K,S
PFA protocol (8-step)	sequence; tools; warm	A	I	I	A	K,S

Competency domain	Component skills (keywords)	Support staff	Police/justice	NGO mediator	ToT cohort	Assessed by
	referral; boundaries					
Communication & AAC	Easy-to-Read; pictograms; yes/no boards; interpreter brief	I	I	A	A	S
Legal framework (country)	offences; complaint steps; victims-fund; data rules	I	I	A	A	K
Evidence-bundle	screenshots; witness; chain-of-custody; packaging	I	I	A	A	S
Icon-form intake	completion; proxy strip; incident ID; handover	A	I	A	A	S
Safeguarding & ethics	consent; capacity; DPIA basics; confidentiality	I	I	I	A	K
Partnership working	MoUs; referral SLAs; escalation	I	I	A	A	A
Training & facilitation	adult learning; feedback;	—	—	—	A	S

Competency domain	Component skills (keywords)	Support staff	Police/justice	NGO mediator	ToT cohort	Assessed by
	micro-teaching					

Competency targets (end of Task 2.3).

- Support staff: **A** in PFA; **I** elsewhere.
- Police/justice: **I** across board; optional **A** in legal intake for liaison officers.
- NGO mediators: **A** in communication, evidence-bundle, icon-form intake.
- ToT cohort: **A** overall.

7.2 Three-country training plan

Common structure for each session (D2.4–D2.6).

- **Participants:** 30 (6 per partner).
- **Duration:** 5 days (≈ 35 contact hours).
- **Outputs:** detailed agenda; signed presence list; material pack; slide deck; evaluation report; feedback questionnaire.
- **Accessibility:** Easy-to-Read handouts; captioned videos; quiet room; sensory aids; interpreters on request.
- **Languages:** Delivery in English; local co-trainer clarifies in EE/BG/IT; all materials in EN and partner languages.

7.2.1 Session 1 — Psychological First Aid (Estonia, M8; host RNUN, site: Pärnu)

Objectives.

- Practise the **8-step PFA protocol** with adaptations for autism, psychosis and anxiety.
- Use the **PFA pocket card**, grounding tools and referral scripts.
- Rehearse **warm-handover** into the legal-aid pathway and Help-Map.

Day-by-day (keywords).

- **Day 1:** Neurodiversity; trauma-informed principles; safety.
- **Day 2:** PFA steps 1–3; sensory strategies; micro-scripts; drills.

- **Day 3:** PFA steps 4–6; choice boards; role-plays; reflective practice.
- **Day 4:** PFA steps 7–8; **warm referral**; Help-Map; documentation; ethics.
- **Day 5:** Integrated simulations; debrief; action planning for local roll-out.

Materials.

- PFA pocket cards; laminated grounding/feelings wheels; scenario pack; video capsules (subtitled); evaluation forms.

Session deliverables.

- Presence list; agenda; photo log; evaluation report (pre/post; OSCE rubrics); collated feedback.

7.2.2 Session 2 — Legal rights & evidence (Bulgaria, M9; host PROVISION, site: Bansko/Sofia)

Objectives.

- Map **complaint steps** and intake standards (country annexes).
- Build **evidence-bundles**; run **mock police intake** with AAC interpreter.
- Practise **icon-form** completion and proxy-strip use.

Day-by-day (keywords).

- **Day 1:** Legal overview; offences; rights; data rules (GDPR; consent).
- **Day 2:** Evidence-bundle checklist; chain-of-custody; templates; labelling.
- **Day 3: Icon-form** + proxy strip; error traps; mediator role.
- **Day 4: Police intake simulation** with AAC; prosecutor Q&A.
- **Day 5:** Case conferencing; victims-fund claims; liaising with services.

Materials.

- Legal quick-guides (Easy-to-Read); icon-form pads; evidence envelopes; digital wizard demo; MoU desk-guide.

Session deliverables.

- Presence list; agenda; evaluation (bundle completeness; intake OSCE); error log for icon-form v1.1.

7.2.3 Session 3 — Support protocols & system integration (Italy, M10; host PUCK with MusikArt, site: Ercolano)

Objectives.

- Combine **PFA + legal pathway + icon-form** into an **end-to-end protocol**.
- Finalise **standard operating procedures (SOPs)** for partner sites.
- Co-produce **family-CBT micro-scripts** and **myth-buster kits** with MusikArt.

Day-by-day (keywords).

- **Day 1:** System map; roles; SOP templates; risk register.
- **Day 2:** End-to-end drills; time-and-motion; bottleneck fixes.
- **Day 3:** Family-centred support; CBT micro-scripts; peer cafés.
- **Day 4:** Public-facing comms; school modules; by-stander training; accessibility QA.
- **Day 5:** Handover to WP3 pilots; data collection; KPI dashboard; sustainability & ToT micro-teaching.

Materials.

- SOP pack; laminated desk guides; family script cards; myth-buster assets; KPI tracker sheets.

Session deliverables.

- Presence list; agenda; evaluation (system OSCE; SOP readiness); consolidated change-log → **D2.7**.

7.3 Evaluation rubrics

Framework. Kirkpatrick Levels 1–4, plus OSCE-style skills checks and usability metrics that **validate** Support System components (feeding D2.7). **Certification.** Awarded if **all thresholds** below are met.

7.3.1 Knowledge (Level 2 — test blueprint)

Domain	Question types	# items	Cut-score
PFA protocol & trauma	MCQ; sequencing	10	≥ 75 %
Disability literacy & AAC	MCQ; match icons	6	
Legal & procedure	MCQ; case vignette	10	
Evidence-bundle & data	MCQ; true/false	6	

Domain	Question types	# items	Cut-score
Safeguarding & ethics	MCQ	4	
Total		**36**	**≥ 75 %**

- **Pre/post** administered Day 1/Day 5.
- **Target uplift:** ≥ +25 % average increase.

7.3.2 Skills (Level 2/3 — OSCE stations)

Station	Scenario (keywords)	Competencies observed	Scoring	Pass
OSCE-1: PFA	bus incident; panic; sensory overload	PFA steps; grounding; consent; warm-referral	0–2 per checklist item (≈ 12 items)	≥ 18/24
OSCE-2: Icon-form	verbal hate; upset victim; guardian present	completion; proxy strip; clarity; handover	0–2 per item (≈ 10 items)	≥ 16/20
OSCE-3: Evidence-bundle	online insult; screenshots; witness	checklist; packaging; chain-of-custody	0–2 per item (≈ 10 items)	≥ 16/20
OSCE-4: Intake	police interview with AAC	communication; rights; accuracy	0–2 per item (≈ 10 items)	≥ 16/20
OSCE-5: System SOP	end-to-end pathway	timing; documentation; escalation	0–2 per item (≈ 10 items)	≥ 16/20

- **Global rating:** unsafe practice triggers automatic remediation irrespective of score.
- **Timing targets:** icon-form ≤ 8 min median; intake handover ≤ 72 h (simulated).

7.3.3 Attitudes & reaction (Level 1)

Tool	Items	Threshold
Satisfaction survey	clarity; relevance; inclusivity; trainer effectiveness	≥ 4.0/5 mean

Tool	Items	Threshold
Confidence scale	PFA; icon-form; evidence; intake	≥ +1.0 shift (Likert 1–5)
Accessibility feedback	room; materials; pace	≥ 4.0/5

7.3.4 Behaviour & results (Level 3/4 — follow-up)

Time-point	Instrument	Target
3 months	online survey + manager interview	≥ 60 % report applying skills ≥ 2×; ≥ 1 implemented SOP/site
6–9 months	KPI pull (WP3 pilots)	≥ 50 validated icon-forms; ≥ 80 % evidence-bundle acceptance; ≥ 4.0 PFA usability

7.3.5 Validation thresholds for Support System (feeds D2.7)

Component	Evidence source	Threshold → "Validated"
PFA card & protocol	OSCE-1 + usability	≥ 4.0 usability; ≥ 85 % correct sequence
Icon-form & proxy	OSCE-2 + error log	≤ 2 critical errors per 30 forms; ≤ 10 % rejection in simulation
Evidence-bundle kit	OSCE-3 + police feedback	≥ 80 % bundle completeness; acceptance ≥ 80 %
Intake pathway & AAC	OSCE-4 + liaison feedback	≥ 4.0 satisfaction; interpreter present 100 %
System SOP	OSCE-5 + Day-5 drill	All roles/time-boxes met; no safety breaches

Data & QA.

- All instruments translated; back-translation variance ≤ 5 %.
- Data stored; anonymised before analysis; consent for evaluation collected.

ToT pathway.

- 5 trainees selected (one per partner) deliver **micro-teaching** Day 5 in Session 3; assessed with a short rubric (planning, clarity, feedback).

- ToT cohort maintains the programme post-project with yearly refreshers.

Result by M10. A trained, certified cadre of staff across partners, a **validated** support system, and a monitoring loop to sustain performance into WP3 pilots and beyond.

8.Translation & Accessibility Plan

(covers Deliverables D2.2–D2.7; applies to all protocols, forms, guides, slide-decks, videos, websites and data tools)

8.1 Language policy

Objectives.

- Guarantee **semantic accuracy**, **legal correctness**, and **cognitive accessibility** in **English (master)** and **partner languages**: **Estonian (EE)**, **Bulgarian (BG)**, **Italian (IT)**.
- Release **Easy-to-Read** versions for end-users and **professional** versions for staff/authorities.
- Keep all variants synchronised through version control and shared terminology.

8.1.1 Scope of translation

- **D2.2**: PFA protocol, legal-aid pathway, icon-based complaint form & proxy toolkit, Help-Maps, evidence-bundle kit, SOPs.
- **D2.3**: Trainer manual, participant workbook, slides, scenario scripts, video captions & transcripts.
- **D2.4–D2.6** (trainings): agendas, presence lists, evaluation tools; English delivery with local clarifications; all attendee handouts in partner language + Easy-to-Read.
- **D2.7**: session summaries, evaluation reports, change-logs (EN; executive summaries in EE/BG/IT).

8.1.2 Governance & roles

- **Language Owner per country**:
  - EE: RNUN + AMANITA
  - BG: PROVISION
  - IT: PUCK + MusikArt

- **Translation Manager** (PUCK): workflow orchestration, final sign-off.
- **Second-reviewer model**: each translation is reviewed by a different native speaker with domain knowledge (legal/clinical).

8.1.3 Workflow (Definition of Done)

1. **Authoring in EN (master)** → plain-language first; mark legal strings for verbatim fidelity.
2. **Terminology lock** → add/update terms in shared **TermBase (TBX)**.
3. **Human translation** → native linguist from partner team.
4. **Second review (LQA)** → correctness, tone, register, inclusive language.
5. **Back-translation (sampled)** → target → English; **variance ≤ 5 %** on critical passages.
6. **Easy-to-Read adaptation** → see 8.2; separate workflow and sign-off.
7. **Field-testing with end-users** → 5–8 self-advocates per country; **comprehension ≥ 80 %**.
8. **Accessibility QA** → WCAG / PDF-UA checks; captioning; keyboard access.
9. **Versioning & release** → tag (e.g., Form_v1.1_IT_2025-10-05); changelog updated.

8.1.4 Tools & resources

- **File conventions**: WP2_[asset]_[lang]_[ver]_[YYYY-MM-DD].
- **Fonts**: **Noto Sans** family (Latin + Cyrillic) for legibility across EE/BG/IT; minimum 16 pt for end-user PDFs.
- **Style guides**: plain-language, gender-neutral, non-stigmatising vocabulary; country-specific legal style notes.

8.1.5 Core terminology (seed termbase)

EN	EE	BG	IT
Hate speech	Vihakõne	реч на омразата	discorso d’odio
Hate crime	Vihakuritegu	престъпление от омраза	crimine d’odio
Psychological first aid	psühholoogiline esmaabi	психологическа първа помощ	primo soccorso psicologico

EN	EE	BG	IT
Legal aid	õigusabi	правна помощ	patrocinio legale
Proxy reporting	esindajapõhine teavitamine	подаване чрез представител	segnalazione per delega
Easy-to-Read	lihtsasti loetav	лесен за четене	facile da leggere

(Final choices validated by Language Owners during D2.2 editing.)

8.1.6 Quality metrics & KPIs

- **Back-translation variance** ≤ 5 % (critical sections).
- **Comprehension test** ≥ 80 % correct on Easy-to-Read versions.
- **LQA defect rate** ≤ 2 minor issues / 1 000 words; **0 critical**.
- **Turnaround SLAs**: minor updates ≤ 5 working days; major packs ≤ 15 working days.

8.1.7 Risk & mitigation

Risk	Mitigation
Legal mis-rendering	Lawyer glossary; dual-column legal strings; second legal reviewer
Divergent national terms	Country annexes in Help-Maps; keep core terms stable in body text
Drift across versions	Git repo + release tags; change-control board (WP2)
Over-complexity in partner texts	Plain-language gate before translation; Easy-to-Read rewrite when audience = end-user

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8.2 Easy-to-Read / AAC formats

Objective. Ensure **maximum comprehension and independent use** by people with intellectual, cognitive, communication, or sensory disabilities. This applies to the **icon-based complaint form**, **PFA card**, **Help-Maps**, **legal leaflets**, **workbooks**, **slides**, and the **microsite/digital wizard**.

8.2.1 Easy-to-Read (E2R) rewriting rules

- **Audience-first**: write for the end-user; remove jargon.

- **Sentence length**: ≤ 15 words.
- **One idea per sentence.**
- **Structure**: short paragraphs; bullet lists; clear headings.
- **Words**: common, concrete; avoid metaphors.
- **Layout**: left-aligned; generous spacing; line-height ≥ 1.5; margins ≥ 20 mm.
- **Typography**: sans-serif; **16–18 pt** for print PDFs; **≥ 120 %** default text size on web.
- **Colour & contrast**: **≥ 4.5:1**; avoid red-green combinations; no text over images.
- **Icons/pictures**: support—not replace—text; always add a short caption.
- **Navigation**: step numbers; "Next/Back" buttons; summary boxes.
- **Testing**: read-aloud checks, cloze tests; amend until comprehension ≥ 80 %.

8.2.2 AAC (Augmentative & Alternative Communication) assets

Symbol set & licensing.

- Default set: **commissioned pictograms** released under **CC BY 4.0** for unrestricted public re-use across deliverables.
- Supplementary set: **OpenMoji** (CC BY-SA 4.0) for standard actions/places.
- Each icon has **filename + alt-text + short label** in EN and partner languages.

AAC artefacts produced.

- **Icon-based complaint form** (paper + fillable PDF): 12 core pictograms + 3 local icons; yes/no tick-boxes; free-draw box.
- **Choice boards** (A4): requests, feelings, locations, time-of-day; laminated.
- **Yes/No cards**, **Break card**, **Help card** for PFA flow.
- **AAC interpreter brief**: how to use boards; how to pace questions; do/don't list.
- **Audio-note capture** in the digital wizard for users preferring voice.

Proxy-reporting strip (access features).

- Large tick-boxes; signature line with stamp option; field for reason the person cannot sign; QR to a 60-second explainer video.

8.2.3 Accessible multimedia & documents

Videos

- **Closed captions** (EN + partner languages).

- **Transcript** (HTML/PDF).
- **Sign-language inset** in national sign languages (EE/BG/IT).
- **Audio description** where visuals are essential to meaning.

Slide decks (PPTX)

- Reading order checked; **alt-text** on every non-decorative image; minimum 24 pt for body; **≥ 4.5:1** contrast; no color-only meaning; live captions option.

PDFs

- Tagged **PDF/UA-1**; logical heading structure; bookmarks; language metadata; alt-text; correct tab order; no scanned-text PDFs; forms are **fillable** with keyboard access.

Microsite / digital wizard

- **WCAG 2.1 AA**: keyboard-only navigation; visible focus; skip-links; ARIA landmarks; error prevention & plain-language validation hints; **no timeouts** during form entry; **no flashing**.
- **TTS & Read-aloud** buttons; **dark mode**; **resize up to 200 %** without loss.
- **Pseudolocalisation test** to avoid truncation; **RTL-safe** layouts for future scalability.

8.2.4 Testing & acceptance criteria

Area	Method	Threshold
Readability (E2R)	Cloze test with 5–8 end-users/country	≥ 80 % correct
Icon comprehension	Picture-label match test (n≥10)	≥ 85 % correct
Keyboard access	Tab-through path; no traps	100 % pass
Screen-reader	NVDA/VoiceOver checks	100 % critical paths announced
Contrast	Automated & manual checks	≥ 4.5:1 on text
Form usability	Completion time (simulated)	≤ 8 min median; ≤ 2 critical errors / 30 forms

8.2.5 Deliverables & packaging

- **Dual packs** for each asset:

- **Staff version** (full legal detail; smaller type acceptable for print if not end-user; still accessible online).
- **Easy-to-Read user version** (icons; 16–18 pt; simplified syntax).

- **Help-Map**: trifold leaflet (A4→DL) + **QR microsite**; large-print variant.
- **PFA card**: A6 laminated; matte finish to reduce glare; corner cut for tactile orientation.
- **Icon-form**: A4 landscape; pre-printed ID + QR; **fillable PDF** mirror and **web wizard**.

8.2.6 Maintenance & change-control

- Any content change **in English** triggers **automatic translation tasks**, **E2R review** and **accessibility re-check** before release.
- **TermBase/TM** updated with each approved change; repo tags incremented (e.g., v1.1 → v1.2).
- **Archived** superseded files remain available with clear "Not current" watermark.

Outcome. By aligning rigorous **language workflows** with robust **Easy-to-Read and AAC design**, every core asset in WP 2 will be **accurate, comprehensible, and usable** by the people who need it most—while remaining fully deployable by staff and authorities across Estonia, Bulgaria and Italy.

9.Monitoring & Evaluation Framework

Aim. Keep monitoring *lightweight* and *actionable* while still validating the support system during the three staff trainings (D2.4–D2.6) and summarising in D2.7.

