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Support and advice through health system for hate crimes victims

SHELTER Project 809541

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European Report
RESEARCH STAGE REPORT

November 2020

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We are heartfully grateful to all the participants who took part in the project via the questionnaires, interviews, training and network meetings.
We gained much insight thanks to their experience on the terrain and we received many very helpful suggestions.
We dedicate this national report to our SHELTER partner and personal friend who passed away during the project, Prof. Andrea Kozáry.

And, of course, to all the victims who have offered us their testimony in this research.
Their contribution has allowed us to give voice and visibility to this often forgotten collective.

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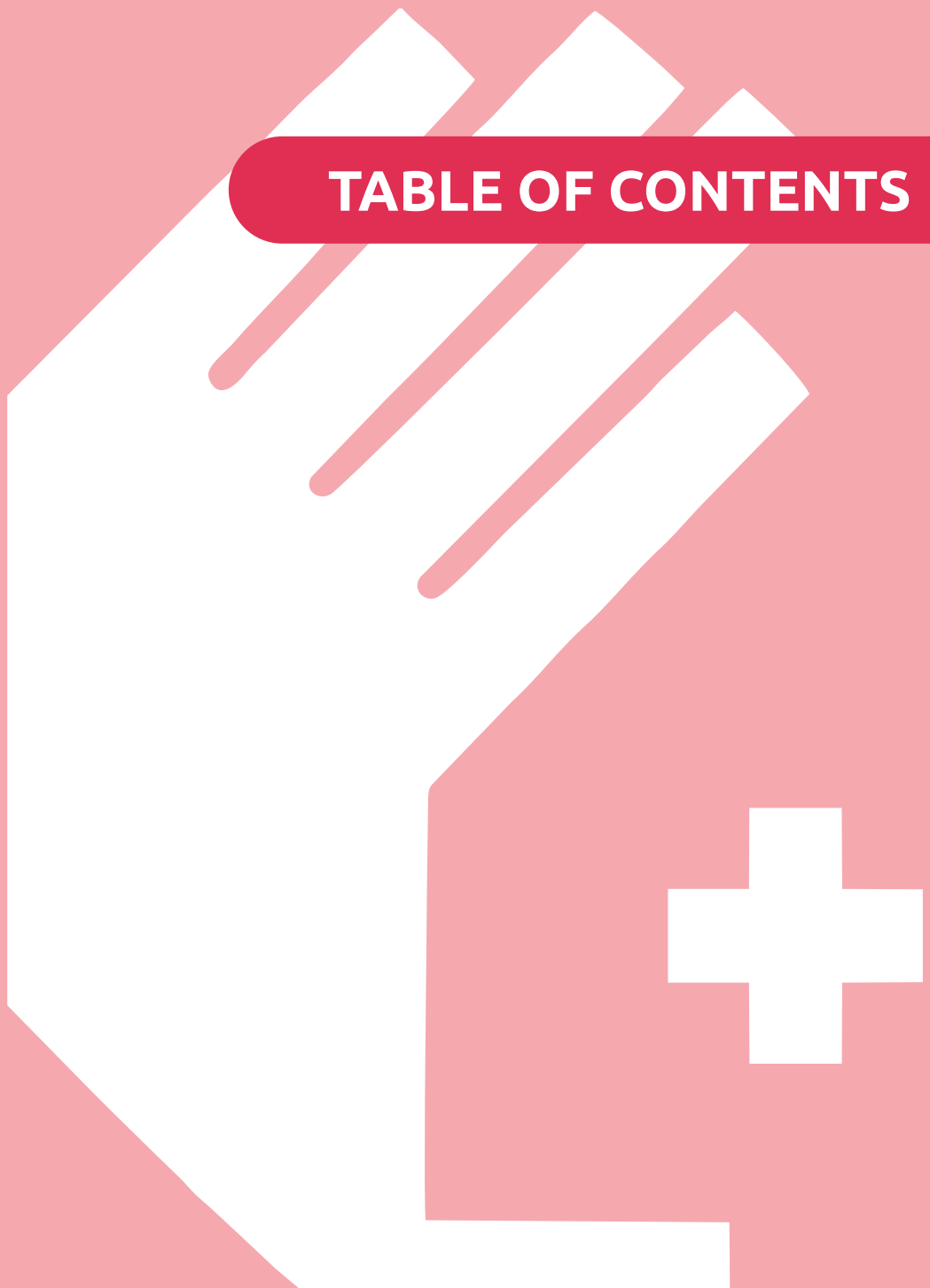

