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ORIGINAL RESEARCH PAPER

ACCESSIBLE SUPPORT PATHWAYS FOR VICTIMS OF DISABILITY-RELATED HATE SPEECH AND HATE CRIME: IMPLEMENTATION EVIDENCE FROM ESTONIA, ITALY AND BULGARIA

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ABSTRACT

This article presents implementation evidence from COMBATHATE, a transnational Citizens, Equality, Rights and Values (CERV)-funded project addressing hate speech and hate crime against individuals with mental disabilities in Estonia, Italy and Bulgaria. The study combines a quantitative, cross-sectional needs-assessment survey (n = 136) with qualitative stakeholder inputs and aggregated implementation feedback from staff training, beneficiary workshops and public events. It examines how a rights-based and accessibility-oriented support pathway can be designed and introduced through practical support tools, workforce development and community engagement. Across the three country samples, the evidence indicates substantial exposure to hate speech, low formal reporting, limited awareness of psychological and legal support, communication barriers and fragmented referral routes. The project response integrated Psychological First Aid, icon-based and proxy reporting, Evidence Bundle guidance, legal flowcharts, Help Maps and training materials. Early implementation feedback suggests that accessible support systems should combine emotional stabilisation, supported communication, evidence preservation, referral and follow-up rather than treating these as separate functions. The article proposes a six-stage Accessible Support Pathway for civil-society organisations, social services and local stakeholders working with people who may require cognitive, psychosocial or communication accommodations. The contribution is practical and policy-oriented: it translates disability-rights principles into an operational framework for responding to hate incidents while identifying priorities for future longitudinal validation.

Keywords: disability-related hate crime, hate speech, mental disability, Psychological First Aid, accessible justice, support pathways

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1. Introduction

Hate speech and hate crime against persons with mental disabilities represent an intersection between discrimination, psychosocial vulnerability, access to justice and community inclusion. While European legal and policy frameworks increasingly recognise the need to combat hatred and protect vulnerable groups, the practical mechanisms through which persons with mental disabilities can receive support remain uneven. In many local contexts, the problem is not only the existence of hostility or discriminatory language, but also the absence of accessible procedures for asking for help, documenting harm and reaching psychological, social or legal assistance.

Existing research documents disproportionate exposure to targeted violence and bias victimisation among disabled people. Using data from the British Life Opportunities Survey, Emerson and Roulstone (2014) found elevated risks of violent and disablist hate crime among disabled adults, with particularly high risks associated with mental-health problems and cognitive impairments. In a study of 260 adults with intellectual disabilities, Díaz-Faes et al. (2023) identified 92 participants who had experienced bias victimisation; 63% disclosed the experience to someone, yet only one reported it to the authorities. This pattern is consistent with inquiry and qualitative evidence showing that disability-related hostility may be normalised, misclassified or left unreported because of fear, anticipated disbelief, inaccessible communication and limited confidence in institutional responses (Equality and Human Rights Commission, 2011; European Union Agency for Fundamental Rights, 2015; Wilkin, 2024).

The COMBATHATE project - Combating Hate Speech and Hate Crimes Against Individuals with Mental Disabilities - was designed to address this implementation gap through a multi-country intervention in Estonia, Italy and Bulgaria. The project combines needs assessment, development of support tools, staff training, beneficiary workshops, public events and regular support sessions. Its core assumption is that support for victims of disability-related hate cannot be reduced to awareness alone. It requires an operational pathway that people can understand and that professionals can apply consistently.

The article is written as an implementation study rather than a clinical effectiveness trial. Its purpose is to extract transferable learning from the project's first implementation cycle and to propose a structured model for accessible support pathways in cases of disability-related hate speech and hate crime. It therefore focuses on the relationship between identified needs, tool design, training implementation and early feedback from participants and stakeholders.

The article is also situated within the broader challenge of making anti-hate and disability-rights policy actionable at community level. In practice, a person exposed to hate speech may not distinguish between a psychological need, a legal need and a social-support need. The same incident may produce fear, confusion, shame, practical isolation and uncertainty about whether reporting is possible. A meaningful response therefore needs to be sequenced: the person should first be made safe and supported, then offered accessible communication and documentation options, and finally connected to appropriate services. This sequence is the central logic examined in the article.