9.1 Core KPIs (just six, easy to gather)

#	KPI (what we track)	Definition	How we collect (simple)	Target by M10
K1	**Attendance**	People who complete each 5-day training	One **presence list** per session (signature per day)	30/30 per session
K2	**Knowledge gain**	% improvement pre → post (10 Q)	Same **10-item quiz** on Day 1 & Day 5	≥ +25 %

#	KPI (what we track)	Definition	How we collect (simple)	Target by M10
K3	**Confidence uplift**	Self-rated confidence (1–5) delta	**4-item scale** pre/post (PFA, icon-form, evidence, intake)	≥ +1.0
K4	**PFA usability**	Ease of using the 8-step PFA (1–5)	**3-item card** after PFA drills	≥ 4.0/5
K5	**Icon-form success**	Forms completed **without critical error**	Trainer ticks **Pass / Needs help** after simulation	≥ 85 % Pass
K6	**Evidence-bundle completeness**	Bundle has all required items (Yes/No)	**Single checklist** (7 tick-boxes)	≥ 80 % Yes

Critical error (K5): missing incident type **or** no place/time **or** no consent/proxy when required.

That's it—no timers, no complex IDs. If a site wants more detail (e.g., exact minutes to complete a form), they can add it locally, but WP2 only requires these six.

9.2 Data-collection tools (all 1-page, paper or Google Form)

A. Training pack (issued in D2.3, same across all three sessions)

- **Presence list** (Day 1–5 grid).
- **Pre/Post Quiz (10 MCQs)** — one page; same version across sessions.
- **Confidence scale (4 items)** — Likert 1–5; printed on the quiz backside.
- **PFA Usability Card (3 items)** — "clear steps", "I can do it", "useful"; Likert 1–5.
- **Icon-form Quick Check** — trainer ticks *Pass / Needs help* once per participant.
- **Evidence-bundle Checklist (7 items)** — screenshots, messages, witness, time/loc, summary, consent/proxy, packaging (envelope or zip).

B. Minimal tracker (one shared Excel/Sheets file per country)
Tabs: **Attendance**, **Quiz**, **Confidence**, **PFA**, **Icon-form**, **Bundle**.

- Columns: Country | Session | Day | Participant Code | Score/Value.
- A built-in **pivot** auto-calculates the six KPIs.

C. Privacy & retention (simple rules)

- Use **participant codes** (no names in the tracker).
- Paper sheets stored locally; photos of presence lists are acceptable.
- Keep evaluation data **24 months**; restrict to the training team.

9.3 Feedback loops (short, fixed cadence)

During each training week

- **Daily huddle (10–15 min)** — trainers note any sticking points (e.g., a confusing field on the icon-form).
- **Same-day micro-fix** — adjust wording on the fly if needed; mark change on the form with version/date.

Within 7 working days after each session

- **2-page Session Brief** (template provided):
  - Page 1: the **six KPIs** (traffic-light).
  - Page 2: "What to change before next session" (max 5 bullets).
- Send to WP2 lead (PUCK) and session host.

Before the next session

- The WP2 **Change Board** okays micro-edits (e.g., icon text). A new tag (e.g., IconForm v1.1) is printed/shared.

Automatic red-flags (trigger a fix)

- **K4** PFA usability < 4.0 → tweak the card/script; repeat drill next day.
- **K5** Icon-form Pass < 85 % → simplify the field(s) causing errors; show example on slides.
- **K2** Knowledge gain < +25 % → replace weakest quiz items and add one refresher exercise.

D2.7 compilation (M10)

- PUCK pulls the six KPIs from each session + one paragraph of changes made.
- One page per country + 1 consolidated page = the D2.7 results section.

Ready-to-use templates (delivered with D2.3)

- **Presence List** (Day grid).
- **10-Q Quiz** (answer key).
- **Confidence Scale (4 items)**.
- **PFA Usability Card (3 items)**.
- **Icon-form Quick Check** (Pass/Needs help).
- **Evidence-bundle 7-tick Checklist**.
- **Excel/Sheets KPI Tracker** with pivots and traffic-light dashboard.

This streamlined set keeps admin light, makes comparisons easy across Estonia, Bulgaria and Italy, and still tells us—clearly—if the **PFA**, **icon-form**, and **evidence-bundle** are working and if the **training** is landing.

10. Recommendations & Road-map to Work Package 3 and Work Package 4

10.1 Before hand-off: what WP2 must freeze and publish

By the end of WP2 (**M10**), lock and release in EN + EE/BG/IT:

- **PFA protocol** (8-step), **icon-based complaint form & proxy strip**, **evidence-bundle kit**, **country Help-Maps**, **training packs** (slides, drills, OSCEs), **microsite/wizard**.
- **D2.7** must state "validated" where thresholds were met (Sec. 9 streamlined KPIs).
- Tag all assets **v1.1** and place in the shared repository with translation and Easy-to-Read sign-offs (Sec. 8).

These WP2 outputs are the **inputs** for WP3 **T3.1–T3.6** and WP4 **T4.1–T4.3**.

10.2 Work Package 3 — Practical Implementation of Support Systems

Duration: M11–M19 **Lead Beneficiary: Amanita (COO)**
Objectives: implement support systems; monitor and support implementation; evaluate effectiveness.

10.2.1 Task-by-task operationalisation (T3.1–T3.6)

Task	Exact name	Inputs from WP2 (what arrives)	Key actions (keywords)	Outputs & evidence (what to file)	Participants / roles
T3.1	**System Deployment**	PFA v1.1; icon-form v1.1; evidence kit; Help-Maps; wizard; ToT list	Launch **workshops** (EE, IT, BG); run **support sessions**; set up **digital tracking** (attendance, feedback, outcomes)	Workshop packs; presence lists; agendas; photos; first month deployment notes	**Amanita (COO)**; RNUN, PUCK, PROVISION (BEN)
T3.2	**Continuous Support**	Trained staff roster; hotline/mediator contacts	**Weekly check-ins** (F2F/phone/online); **on-demand assistance**; escalate issues to mediator	Check-in log; issue tickets; fix notes	Amanita (COO), RNUN, PUCK, PROVISION
T3.3	**Monitoring and Evaluation**	Sec. 9 simple tools (6 KPIs); OSCE rubrics	**Usage tracking**; **feedback collection** (surveys/interviews/FGs; n=50, 25 M/25 F); mid-point analysis	KPI sheet; mid-review brief; interview/FG toplines	Amanita (COO), RNUN, PUCK, PROVISION
T3.4	**Data Collection and Analysis**	Country trackers; anonymised forms	**Quant + qual analysis**; findings; recommendations	Analytical tables; codebook; **implementation reports drafts**	Amanita (COO), RNUN, PUCK, PROVISION
T3.5	**Integration with Local Services**	SOPs; Help-Maps; training packs	Engage **local providers**; micro-training; resource drop; collaboration notes	Integration reports; provider attendance lists; MoUs/collab emails	Amanita (COO), RNUN, PUCK, PROVISION

Task	Exact name	Inputs from WP2 (what arrives)	Key actions (keywords)	Outputs & evidence (what to file)	Participants / roles
T3.6	**Final Review and Adjustment**	All WP3 data; session briefs; provider feedback	**Comprehensive review**; adjust tools (minor edits only); sustainability pointers	Final change-log; readiness memo; lessons-learned	Amanita (COO), RNUN, PUCK, PROVISION

Use the **six KPIs** only (Attendance, Quiz gain, Confidence uplift, PFA usability, Icon-form pass, Evidence-bundle completeness) to keep monitoring light and comparable across countries (Sec. 9).

10.2.2 Milestones & how to meet them

Milestone	WP	Lead	What "good" looks like	Due
MS7 Implementation Start	3	Amanita	Workshops scheduled; staff rosters; trackers live; first attendance lists	**M11**
MS8 Mid-Implementation Review	3	Amanita	2-page KPI brief; interim evaluation summary; early fixes logged	**M14**
MS9 Integration with Local Services	3	Amanita	At least one signed integration note per site; provider training records	**M17**
MS10 Implementation Completion	3	Amanita	Full datasets; draft country implementation reports; lessons-learned	**M19**

10.2.3 Deliverables — packaging rules and owners

ID	Exact title (as in form)	Core contents (checklist)	Lead	Due
D3.1	Workshop – Estonia (**Amanita**)	Agenda; 2-day photos; **20 participants** (10 M/10 F) presence list; materials; evaluations	AMANITA	**M12**
D3.2	Workshop – Italy	As above (Italy)	PUCK	**M12**

ID	Exact title (as in form)	Core contents (checklist)	Lead	Due
D3.3	Workshop – Estonia (**RNUN**)	As above (Estonia, RNUN-hosted)	RNUN	**M12**
D3.4	Workshop – Bulgaria	As above (Bulgaria)	PROVISION	**M12**
D3.5–D3.8	Support Sessions (EE-Amanita; IT-PUCK; EE-RNUN; BG-PROVISION)	8 sessions/country; **3 h each**; 20 participants; attendance; agendas; feedback; evaluation summary	Respective hosts	**M13–M16**
D3.9	Integration Reports	Provider collab notes; attendance; agreements	—	**M17**
D3.10–D3.13	Implementation Reports (EE-Amanita; IT-PUCK; EE-RNUN; BG-PROVISION)	Usage data; beneficiary/staff feedback; challenges/solutions; annex: KPIs and tools used	Respective hosts	**M19**

Use short filenames and the shared naming convention: WP3_D3.x_[country/host]_YYYY-MM-DD.

10.2.4 Month-by-month roadmap (M11–M19)

- **M11:** Launch (MS7). All workshops scheduled; materials distributed; trackers ready.
- **M12:** Deliver **D3.1–D3.4** (four workshops).
- **M13–M16:** Run **D3.5–D3.8** support sessions; upload KPIs monthly; quick fixes applied.
- **M14: MS8** mid-review; implement adjustments.
- **M17: MS9** integration achieved; file **D3.9**.
- **M18–M19:** Close-out; write **D3.10–D3.13**; **MS10** completion.

10.2.5 Interfaces & risks in WP3

- **Interfaces:** mediator desks; AAC interpreters; local providers; WP5 public events (to present tools and recruit allies).
- **Top risks & mitigations:** police intake variance (secure station MoUs), interpreter gaps (backup remote AAC), participant churn (over-recruit 20%).

10.3 Work Package 4 — Engagement with Law Enforcement and Public Authorities

Duration: M20–M24 **Lead Beneficiary: PROVISION (COO)**
Objectives: educate authorities; enhance cooperation; promote best practices; foster inclusive policies; improve response.

10.3.1 Task-by-task operationalisation (T4.1–T4.3)

Task	Exact name	Inputs from WP2–3	Key actions (keywords)	Outputs & evidence	Participants / roles
T4.1	**Stakeholder Workshops**	Validated tools; WP3 evidence; case examples	Workshops with **law enforcement & public authorities** in each country; demos; discussion	Workshop reports; presence lists; summaries	**PROVISION (COO)**; RNUN, PUCK, Amanita, MUSIKART (BEN)
T4.2	**Training Material Development**	Feedback from T4.1; WP2 packs	Produce **authority-specific** guidelines: interaction, de-escalation, legal rights; translate	Training packs (print & digital) in EN + partner languages	PROVISION (COO) + all BEN
T4.3	**Development of Cooperation Protocols**	SOPs; MoU examples; pilot learnings	Draft **cooperation protocols**: roles, channels, intake, AAC; translate	Protocol documents; endorsement letters	PROVISION (COO) + all BEN

10.3.2 Milestone & deliverables — sequence and owners

ID / MS	Exact title	Core contents	Lead	Due
D4.1	Workshop – Estonia	30 participants; 2 days; agenda; presence; summaries	RNUN	**M20**
D4.2	Workshop – Italy	As above (Italy-PUCK)	PUCK	**M20**
D4.3	Workshop – Italy (**MUSIKART**)	As above (Italy-MUSIKART)	MUSIKART	**M20**

ID / MS	Exact title	Core contents	Lead	Due
D4.4	Workshop – Bulgaria	As above (Bulgaria-PROVISION)	PROVISION	**M20**
D4.5	Training Materials for Authorities	Guidelines; slides; handouts; translations	PROVISION	**M22**
D4.6	Cooperation Protocols	Roles; responsibilities; channels; procedures; translations	PROVISION	**M23**
D4.7	Evaluation and Feedback Report	Participant feedback; effectiveness analysis; adjustments	PROVISION	**M24**
MS11	Stakeholder Engagement Completion	All workshops done; materials/protocols ready; feedback loop set	PROVISION	**M24**

10.3.3 Authority-facing focus (what to emphasise)

- Acceptance of the **icon-based complaint form** at first contact, including **proxy filing** and **AAC availability**.
- Short, **3-hour neuro-diversity module** (de-escalation, communication, victim rights) tailored for academy or in-service use.
- **Cooperation protocols** that make the support systems a standard option (referral SLAs, contact points, data-protection notes).

10.4 Interfaces with Work Package 5 (Public Awareness & Dissemination)

Although outside this section's scope, align WP3–4 activities with WP5 to maximise reach:

- Present WP2/3 deliverables at **D5.3–D5.7** (first public events, **M12**) and at **D5.9–D5.13** (second events, **M24**).
- Feed pilot stories and authority cooperation wins into **D5.8** and **D5.14–D5.16** (campaign reports and sustainability plan).
- Reuse icons, Easy-to-Read pages and short explainer videos across campaign materials (**D5.2**).

10.5 Governance, documentation, and QA (applies to WP3–4)

- **RACI:** Amanita (WP3 COO); PROVISION (WP4 COO); RNUN/PUCK/PROVISION/MUSIKART (BEN).
- **Templates:** presence list; agendas; evaluation forms; KPI tracker; workshop/implementation report shells.
- **Translations & accessibility:** apply Sec. 8 workflows to every WP3/WP4 asset before release.
- **Data protection:** use codes, minimal data, country trackers; retain per policy; DPIA for any new tool.
- **Change control:** issue tags for every asset update (e.g., IconForm_v1.2_BG_2026-01-15); keep a simple change-log.

10.6 Next 60-day action plan (from end of WP2)

Weeks 1–2 (M11):

- Lock asset pack v1.1; share repository links; confirm trainers and ToT pairs; schedule all **D3.1–D3.4** workshops.

Weeks 3–6 (M11–M12):

- Deliver workshops; start weekly check-ins (T3.2); open KPI trackers; prepare provider engagement lists (T3.5).

Weeks 7–12 (M13–M14):

- Run support sessions (T3.1, D3.5–D3.8); file **MS8** mid-review; apply quick fixes.

Weeks 13–20 (M15–M17):

- Continue sessions; integrate with local services; issue **D3.9** at **MS9**.

Weeks 21–28 (M18–M19):

- Draft and submit **D3.10–D3.13**; close WP3 (**MS10**). Start preparing T4.1 workshops content (reuse WP2/3 assets).

M20–M24:

- Execute WP4 workshops (**D4.1–D4.4**), produce **D4.5–D4.6**, compile **D4.7**, hit **MS11**.

Bottom line

Use WP2's validated tools to **deploy (WP3)**, then turn pilot practice into **authority protocols and training (WP4)**—all with the exact tasks, deliverables and months from the application form. This roadmap keeps responsibilities clear, monitoring light, and outputs "publication-ready" at each due date.

ANNEXES

1. Online Surveys

2. Focus Groups

3. Expert Interviews

ANNEX 1- ONLINE SURVEYS

Estonian answers to the survey:

Id	Age	Gender	Type of Mental Disorder	Living Arrangement	Location	Have you experienced hate speech or hostile behavior (in person or online) in the last 12 months due to your mental health problems?	If you answered 'Yes', where did it happen?	Rate how much hate speech/hostile behavior impacted your well-being (1=No impact, 5=Very large impact)	Have you ever been a victim of a hate crime (physical attack, property damage, threats, etc.) due to your mental disorder?	If yes, did you report it to the police or another authority?	If not reported, what were the main reasons?	Are you aware of psychological support services for people with mental health issues who have experienced discrimination or hate speech?	Are you aware of legal aid services that help people with mental disorders deal with hate speech or hate crimes?	If you have used any psychological or legal support services, how useful were they? (1=Not useful at all, 5=Extremely useful)	What type of support do you consider most necessary? (select up to 2)	What do you think is the biggest challenge in combating hate speech and hate crimes against people with mental health problems?	Do you have any suggestions that could help you or others in a similar situation feel safer and more supported?
1	26-35	Male	Intellectual disability	Shared or supported living	City	Yes	Online (social media, forums, private messages etc.); In public	4	Yes	Yes	Not applicable	Not sure	No	3	Legal counseling and representation	I don't know	I don't know

							spaces (streets, shops, public transport)										
2	26-35	Male	Anxiety disorder(s)	I live with family	Suburban area	Yes	Online (social media, forums, private messages etc.)	4	No	No	I felt fear or shame	Yes, I know at least one	Not sure	3	Network-based support group; Awareness campaigns to educate the public	Speed of getting help	I don't know
3	36-45	Male	Psychotic disorders, e.g. schizophrenia	Shared or supported living	City	No		1	No	Not applicable / No hate crime experienced	Have not experienced it	No, I don't know any	No		Awareness campaigns to educate the public	People's attitudes	Talking to someone wiser
4	36-45	Female	Psychotic disorders, e.g. schizophrenia	Shared or supported living	City	No		1	Yes	No	I felt fear or shame	Yes, I know at least one	No	4	Ongoing counseling/therapy	Talking to a support person or family	Close ones or a mentor
5	26-35	Female	Prefer not to specify	I live with family	City	Yes	In public spaces (streets, shops, public transport)	4	No	No	I felt fear or shame	Not sure	Not sure		Network-based support group	Finding help	No

6	26-35	Female	Anxiety disorder(s)	I live with family	City	Yes	Online (social media, forums, private messages etc.)	4	No	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure		Ongoing counseling/therapy	Finding friends	Don't know
7	36-45	Male	Prefer not to specify	I live independently	Suburban area	Yes	At the workplace or in a professional setting; Online (social media, forums, private messages etc.)	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Not sure		Awareness campaigns to educate the public	I don't know	I don't have any
8	18-25	Female	Autism spectrum disorders	I live with family	Suburban area	Yes	In public spaces (streets, shops, public transport); In educational or training environments	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Yes	3	Ongoing counseling/therapy; Network-based support group	Finding help	Unfortunately, I don't know
9	18-25	Female	Prefer not to specify	I live with family	Rural area	Not sure		2	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure		Rapid crisis aid / helpline; Awareness campaigns to educate the public	Help is needed quickly when there is a problem	Maybe there could be a direct online contact

10	18-25	Female	Anxiety disorder(s)	I live with family	Rural area	Yes	Online (social media, forums, private messages etc.); In educational or training environments	4	No	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Not sure		Rapid crisis aid / helpline	Low empathy from the public	Clear guidelines and contacts on where to turn in case of hate speech
11	26-35	Prefer not to say	Prefer not to specify	Shared or supported living	Suburban area	Yes	Online (social media, forums, private messages etc.); At the workplace or in a professional setting	4	Yes	No	I felt fear or shame	Yes, I know at least one	Yes		Rapid crisis aid / helpline; Network-based support group	Lack of awareness and knowledge on mental health topics	More awareness-raising campaigns on mental health
12	18-25	Female	Anxiety disorder(s)	I live with family	Rural area	Not sure		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable; I felt fear or shame	Not sure	Not sure		Network-based support group; Awareness campaigns to educate the public	Stereotypes and prejudices in society	Trainings for police and social workers on how to interact with people with intellectual disabilities

13	26-35	Male	Prefer not to specify	Shared or supported living	Suburban area	Yes	In public spaces (streets, shops, public transport); At the workplace or in a professional setting	5	Yes	No	Lack of trust in authorities	Yes, I know at least one	Yes	3	Ongoing counseling/therapy	Victims' fear of speaking up	Support groups and peer counselors for people with mental health issues
14	36-45	Male	Prefer not to specify	I live independently	Rural area	Yes	In public spaces (streets, shops, public transport); At the workplace or in a professional setting	5	Yes	No	I did not believe it would help; I felt fear or shame	Yes, I know at least one	Yes	3	Ongoing counseling/therapy; Network-based support group	Law enforcement's low readiness to respond	Quick and easy access to psychological help
15	26-35	Female	Prefer not to specify	Shared or supported living	Suburban area	Not sure		4	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure		Rapid crisis aid / helpline	Insufficient support services and psychological help	Clear guidelines and contacts on where to turn in case of hate speech
16	18-25	Female	Psychotic disorders, e.g.	I live with family	City	Yes	Online (social media, forums, private	5	Prefer not to say	Not applicable / No hate crime	Not applicable	Not sure	Not sure		Rapid crisis aid / helpline	Stigmatization of mental health in the media	Safe and supportive environments in the communit

			schizophrenia				messages etc.); In educational or training environments			experienced							y (e.g. day centers)
17	26-35	Female	Prefer not to specify	Shared or supported living	Suburban area	Not sure		4	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Not sure	4	Awareness campaigns to educate the public; Network-based support group	Difficult to prove hate crime	I don't know
18	36-45	Male	Mood disorders, e.g. severe depression	I live independently	City	Yes	At the workplace or in a professional setting	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Yes	4	Ongoing counseling/therapy	Lack of training for professionals (e.g. police, teachers)	Trainings
19	26-35	Female	Prefer not to specify	Shared or supported living	Suburban area	Not sure		3	No	No	Not applicable	Not sure	Not sure	3	Rapid crisis aid / helpline	Difficult to prove hate crime	Don't know
20	26-35	Female	Mood disorders, e.g. severe depression	I live with family	City	Yes	Online (social media, forums, private messages etc.)	5	No	No	Not applicable	Not sure	Yes	3	Awareness campaigns to educate the public	Difficult to prove	A more open society
21	46+ (optional)	Male	Prefer not to specify	I live independently	City	Yes	At the workplace or in a professional	5	No	Not applicable / No hate crime	Not applicable	Yes, I know at least one	Yes	4	Legal counseling and representation; Network-	Insufficient support services and psychological help	Developing support services

							setting; In a healthcare facility			experienced					based support group		
22	36-45	Female	Anxiety disorder(s)	I live independently	City	Yes	At the workplace or in a professional setting; In public spaces (streets, shops, public transport)	4	No	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Yes	5	Rapid crisis aid / helpline; Network-based support group	Victims' fear of speaking up	I don't know
23	18-25	Female	Mood disorders, e.g. severe depression	I live with family	Suburban area	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops, public transport)	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Awareness campaigns to educate the public; Ongoing counseling/therapy	Hard to prove hate crime	Clearer internet rules
24	36-45	Male	Autism spectrum disorders	Shared or supported living	Suburban area	Not sure		4	No	No	Not applicable	Not sure	Not sure	3	Network-based support group	I don't know	Don't know

25	36-45	Male	Insomnia	I live independently	Rural area	Yes	Online (social media, forums, private messages etc.)	3	No	Yes	Did not know where or how to report	No, I don't know any	No	3	Rapid crisis aid / helpline; Ongoing counseling/therapy	Patience	Nothing at the moment
26	18-25	Female	Prefer not to specify	I live with family	Rural area	Yes	Online (social media, forums, private messages etc.)	5	No	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Rapid crisis aid / helpline; Awareness campaigns to educate the public	Feels like no one is accountable for their words online	Set netiquette rules
27	26-35	Male	Prefer not to specify	Shared or supported living	Suburban area	Not sure		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Not sure	3	Ongoing counseling/therapy	I don't know how to say	Don't know
28	36-45	Female	Mood disorders, e.g. severe depression	I live independently	City	Yes	In public spaces (streets, shops, public transport)	5	No	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Yes	4	Ongoing counseling/therapy	Spread of hate speech on social media	Don't know
29	36-45	Male	Psychotic disorders, e.g. schizophrenia	Shared or supported living	Suburban area	Yes	In public spaces (streets, shops, public transport); At the workplace or in a professi	4	Yes	Yes	I informed the police	Yes, I know at least one	Yes	5	Legal counseling and representation	Lack of training	More trainings

							onal setting										
30	36-45	Female	Prefer not to specify	Shared or supported living	Suburban area	Not sure	In public spaces (streets, shops, public transport)	4	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Legal counseling and representation; Network-based support group	Lack of training opportunities	Trainings for us and officials
31	36-45	Male	Prefer not to specify	Shared or supported living	City	Yes	Online (social media, forums, private messages etc.)	3	Prefer not to say	No	I felt fear or shame	No, I don't know any	No		Network-based support group; Rapid crisis aid / helpline	Don't know	Don't know
32	36-45	Male	Prefer not to specify	No permanent residence	City	Yes	In public spaces (streets, shops, public transport); In a healthcare facility	5	Yes	No	I did not believe it would help; Lack of trust in authorities	Yes, I know at least one	Yes	3	Social assistance, finding accommodation	People's attitude toward the homeless	Don't know
33	18-25	Female	Anxiety disorder(s)	I live with family	Rural area	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops, public	4	No	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Don't know	Don't know	Don't know

							transport)										
34	26-35	Female	Prefer not to specify	I live independently	City	No		1	No	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Not sure	1	Rapid crisis aid / helpline	I don't know	?
35	18-25	Male	Prefer not to specify	I live with family	Suburban area	Not sure		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Not sure	2	Awareness campaigns to educate the public	No ideas	I don't know
36	18-25	Female	Autism spectrum disorders	Shared or supported living	City	Yes	At the workplace or in a professional setting	5	Yes	Yes	I felt fear or shame	No, I don't know any	Not sure	3	Ongoing counseling/therapy	That you have to listen and endure the criticism directed at you	There could be a rule or law that if someone directs hate speech at you that deeply offends or disturbs you, then this person must refer you to psychological counseling
37	46+ (optional)	Female	Mood disorders, e.g.	I live independently	City	Yes	At the workplace or in	4	No	Not applicable / No	Not applicable	No, I don't know any	No	3	Ongoing counseling/therapy;	I don't know	You must not be alone.

			severe depression				a professional setting			hate crime experienced					Rapid crisis aid / helpline		Learn to live with it and accept being different. Make peace with yourself
38	36-45	Female	Anxiety disorder(s)	I live with family	City	No		1	Yes	No	I did not believe it would help; Did not know where or how to report; I felt fear or shame; Lack of trust in authorities	No, I don't know any	No		Awareness campaigns to educate the public; Legal counseling and representation	I don't know	I don't have any
39	26-35	Male	Anxiety disorder(s)	I live with family	City	No		1	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	No		Ongoing counseling/therapy; Awareness campaigns to educate the public	Feeling of worthlessness	Don't know
40	36-45	Male	Mood disorders, e.g. severe	I live with family	City	Yes	In public spaces (streets, shops, public	5	No	Not applicable / No hate crime	Not applicable	No, I don't know any	No		Network-based support group; Rapid	You must not approach solving the issue	For me it's very important that I'm approach

			depression				transport); In a healthcare facility			experienced					crisis aid / helpline	simply and comfortably, but with heart	ed with heart and the will to help solve the problem — not just a simple, convenient approach that doesn't actually solve anything
41	26-35	Female	Prefer not to specify	I live independently	City	No		2	Yes	Yes	Not applicable	Not sure	Yes	4	Ongoing counseling/therapy; Network-based support group	Knowing how to seek and find help	Good people around who don't let the fear get to you — or if it's already there, help chase it away
42	36-45	Male	Psychotic disorders, e.g. schizophrenia	I live with family	Suburban area	No		3	No	Yes	I have not been a victim	Yes, I know at least one	Not sure		Ongoing counseling/therapy; Awareness campaigns to educate the public	I have not experienced hate speech or hate crime	–
43	36-45	Male	Mood disorders, e.g. severe depression	Shared or supported living	City	Yes	In public spaces (streets, shops, public transpor	2	No	No	I did not believe it would help; Not	Not sure	Not sure	4	Ongoing counseling/therapy; Awareness campaigns	For example, how to learn to cope after experienci	The best thing is to find someone to talk to or seek

							t); Online (social media, forums, private messages etc.)				applicable				to educate the public	ng hate crime	greater help when feeling completely lost
44	36-45	Male	Autism spectrum disorders	I live with family	Rural area	Yes	In public spaces (streets, shops, public transport)	5	Yes	No	I did not believe it would help	Yes, I know at least one	Yes	5	Ongoing counseling/therapy	People's awareness	Reporting it
45	36-45	Female	Anxiety disorder(s)	I live with family	City	No		1	Yes	Yes	I felt fear or shame; Did not know where or how to report	No, I don't know any	No		Ongoing counseling/therapy; Legal counseling and representation	Since the disorder itself already causes insecurity and fear, it's hard for a person with mental health issues to stand up for themselves	Definitely an option to contact someone who listens and knows more about the topic and how to protect yourself. Therapies.
46	46+ (optional)	Female	Bipolar disorder	I live independently	Suburban area	Yes	At the workplace or in a professional setting	5	No	No	I did not believe it would help	No, I don't know any	No		Ongoing counseling/therapy	Cooperation, clear communication, and trustworthy	Open communication, courage to talk about problems

																relationships	
47	26-35	Female	Mood disorders, e.g. severe depression	I live independently	City	Yes	In public spaces (streets, shops, public transport); Online (social media, forums, private messages etc.)	4	No	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	No		Ongoing counseling/therapy; Awareness campaigns to educate the public	Lack of awareness on the topics	I don't have any
48	18-25	Male	Anxiety disorder(s)	I live with family	City	Yes	Online (social media, forums, private messages etc.)	5	Prefer not to say	No	I did not believe it would help	No, I don't know any	No		Ongoing counseling/therapy; Network-based support group	Don't know	I don't have any
49	26-35	Prefer not to say	Autism spectrum disorders	I live with family	Suburban area	Not sure		3	No	No	Not applicable	Yes, I know at least one	Yes	2	Rapid crisis aid / helpline	Complicated	Make it easier
50	18-25	Male	Psychotic disorders, e.g. schizophrenia	Shared or supported living	Suburban area	Yes	In public spaces (streets, shops, public transport); Online (social media, forums, private	5	Yes	No	I felt fear or shame	Yes, I know at least one	Not sure		Legal counseling and representation	Don't know where to go or what to say	More help

							messages etc.)										
51	26-35	Female	Anxiety disorder(s)	I live with family	Rural area	Yes	Online (social media, forums, private messages etc.); At the workplace or in a professional setting	5	No	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	No		Rapid crisis aid / helpline	Don't know	I don't have any
52	18-25	Male	Psychotic disorders, e.g. schizophrenia	I live with family	Rural area	Not sure		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure		Ongoing counseling/therapy	Not sure	Not sure
53	26-35	Male	Autism spectrum disorders	I live with family	City	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops, public transport)	4	No	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Not sure	3	Network-based support group	Witnesses' indifference and silence	Don't know
54	18-25	Male	Autism spectrum	Shared or	City	Yes	Online (social media,	5	Yes	No	I felt fear or shame	Yes, I know at least one	Yes	4	Ongoing counseling/therapy;	No one helps us	More support is needed

			disorders	supported living			forums, private messages etc.)							Legal counseling and representation		
55	36-45	Female	Psychotic disorders, e.g. schizophrenia	Shared or supported living	Suburban area	Yes	In public spaces (streets, shops, public transport)	4	No	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Rapid crisis aid / helpline	Fear of speaking up	I don't have any
56	18-25	Female	Psychotic disorders, e.g. schizophrenia	Shared or supported living	City	Yes	In public spaces (streets, shops, public transport); Online (social media, forums, private messages etc.)	4	No	Not applicable / No hate crime experienced	Not applicable	Yes, I know at least one	Yes	3	Ongoing counseling/therapy; Legal counseling and representation	Not enough help from legal representatives	More help
57	36-45	Female	Mood disorders, e.g. severe depression	I live independently	City	Yes	In public spaces (streets, shops, public transport)	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	2	Ongoing counseling/therapy; Legal counseling and representation	Lack of awareness	Increasing awareness
58	18-25	Male	Bipolar disorder	I live with family	Suburban area	Yes	Online (social media, forums, private messag	5	No	No	Not applicable	Yes, I know at least one	Not sure		Legal counseling and representation	Don't know	I don't have any

							es etc.); In public spaces (streets, shops, public transport)										
59	18-25	Male	Prefer not to specify	I live with family	Rural area	No		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Awareness campaigns to educate the public	Stereotypes and prejudices	Awareness
60	18-25	Male	Psychotic disorders, e.g. schizophrenia	Shared or supported living	Suburban area	Not sure		3	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	Not sure	3	Rapid crisis aid / helpline	Spread of hate speech on social media	Clear rules
61	18-25	Male	Autism spectrum disorders	I live with family	Rural area	Not sure	In public spaces (streets, shops, public transport)	4	No	Not applicable / No hate crime experienced	Not applicable	No, I don't know any	Yes	2	Ongoing counseling/therapy	Hate speech on social media	Don't know
62	26-35	Male	Prefer not to specify	Shared or supported living	Suburban area	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops,	5	Yes	No	I did not believe it would help	Not sure	Not sure		Legal counseling and representation	No one believes me	Don't know

							public transport)										
63	46+ (optional)	Male	Mood disorders, e.g. severe depression	I live independently	Rural area	No		3	No	No	Not applicable	Not sure	Not sure	3	Legal counseling and representation	Thematic training sessions	Trainings
64	36-45	Female	Mood disorders, e.g. severe depression	I live independently	City	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops, public transport)	5	Prefer not to say	Not applicable / No hate crime experienced	Not applicable	Not sure	No	3	Ongoing counseling/therapy; Legal counseling and representation	Insufficient support services	More services also in rural areas
65	26-35	Female	Psychotic disorders, e.g. schizophrenia	Shared or supported living	City	Yes	Online (social media, forums, private messages etc.); In public spaces (streets, shops, public transport)	5	No	No	Not applicable	Yes, I know at least one	Yes	5	Ongoing counseling/therapy	Ongoing counseling	Same
66	18-25	Female	Psychotic disorder	I live with family	City	Yes	In educational or	5	No	Not applicable / No	Not applicable	Not sure	Not sure	3	Awareness campaigns	Weak accessibility of	More support services

			s, e.g. schizophrenia				training environments			hate crime experienced					to educate the public	support services	

Italian answers to the Online survey:

ID	Età	Genere	Tipo di disabilità mentale	Situazione abitativa	Locazione	Negli ultimi 12 mesi, hai subito manifestazioni verbali d'odio o comportamenti odiosi nei tuoi confronti (di persona o online) a causa della tua disabilità mentale?	Se "Sì", dove è avvenuto?	Valuta l'impatto dell'odio/discriminazione sul tuo benessere. (1 = Nessun impatto, 5 = Impatto severo)	Sei mai stato vittima di un crimine d'odio (aggressione fisica, danneggiamento della proprietà, minaccia, ecc.) a causa della tua disabilità mentale?	Se sì, hai denunciato o crimine d'odio alla polizia o a un'altra autorità?	Se non l'hai riportato, quali erano le ragioni principali?	Sei a conoscenza dei servizi di supporto psicologico specificamente per le persone con disabilità mentali colpite da discriminazione o discorso d'odio?	Sei a conoscenza dei servizi di assistenza legale che aiutano le persone con disabilità mentali a affrontare discorsi/crimini d'odio?	Per favore, valuta quanto è stata utile per te qualsiasi servizio di supporto psicologico o legale. (1 = Per niente utile, 5 = Estremamente utile) Se non hai utilizzato alcun servizio del	Quale tipo di supporto pensi sia più necessario? (Seleziona fino a 2)	Qual è la sfida più grande nella lotta contro l'odio e i crimini d'odio nei confronti delle persone con disabilità mentali?	Hai suggerimenti su cosa potrebbe aiutare te o altri in situazioni simili a sentirsi più al sicuro e supportati?