2. Literature Review and Conceptual Background

The article is grounded in three complementary frameworks: disability rights, Psychological First Aid and accessible justice. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires equal recognition, accessibility and access to justice for persons with disabilities (United Nations, 2006). These principles are especially relevant when the person affected by a hate incident may face communication barriers, dependence on support persons, fear of institutions or difficulty navigating administrative procedures. The framework also reflects international guidance that access to justice requires procedural accommodations, accessible information and supported participation (United Nations, 2020).

European policy on disability and hate has increasingly emphasised inclusion, non-discrimination and coordinated responses (European Commission, 2021, 2023, 2026). However, a recurring implementation challenge is that rights are often formulated at a general level, while people encounter barriers at the level of forms, offices, language, timing and trust. A support system is therefore not accessible simply because it exists. It becomes accessible when people know it exists, can understand it, can use it with support where

needed, and can move from one service to another without being lost in referral gaps.

Empirical studies show that bias-motivated victimisation can be recurrent, cumulative and associated with broader poly-victimisation. Díaz-Faes et al. (2023) found that adults with intellectual disabilities who experienced bias victimisation reported more types of victimisation and were substantially more likely to be poly-victims than non-bias victims. Disability hate-crime scholarship has also shown that hostility is frequently embedded in everyday environments and relationships, while victim narratives can be obscured by stereotypes of passivity or inherent vulnerability (Burch, 2024; Emerson & Roulstone, 2014). These findings support models that combine accessible communication, trusted-person involvement and continuity of support rather than treating reporting as a one-off administrative act.

Psychological First Aid (PFA) provides the psychosocial component of the model. World Health Organization et al. (2011) describe PFA as humane, supportive and practical help for people affected by serious crisis events, with a framework that respects dignity, culture and abilities. PFA should be understood as an evidence-informed first-contact framework rather than a clinical treatment: a systematic review identified promising but heterogeneous findings and called for stronger evaluation designs (Hermosilla et al., 2023). In the context of disability-related hate incidents, PFA can create sufficient safety and calm for a person to express needs, consider options and connect with further support.

Accessible justice is the third framework. Access to justice is not only a question of legal entitlement; it also requires communication support, reasonable accommodation, understandable information and the possibility of assisted reporting where appropriate (European Union Agency for Fundamental Rights [FRA], 2021; United Nations, 2020). The COMBATHATE approach therefore treats supported communication as part of the justice pathway. Icons, simplified language, yes/no options, trusted-person support and warm referral are not secondary adaptations; they are structural components of access.

A central conceptual challenge addressed by COMBATHATE is the conversion of abstract rights into accessible operational steps. This means transforming concepts such as dignity, access to justice and non-discrimination into tools that can be used by a distressed person, a family member, a support worker or a local NGO. In implementation terms, the relevant question is not only whether a country has legal protections, but whether a vulnerable person can reach them in practice.

3. Objectives and Research Questions

Building on this literature, the study addresses the implementation gap between formal rights and practical access to support. It examines how needs-assessment evidence was translated into accessible tools, staff competencies and a sequenced pathway that can be used by NGOs and local support ecosystems.

The article has three objectives:

- to describe the main barriers identified by the COMBATHATE needs assessment in relation to hate speech and hate crimes against individuals with mental disabilities;
- to analyse how these barriers were translated into an integrated support system and training model;
- to formulate a transferable Accessible Support Pathway model for civil-society organisations and local support ecosystems.

The article is guided by the following research questions:

RQ1: What patterns of exposure, reporting behaviour and service awareness emerged across the three participating countries?

RQ2: What operational support tools were developed to respond to the identified barriers?

RQ3: What does the initial implementation evidence suggest about the usability and relevance of the support system?

RQ4: Which elements of the COMBATHATE model can be transferred to other contexts addressing disability-related hate speech and hate crime?

4. Methodology

4.1 Study Design

The article uses a practice-based implementation study design. Its needs-assessment component employed a quantitative, cross-sectional survey design, complemented by stakeholder interviews and focus-group inputs. The wider implementation analysis draws on aggregated project monitoring and evaluation evidence collected during the first implementation phase of COMBATHATE. The analysis is not intended to establish causality; rather, it documents the intervention logic, tool-development process and early usability evidence emerging from the project. This design is appropriate because the project's objective was not to test a clinical treatment under controlled conditions, but to create and introduce a practical support system for use in civil-society and community settings.