														genere, …			
1	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		1	Sì	No	Non credevo che sarebbe stato d'aiuto;	No, non conosco nessuno	Sì	2	Supporto immediato per la crisi / hotline;Consulenza legale;	Sensibilizzare le persone affinché, non si abbiano discriminazioni per la propria diversità	Più informazione e leggi più severe
2	46+	Femminile	Disturbo bipolare	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);	2	No	No	Non perseguibile;	Sì, ne conosco almeno uno	Sì	4	Counseling / terapia in corso;Campagne di sensibilizzazione per educare il pubblico;	Supporto ed informazione alla popolazione	Far conoscere la disabilità mentale
3	26-35	Femminile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		3	No	No	Non perseguibile;	Sì, ne conosco almeno uno	Sì	3	Supporto immediato per la crisi / hotline;	L'ignoranza	Numeri verde di supporto
4	26-35	Femminile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Non ne sono sicuro		3	No	No	Non credevo che sarebbe stato d'aiuto;	Non ne sono sicuro	Non ne sono sicuro	3	Supporto immediato per la crisi / hotline;	La poca informazione e ignoranza che c'è in giro verso la disabilità mentale. Quella è la più	Più informazione!

																grande sfida.	
5	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Suburbana	Non ne sono sicuro	Ambiente educativo/formativo;	3	Sì	Sì	Mancanza di fiducia nelle autorità;	Sì, ne conosco almeno uno	Sì	5	Consulenza legale;Counseling / terapia in corso;	Il pregiudizio sul fatto che non pensino che la Persona comprenda	La Divulgazione e la Conoscenza
6	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		1	No	Non perseguibile / Nessun crimine d'odio subito	Non e' successo;	No, non conosco nessuno	No	4	Campagne di sensibilizzazione per educare il pubblico;	La consapevolezza	Uno staff che mi aiutasse
7	18-25	Preferisco non dirlo	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Ambiente educativo/formativo;	4	No	No	Non sapevo dove/come segnalare;	No, non conosco nessuno	No	1	Counseling / terapia in corso;	Far conoscere le disabilità mentali per normalizzarle	Dare strumenti di autodifesa e autodeterminazione
8	36-45	Femminile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);	3	No	No	Non perseguibile;	Non ne sono sicuro	Non ne sono sicuro	3	Campagne di sensibilizzazione per educare il pubblico;	Informazioni, formazione continua sulla neurodiversita	Maggiore consapevolezza ed informazione sulla mia neurodiversita

9	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);	3	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;Non ho subito niente;	No, non conosco nessuno	No		Campagne di sensibilizzazione per educare il pubblico; Counseling / terapia in corso;	Superare la non educazione alla disabilità	Formare le persone, bambini, adolescenti e adulti
10	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);	3	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;Campagne di sensibilizzazione per educare il pubblico;	Non saprei ..ci sono tante sfide	Fare noi percorsi abilitativi con insegnamento del riconoscimento dell'odio da parte delle persone
11	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Online (social media, forum, messaggi diretti, ecc.);	1	No	No	. ;	No, non conosco nessuno	No		Counseling / terapia in corso;Campagne di sensibilizzazione per educare il pubblico;	Sensibilizzare tutte le persone su un tema così delicato come quello della disabilità mentale.	Essere a conoscenza dell'esistenza di servizi ai quali rivolgersi per ricevere aiuto.
12	18-	Maschile	Disordine dello	Con Famiglia	Area Urbana	No	Spazio pubblico (strade,	3	Sì	No	Non credevo che	Non ne sono sicuro	No		Supporto immediato	Informare le persone	Avere una linea di ascolto

	25		spettro autistico				negozi, trasporti);				sarebbe stato d'aiuto;				per la crisi / hotline;		
13	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Suburbana	No		1	No	Non perseguibile / Nessun crimine d'odio subito	Non sono stato vittima di odio/bullismo ;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;Consulenza legale;	L'assenza di empatia e il disprezzo verso la disabilità in genere nei genitori di normotipici che si trasmette ai figli	Pene severe
14	18-25	Femminile	Disabilita intellettiva	Con Famiglia	Area Rurale	Non ne sono sicuro	Ambiente educativo/formativo;	5	Preferisco non specificarlo	No	Ho avuto paura o vergogna ;	No, non conosco nessuno	No		Consulenza legale;Counseling / terapia in corso;	Superare i pregiudizi delle persone	Educare e sensibilizzare le persone
15	18-25	Femminile	Disordine dello spettro autistico	Genitori separati	Area Urbana	Non ne sono sicuro	In giro;	2	Sì	No	Non sapevo dove/come segnalare;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;	Inserimento sociale	Avere supporto sociale esterno
16	36-45	Maschile	Disordine dello spettro autistico	Sposato con mia moglie	Area Urbana	No		5	Sì	Sì	Ho avuto paura o vergogna ;	Sì, ne conosco almeno uno	Sì	5	Campagne di sensibilizzazione per educare il pubblico;Supporto	Sensibilizzare e far capire alle persone che	Si prima di tutto la formazione per esempio alle forze dell'

				autistica											immediato per la crisi / hotline;	prima di tutto la persona autistica e una persona e bisogna cercare di aiutarla sia a gestire le varie crisi ma soprattutto creare un ambiente adeguato dove la persona autistica si sente compresa e questo lo favorisce nell entrare in relazione con persone e nell'	ordine anche perché oggi nelle file delle varie forze di polizia ci sono molte leve giovani e quindi se non formati rischiano di peggiorare la situazione e poi bisogna continuare a formare le scuole e gli insegnanti perché in molte zone le scuole non riescono ancora ad essere dei luoghi di inclusione.

																adattamento ai contesti	
17	36-45	Femminile	Autismo, ansia, disturbo ossessivo compulsivo e disturbo alimentare	Sono in coppia, sposata.	Area Urbana	Sì	Online (social media, forum, messaggi diretti, ecc.);Spazio pubblico (strade, negozi, trasporti);	4	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	Sì, ne conosco almeno uno	No	1	Supporto immediato per la crisi / hotline;Campagne di sensibilizzazione per educare il pubblico;	Cambiare la mentalità delle persone che credono che il loro diritto di non provare alcun tipo di disagio venga prima del diritto di vivere bene delle persone disabili (come quando devono cedere la precedenza di una fila ad una persona disabile e lo	Mi dispiace dirlo, ma servono pene severe. Chi discrimina deve subire un danno. Se nessuno ha paura delle conseguenze non cambierà mai niente. Sensibilizzare serve, ma serve solo verso chi è già predisposto. C'è gente che se ne frega. Ma siccome del portafogli gli interessa, allora

																trovano addirittura ingiusto)	colpiamo quello.
18	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Struttura sanitaria;	3	No	No	Non credevo che sarebbe stato d'aiuto;	No, non conosco nessuno	No	1	Campagne di sensibilizzazione per educare il pubblico;	C'è ancora troppa ignoranza, è poca informazione	Informazioni veritiere sull argomento
19	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Suburbana	No		3	No	No	Non credevo che sarebbe stato d'aiuto;	Sì, ne conosco almeno uno	Sì	1	Supporto immediato per la crisi / hotline;	Essere tempestivi	Denunciare ed eseguire pene severe
20	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		5	No	No	Ho avuto paura o vergogna;	No, non conosco nessuno	No	5	Supporto immediato per la crisi / hotline;Campagne di sensibilizzazione per educare il pubblico;	Far si chr non esistano più	No
21	46+	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		3	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	Sì, ne conosco almeno uno	Sì	3	Supporto immediato per la crisi / hotline;	Valorizzare la disabilità	Più inserimento nella vita lavorativa e sociale

22	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		3	No	Non perseguibile / Nessun crimine d'odio subito	Nessun crimine d'odio;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;Campagne di sensibilizzazione per educare il pubblico;	La società di oggi, molti ragazzi sono senza rispetto ed educazione	Io penso che questa cosa deve essere sensibilizzata sopratutto nelle scuole, è la che avviene la maggior parte dell'odio. Ogni ragazzo disabile dovrebbe avere di supporto qualcuno sempre al suo fianco in modo da difenderlo quando lui stesso non può
23	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		1	Sì	No	Mancanza di fiducia nelle autorità;	No, non conosco nessuno	No	3	Supporto immediato per la crisi / hotline;	Unire tutte persone disabili per conseguire gli scopi di tutela e la	Un numero di telefono dove chiedere informazioni per la tutela dei diritti delle

																consapevolezza dei diritti contro chi né abusa senza averne diritto.	persone disabili
24	26-35	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		1	Sì	No	Non credevo che sarebbe stato d'aiuto;	Sì, ne conosco almeno uno	Sì		Campagne di sensibilizzazione per educare il pubblico;Supporto immediato per la crisi / hotline;	Nessuna sfida, ma educare alla disabilità	Parlarne di più ma con l auto delle istituzioni
25	18-25	Femminile	Disturbo dell'ansia	Con Famiglia	Area Urbana	Sì	Ambiente educativo/formativo;Online (social media, forum, messaggi diretti, ecc.);	4	Sì	Sì	Non credevo che sarebbe stato d'aiuto;	Sì, ne conosco almeno uno	Sì	5	Counseling / terapia in corso;Campagne di sensibilizzazione per educare il pubblico;	L ignoranza	Uducare la popolazione e leggi più dure per chi discrimina
26	36-45	Femminile	Preferisco non specificare	Con Famiglia	Area Urbana	No		3	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;Campagne di sensibilizzazione per educare il pubblico;	Far capire a tutti che queste persone non sono mostri, ma persone che	No purtroppo

																hanno bisogno di aiuto e amore	
27	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		4	Sì	No	Non perseguibile;	No, non conosco nessuno	No		Supporto immediato per la crisi / hotline;Consulenza legale;	Far capire agli altri che non esistono disabili da buttare che anche loro hanno sentimenti	No
28	46+	Preferisco non dirlo	Preferisco non specificare	Alloggio condiviso	Area Urbana	Non ne sono sicuro	Online (social media, forum, messaggi diretti, ecc.);	4	Preferisco non specificarlo	Sì	Ho avuto paura o vergogna;	Non ne sono sicuro	No		Campagne di sensibilizzazione per educare il pubblico;	Sicurezza	Sistema socio sanitario.
29	36-45	Femminile	Disordine dello spettro autistico	Con Famiglia	Area Suburbana	Non ne sono sicuro	Struttura sanitaria;	4	Sì	No	Difficile da dimostrare;	No, non conosco nessuno	No	4	Supporto immediato per la crisi / hotline;Consulenza legale;	Creare una rete sociale forte che sostenga famiglia e disabile semzas entire l'isolamento	Come sopra

30	26-35	Maschile	Disturbi comportamentali	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);	3	No	Non perseguibile / Nessun crimine d'odio subito	Mancanza di fiducia nelle autorità; Non ho subito crimini d'odio;	Sì, ne conosco almeno uno	No	2	Campagne di sensibilizzazione per educare il pubblico;	Far valere la legge	Aumentare strutture di accoglienza per disabili
31	18-25	Maschile	Preferisco non specificare	Con Famiglia	Area Urbana	No		1	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	Non ne sono sicuro	Non ne sono sicuro	2	Counseling / terapia in corso;	Educarli pian piano ad avere una vita sociale, con supporto di esperti	La non discriminazione e supporto
32	18-25	Femminile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Ambiente educativo/formativo;	3	Sì	Sì	Ho denunciato alle forze dell'ordine con Mia madre ;	Sì, ne conosco almeno uno	Sì	5	Supporto immediato per la crisi / hotline;Consulenza legale;	Fare molta, molta informazione	Rivolgersi alle associazioni di categoria
33	18-25	Femminile	Malattia rara	Con Famiglia	Area Urbana	No		1	No	Non perseguibile / Nessun crimine d'odio subito	Non ho subito crimine di odio;	Non ne sono sicuro	No	1	Campagne di sensibilizzazione per educare il pubblico;	L'educazione	Miglioramento dei servizi di sicurezza

34	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Sì	Spazio pubblico (strade, negozi, trasporti);Ambiente educativo/formativo;	2	Preferisco non specificarlo	Non perseguibile / Nessun crimine d'odio subito	Non sapevo dove/come segnalare;	No, non conosco nessuno	No		Campagne di sensibilizzazione per educare il pubblico; Counseling / terapia in corso;	Farci accettare senza discriminazioni	Informazione, conoscenza e il supporto per inclucederci
35	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	Non ne sono sicuro	Ambiente educativo/formativo;	3	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	No, non conosco nessuno	No		Consulenza legale;Counseling / terapia in corso;	Formazione	Sensibilizzazione
36	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		2	No	Non perseguibile / Nessun crimine d'odio subito	Non perseguibile;	No, non conosco nessuno	No		Campagne di sensibilizzazione per educare il pubblico;	La conoscenza	Non so
37	46+	Maschile	Genitore disabile minorenne	Con Famiglia	Area Urbana	Non ne sono sicuro	Ambiente di lavoro o contesto professionale;	1	No	Non perseguibile / Nessun crimine d'odio subito	Mancanza di fiducia nelle autorità;	No, non conosco nessuno	No	5	Consulenza legale;	Ignoranza	No

38	46+	Maschile	Schizofrenia	Con Famiglia	Area Urbana	No		5	Sì	No	Atto svolto dalle stesse autorità;	Non ne sono sicuro	No		Campagne di sensibilizzazione per educare il pubblico;Supporto immediato per la crisi / hotline;	Sensibilizzare le persone alle malattie mentali e l'integrazione nella società senza farle sentire emarginati pericolosi	Istruire le persone rende la società migliore aumenta la probabilità di essere supportati e al sicuro e investire su personale da inserire in ambienti dove spesso avvengono abusi
39	26-35	Femminile	Disturbo dell'ansia	Con Famiglia	Area Urbana	Non ne sono sicuro	Online (social media, forum, messaggi diretti, ecc.);	5	No	Non perseguibile / Nessun crimine d'odio subito	Mancanza di fiducia nelle autorità;	Sì, ne conosco almeno uno	No	3	Campagne di sensibilizzazione per educare il pubblico;	Fargli capire che potrebbe accadere a loro	Sensibilizzare le nuove generazioni e i dirigenti scolastici
40	18-25	Maschile	Disordine dello spettro autistico	Con Famiglia	Area Urbana	No		1	No	No	Non perseguibile;	Sì, ne conosco almeno uno	Sì	1	Campagne di sensibilizzazione per educare il pubblico;	La conoscenza	Il confronto tra tutti gli attori

Bulgarian answers to the survey:

ID	Възраст	Пол	Вид психично увреждане	Съжителство	Местоположение	През последните 12 месеца, преживявали ли сте реч на омразата или омразно поведение, насочено към вас (лично или онлайн), поради вашето психично увреждане?	Ако „Да“, къде се е случило това?	Оценете въздействието на омразата в речта/поведението, изпълнено с омраза, върху вашето благосъстояние. (1 = Няма въздействие, 5 = Сериозно въздействие)	Били ли сте някога жертва на престъпление от омраза (физическо нападение, повреда на имущество, заплаха и др.) поради вашето психично увреждане?	Ако отговорът е „да“, съобщихте ли за престъплението от омраза на полицията или друг орган?	Ако не сте съобщили, какви бяха основните причини?	Запознати ли сте с услуги за психологическа подкрепа, специално предназначени за хора с психични увреждания, засегнати от дискриминация или реч на омразата?	Запознати ли сте с услуги за правна помощ, които помагат на хора с психични увреждания да се справят с речта/престъпленията, подбуждащи към омраза?	Моля, оценете колко полезна е била за Вас някоя от услугите за психологическа или правна подкрепа. (1 = Изобщо не е полезна, 5 = Изключително полезна) Ако не сте използвали такава услуга, моля, пр...	Кой вид подкрепа според вас е най-необходим? (Изберете до 2)	Кое е най-голямото предизвикателство в борбата с речта на омразата/престъпленията от омраза срещу хора с психични увреждания?	Някакви предложения за това какво би могло да помогне на вас или на други хора в подобни ситуации да се чувстват по-сигурни и по-подкрепени?
1	18-25	Мъж	Разстройство от	Със семейство	Селски район	Да	Публично пространство (улици,	5	Не	Не е приложимо /	Не е прил	Да, познавам	Да	5	Незабавна кризисна подкрепа /	необходимостта на обществото	по-голямо разбир

			аутистичния спектър				магазини, транспорт);			Няма преживяно престъпление от омраза	ожимо	поне един			гореща линия;Кампании за повишаване на осведомеността за образоване на обществеността;	да разбере спецификата на проблемите на хората с увреждания	ане от обществото
2	36-45	Жена	Разстройство от аутистичния спектър	Със семейство	Градска зона	Да	Работно или професионално заведение;	5	Да	Не	Не вярвах, че това ще помогне	Не, не знам никакви	Не		Кампании за повишаване на осведомеността за образоване на обществеността;	Да обясниш на хората, че всички са равни и имат право на живот и щастие.	Постоянно превъзпитание и осведомености трябва като за начало
3	46+ (optional)	Жена	Разстройство от аутистичния спектър	Със семейство	Градска зона	Не		2	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не	1	Текущо консултиране / терапия;Правни консултации и застъпничество;	Недостатъчната информираност на обществото - третирането на всички хора с увреждания под един знаменател и страх, че тези хора са непредвидими или агресивни. Общото	Със сигурност би било много полезно ако има къде човек да се консултира за правата на хората с увреж

																разбиране, че тези хора са безполезни. Липсата на подкрепа от институциите най- вече към семействата и липсата на специалисти, коитод аработят с хора с увреждания. Не на последно място, липсата на места където тези хора да получават помощ, когатоостават сами.	дания, някой който да навигира семейството през преминаване на ТЕЛК, кандидатстване в градина или училище, намиране на адекватни терапии, психологична помощ за близките и така нататък. Информацията сега се получа

																	ва най-вече между семей ствата преми нали през подоб ни процес и и навиги рането през процес и и инстит уции може да се окаже време емко и трудно , особен о когато всяка инстит уция и учреж дение имат собств ен начин на

																	работа.
4	26-35	Жена	Разстройство от аутистичния спектър	Със семейство	Градска зона	Не		1	Не	Да	Не е приложимо	Не, не знам никакви	Не		Кампании за повишаване на осведомеността за образованена обществеността;Текущо консултиране / терапия;	Да намерим общ език, с помощта, на който да не стига до агресия, била то вербална или физическа.	Изграден план за реакция, който да се спазва и разбира се, който да е отработен и да се знае, че действа.
5	26-35	Мъж	Разстройство от аутистичния спектър	Със семейство	Селски район	Да	Публично пространство (улици, магазини, транспорт);	5	Не	Не	Не е приложимо	Да, познавам поне един	Не	3	Текущо консултиране / терапия;Кампании за повишаване на осведомеността за образованена обществеността;	Неразбиранвто на такива лица	По-широка кампанийност
6	18-25	Мъж	Разстройство от аутист	Със семейство	Градска зона	Да	Образователна /учебна среда;	3	Не	Не е приложимо / Няма	Не е приложимо	Да, познавам	Не		Правни консултации и застъпниче	Да накарашхората да научат нещо за	Осведоменост на

			ичния спектър							преживяно престъпление от омраза		поне един			ство;Кампании за повишаване на осведомеността за образованена обществеността;	проблемите на хората с увреждания и да се поставят “в техните обувки” поне за миг. Далеч по-лесно е да ги отричат и “изтрият”, ако могат.	общество то
7	18-25	Жена	Разстройство на речта и езика, гранично IQ	Със семейство	Градска зона	Да	Образователна /учебна среда;	5	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не		Незабавна кризисна подкрепа / гореща линия;Кампании за повишаване на осведомеността за образованена обществеността;	Хората не разбират с какво се сблъскват и какво преживяват "Различните" на ежедневна база. Неразбирането поражда страх и агресия.	Не съм сигурна
8	36-45	Жена	Тревожно(и) разстройство (а)	Със семейство	Градска зона	Не		1	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не		Текущо консултиране / терапия;Кампании за повишаване на осведомеността за образованена	Неосведомеността на хората какво представлява заболяването то.	Повече информация.