The implementation-study approach is particularly suitable for EU-funded social innovation projects, where the evidence base includes needs assessments, deliverables, training evaluations, workshop feedback, public event feedback and quality-assurance reports. Such evidence can be used to identify whether a project model is coherent, whether tools are understandable, and whether stakeholders perceive them as relevant. The study therefore focuses on implementation quality, operational learning and transferability rather than statistical generalisation.

4.2 Data Sources

The data sources included: (a) the COMBATHATE needs assessment, consisting of survey data, stakeholder interviews and focus-group inputs (COMBATHATE Consortium, 2025); (b) design documentation for the support system and training materials (COMBATHATE Consortium, 2026a, 2026b); (c) evaluation summaries from staff trainings (COMBATHATE Consortium, 2026c); (d) aggregated feedback from WP3 beneficiary workshops; and (e) aggregated feedback from WP5 public events (COMBATHATE Consortium, 2026d). The evidence was produced across Estonia, Italy and Bulgaria during the first year of implementation.

Table 1.
Data sources used in the implementation study

Data component	Coverage	Purpose in the article
Needs assessment	136 survey respondents across Estonia, Bulgaria and Italy, complemented by qualitative inputs	Identification of exposure, reporting and service-access barriers
Staff trainings	3 transnational trainings; 90 staff members in total	Validation of staff-facing protocols and training approach
Beneficiary workshops	4 workshops; 80 participants in total	Introduction of support systems to individuals with mental disabilities and support persons
Public events	5 events; 250 participants in total	Stakeholder awareness and community-level discussion of WP2 outputs
Support system documentation	PFA card, icon form, Evidence Bundle Kit, legal flowcharts, templates, Help Maps and digital prototype	Description of the accessible support model

4.3 Participants and Implementation Coverage

The needs-assessment survey included 136 respondents across the three participating countries. The training cycle involved 90 staff members, distributed across three five-day transnational training sessions. The beneficiary workshop phase involved four workshops with 80 participants in total, while the public-event phase involved five events with 250 participants. In the combined WP3/WP5 outreach activities, the project reached 330 participants. The participant groups were not intended to be statistically representative of national populations; rather, they reflected the project's target groups, implementation partners, local stakeholders and accessible community-entry points.

The workshop and event data are important because they represent a move from tool design to direct presentation and discussion with beneficiaries,

families, tutors, guardians, professionals and local stakeholders. In implementation research, this transition is essential: a tool may appear coherent in a deliverable but fail when presented to users. For this reason, feedback on clarity, usefulness and relevance was treated as a key indicator of early implementation quality.

4.4 Data Collection and Analysis

The analysis used descriptive synthesis. Quantitative survey indicators and closed-ended feedback items were summarised as frequencies, percentages and means where available; no inferential tests or population estimates were attempted. Qualitative evaluation summaries and open comments were analysed at a descriptive semantic level using a structured thematic procedure informed by Braun and Clarke (2006). The material was read repeatedly, coded against four a priori domains—barriers, perceived usefulness, accessibility concerns and recommendations—and supplemented with inductive codes for recurrent ideas. Codes were compared across countries and activity types, then condensed into cross-cutting themes. Because the source material consisted of aggregated summaries rather than full interview transcripts, the analysis did not seek theoretical saturation or quantify theme prevalence. Project outputs were also assessed through a logic-chain perspective: whether identified needs were reflected in tool design, whether the tools were reflected in training, and whether the trained approach was presented in workshops and public events.

The analysis proceeded in four steps. First, the needs-assessment evidence was reviewed to identify cross-country patterns. Second, the support system was mapped against the identified barriers. Third, training and workshop evidence was examined to understand whether the tools were usable and understandable. Fourth, the findings were synthesised into an Accessible Support Pathway model. This model is not presented as a final universal standard, but as an implementation framework that can be adapted by local organisations.

4.5 Ethical and Data-Protection Considerations

The article uses aggregated and anonymised project data. Attendance lists, signed presence lists and photographs were treated as internal project evidence and are not reproduced. This is particularly important because the target group includes individuals with mental disabilities, some of whom may require support from tutors, guardians or family members. The article therefore avoids personal names, identifiable images, medical diagnoses and individual case narratives that could expose participants.

The ethical approach follows three practical principles. First, data minimisation: only aggregated implementation data are reported. Second, non-identifiability: individual participants are not described in a way that could reasonably identify them. Third, purpose limitation: the data are used to discuss implementation learning and support-system design, not to profile individuals or assess clinical outcomes. These principles are central to publishing project-generated evidence involving vulnerable groups.

5. Results

5.1 Needs Assessment: Exposure, Reporting and Support Gaps

The needs assessment revealed a consistent pattern across countries: substantial exposure to hate speech and hate crime, low formal reporting rates and limited awareness of dedicated psychological and legal support services. While national contexts differ, the same operational barriers appeared repeatedly: complex reporting procedures, fear of not being believed, lack of accessible communication, limited knowledge of services and fragmentation between psychological, legal and social support.

The figures show that exposure was not isolated or marginal. Hate speech was reported by approximately half to two-thirds of respondents depending on the country. Hate-crime exposure was lower than hate-speech exposure but still significant. The most critical finding for implementation was the reporting gap. In Bulgaria, no formal reports were filed among victims in the sample, while reporting was also low in Italy and only partial in Estonia. This gap indicates that support systems must focus not only on awareness but also on the practical conditions that make reporting possible.

The country-level differences should be interpreted descriptively because the samples were small, convenience-based and compositionally different. The data cannot establish why Estonia's reporting proportion was higher or why no formal

reports appeared in the Bulgarian sample. Plausible explanations, consistent with prior research, include differences in recognition of incidents as reportable, access to trusted intermediaries, service visibility, confidence in authorities and prior experiences of being believed (Díaz-Faes et al., 2023; Wilkin, 2024). Sample recruitment routes may also have shaped the observed proportions. The comparison is therefore not a national ranking; it identifies a shared implementation need for accessible guidance, supported communication and visible referral options.

A second finding concerns service awareness. Across all three countries, awareness of psychological and legal support was limited. This matters because a person cannot use a service that is invisible or difficult to understand. Low awareness also increases dependence on informal support networks. For individuals with mental disabilities, such networks may include tutors, guardians, family members and support workers. The project therefore treated support persons as part of the access pathway rather than as external observers.

Table 2.
Selected needs-assessment indicators by country

Indicator	Estonia	Bulgaria	Italy
Survey respondents	66	30	40
Hate-speech exposure in previous 12 months	65%	66.7%	50%
Hate-crime exposure in previous 12 months	23%	36.7%	30%
Formal reporting among victims	33%	0%	12.5%
Mean psychological impact score (1-5)	3.85	3.1	3.1
Awareness of psychological support service	33%	37%	32.5%
Awareness of legal-aid support service	27%	20%	27.5%

5.2 Design of the COMBATHATE Support System

The support system was designed as a practical response to the barriers identified above. The design logic followed a simple operational question: what does a person, family member, guardian or support worker need in the first hours and days after a hate incident? The answer was translated into several tools: a Psychological First Aid card, icon-based incident form with proxy option, Evidence Bundle Kit, legal flowcharts, template letters, national Help Maps and a digital reporting prototype.

Table 3.
Support system tools and operational barriers addressed

Tool	Operational function	Barrier addressed
Psychological First Aid card	Immediate supportive response, calming, basic orientation and warm referral	Emotional distress and unsafe first contact
Icon-based reporting form with proxy option	Low-literacy and supported incident reporting	Text-heavy forms and inability to report independently
Evidence Bundle Kit	Structured collection of screenshots, timeline, witness notes and short incident summary	Weak evidence and loss of online material
Legal flowcharts	Plain-language orientation to reporting and referral pathways	Uncertainty about institutions and procedures
Template letters	Standardised requests to police, legal aid or anti-discrimination bodies	Difficulty drafting formal communications
National Help Maps	Local support contacts and referral points	Low awareness of available services
Digital Wizard prototype	Step-by-step digital reporting logic	Need for scalable, guided reporting support

The tools are complementary rather than isolated. The PFA card addresses immediate emotional distress and first contact. The icon form addresses communication and literacy barriers. The Evidence Bundle Kit addresses the weakness of evidence and the loss of online content. Legal flowcharts and template letters address uncertainty about procedures. Help Maps address low service awareness. The digital prototype introduces the possibility of guided reporting in a scalable format.