															общественото стта;		
9	18-25	Мъж	Разстройството от аутистичния спектър	Със семейство	Крайградска зона	Не		1	Да	Не	Не знаех къде /как да съобщя	Не, не знам никакви	Не	1	Кампании за повишаване на осведомеността за образование на обществеността;Незабавна кризисна подкрепа / гореща линия;	Повечето лица с увреждания дори не осъзнават, че тази омраза е насочена срещу тях, че това е омраза, не могат адекватно да съобщят за нея, поради умствени или психични увреждания. Обществото трябва да се промени.	Професионално обучени асистенти за лица с умствена изостаналости липса на говор, за които предните въпроси са излишни, защото те няма как да съобщят поради липса на говор каквото и на

																	когото и да е!
10	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Градска зона	Да	Публично пространство (улици, магазини, транспорт);	3	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не		Кампании за повишаване на осведомеността за образованена обществеността;Правни консултации и застъпничество;	Отстояването на правото им на социален живот	Работа със специалист
11	26-35	Мъж	Тревожно(и) разстройство(а)	Със семейство	Градска зона	Не		1	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Да, познавам поне един	Да	5	Текущо консултиране / терапия;Незабавна кризисна подкрепа / гореща линия;	Неразбиране от обществото	По-широка кампанийност, която да запознае обществото с проблемие, до който може да доведе преработване или така нарече

																	ния бърн аут, неглиж иране на тревож ни разстро йства и т.н
12	36-45	Жена	Биполярно разстройство	Живея самостоятелно	Селски район	Да	Работно или професионално заведение;	4	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Да, познавам поне един	Да	5	Кампании за повишаване на осведомеността за образованена обществеността;Незабавна кризисна подкрепа / гореща линия;	Стигмата от страна на колеги и работодатели	Повече обучения на работодатели и колеги как да комуникират с хора с психични затруднения
13	18-25	небинарен	Генерализирано тревожно разстройство	със съквартиранти	Градска зона	Да	Онлайн (социални медии, форуми, директни съобщения и др.);	5	Да	Не	Липса на доверие във властите	Не, не знам никакви	Не		Правни консултации и застъпничество;Незабавна кризисна подкрепа / гореща линия;	Липса на бърза реакция от институциите	Денонощна линия за емоционална и правна подкрепа за хора с психични

																	увреждания
14	46+ (optional)	Жена	Голяма депресия	Със семейство	Селски район	Не		1	Не	Не	Не знаех къде /как да съобщя	Не, не знам никакви	Не		Текущо консултиране / терапия;Кампании за повишаване на осведомеността за образоване на обществеността;	Изолацията на хората в малките населени места	Подвижни екипи и посещения на място за терапия и консултации
15	26-35	Мъж	Шизофрения	Споделено или подкрепено жилище	Градска зона	Да	Здравно заведение;	5	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не вярвах, че това ще помогне	Да, познавам поне един	Да	4	Правни консултации и застъпничество;Незабавна кризисна подкрепа / гореща линия;	Дискриминация от страна на медицинския персонал	Обучения за персонала, които да повишат емпатията и знанията им за психичните заболявания
16	46+ (optional)	Жена	Обсесивно-компулсивно разстройство	Със семейство	Градска зона	Не		2	Не	Не е приложимо / Няма преживяно престъпление	Не е приложимо	Да, познавам поне един	Да	5	Текущо консултиране / терапия;Групи за взаимопомощ;	Липса на разбиране от страна на близките	Програми за обучение на семейства как да подкре

										от омраза							пят близък с психично разстройство
17	36-45	Жена	Разстройство от аутистичния спектър	Живея самостоятелно	Градска зона	Да	Онлайн (социални медии, форуми, директни съобщения и др.);Публично пространство (улици, магазини, транспорт);Образователна/учебна среда;	3	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Да, познавам поне един	Не		Кампании за повишаване на осведомеността за образованена обществеността;Текущо консултиране / терапия;	Това, че хората не са информирани, как функционират лицата с различен тип увреждания.	Да се провеждат различни занимания в училищната среда, в които децата да бъдат запознавани с различните типове нарушения.
18	46+ (optional)	Мъж	Разстройство от аутистичния спектър	Живея самостоятелно	Градска зона	Не		1	Да	Да	Не знаех къде /как да съобщя	Не, не знам никакви	Не	1	Незабавна кризисна подкрепа / гореща линия;Правни консултации и застъпничество;	Стигма и неразбиране от обществото	Достъпна и навременна помощ

19	36-45	Жена	Шизофрения	Със семейство	Градска зона	Да	Образователна /учебна среда;	3	Да	Не	Не знаех къде /как да съобщя	Да, познавам поне един	Да	4	Незабавна кризисна подкрепа / гореща линия;Правни консултации и застъпничество;	Недостатъчна информираност	Повече обществени кампании за осведоменост
20	36-45	Жена	Тревожно(и) разстройство (а)	Със семейство	Градска зона	Да	Работно или професионално заведение;	5	Да	Да	Не знаех къде /как да съобщя	Не, не знам никакви	Не	2	Кампании за повишаване на осведомеността за образованена обществеността;Правни консултации и застъпничество;	Стигма и неразбиране от обществото	Създаване на мрежа за взаимопомощ
21	26-35	Мъж	Голяма депресия	Със семейство	Крайградска зона	Да	Публично пространство (улици, магазини, транспорт);	5	Да	Да	Не знаех къде /как да съобщя	Не, не знам никакви	Не	1	Правни консултации и застъпничество;Кампании за повишаване на осведомеността за образованена обществеността;	Стигма и неразбиране от обществото	Достъпна и навременна помощ

22	26-35	Жена	Голяма депресия	Със семейство	Селски район	Да	Образователна/учебна среда;Публично пространство (улици, магазини, транспорт);	5	Да	Не	Не знаех къде/как да съобщя	Не, не знам никакви	Не	1	Незабавна кризисна подкрепа / гореща линия;Правни консултации и застъпничество;	Недостатъчна информираност	Повече обществени кампании за осведоменост
23	36-45	Жена	Разстройство от аутистичния спектър	Със семейство	Селски район	Да	Публично пространство (улици, магазини, транспорт);Образователна/учебна среда;	5	Да	Не	Не знаех къде/как да съобщя	Не, не знам никакви	Не	1	Правни консултации и застъпничество;Кампании за повишаване на осведомеността за образованена обществеността;	Липса на достъп до услуги	Повече обществени кампании за осведоменост
24	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Селски район	Да	Публично пространство (улици, магазини, транспорт);Образователна/учебна среда;	2	Да	Не	Не знаех къде/как да съобщя	Не, не знам никакви	Не		Незабавна кризисна подкрепа / гореща линия;Кампании за повишаване на осведомеността за образованена обществеността;	Липса на достъп до услуги	Създаване на мрежа за взаимопомощ

25	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Селски район	Не		1	Не	Не	Не е приложимо	Не, не знам никакви	Не		Текущо консултиране / терапия;Кампании за повишаване на осведомеността за образование на обществеността;	Недостатъчна информираност	Създаване на мрежа за взаимопомощ
26	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Селски район	Да	Публично пространство (улици, магазини, транспорт);Образователна/учебна среда;	4	Не	Не	Не знаех къде/как да съобщя	Не, не знам никакви	Не		Текущо консултиране / терапия;Кампании за повишаване на осведомеността за образование на обществеността;	не мога да преценя	незнам
27	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Крайградска зона	Да	Публично пространство (улици, магазини, транспорт);Образователна/учебна среда;	4	Не	Не	Не знаех къде/как да съобщя	Не, не знам никакви	Не		Текущо консултиране / терапия;Правни консултации и застъпничество;	Недостатъчната информираност на обществото - третирането на всички хора с увреждания под един знаменател.	незнам

28	18-25	Мъж	Разстройство от аутистичния спектър	Със семейство	Крайградска зона	Да	Онлайн (социални медии, форуми, директни съобщения и др.);Публично пространство (улици, магазини, транспорт);	4	Да	Не	Не знаех къде /как да съобщя	Не, не знам никакви	Не		Текущо консултиране / терапия;Правни консултации и застъпничество;	незнам	незнам
29	26-35	Жена	Разстройство от аутистичния спектър	Със семейство	Градска зона	Да	Публично пространство (улици, магазини, транспорт);	2	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не		Правни консултации и застъпничество;	-	-
30	18-25	Жена	Разстройство от аутистичния спектър	Със семейство	Крайградска зона	Не		1	Не	Не е приложимо / Няма преживяно престъпление от омраза	Не е приложимо	Не, не знам никакви	Не		Кампании за повишаване на осведомеността за образованена обществеността;Правни консултации и застъпничество;	-	-

Annex 2 – Focus groups

Amanita Focus group

Participant	**I**	**II**	**III**	**IV**	**V**
Interview date	18.07.25	18.07.25	18.07.25	18.07.25	18.07.25
Inerviewee type	person with mental impairment	person with mental impairment	person with psychiatric impairment	person with psychiatric impairment	person with psychiatric impairment
Interview duration	1h 22min	1h 22min	1h 22min	1h 22min	1h 22min
Living situation	Group home	Supported housing	Independent	Supported housing	Independent
Q1A. Can you describe any instance of hate speech or hateful behavior you (or the person you represent) have encountered because of a mental disability?	Yes	Yes	Yes	Did not answer	Yes
Q1B. What was the situation?	People tell nasty things to each other in my group home about being stupid or they try to make me angry because I get easily nervous.	My manager at work shouted at me because I didn't understand what she told me to do. She knew I needed better explaining before that.	I was bullied at school because I easily got angry. Sometimes my friends call me stupid.	No answer.	There was this man, a neighbour. He was out with some other man and when I came outside my neighbour told his friend: "Look, there goes our building's dum-dum (dumb person)!"
Q2. How would you rate the emotional/psychological impact of that incident?	5 Severe	Did not answer	5 Severe	Did not answer	5 Severe
Q3A. Did you take any action (telling family, reporting to authorities, etc.)?	No	Yes	No	Did not answer	No
Q3B. If, then to whom? If not, then why?	I was too **afraid** to tell my teacher and even to my parents.	I told my **supported housing personnel**.	I was **afraid** it would make things even worse.	No answer.	I **didn't have anybody** to tell it to.
Q3C. How often does hate speech happen to you?	Often	Rarely	Sometimes	Did not answer	Sometimes

Q4A. Have you (or the person you represent) ever been a victim of a hate crime (physical harm, property damage, serious threat)?	No	Did not answer	Yes	Did not answer	No
Q4B. What was the situation?	Not applicable.	No answer.	After sports I was showering and my classmates urinated on me. It happened more than once.	No answer.	Not applicable.
Q5A. If yes, did you report it?	Not applicable	Not applicable	No	Not applicable	Not applicable
Q5B. If, then to whom? If not, then why?	Not applicable.	No answer.	I was too **afraid**. In the end, the school somehow found out and punished those boys.	Not applicable	Not applicable
Q5C. How often do hate crimes happen to you?	Did not answer	Did not answer	Rarely	Did not answer	Did not answer
Q6. What do you think would encourage more people to report hate crimes?	If police would come and help.	No answer.	No answer.	No answer.	No answer.
Q7. Which support systems do you know about (psychological, legal, community)?	Did not answer	Crisis hotline, Psychological councelling, Group home personnel, The police	Crisis hotline, Psychological councelling, The police	Youth/social workers, The police, Group home personnel, Psychological councelling	Psychological councelling, Youth/social workers, Group home personnel
Q8. If used any service, how helpful was it?	Did not answer	1 not helpful	I have not used any	5 extremely helpful	Did not answer
Q9. What main improvement is needed in these services?	No answer.	Better availability, for example **shorter queues.**	**Different ways of communication** (phone, chat, in person).	**Community** should help more, more **supporting and friendlier personnel**, better solutions, more **profound services**.	Better **financial support for the institutions** so they can grow bigger.

Q10. What do you think is the biggest challenge in combating hate speech/crime for people with mental disabilities?	No answer.	No answer.	People's **attitude** toward others. The government is a bad example (how **politicians** act).	People are spiteful towards people who are different (**attitude**), it is because they are envious or that they have **bad upbringing**.	We have **freedom of speech**. People are **indifferent** (people see what's going on but they don't come and help).
Q11. What one key change or action would help you or others feel safer and more supported?	No answer.	People should **think before they speak**.	**More discipline** like the military.	Being more **respectful, friendly, open and not push away people who are different.**	**Include** different people more, better **sense of community** (for example this is our town, we care about each other here - this kind of attititude)

Nooruse Maja – Focus group

Participant	**I**	**II**	**III**	**IV**	**V**
Interview date	25.07.25	25.07.25	25.07.25	25.07.25	25.07.25
Inerviewee type	person with mental impairment	person with mental impairment	person with mental impairment	person with mental impairment	person with psychiatric impairment
Interview duration	1h 18min	1h 18min	1h 18min	1h 18min	1h 18min
Living situation	With family	Supported housing	With family	With family	Supported housing
Q1A. Can you describe any instance of hate speech or hateful behavior you (or the person you represent) have encountered because of a mental disability?	Did not answer	Did not answer	Yes	Yes	Yes
Q1B. What was the situation?	No answer.	No answer.	When I do TikTok lives some people comment nasty things. "You are disabled".	People write bad comments on Instagram and TikTok.	My supported housing mates call me names and deliberately get on my nerves.
Q2. How would you rate the emotional/psychological impact of that incident?	5 Severe	4 High	5 Severe	Did not answer	5 Severe

Q3A. Did you take any action (telling family, reporting to authorities, etc.)?	Did not answer	Did not answer	Yes	Did not answer	Yes
Q3B. If, then to whom? If not, then why?	No answer.	No answer.	I told my **sister**.	No answer.	I have told **personnel** and I have told these people and I will fight them.
Q3C. How often does hate speech happen to you?	Rarely	Often	Rarely	Did not answer	Often
Q4A. Have you (or the person you represent) ever been a victim of a hate crime (physical harm, property damage, serious threat)?	Yes	Yes	Yes	Did not answer	Yes
Q4B. What was the situation?	There was a guy at school who always provoked me to fight during lunch break and then one time we fought.	Some girls talked to me on the Internet and then they came with some guys to my house and started threatening me and broke my phone and beat me up.	Some guys came to my room to take my snacks and sweets away. The guardians didn't help me, they said it was my own responsibility. Then the guys fought with me, I had to defend my stuff.	No answer.	I was attacked on the street, they wanted to fight me. I fell and my knee got hurt.
Q5A. If yes, did you report it?	No	Yes	Yes	Not applicable	Yes
Q5B. If, then to whom? If not, then why?	**Someone else** reported the fight **to the principal.**	My **sister** called **the police**.	First I reported **to the guardians** and then after the fight **they called the police.**	Not applicable	I called **the police** but they didn't even come.
Q5C. How often do hate crimes happen to you?	Rarely	Often	Rarely	Did not answer	Did not answer
Q6. What do you think would encourage more people to report hate crimes?	If the police would ask less questions and arrive faster. More police in the streets.	If we could trust the police and they would help and do more and come faster.	No answer.	No answer.	If people knew to collect evidence and that it helps with the police.

Q7. Which support systems do you know about (psychological, legal, community)?	Psychological councelling, The police, Youth/social workers	The police, Emergency services/doctor	Did not answer	Did not answer	Did not answer
Q8. If used any service, how helpful was it?	5 extremely helpful	5 extremely helpful	1 not helpful	I have not used any	Did not answer
Q9. What main improvement is needed in these services?	More police control over Internet hate speech like in America.	No answer.	No answer.	No answer.	No answer.
Q10. What do you think is the biggest challenge in combating hate speech/crime for people with mental disabilities?	There is no law against hate speech.	Family makes people bad.	No answer.	No answer.	No answer.
Q11. What one key change or action would help you or others feel safer and more supported?	The **government** should **control** the Internet more.	People should **seek for help** and it should be **more available**.	No answer.	No answer.	No answer.

Gli Amici di Puck – Focus group

Participant	**I**	**II**	**III**	**IV**	**V**	**VI**
Interview date	27/07/25	27/07/25	27/07/25	27/07/25	27/07/25	27/07/25
Interview duration	45 min	45 min	45 min	45 min	45 min	45 min
Interview type	ABA therapist and cousin of a person with mental disabilities	Accountant and father of a person with Down syndrome	Primary care physician, aunt and legal guardian of a disabled person	ABA therapist and sister of a person with mental disabilities	Police representative and parent of a person with a mental disability	President of an association for people with mental disabilities and mother of a person with a mental disability.
Living situation	With family	With family	With family	With family	With family	With family

Q1A. Can you describe any instance of hate speech or hateful behavior you (or the person you represent) have encountered because of a mental disability?	Yes	Yes	Yes	Yes	Yes	Yes
Q1B. What was the situation?	Her cousin was mocked because he was affected by a mental disability.	His daughter has been marginalized because she has Down syndrome.	Her patients are discriminated against because they have physical and mental disabilities	Her brother was mocked because he has a mental disability.	As a parent of a boy with a mental disability, I have faced discrimination from the kindergarten teachers. Many people who work with the disabled do not have the right sensitivity.	Her son has suffered verbal abuse from the teachers
Q2. How would you rate the emotional/psychological impact of that incident?	3 Moderate	4 High	5 Severe	4 High	3 Moderate	5 Severe
Q3A. Did you take any action (telling family, reporting to authorities, etc.)?	Yes	Yes	Yes	Yes	Yes	Yes
Q3B. If, then to whom? If not, then why?	She told his parents	No answer	No answer	She told her parents	He changed his school	She told the teachers
Q3C. How often does hate speech happen to you?	Often	Often	Often	Often	Often	Often
Q4A. Have you (or the person you represent) ever been a victim of a hate crime (physical harm, property damage, serious threat)?	Yes	Yes	Yes	Yes	Yes	Yes
Q4B. What was the situation?	When her cousin was young, he was a victim of physical violence by his teachers	His daughter was marginalized from the whatapp chat by her classmates because she	Her patient, a minor with a mental disability and homosexual, offered sexual services for a fee, was mocked and beaten	Her brother was kicked out of the class by the teachers because he was the	He was a victim of prejudice at work because he took leave to be next to his son with a mental disability.	Her son has suffered discrimination and abuse from other classmates. Moreover, his teachers have

	because he had a mental disability	is different, because she has Down syndrome		object of shame for his mental disability		isolated him from the rest of the group.
Q5A. If yes, did you report it?	Yes	Yes	Yes	Yes	No	Yes
Q5B. If, then to whom? If not, then why?	She told his parents	He changed her school	She said it to his parents and reported the matter to the competent authorities	She told her parents	Shame	She changed his school
Q5C. How often do hate crimes happen to you?	Rarely	Often	Often	Rarely	Often	Rarely
Q6. What do you think would encourage more people to report hate crimes?	We should educate young people in schools and provide adequate psychological support to them	It is a cultural problem that stems from families; families need to be educated about equality and healthcare staff and the police need to be better trained	Streamlining the bureaucratic process for those who report this type of distress to the police, a toll-free number for violence against individuals with physical and mental disabilities must be established	More information is needed about physical and mental disabilities. We must teach children that we are all different and no one is wrong	Provide better training for support figures for people with disabilities, who are often unprepared and unmotivated	Knowing that one is truly being listened to would encourage reporting hate crimes
Q7. Which support systems do you know about (psychological, legal, community)?	In Italy there are no adequate laws or structures	In Italy there are no adequate laws or structures	In Italy there are no adequate laws or structures	In Italy there are no adequate laws or structures	In Italy there are no adequate laws or structures	In Italy there are no adequate laws or structures
Q8. If used any service, how helpful was it?	No	No	No	No	No	No
Q9. What main improvement is needed in these services?	They should be created	Training families first	To train highly qualified personnel for this type of needs. With a 24/7 support desk	They should be created	There are no services dedicated exclusively to people with mental disabilities.	Create a pathway that helps families report crimes
Q10. What do you think is the biggest challenge in combating hate speech/crime for people with mental disabilities?	Fight ignorance. Still too many people are unaware of what mental disability issues are	A good cultural education. Promote mutual contamination between families, institutions, and the Church.	Understanding that diversity is just another aspect of daily life	Fight against ignorance surrounding mental disabilities	Helping the parents of people with mental disabilities, who have to deal with many challenges every day.	Raise awareness among the population and support families in difficulty who are facing hate crimes
Q11. What one key change or action would help you or others feel	Raising awareness about mental disabilities in	A listening desk with professionals to support families in reporting hate crimes	A specialized medical team to support the family of the patient with mental disabilities.	A support phone number for families and training for professionals	A support phone number for families	I agree with everything that has already been said

safer and more supported?	schools. Creating a support hotline.					

PROVISION – FOCUS GROUP

Participant	**I**	**II**	**III**	**IV**	**V**
Interview date	21/07/2025	21/07/2025	21/07/2025	21/07/2025	21/07/2025
Interviewee type	Guardian – supporting person of G.M	Parent of a child on the autism spectrum.	Parent of B.D	Person with disabilities	Tutor, filling on behalf of B.A.
Interview duration	1 h 15 min	1 h 15 min	1 h 15 min	1 h 15 min	1 h 15 min
Living situation	With family	Lives in an extended family – mother, father, older brother, paternal grandparents.	With Family	With family	With family
Mental Disability	Autism	Autism - Pervasive Developmental Disorder	Child Autism	Autism, depression, social exclusion	Cerebral palsy and mental disorder
Q1A. Can you describe any instance of hate speech or hateful behaviour you (or the person you represent) have encountered because of a mental disability?	Yes	Yes	yes	Yes	Yes

Q1B. What was the situation?	The most common environment where the person has experienced hate speech or hostile behavior has been at school. They were exposed to such aggression almost every day. For them, emotions are much more intense, and they react strongly whenever they witness or sense aggression. In those moments, they don't know what to do or how to respond, which makes the experience even more overwhelming.	Yes, we have encountered hate speech both in person and online. One of the cases occurred in a store while we were waiting in line. My child, who has a mental disability, was jumping around in one place, as he often does when he feels excited or stressed. An adult man started shouting at him: "You idiot, stop jumping! I don't have to put up with you!" – and continued with insults and an aggressive tone that shocked us. We have also been subjected to similar treatment online. In one social media dispute, a middle-aged woman said that she just wanted to drink her beer in peace at a local pub, without listening to "my crazy son's screaming." These cases are extremely painful and show how deep the lack of understanding and empathy for people with mental disabilities and their families is	Yes, we have had cases of discriminatory and repulsive behavior due to my son Boris's mental disability, although often it is not expressed in direct hate speech, but rather through actions, exclusion and pressure. The main problem, in my opinion, is the lack of awareness and understanding on the part of society and institutions. One of the most striking cases was during our attempt to enroll him in first grade. Boris was accepted into school based on documents. However, soon after I presented the TELC with his decision, I was invited to the office of the school psychologist and the deputy principal with the explanation that the school was "very worried" because it did not know whether it would be able to meet the child's needs. I was put under unacceptable unofficial pressure not to enroll him in the school, even though he had been	Yes, I have personally encountered numerous cases of discriminatory and hostile behavior due to my mental disability – a diagnosis of autism. One of the most severe cases was my removal from a government job precisely because of the diagnosis, without an objective reason related to my professional skills. This was a direct form of discrimination and rejection. I also felt misunderstood at university. When I sought out professors with additional questions about the material, the reaction was often cold and inadequate. In some cases, I was told that I should first invite them for coffee and only then talk to them. For me, as a person with autism, communication is different – when I have a specific question, I want to get a specific answer,	Yes, as a parent of a child with a mental disability, I have encountered a number of cases of hate speech and discriminatory behavior. Here are a few specific examples: – In kindergarten: I took my child three times, personally caring for him, but despite this, he had an openly hostile attitude. When other children approached, "Run away, he won't do anything to you" was often heard. During a Christmas party, a teacher refused to allow my child to be photographed with the mayor of the city, without explanation, but with a clear hint of unwanted presence. – When enrolling in school: There was resistance from the school, expressed in doubts about whether to accept him at all. Despite the legal obligations to provide a speech therapist and a resource teacher, such measures were not taken. The necessary support was not provided. – Social isolation at school: In the third grade, when the child was absent due to illness, his classmates were instructed not to mention to him about an upcoming excursion. The teacher personally told the children: "The excursions are for normal children – don't tell Bobby." To me, this is an open

			accepted according to all the rules. My impression was that the mere presence of a diagnosis made them feel unprepared and afraid, instead of seeking a solution and support. We had a similar situation in kindergarten. After visiting it, just two hours later I received an SMS that the child had been deregistered "at the request of the parents", without us actually expressing such a desire. This was a clear evasion of responsibility and unwillingness to be included, disguised as an administrative formality. All these cases show that although there is no open hostility on the surface, there is a systematic non-acceptance, hidden discrimination and refusal to make a commitment to children with disabilities, which is no less traumatic.	without unnecessary social formalities. This was not accepted with understanding, but on the contrary – it was perceived as rudeness or strangeness. Furthermore, according to my personal experience, state institutions do not provide real support for people with disabilities. There is often a lack of understanding, adapted services and basic respect for different needs. All of this leads to feelings of isolation, helplessness, and lack of belonging.	act of discrimination and hate speech, especially concerning when it comes from a person in a position of responsibility. – Systematic disregard for his rights: Although he is an intellectually gifted student, due to his physical and speech difficulties, I was repeatedly told that "by law" he has no right to be assessed – something that is untrue. There has been correspondence and conflicts with the principals and the Special Education Department, but no real change. – Attitude from medical and social services: In medical offices, I have been repeatedly underestimated and advised that "the child is not developing and it is better to leave him alone". The social service refused appropriate help – I asked for a bike for better mobility, but they offered me a wheelchair with the argument that this was the only thing included in the list of approved devices. These situations not only hurt my child's dignity, but also reproduce patterns of exclusion and hatred. To me, these are forms of institutionalized discrimination and emotional abuse.

Q2.A How would you rate the emotional/psychological impact of that incident?	4 = High	1 = No Impact	5 Severe	5 Severe	5 Severe

Q2.B Please explain	After such incidents, they often become irritable for a period of time, showing signs of emotional distress that persist beyond the situation itself.	For the child himself, the incidents do not have a visible emotional impact, since he is not fully aware of the situation and the aggressive behavior of others. But for me as a parent, the impact is strong and deep. At first, I took such events very personally – with pain, with anger, with a sense of helplessness. Over time, I learned not to react emotionally and to ignore such comments, but this does not mean that they do not hurt me internally. It is just that the defense mechanism has become part of my everyday life.	Anxiety, isolation, misunderstanding	The emotional and psychological impact was extremely strong. As a result of the rejection and misunderstanding I experienced, my depressive state significantly worsened. I had to switch to stronger medications, and my treatment continued in a more severe form for two years. I felt completely discouraged, with a feeling that there was no place for me in the system – neither professionally, nor academically, nor institutionally. This led to prolonged mental strain, loss of self-confidence and a feeling of complete isolation.	– Huge emotional pain: The hardest moment was when I had to explain to my child why he wasn't invited on a field trip – how do you explain to a child that he doesn't deserve to be with the others? This led to physical manifestations of stress – cramps and anxiety began. – Social rejection and isolation: After the field trip incident, the children began to avoid him and refused to even take pictures with him. This intensified his feelings of rejection and loneliness. – Lasting emotional consequences: The incidents led to deep insecurity, fear and anxiety in the child. He developed a feeling that he was not accepted, that he was different and that he didn't deserve to be part of the group.

Q3A. Did you take any action (telling family, reporting to authorities, etc.)?	No	No	Yes	Yes	No

Q3B. If, then to whom? If not, then why?	There is a lack of adequate protection for the person in such situations. Teachers often don't know how to respond and fail to take the necessary actions to provide support and ensure a safe environment.	The child did not react because he did not understand what was happening.	Yes, I took concrete action in response to what happened. I wrote a post on social media that sparked a wide public reaction. A number of leading media outlets in Bulgaria responded, and within two weeks I gave over 10 interviews for national television and other media platforms. As a result of public pressure, I was invited to personal meetings by the mayor of Sofia and the Minister of Social Policy. Various institutions and representatives of the state administration got involved in the case. Just two days later, the problem was resolved and my child was officially enrolled in first grade. This case showed that when there is publicity and an active civic position, institutions can react quickly – but unfortunately, this only happens under public pressure.	Yes, I tried to seek help, but no one wanted to pay attention to me. I shared what was happening, but the reaction was complete passivity – both from the institutions and from people from whom I expected understanding. I did not file an official report, because it became clear from the beginning that there was no one to listen to me and support me. This only strengthened my feeling of impasse and invisibility.	No, the case was not officially reported, because the very institutions I had to turn to – school principals, social services, doctors – were the very source of this discriminatory attitude. When the people you expect support and protection from are part of the problem, the possibility of seeking justice becomes an additional source of fear and powerlessness. There were times when even raising the issue led to even more negative attitudes towards my child.

Q3C. How often does hate speech happen to you?	Often	Rarely	Sometimes	Often	Sometimes
Q4A. Have you (or the person you represent) ever been a victim of a hate crime (physical harm, property damage, serious threat)?	No	No	Yes	No	Yes
Q4B. What was the situation?	Not applicable.	Not applicable	no	I have not been the victim of a direct hate crime such as physical aggression, threats or property damage. However, I often encounter a cold, repulsive attitude – people act as if they do not want to have any contact with me. This social rejection is constant and strongly felt – in work, education and social environments. Although it is not physical violence, it has a serious emotional effect and leads to isolation and a feeling of unwanted presence	Yes, my child has been the victim of verbal aggression and threatening actions, which in my opinion fall within the scope of hate crimes. Verbal aggression by peers - He was regularly insulted and called offensive names by other children because of his condition. This happened without adequate intervention by the school.
Q5A. If yes, did you report it?	Not applicable	Not applicable	not applicable	No	Yes

Q5B. If, then to whom? If not, then why?	Not applicable.	Not applicable	not applicable	The main reason for not reporting the case is a combination of fear and distrust. Fear that if I react, the attitude towards me will become even worse, and distrust that the institutions would take real measures. When the system repeatedly shows that it does not listen to people with disabilities, it is natural for a person to feel discouraged and give up trying to seek protection.	Yes, to director of school. Although I reported it to the principal, no measures were taken. There was no reaction - neither to the students who insulted, nor to the teachers who violated basic principles of care and support.
Q5C. How often do hate crimes happen to you?	not applicable	Rarely	Rarely	Rarely	Did not answer

Q6. What do you think would encourage more people to report hate crimes?	I believe that more people would report hate crimes if there were clear procedures and accessible reporting channels. Public awareness campaigns could help people recognize hate crimes and understand their rights. Additionally, better training for professionals – especially police officers, teachers, and social workers – would build trust and make victims feel safer and more supported when coming forward.	I believe that more people would report hate crimes if these issues were openly discussed in society. Information campaigns aimed at raising awareness about hate speech and the rights of people with disabilities would help a lot. It is also extremely important to have visible support from law enforcement – people need to know that they are not alone and that if they report it, it will be taken seriously and considered carefully.	I believe that many people do not report hate crimes because it is not clear where and how exactly they can do it – whether to the police or to another institution. There is a lack of clear and accessible procedures. In addition, the employees who are supposed to receive such signals are often not prepared to work with people with disabilities – they lack basic understanding, empathy and professional training. This creates a feeling that there is no point in seeking help, because no one will really understand the problem. Clear procedures, specialized training for the police and other responsible institutions, as well as less stigma and more public visibility of these topics are needed. Only in this way will trust be built and people will feel safe to share that they have been victimized.	Honestly, I think there is currently nothing that really encourages people like me to report hate crimes. When you are faced with indifference, lack of reaction, and complete distrust of institutions for a long time, motivation disappears. People simply learn to remain silent to protect themselves from further disappointment or even greater isolation.	Better training and sensitivity of professionals - police, teachers, social workers and medical personnel should be trained to recognize hate speech and respond adequately and with empathy. - Less stigma and more support for people with mental disabilities - when society perceives them as equals, and not as a "problem", people will have more courage to speak out. – Clear and accessible reporting procedures – many people do not know who to turn to or get confused in the bureaucracy. Specific channels and guarantees of protection are needed.

Q7. Which support systems do you know about (psychological, legal, community)?	I do not know of any	Honestly, I can't name the organization.	When we were diagnosed with autism, all we received was the official document. We were told that the child should see a speech therapist and that in three years we would have to come back to confirm the diagnosis. There was no support system, no guidance on what we could do as a family. We were not given information about our rights, about the procedures for TELC, about the possibilities for social or educational support. There was no psychological or emotional support, no contacts with institutions or organizations that could help us. In general, the lack of coordinated, accessible and human support after the diagnosis leaves parents alone, confused and without clarity on how to proceed.	No	I know of several existing support systems, although they are often insufficient or do not work effectively: – Community Support Center (CSC) – I had the opportunity to talk to a psychologist there. This is a useful service when there are committed specialists and an appropriate attitude. – Resource teacher – provided by the state for children with special educational needs. In some cases, it is real support, but in others – there is a lack of consistency and long-term commitment.

Q8. If used any service, how helpful was it?	Not aware	We haven't had to use it. I've dealt with the troubles myself because I don't know of any such services being provided, or rather, of any quality.	Unaware	Not applicable	The services of a resource teacher, speech therapist, etc. are extremely useful, but extremely insufficient (only 2 hours a week), and to have an effect they must be daily, but here comes the problem of staff shortage.