A key implementation choice was to treat accessibility as operational design. The tools were not only translated linguistically; they were simplified structurally. Icons, short prompts, minimal data fields, proxy strips and warm-referral language were used to reduce cognitive load. This approach recognises that accessibility is not achieved by adding a statement of inclusion to standard materials; it requires redesigning the interaction between the person and the support system.

5.3 Staff Training as Operational Validation

Three staff trainings were implemented to convert the support system into practical competence. The trainings covered support protocols, legal rights and Psychological First Aid. They were organised in Italy, Bulgaria and Estonia and involved 90 staff members in total. Evaluation data indicated high satisfaction, strong perceived relevance and increased confidence in applying tools in practice.

Training was essential because the value of a support system depends on staff capacity to use it. For example, an icon form may be accessible in theory, but staff must know how to ask one question at a time, avoid leading questions, obtain consent and support a person who is distressed or non-verbal. Similarly, an Evidence Bundle Kit requires staff to understand what evidence is useful, how to avoid excessive data collection and how to preserve digital material without exposing the person further.

The training evidence also suggests that role-play and scenario-based practice were central to learning. Participants valued practical cases, group work and simulations because the support pathway requires performance skills: calming a person, explaining options, recording facts, identifying risk, making a referral and planning follow-up. These skills cannot be built through theoretical instruction alone.

Table 4.
Staff training focus and selected evaluation evidence

Training focus	Participants	Main competence developed	Selected evaluation evidence
Support Protocols - Italy	30 staff	Intake, triage, safeguarding, documentation, referral and follow-up	High ratings for facilitation, theory-practice balance and ability to apply the workflow
Legal Rights - Bulgaria	30 staff	Hate incident recognition, rights explanation, evidence handling and referral to legal support	High ratings for understanding legal pathways and supporting victims in accessing remedies
Psychological First Aid - Estonia	30 staff	Look-Listen-Link, calming, accessible communication and warm referral	High ratings for understanding PFA principles, confidence to support distress and usefulness of practical exercises

5.4 Beneficiary Workshops and Public Events

After tool development and staff training, the support system was introduced to target groups and stakeholders through four WP3 workshops and five WP5 public events. The WP3 workshops involved 80 participants in Estonia, Italy and Bulgaria. The WP5 public events involved 250 participants and created wider community-level discussion of the project, the support tools and the need to prevent disability-related hate speech and hate crime.

Aggregated feedback from workshops and events was consistently positive on clarity, perceived usefulness and relevance. The evidence suggests that participants understood the purpose of the support tools and recognised the need for accessible reporting, practical guidance and stronger cooperation between organisations and institutions. The events also showed that public awareness and beneficiary support are mutually reinforcing. Public events create legitimacy and shared language; workshops allow direct discussion with target groups and support persons.

The outreach data also reveal a gender-pattern relevant to implementation planning.

The public events were attended predominantly by women, while the workshops showed a more balanced profile. This may reflect the high involvement of women in social-care, education, family-support and NGO roles. It also suggests that future awareness work should intentionally reach male caregivers, municipal actors, police representatives, employers and other community groups whose participation is important for shared responsibility.

Table 5.
Aggregated outreach coverage for WP3 workshops and WP5 public events

Activity group	Deliverables	Participants	Gender composition
WP3 workshops	D3.1-D3.4	80 total	35 male, 44 female, 1 unspecified
WP5 public events	D5.3-D5.7	250 total	66 male, 184 female
Combined WP3/WP5 outreach	D3.1-D3.4 and D5.3-D5.7	330 total	101 male, 228 female, 1 unspecified

6. Discussion

6.1 From Rights to Operational Accessibility

The central finding of the implementation cycle is that rights-based protection requires operational accessibility. This interpretation is consistent with disability-rights and access-to-justice guidance, which links equality before the law to procedural accommodation, accessible information and effective participation (United Nations, 2006, 2020). It also reflects research showing that reporting decisions are shaped by whether people expect to be understood, believed and supported throughout the process (Burch, 2024; Wilkin, 2024). A person with a mental disability who experiences hate speech or hate crime may face distress, fear, communication difficulty, uncertainty about institutions and limited trust simultaneously. A support system therefore needs to reduce complexity at each step.

The icon-based reporting form and proxy-reporting logic are particularly important. They recognise that autonomy does not always mean acting alone. In supported decision-making contexts, the ability to report may depend on a trusted person, guardian, family member, tutor or support worker helping the person to communicate what happened. The task of the system is to support the will and preferences of the person while preventing abandonment and non-reporting.

This point is central for projects working with adults who may have different levels of autonomy. The support pathway should not assume either complete independence or complete dependency. Instead, it should create a graded support environment in which the person can choose, point, confirm, ask for help, pause or involve a trusted person. Such an approach is consistent with disability-rights principles because it treats support as enabling agency, not as replacing it.

The emphasis on supported choice also resonates with co-produced disability hate-crime research, which argues that disabled people and community organisations should participate directly in the design of reporting resources and support responses (Burch, 2024). In this sense, accessibility is not an add-on to a standard pathway; it is a design principle that shapes the pathway from first contact to follow-up.

The implementation evidence also shows that accessibility must be addressed before, during and after the reporting moment. Before reporting, the person must understand that support exists. During reporting, the form, language and environment must be accessible. After reporting, the person must not be left alone with uncertainty. Follow-up is therefore not an optional administrative step; it is part of safeguarding and trust-building.

6.2 The Role of Psychological First Aid in Hate-Incident Response

PFA is often discussed in relation to emergencies, disasters or acute distress (World Health Organization et al., 2011). COMBATHATE adapts it to a hate-incident context, not as therapy or as a claim of clinical effectiveness, but as a structured first-contact approach that helps create safety, calm and connection to further support. This use is compatible with evidence that bias-motivated incidents can have distinctive psychological and social consequences, including fear, avoidance and reduced trust in public spaces (Iganski & Lagou, 2015). It also reflects the current PFA evidence base, which supports cautious, context-sensitive implementation alongside continued outcome evaluation (Hermosilla et al., 2023).

The adaptation of PFA to hate-speech and hate-crime contexts is important because many incidents are not physically violent but can still produce intense fear, shame, avoidance and social withdrawal. A purely legalistic response may miss these immediate emotional effects. Conversely, a purely psychosocial response may fail to preserve evidence or explain rights. The COMBATHATE pathway therefore links PFA with reporting tools and referral guidance.

This linkage is one of the most transferable aspects of the model. In many organisations, psychological support and legal support are treated separately. The first contact person may be unsure whether to calm the person, collect facts, refer to legal aid or call a guardian. The model proposed here does not require the same staff member to perform all specialised functions. It requires a shared sequence and a clear handover logic: stabilise, record accessibly, preserve evidence if appropriate, refer and follow up.

6.3 Public Events as Ecosystem-Building Mechanisms

The WP5 events demonstrated the importance of awareness activities for building an enabling environment around support systems. This interpretation is consistent with reporting literature that identifies institutional visibility, trust, accessible contact points and victim-centred responses as conditions that can support disclosure and formal reporting (FRA, 2021; Wilkin, 2024). Public events do not replace individual support, but they can reduce stigma, introduce common language and create opportunities for cooperation between NGOs, service providers, families and public authorities. In this sense, awareness is not only communication; it is part of system-building.

The public events also made visible the project's support tools beyond the staff trained to use them. This is important because accessible systems need recognition from the community. If families, tutors, local authorities and support organisations know that tools exist, they are more likely to guide affected persons toward them. Public events therefore function as bridges between formal deliverables and local social ecosystems.

At the same time, public awareness must avoid becoming too general. The COMBATHATE experience suggests that the most useful public events are those that connect general awareness with concrete resources: what hate speech is, why it harms, where help can be found, how support persons can assist, and how local organisations can cooperate. This practical orientation prevents awareness from remaining symbolic.

7. Proposed Model: The Accessible Support Pathway

Based on the COMBATHATE implementation evidence, this article proposes an Accessible Support Pathway model composed of six linked stages. The model is intended for civil-society organisations, local service providers and multi-stakeholder projects working with people who may face cognitive, psychosocial or communication barriers when exposed to hate incidents.