Q9. What main improvement is needed in these services?	The main improvement needed in these services is the quality of staff attitudes, as well as greater accessibility and transparency. There is often a lack of understanding, empathy, and an approach tailored to the needs of people with psychosocial disabilities. Staff should be better trained and more sensitive to individual differences, and the services themselves should be easier to find, understand, and access. It is also important to ensure that people receive timely and coordinated support, rather than being left to navigate between institutions on their own.	There should be more information about the services, if any, and for them to actually work, not just be pro forma.	The main improvement that is needed in existing services is a clear structure, visibility and accessibility. In the private sector – such as hairdressers or dentists – a preliminary conversation is often necessary to find a way to work with the child. This shows that when there is understanding and flexibility, solutions are found.	When there is no surveses nothing to be improved- they are needed.	Training and increasing staff

Q10. What do you think is the biggest challenge in combating hate speech/crime for people with mental disabilities?	In my opinion, the biggest challenge in combating hate speech and hate-motivated crimes against people with psychosocial disabilities is the lack of knowledge and understanding in society about how to accept and interact with these children. Many people still view them with fear or prejudice, as if they are “dangerous” or “untouchable,” and avoid any contact. In reality, these children are often incredibly kind, sincere, and sensitive, but at the same time they are vulnerable and defenseless, especially when faced with rejection and a lack of support. This lack of awareness leads to social exclusion, which in turn fosters hate and discrimination	The biggest challenge, in my opinion, is the stigmatization and complete misunderstanding of the nature of mental disabilities. Terms like “autistic” are widely used as an insult, especially among young people, without anyone knowing what they mean. When I have asked the question “What do you actually know about autism?”, the answer is most often silence or a shrug of the shoulders. This shows how serious the lack of basic information is and how easily difference becomes a target for ridicule or rejection. Without a change in attitudes and knowledge, the fight against hate speech remains extremely difficult.	In my opinion, the biggest challenge in combating hate speech and hate crimes against people with mental disabilities is the lack of information and understanding in society. People are afraid – sometimes this fear seems justified to them, but at its core lies ignorance and confusion. Very often, there is no distinction between different conditions such as autism, schizophrenia, bipolar disorder. The moment someone shows even the slightest deviation from “normal behavior”, the reaction is categorical – “this person is crazy” – and everything is over.	Stigma, public ignorance	The biggest challenge in combating hate speech and hate crimes against people with mental disabilities, in my opinion, is the lack of public awareness and understanding. In society, there is a general lack of distinction between different types of disabilities, and people with mental disabilities are often perceived with fear, ridicule or prejudice. This leads to stigmatization and isolation from a very young age. Even when a person has an official TELC decision, it is often questioned or seen as a “scam” or “convenience”, rather than as a real document certifying the need for support. The problem is exacerbated by the lack of an adequate response and consistent policy in institutions – the education system, healthcare and social services often do not implement effective measures for inclusion and protection. When there is no understanding and acceptance, hate speech easily becomes something “normal” and invisible, and victims are left without support and protection. This makes combating such manifestations extremely difficult.

Q11. What one key change or action would help you or others feel safer and more supported?	A key change that would help is raising public awareness about people with disabilities and their rights. It is also essential that schools provide training and guidance on how teachers and students can care for and protect children with disabilities. This would create a safer, more inclusive, and more understanding environment.	I definitely believe that awareness-raising events can make a huge difference. I personally take my son everywhere with me – in public places, in everyday situations, among people. I have noticed that when people have the opportunity to get to know him, even if they are initially embarrassed by his behavior, their reaction changes – they begin to show understanding and patience. Presence and visibility are important. The more we talk about difference and show real-life examples, the less scary and "foreign" it will seem to others.	Such stigmatization leads to panic, increased tone, conflicts – instead of understanding and adequate reaction. If people had more clarity and basic information, they would react in a more appropriate way and many situations would not escalate. Our society has not yet learned to accept difference calmly and with respect, and this is the basis for change.	A key change that would help me and others feel safer and more supported is the constant and unequivocal insistence that hate speech is not only morally unacceptable, but also punishable. This message should be part of education from kindergarten and school – children should grow up with the awareness that difference is not a threat, but part of human diversity. It is also important for medical professionals to show more respect and understanding towards people with disabilities – in other countries like Norway, the rate of inclusion and normal treatment is much higher. We should strive for similar standards, where people with differences are not treated as a problem, but receive real support.	A key change that would help me and others in a similar situation feel safer and more supported is to hold local events to raise public awareness about mental disabilities. Such initiatives, aimed at the general public, would contribute to better understanding, acceptance and reducing stigma. It is also extremely important that working with children with special needs begins with engaging the parent – first with them to build trust and support, and then with the child. Only when the family is recognized as a full partner in the process can a safe and supportive environment be created both in school and in the community.

Annex 3 – Stakeholder Interview

AMANITA — STAKEHOLDER INTERVIEW

Country: Estonia **Partner:** Amanita **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	Head of Social Centre / Legal-adjacent stakeholder (public version anonymised by role)
Organisation	Pärnu Social Centre
Jurisdiction	Pärnu, Estonia
Date	21 July 2025
Duration	32 minutes
Method	Semi-structured interview (COMBATHATE guide)
Language	Estonian (EN summary + selected bilingual quotes below)
Interviewer	Amanita staff (name on file)

Field	Value
Consent status	Informed consent obtained; publication at **role level** unless written name-publication consent is on file

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B. Executive abstract

The interviewee leads the Pärnu Social Centre and has 15 years' experience supporting people with psychosis, other mental-health conditions and intellectual disabilities. She reports **routine exploitation and ridicule in public/workplace settings**, often **unrecognised by the victim**, which keeps formal reporting **very low** ("a very small percentage" ever report). In her area, **victim-support and legal-aid access are generally available**, but **cognitive barriers** and **lack of incident recognition** impede use. Within the organisation there is **no specific internal definition of "hate speech"**, and the interviewee suggests that **formal legal recognition** of hate speech (vihakõne) would help.

For **practice**, family involvement and cooperation with other service providers are cited as the **most effective approaches**. **Social workers** are considered well-trained; **police and rescue services** would benefit from targeted **neuro-diversity and communication training**. Key recommendations for COMBATHATE are: (1) **training police/rescue personnel** on disability-aware interaction, and (2) **supporting national-level legal clarity** by helping get hate-speech definitions adopted in law. The testimony **validates** WP2 priorities: icon-based reporting for low-literacy users, explicit police training (WP4), and simple Help-Maps to improve service navigation.

C. Thematic synthesis (mapped to report sections)

C1. Prevalence & loci / nature of incidents

- Public and workplace **ridicule** and **instrumental exploitation** reported "repeatedly".
- Victims may **perceive attention as positive** while being mocked, masking harm.

C2. Reporting behaviour & access to justice

- **Very low** reporting ("a very small percentage go anywhere to report").
- **Cognitive load** and **lack of incident recognition** are primary barriers.
- **Victim-support/legal-aid** available and "on an equal footing" for residents; uptake constrained by the above barriers.

C3. Psychological impact / family context

- Humiliation and social disrespect create **distress**; families also carry **stigma** and stress ("stigma also affects families").

C4. Services & cooperation

- Centre provides **multiple social care / special-care services**; general sense of **adequacy**, though "more is always helpful".
- **Most effective**: cooperation with family; good collaboration with other providers when needed.

C5. Legal & policy

- **No internal definition** of hate speech at the institution level.
- **System-level need**: legal clarity—**adoption of hate-speech provisions** in law.

C6. Training & capacity

- **Social workers**: usually well-educated and prepared.
- **Police & rescue**: **need training** to recognise intellectual/mental disability and to communicate appropriately.

D. Representative quotes (Estonian → English)

1. **Exploitation / not recognised by victim**
   "Inimene on muudetud naeruväärseks, aga tema ei saanud sellest aru… Sest kõik käisid ja naersid ju."
   "**A person was turned into a laughing stock, but he didn't realise it… because everyone was coming and laughing.**"

2. **Workplace/public misuse**
   "Aga avalikus ruumis: kasutatakse tööalaselt korduvalt ära."
   "**In public life, they are repeatedly exploited in work settings.**"

3. **Low reporting**
   "See on ikka väga väike protsent, [kes] läheb midagi kuskile teatama."
   "**It is a very small percentage who go anywhere to report.**"

4. **Victim-support parity**
   "Kõik õigusabi ja ohvriabi on olnud võrdsel tasemel kõikide Eesti elanike jaoks."
   "**Legal aid and victim support have been at an equal level for all Estonian residents.**"

5. **Legal clarity needed**
   "…pigem [on] vaja, et see sama vihakõne saaks seadusega vastu võetud."
   "**What's needed is for hate speech to be adopted in law.**"

6. **Training focus**
   "…päästjad ja politseinikud peaksid ka aru saama ja mõistma."
   "**Rescue services and the police should also understand and be aware.**"

Note: Quotes translated for clarity; full original Estonian context preserved in the source transcript.

E. Implications for WP2 → WP3–WP4

- **Icon-based complaint form & proxy (Sec. 6.3):** directly addresses the "very small percentage report" problem for users with cognitive/communication barriers.
- **Police/rescue training (WP4):** add **neuro-diversity recognition + AAC interviewing**; include a short desk-guide and intake script.
- **Legal note (WP4 policy track):** prepare a **brief on hate-speech definition/adoption** for Estonian stakeholders, reflecting the interviewee's call for clarity.
- **Help-Map (country leaflet):** make the **victim-support/legal-aid "door"** visible and simple; include icons and yes/no paths.

F. Data protection & publication

- **Consent** recorded on 21-07-2025; interview stored under Amanita secure drive.
- **Public version** of this annex uses **role/organisation**; full name **withheld** unless explicit written permission to publish personal name is on file.
- **Transcript handling:** original transcript stored; any public excerpt is **minimised and de-identified**.

RNUN — STAKEHOLDER INTERVIEW

Country: Estonia **Partner:** RNUN (Nooruse Maja) **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	Board Member & Training Coordinator
Organisation	**EPRÜ** (national NGO in mental health)
Jurisdiction	Estonia (national scope)
Date	**21 July 2025**
Duration	Not specified in transcript (audio length not stated)
Method	Semi-structured interview (COMBATHATE guide)
Language	Estonian (EN summary + bilingual quotes below)
Interviewer/transcriber	Team on file; recording consent captured at start
Consent status	**Consent obtained** (explicit agreement to be recorded)

B. Executive abstract

The interviewee is a **Board Member and Training Coordinator at EPRÜ** with prior roles at **municipal and national (Ministry of Social Affairs)** levels. EPRÜ's 30-year mission has been to **modernise person-centred, recovery-oriented services** and **train service providers** (past decade). The testimony highlights **structural discrimination** against people with mental health conditions, especially **rights restrictions and financial control justified by diagnosis**. A case example describes domestic **financial and psychological abuse** that went unrecognised by the victim until a family member intervened.

Reporting and redress are hindered by **fragmented responsibilities** and a **missing "single-door" pathway**; adults face a particularly **unclear division of duties** between the Social Insurance Board and municipalities. **Social workers are over-loaded**, with limited space to discuss complex harm. Priorities include: (1) **legal clarity** (clearer recognition of hate/incitement and adult-service responsibilities), (2) **one-door access**, (3) **training** in recognising incitement/hostility and **person-first language**, (4) **returning power to the person** in support interactions, and (5) **community-level awareness** (e.g., apartment associations, libraries) via circles and discussions. These points directly reinforce WP2–WP3 decisions on **icon-based reporting**, **mediated single-door intake**, and WP4's **authority training & cooperation protocols**.

C. Thematic synthesis (mapped to core report lenses)

C1. Prevalence & loci / nature of harm

- **Systemic rights restrictions** motivated by diagnosis (property/financial control; paternalism).
- **Domestic and workplace exploitation**; harm often **unrecognised** by victims.

C2. Reporting & access to justice

- **Very low formal reporting**; pathways are **confusing** and **two-tiered** (state vs municipality).
- Lack of a **consultation space** for frontline staff to process complex harm.

C3. Psychological impact & family context

- Victims experience **humiliation** and loss of agency; **family members** are often the **first detectors** and advocates.

C4. Services & cooperation

- **Over-loaded social workers**; **adults' service map is unclear**.
- Effective responses involve **family cooperation** and **coordinated providers**.

C5. Legal & policy

- **Define and recognise hate/incitement** more clearly.
- Implement a genuine **"single-door policy"** (one intake; end two-tier navigation).

C6. Training & capacity

- Train staff to **spot hostility/incitement**, use **person-first, value-based language**, and **give power back** to the person.
- Target **local gatekeepers** (apartment associations, libraries) with short awareness inputs.

D. Representative quotes (Estonian → English)

1. **Rights restrictions & power abuse**
   "Pigem on lugusid, kus inimesed on oma õigustest ilma jäänud… Diagnoosiga inimesele seda võimalust ei anta. ***See on selline võimu kuritarvitamine.***
   "There are more stories where people have been deprived of their rights… A person with a diagnosis is not given the same chance. This is an abuse of power."
2. **"Single-door" policy missing in practice**
   "…meil on 'ühe ukse poliitika', ***kuid tegelikkuses seda ei ole****."*
   ""…we say we have a 'single-door policy',** **but in reality it does not exist**.""

3. **Person-first language**
   *"...väärtustav keelekasutus (**inimene ei ole tema haigus**. **Inimene on inimene**)."*
   ""...use value-based language (**a person is not their illness**. **A person is a person**).""
4. **Restore agency**
   *"...**töötajatelt võimu andmine tagasi inimesele**."*
   ""...**give power back to the person** in how staff interact.""
5. **Adult-services ambiguity**
   *"**Meil täiskasvanute alas on suur segadus**, kelle vastutusala midagi on... kui inimene saab täisealiseks, siis läheb juba segaseks."*
   ""**In adult services we have big confusion** about who is responsible... once a person becomes an adult, it gets murky.""

Quotes lightly trimmed for readability; full Estonian context is retained in the source transcript.

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint (Sec. 6):** Keep the **single-door intake** via mediator + wizard; ensure **icon-form + proxy** enables cases where victims cannot self-complete.
- **WP3 / T3.1–T3.5:** During deployment, emphasise **family involvement**, weekly **check-ins**, and **community circles** in Local Centres (apartment associations, libraries).
- **WP4 / T4.1–T4.3:** For authorities, stress acceptance of **proxy reporting**, **AAC-supported intake**, and add a **3-hour neuro-diversity/communication module** with a **desk-guide**.

F. Data protection & publication

- **Consent:** Audio/recording consent given at the start of interview.

- **Publication:** Public annex uses **role/organisation** only. Publish personal name **only with written permission**.
- **Storage:** Transcript and notes stored in RNUN secure drive; de-identified excerpts in the report.

PROVISION INTERVIEW – FIRST ONE

Country: Bulgaria **Partner:** PROVISION **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	Municipal Councilor; member of Social/Legal Affairs committees
Organisation	Municipality of Razlog (local government)
Jurisdiction	Razlog, Bulgaria
Date	**25 July 2025**
Duration	**48 minutes**
Method	Semi-structured interview (COMBATHATE guide)
Language	**English (original)**

Field	Value
Interviewer	PROVISION team (on file)
Consent status	Informed consent obtained (recorded at interview start)

B. Executive abstract (EN, ~170–200 words)

The interviewee is a **municipal councilor (Razlog)** with **12 years** of experience spanning legal and social policy work. He describes **structural barriers** for people with psychosocial/mental disabilities: **low awareness of rights**, **fear of disbelief**, and **discouragement by carers** that leads to **under-reporting**. Even where support measures exist "on paper," **fragmented responsibilities**, **reactive practice**, and the **burden placed on victims to initiate assistance** undermine access to justice.

A case example concerns a woman subjected to **ongoing verbal abuse and social isolation**; the municipal **Social Affairs Committee** intervened with heightened monitoring and cross-agency follow-up, illustrating how **coordinated non-criminal responses** can mitigate harm where criminal liability is unlikely.

For **effective practice**, he highlights: (1) **early involvement of NGOs/caregivers** as intermediaries, (2) **documentation quality** (screenshots, witness statements, simple summaries), (3) **proactive municipal referrals** to the **Commission for Protection against Discrimination (CPD)**, and (4) **clear step-by-step follow-up procedures**.

Priority reforms include **explicit legal recognition of mental/psychosocial disability** in hate-speech/hate-crime provisions, **accessible complaint formats** with **proxy reporting** and **AAC**, and **targeted training for police, prosecutors, and judges** in communication and de-escalation. The recommendations align directly with the COMBATHATE blueprint (icon-form, mediator "single door," evidence-bundle kit) and inform **WP3 deployment** and **WP4 authority protocols**.

C. Thematic synthesis (mapped to core report lenses)

C1. Prevalence & loci / nature of harm

- Recurrent **verbal hostility, humiliation and social exclusion** in neighbourhoods and public spaces.
- Harm often **persists without escalation to formal complaints** due to fear and low rights-awareness.

C2. Reporting & access to justice

- **Very low formal reporting**; victims expect disbelief or inaction.
- **Fragmented responsibilities** across institutions; **no seamless "single door"**.
- **Burden on the victim** to trigger services; **follow-up unclear** or inconsistent.

C3. Psychological impact & family context

- Prolonged exposure → **anxiety, isolation, deteriorating wellbeing**.
- Families/caregivers are **key early detectors**; often become de-facto intermediaries.

C4. Services & cooperation

- **Most effective responses** occur when **NGOs/caregivers + municipal services** act together from the start.
- **CPD (anti-discrimination authority)** offers a practical escalation route alongside municipal measures.

C5. Legal & policy

- Urgent need to **amend hate-speech/-crime articles** to **explicitly** recognise mental/psychosocial disability.
- Standardise **accessible intake** (icon form, proxy, AAC) and **clear follow-up procedures**.

C6. Training & capacity

- **Police/prosecutors/judges** require **disability-aware communication & de-escalation** modules.
- Frontline municipal staff need **simple desk-guides** and **checklists** to avoid procedural drift.

D. Representative quotes (English, minor edits for clarity)

1. **Barriers to reporting**

"One of the greatest barriers I have observed is the **lack of awareness about rights and the fear of not being believed**, which keeps people from reporting discrimination, hate speech, or violence."

2. **On 'paper vs practice'**

"**On paper the measures look adequate**, but responsibilities are fragmented and practice is reactive. The **responsibility to start assistance often falls on the victim**."

3. **What works**

"**Early involvement of NGOs and caregivers** as intermediaries, plus good documentation, makes interventions more sustainable and inclusive."

4. **Municipal levers**

"We **proactively refer to the Commission for Protection against Discrimination**, whose decisions can set precedents and influence institutional behaviour."

5. **Policy ask**

"The **most urgent change** is to **amend hate-speech/crime provisions** to **explicitly recognise mental disability**, and to provide **accessible complaint formats** with **proxy** and **AAC**."

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint:** Keep the **single-door intake** (mediator + wizard) and ensure the **icon-form + proxy strip + AAC** are standard in Bulgaria.
- **WP3 (T3.1–T3.6):** During deployment in Bulgaria, pair each case with **NGO/caregiver intermediaries**; use the **evidence-bundle kit**; log municipal **CPD referrals**.
- **WP4 (T4.1–T4.3):** Authority workshops should include **CPD procedures**, **proxy/AAC acceptance**, and a **3-hour neuro-diversity/de-escalation** module for police/prosecutors/judges, plus a **desk-guide**.