The model is designed as a modular pathway. Organisations with limited resources can begin with the core components - safe first contact, accessible incident recording and Help Map referral - and later add stronger legal templates, digital tools and formal cooperation protocols. This makes the approach scalable and realistic for small NGOs and community-based services.

The model is deliberately simple. Its strength lies in sequencing: stabilise first, record accessibly, preserve evidence, connect to support and follow up. Each stage can be adapted to national legal systems and local service landscapes, but the underlying logic remains transferable.

Textual representation of the pathway: Safe first contact -> Stabilisation and choice -> Accessible incident recording -> Evidence preservation -> Supported referral -> Follow-up and learning. This sequence should not be understood rigidly: emergency or safeguarding needs may require immediate escalation. However, the sequence provides a default structure that reduces confusion for staff and beneficiaries.

Table 6.
Accessible Support Pathway model

Stage	Purpose	Practical tool or action
1. Safe first contact	Reduce stress and avoid secondary harm	Calm introduction, quiet space, PFA card
2. Stabilisation and choice	Help the person identify immediate needs	Grounding, simple choices, trusted-person contact
3. Accessible incident recording	Capture minimum facts without interrogation	Icon form, Easy-to-Read prompts, proxy reporting
4. Evidence preservation	Prevent loss of useful evidence	Evidence Bundle Kit, screenshots, timeline, witness note
5. Supported referral	Connect to psychological, legal or social support	Help Map, template letters, warm referral
6. Follow-up and learning	Avoid drop-out and improve system quality	Follow-up contact, feedback forms, evaluation summaries

7.1 Transferability Conditions

For the model to be transferred effectively, at least five conditions should be present. First, staff must be trained in respectful and accessible communication. Second, the organisation should maintain an updated list of local psychological, legal and social support contacts. Third, data-protection rules must be clearly understood by staff. Fourth, the organisation should have a mechanism for documenting attendance, feedback and follow-up. Fifth, there should be a minimum referral relationship with external services or institutions.

Transferability also depends on cultural and institutional adaptation. The same icon form or Help Map cannot simply be copied across countries without translation, testing and local verification. However, the logic of the tool - simplified communication, supported reporting, minimal data, warm referral and follow-up - can be transferred. The implementation lesson is therefore that the model is portable at the level of principles and workflow, while specific materials require localisation.

8. Practical Implications

Several practical implications emerge from the article:

Support systems should be designed for use by both beneficiaries and support persons. Where individuals are not fully autonomous in administrative or communication tasks, tutors, guardians, family members and support workers must be considered part of the access pathway.

Accessible reporting is not a cosmetic adaptation. Icons, plain language, proxy options and minimal data fields can determine whether an incident is reported at all.

Staff training should prioritise role-play and scenario-based practice. The ability to apply PFA, complete a form, preserve evidence and make a warm referral cannot be learned through theory alone.

Public awareness and support sessions should be connected. Awareness creates legitimacy and social recognition; support sessions provide continuity and problem-solving for beneficiaries.

Evaluation frameworks should move beyond satisfaction. Future cycles should track reporting behaviour, service referrals, follow-up completion and beneficiary confidence over time.

Future empirical validation should use a prospective mixed-method design and pre-specify both implementation and outcome indicators. Relevant measures include reporting knowledge and confidence, staff fidelity to the six stages, completed referrals, follow-up retention, perceived accessibility and secondary-distress indicators. Where ethically feasible, longitudinal follow-up should test whether the pathway improves help-seeking and referral completion without increasing burden or compromising autonomy.

For policy makers and programme designers, the article suggests that projects addressing hate speech against persons with mental disabilities should finance not only materials and events, but also the operational infrastructure that allows support to continue after an awareness activity ends. This includes staff time, referral mapping, accessible formats, monitoring tools and coordination with local institutions.

For NGOs and service providers, the practical implication is that a small set of well-designed tools can improve coherence. A PFA card, icon form, evidence checklist and Help Map do not solve every problem, but they create a common operational language. When staff share this language, the person seeking support is less likely to receive contradictory messages from different professionals.