F. Data protection & publication

- **Consent:** Recorded.
- **Public version:** Publish at **role/organisation** level unless you hold written consent to name the person.
- **Storage:** Transcript stored on PROVISION's secure drive; only de-identified excerpts appear in public outputs.

PROVISION INTERVIEW – SECOND ONE

Country: Bulgaria **Partner:** PROVISION **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	**Lawyer (bar-registered)**

Field	Value
Organisation	**Private practice (Bar Association, Blagoevgrad)**
Jurisdiction	**Blagoevgrad, Bulgaria**
Interview date	**21 July 2025**
Duration	**51 minutes**
Method	Semi-structured interview (COMBATHATE guide)
Language	**English (original)**
Interviewer	PROVISION team (on file)
Consent status	**Informed consent obtained** (verbal at interview start)

B. Executive abstract (EN, ~180 words)

The interviewee is a **lawyer with 13 years of practice in Blagoevgrad**, experienced in cases involving people with psychosocial disabilities. She reports **chronic under-reporting** of hate speech/crime due to **fear of disbelief**, **institutional distrust**, and **communication barriers**. Even where **free legal aid** exists, many **do not know how to activate it without assistance**. Additional obstacles include **shortages of trained interpreters/mediators**, **complex legal language**, and **procedural delays** that deter victims before any official complaint is filed.

A case example describes a **young woman with a mental-health condition** subjected to sustained harassment and humiliation. **Initial police inaction** nearly led to case abandonment until a **local NGO** joined; with a **lawyer + social worker** they compiled a stronger evidence bundle (including accessible

documentation). The **court ultimately ruled for the victim**, recognising the role of hostility and affirming that vulnerability **must not be used to discredit** the complainant.

Priority reforms: (1) **explicit legal definition** of *hate crime* in Bulgarian law (including disability), (2) **accessible, secure reporting** (icon-based forms, proxy reporting, AAC), (3) **regular training** for police, prosecutors and judges on disability-aware communication and correct legal classification, and (4) **protocols and handbooks** to secure consistent institutional practice. These align directly with the COMBATHATE blueprint and WP3–WP4 plans.

C. Thematic synthesis (mapped to core report lenses)

C1. Prevalence & loci / nature of harm

- Recurrent **verbal hostility, humiliation and social exclusion** in neighbourhoods and public spaces.
- Harm often **persists without formal complaints** because victims anticipate disbelief or secondary victimisation.

C2. Reporting & access to justice

- **Very low reporting**; fear and prior negative experiences are decisive deterrents.
- **Free legal-aid mechanisms exist**, yet many **cannot activate them** without NGO/caregiver help.
- **Communication barriers** (no AAC, interpreters, or mediators) and **complex, formal language** block access.
- **Procedural delays** and bureaucratic steps cause early drop-off.

C3. Psychological impact & family context

- Ongoing hostility drives **anxiety, isolation and loss of agency**.
- Families/caregivers often act as **first detectors** and intermediaries.

C4. Services & cooperation

- **Most effective responses** combine **lawyer + NGO social worker**, starting **early** and documenting thoroughly.
- Documentation must be **accessible** (plain language; adjusted formats).

C5. Legal & policy

- Calls for an **explicit definition of "hate crime"** in national law (including mental/psychosocial disability).
- Need for **clear institutional protocols** so cases are classified and processed consistently.

C6. Training & capacity

- **Police/prosecutors/judges** need **regular, mandatory training** on disability-aware communication, de-escalation, evidence standards and proper legal classification.

D. Representative quotes (English)

1. **Fear as the primary barrier**

"The first and most significant barrier is fear—of being rejected or not taken seriously."

2. **Initial institutional response**

"Initially, the police did not take her reports seriously."

3. **Legal reform priority**

"First and foremost, an explicit legal definition of 'hate crime' must be introduced in Bulgarian legislation."

(Ellipses in the source indicate longer passages; full text on file with PROVISION.)

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint (Sec. 6):** Prioritise **icon-based complaint + proxy reporting + AAC** as standard for Bulgaria; maintain **single-door intake** via mediator + wizard.
- **WP3 (T3.1–T3.5):** In deployment, pair cases with **NGO + lawyer** from the start; ensure **accessible evidence-bundles**; track **activation of legal-aid**.
- **WP4 (T4.1–T4.3):** Authority workshops to include **disability-aware interviewing**, **correct classification guidance**, and **desk-guides/protocols** for intake and follow-up.

F. Data protection & publication

- **Consent**: obtained and recorded.
- **Public version**: role/organisation only unless name-publication consent is on file.
- **Storage**: transcript stored on PROVISION's secure drive; de-identified excerpts used publicly.

PUCK INTERVIEW – FIRST ONE

ANNEX A5 — Stakeholder Interview

Country: Italy **Partner:** Gli Amici di PUCK **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	Former Councillor for Social Policies; former President of City Council
Organisation	Municipality of **Ercolano** (≈54 000 residents)
Jurisdiction	Ercolano (Naples), Italy
Date	**22 July 2025**
Duration	Not stated (report format)
Method	Semi-structured interview (COMBATHATE guide)
Language	Italian (EN summary + bilingual quotes below)
Interviewer	PUCK team (on file)

B. Executive abstract

He brings a dual lens—public administrator and parent of a child with Down syndrome—arguing that **cultural barriers** are the primary driver of hostility and exclusion, and that **legal gaps** in Italy compound under-reporting. He notes Italy **lacks a specific legal definition** of hate speech/hate crime against persons with disabilities; responses rely on general human-rights principles and international guidance. He urges **prevention via education and training**, not only punitive action.

On **access to justice**, he flags **low awareness among victims/families**, and **variable police readiness**—complaints may be treated as **mere bureaucracy** rather than serious harm when disability is involved. He recommends **permanent inclusion mechanisms** (e.g., Youth City Councils with disability representation), **school-centred inclusion work**, and systematic **training for police and social staff** in disability-aware communication.

A case highlighted successful **school inclusion**: despite initial parental resistance, coordinated action (municipality, teachers, psychologists, support assistants) achieved full inclusion and strong peer bonds—evidence that **children's openness contrasts with adult prejudice**. These insights validate WP2–WP3 decisions around **icon-based reporting**, a **single-door intake**, and, for WP4, **authority training modules** and **cooperation protocols**.

C. Thematic synthesis (mapped to core report lenses)

C1. Prevalence & loci / nature of harm

- Persistent **ridicule/exclusion** in school and community settings; adult attitudes are a major barrier.

C2. Reporting & access to justice

- **Very low awareness** of what constitutes a reportable offence among victims/families.
- **Police** sometimes process disability-related complaints as **bureaucratic** tasks rather than harm cases.

C3. Psychological impact & family context

- Family involvement is pivotal to overcome stigma and sustain inclusion efforts (school case shows peer bonds can neutralise adult prejudice).

C4. Services & cooperation

- Effective responses require **multi-agency coordination** (municipality + school + psychosocial staff), not siloed action.

C5. Legal & policy

- **No specific legal definition** of disability-targeted hate speech/crime; dependence on general principles and international guidance → **legislative insufficiency**.
- PUCK's country analysis echoes an **interpretative gap** in Italian law.

C6. Training & capacity

- **Mandatory training** for police/social services on disability-aware interviewing, de-escalation and empathy.

D. Representative quotes (Italian → English)

1. **Adults vs children on prejudice**
   *"I **bambini non hanno pregiudizi**, siamo noi adulti a instillarli."* → "**Children have no prejudices**; it is we adults who instil them."
2. **From complaint to understanding**
   *"**Non basta ricevere una denuncia**, bisogna saperla comprendere, interpretare e trattare **con empatia e competenza**."* → "**It's not enough to receive a complaint**; you must understand it, interpret it, and **handle it with empathy and competence**."
3. **On prevention vs punishment**
   *"Le misure giuridiche, senza una **strategia culturale**, rischiano di restare **azioni riparatorie**."* → "Legal measures, without a **cultural strategy**, risk remaining **merely reparative**."

(Quotes trimmed for clarity; full context in the source reports.)

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint (Sec. 6):** Reinforces the need for **icon-based complaint forms + proxy** and a **single-door intake** via mediator/wizard to counter low awareness and bureaucratic handling.

- **WP3 (Italy deployment):** Use the **school inclusion case** in workshops; co-design **family-centred support scripts** and municipal **Help-Map IT** signposting (rights + one legal-aid contact/province).
- **WP4 (authorities):** Prioritise a **3-hour neuro-diversity & communication module** for police; include **desk-guides** for intake and **cooperation protocols** with municipalities.

F. Data protection & publication

- **Consent:** Interview consent recorded and stored by PUCK.
- **Public version:** Publish at **role/organisation** level unless written permission exists to publish the personal name.
- **Storage:** Source reports stored in PUCK's secure WP2 drive; only de-identified excerpts appear in public outputs.

PUCK INTERVIEW – SECOND ONE

Country: Italy **Partner:** Gli Amici di PUCK **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	**Value**
Interviewee role	**Criminal lawyer (bar-registered)**
Organisation	**Naples Bar Association (private practice)**
Jurisdiction	**Naples, Italy**

Field	Value
Date	**Not specified** in the report (WP2 fieldwork: July 2025)
Duration	Not stated
Method	Semi-structured interview (COMBATHATE guide)
Language	Italian original + English report
Interviewer	PUCK team (on file)
Consent status	**Informed consent obtained** (recorded by PUCK)

B. Executive abstract

A criminal lawyer registered with the **Naples Bar**, the interviewee has extensive experience defending victims in cases involving **incitement to hatred** and **disability-related hostility**. He confirms that, in Italy, **hate crime is not codified as a single offence**; practice relies on **Article 604-bis/ter** (propaganda/incitement with discriminatory motives) and on **other offences** (e.g., **Art. 572** ill-treatment; **Art. 643** abuse of vulnerable persons) to address disability-targeted harm. Application remains **fragmented** for cases of **mental/psychosocial disability**.

Barriers he sees most often: **low rights-awareness**, **complex legal language**, **evidentiary hurdles**, **variable police readiness**, and **delays** that discourage victims before a complaint is filed. What works: **early NGO–lawyer collaboration**, **accessible documentation** (plain-language summaries, screenshots, witness notes), and **forensic/medical assessments** to evidence vulnerability and harm. He recommends: (1) **explicit inclusion of mental disability** in national hate-crime/hate-speech provisions, (2) **accessible complaint tools** with **proxy reporting** and **AAC**, (3) **training for police/prosecutors/judges** in disability-aware interviewing and accurate legal classification, and (4) a small **case-law & template hub** to support practitioners.

These points directly reinforce COMBATHATE's blueprint: **icon-based reporting + proxy** (Sec. 6.3), **evidence-bundle kit** and **single-door mediator intake**, WP3 deployment in Italy, and WP4 **authority training** and **cooperation protocols**.

C. Thematic synthesis (mapped to the report lenses)

C1. Prevalence & loci / nature of harm

- Recurrent **verbal hostility, humiliation, and social exclusion** in neighbourhoods, schools, public transport, and online.
- Cases often **reframed under other offences** due to the lack of a unitary "hate crime" category.

C2. Reporting & access to justice

- **Under-reporting** persists: fear of disbelief, **legalese**, and **procedural delays**.
- **Free legal aid** exists but is **hard to activate** without NGO/mediator help.
- **Quality of evidence** (screenshots, witness notes, brief chronology) is decisive for progression.

C3. Psychological impact & family context

- Ongoing hostility drives **anxiety, isolation, and loss of agency**; families frequently act as **early detectors** and intermediaries.

C4. Services & cooperation

- **Most effective** when a **lawyer + NGO/social worker** team forms **early**, guiding evidence and protecting the person's voice.

C5. Legal & policy

- Use **Art. 604-bis/ter c.p.** where possible; otherwise **re-qualify** conduct under **Art. 572** or **Art. 643** (vulnerability).
- **Policy gap:** mental/psychosocial disability should be **explicitly recognised** within hate-speech/-crime provisions.

C6. Training & capacity

- **Police/prosecutors/judges** need short, regular modules on **disability-aware communication**, **AAC use**, **evidence standards**, and **correct classification**.

D. Representative quotes (Italian → English)

1. **Fragmented application**
   *"Le definizioni ci sono, **ma l'applicazione resta frammentaria**."*
   "**Definitions exist, but application remains fragmented.**"

2. **Evidence matters**
   *"**Documentare bene**—screenshot, testimoni, sintesi chiara dei fatti—**fa la differenza**."*
   "**Good documentation**—screenshots, witnesses, a clear fact summary—**makes the difference**."

3. **Reform priority**
   *"Serve l'**inclusione esplicita della disabilità mentale** nelle norme su incitamento e crimini d'odio."*
   "We need the **explicit inclusion of mental disability** in hate-speech and hate-crime provisions."

(Short excerpts selected to remain within fair-use and word-limit rules; full context in the source reports.)

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint:** Keep **icon-form + proxy + AAC** as standard; ensure the **evidence-bundle kit** contains a **plain-language incident summary** and a **witness template**.
- **WP3 (Italy):** In T3.1–T3.4, pair each case **from intake** with a **lawyer + NGO**; track activation of **legal aid** and **bundle completeness**; use **Help-Map IT** to avoid referral drift.

- **WP4 (authorities):** In T4.1–T4.3, include a **3-hour neuro-diversity & interviewing module**, **desk-guide** on **Art. 604-bis/ter vs 572/643**, and a **mini case-law/template hub**.

F. Data protection & publication

- **Consent:** recorded by PUCK.
- **Public version:** publish at **role/organisation** level unless name-publication consent is on file.
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PUCK INTERVIEW – THIRD ONE

Country: Italy **Partner:** Gli Amici di PUCK **Work packages:** WP2 (Needs Assessment) → feeds WP3–WP4

A. Metadata (public-friendly)

Field	Value
Interviewee role	**President, Municipal Disability Council (Consulta della Disabilità)**
Organisation	**Municipality of Ercolano**
Jurisdiction	**Ercolano (Naples), Italy**
Date	**July 2025** (exact day not specified in report)

Field	Value
Duration	Not stated
Method	Semi-structured interview (COMBATHATE guide)
Language	Italian (EN summary + bilingual quotes below)
Interviewer	PUCK team (on file)

B. Executive abstract

As President of the **Municipal Disability Council of Ercolano**, the interviewee frames the Council as a **local "listening and action hub"** connecting citizens, schools, associations and institutions. Italy's **legal architecture is advanced** (e.g., Law 104/1992; the Basaglia reform legacy), but **implementation is uneven**, leaving **"hidden discrimination"** unreported and often normalised in daily life. The Council's priorities are **civic education in schools**, **simple and accessible reporting channels**, **training for public/private staff**, and a **permanent local observatory** to detect trends and coordinate responses.

On access to justice, the interview stresses that **complex complaint pathways and low rights-awareness** drive under-reporting. She argues that municipalities can reduce barriers by providing **one visible entry point** for support and by **standardising cooperation** with police and services. Stronger **participation of people with disabilities** in public decision-making is both a right and a practical lever against stigma.

These insights directly support the COMBATHATE blueprint and roadmap: **icon-based complaint + proxy + AAC**, **single-door mediator intake**, **Help-Maps**, and **authority training & cooperation protocols** (WP4). They also align with WP5's public-awareness actions and sustainability planning.

C. Thematic synthesis (mapped to the report lenses)

C1. Prevalence & loci / nature of harm

- **"Hidden discrimination"** in everyday settings; many incidents **go unreported**.
- Harm surfaces in **neighbourhoods, public services, and schools**, where cultural attitudes shape behaviour.

C2. Reporting & access to justice

- **Low rights-awareness** and **complex procedures** deter complaints.
- Municipal **Councils (Consulta)** can function as **first doors** and **bridges** among citizens, schools, associations, institutions.

C3. Psychological impact & family context

- Under-reporting and social indifference contribute to **isolation** and **loss of trust**; families often carry the advocacy burden.

C4. Services & cooperation

- The **Consulta model** is a practical **coordination hub**, improving **multi-agency responses** when paired with simple tools and clear roles.

C5. Legal & policy

- Italy has **advanced norms, weak implementation**; international guidance not fully operationalised locally.
- Municipal protocols can **translate law into practice** via intake standards and referrals.

C6. Training & capacity

- Priority: **civic education in schools**, **staff training** (public and private) on disability-aware interaction and anti-discrimination basics.

D. Representative quotes (Italian → English)

1. **Hidden discrimination**
   *"**Discriminazione sommersa**: gli episodi non vengono denunciati e si perdono nell'indifferenza."*
   "**Hidden discrimination**: incidents go unreported and fade into indifference."

2. **Advanced norms, weak implementation**
   *"**Norme avanzate, attuazione debole**: le leggi esistono ma non trovano piena applicazione."*
   "**Advanced norms, weak implementation**: laws exist but lack full enforcement."

3. **Role of the Council**
   *"La **Consulta rappresenta un presidio di ascolto e proposta**."*
   "The **Council serves as a civic listening and action point**."

4. **Civic education**
   *"**Educazione civica**: formazione e sensibilizzazione nelle scuole come prevenzione culturale."*
   "**Civic education**: school-based education and awareness prevent hate crimes."

5. **Active participation**
   *"**Partecipazione attiva**: coinvolgere direttamente le persone con disabilità nella vita pubblica."*
   "**Active participation**: encourage people with disabilities to engage in public life."

(Short excerpts drawn from the report headings; full context is in the source files.)

E. Implications for WP2 → WP3–WP4

- **WP2 / Blueprint (Sec. 6):** Reinforce the **single-door intake** (mediator + wizard) and **icon-based complaint with proxy/AAC** to counter under-reporting; publish a clear **Help-Map IT**.
- **WP3 (Italy, T3.1–T3.6):** Use the **Consulta** as a **local hub** for workshops, support sessions and weekly check-ins; pilot **anonymous/assisted reporting** where appropriate; start a small **local observatory log**.

- **WP4 (T4.1–T4.3):** Include **municipal cooperation protocols** (roles, contact points, referral SLAs); deliver **3-hour authority modules** and a **desk-guide** for intake and follow-up.

F. Data protection & publication

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