9. Implementation Quality Considerations

The COMBATHATE evidence suggests that quality in this type of intervention depends on coherence across tools, training and public communication. A support system is weak if staff are not trained to use it; staff training is weak if there are no tools to apply; and awareness events are weak if they do not point participants toward concrete support options. The project's first implementation cycle was strongest where these three elements were aligned: tools were presented in trainings, tested in workshops and communicated through public events.

For future cycles, quality assurance should track four dimensions. The first is content accuracy: information on legal pathways and support services must be updated regularly. The second is accessibility: materials should remain understandable for people with diverse communication needs. The third is evidence quality: attendance, feedback and evaluation summaries should be documented consistently. The fourth is safeguarding: support actions must protect confidentiality and avoid exposing participants through public deliverables or identifiable images.

A further quality issue concerns gender balance. While the workshops were relatively balanced across countries, the public events were attended predominantly by women. This may reflect the high involvement of women in care, education and social-service roles. Future public awareness work should therefore include targeted outreach to male caregivers, local authorities, police, sports associations, employers and youth groups in order to broaden community responsibility for preventing disability-related hate speech and hate crime.

Quality also depends on realistic scheduling. The project experience shows that deliverables may be completed at different speeds by different partners, especially when events, attendance lists and feedback forms must be consolidated. A central coordination mechanism is therefore important. The coordinator or quality-assurance function should define templates in advance, set internal deadlines before official deadlines and provide examples of acceptable public-deliverable treatment of personal data. This reduces the risk that public reports include inappropriate personal information or omit essential evidence summaries.

10. Limitations

The article has several limitations. First, the needs assessment and implementation activities used convenience samples and were not designed to be statistically representative of all individuals with mental disabilities in Estonia, Italy or Bulgaria. Country-level percentages are therefore descriptive and should not be interpreted as national prevalence estimates or rankings. Second, the intervention evidence is based on project monitoring and evaluation data, not on a controlled experimental design. Third, participant feedback measured perceived clarity, satisfaction and usefulness, but not long-term outcomes such as increased reporting rates, reduced victimisation or sustained improvements in wellbeing.

Fourth, the article uses aggregated project evidence and does not reproduce raw qualitative data or identifiable participant narratives because of confidentiality and data-protection considerations. The thematic analysis was therefore limited to evaluation summaries and open comments, which restricts interpretive depth and prevents assessment of saturation. Fifth, the public events involved broader stakeholder groups, and their feedback cannot be interpreted in the same way as beneficiary workshop feedback. Sixth, some implementation outcomes, such as regular support-session continuity and long-term referral completion, require follow-up beyond the first implementation cycle.

These limitations do not invalidate the implementation learning, but they define its scope. The article should be read as a structured account of a practice-based model and its early implementation evidence, not as proof of final effectiveness. Future research should combine the model with longitudinal indicators and, where ethically feasible, follow participants across multiple support encounters.

11. Conclusion

COMBATHATE provides a practical example of how EU values, disability rights and anti-hate policy priorities can be translated into local support mechanisms. The implementation evidence suggests that an accessible support pathway must integrate emotional first response, supported communication, evidence preservation, legal orientation, service referral and follow-up. The project's tools and activities demonstrate that support for victims of disability-related hate speech and hate crime should not be limited to general awareness or legal information. It must be usable in the moment when a person, family member, guardian or support worker needs to act.

The article's contribution is both empirical and practical: it documents cross-country implementation evidence and offers a transferable Accessible Support Pathway model. The next research phase should validate the model prospectively through longitudinal and comparative indicators, including reporting confidence, completed referrals, follow-up retention, perceived accessibility, staff competence and cooperation with public authorities or law enforcement. Future work should also examine how the pathway performs with different disability groups and in different local service ecosystems.

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Ethics and Data Availability Statement

The article uses aggregated and anonymised monitoring and evaluation data collected within project activities. No personal names, signatures, identifiable photographs or medical diagnoses are included. Underlying raw attendance records and signed presence lists are retained by the project partners as internal evidence and are not publicly available because they contain personal data. Aggregated figures may be made available upon reasonable request, subject to consortium permission and data-protection constraints.

Conflict of Interest Statement

The author has professional involvement in EU project design and implementation. The article is based on project-generated implementation evidence and should be read as an applied implementation study. No commercial conflict of interest is declared.

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