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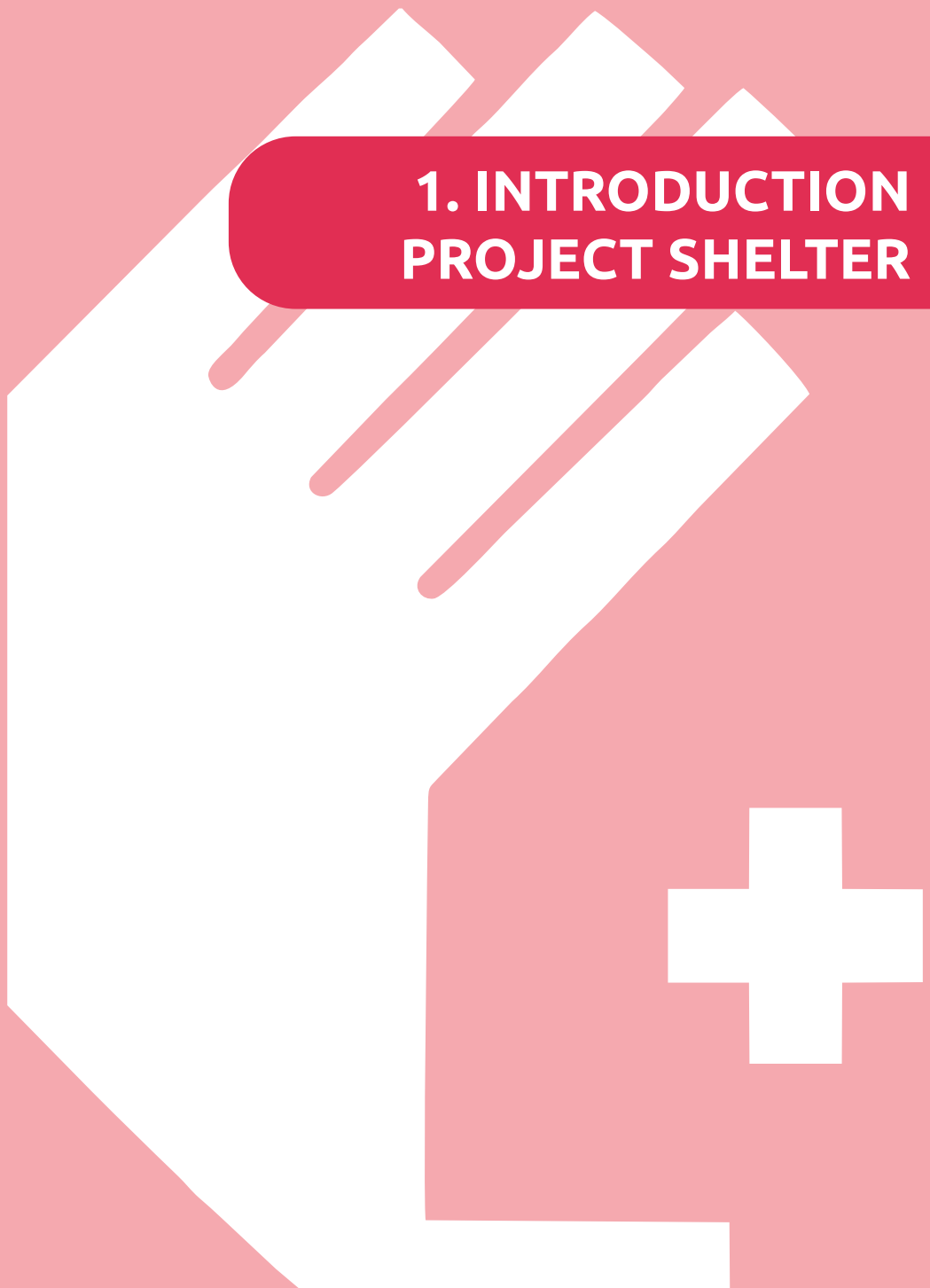

1. INTRODUCTION

1.1 Presentation: information on the project and the countries of the consortium

The SHELTER project is a European initiative led by the Faculty of Social Sciences of Talavera de la Reina at the University of Castilla-La Mancha and co-financed by the European Union, through the European Commission's Directorate-General for Justice and Consumers. It will run for 24 months and has a total cost of approximately 344,922.72 euros, co-financed at 80% by the European Union (275,938.58 euros).

The general objective of the programme is to support and advise victims of hate violence through the health system. To achieve this, it brings together universities and social organisations from four countries (Spain, Hungary, Cyprus and Malta), combining the research and training capacity of the former with the experience and contact with vulnerable groups in the latter. The consortium is made up of:

- **Spain**
  - University of Castilla – La Mancha
  - Asociación Socioeducativa Llere
- **Hungary**
  - National University of Public Service
  - Subjective Values Foundation
- **Cyprus**
  - University of Cyprus
  - Aequitas
- **Malta**
  - The People for Change Foundation

1.2 General framework of the Project (Workstreams and main products)

In order to contribute to improving the protection of victims of hate violence by strengthening their health care, this programme deploys four work packages:

1) Research to find out how victims of hate attacks are treated and helped when they access the health system in each of the countries represented in the consortium.

2) Training for health system professionals so that they can contribute to better care for victims and facilitate the reporting of this type of aggression.

3) Creation of an international network of health organisations committed to the fight against hate violence and united under the "Stop Hate Damages" quality label.

4) Awareness activities with the general population, to understand what hate violence is, what impact it has on victims, the groups they belong to and the community themselves.

1.3 Research stages and actions

The aim of the first workstream of the project is to investigate the under-reporting of hate violence and to learn about the care provided within the Health System to victims of hate violence. This report investigates the latter aspect through a research with health professionals who care for them and the victims themselves. In this way, we explore their perceptions and experiences in order to draw conclusions that help design, and take, positive action.

This work, designed mainly by the researchers of the University of Castilla-La Mancha and reviewed by the consortium, has been carried out in the four participating countries through interviews, questionnaires and the analysis of the existing literature. On the basis of the data collected, four national reports were published with the results of the respective research.

This report provides the main data on hate crimes, as well as their countries' framework in legislation and health policy. In addition, in order to compare data, a description of the main results obtained from research within their national context, is provided. Finally, general conclusions from this research are incorporated into the report, as well as proposals for improvement drawn from these conclusions and possible future lines of research and action on hate crimes and violence in the health field. The report is addressed to the EU Commission, national authorities and all those actors and professionals concerned with the issue, including the general public.

It should be noted that this research process has been validated and approved by the research ethics committees in Spain, Malta and Cyprus. In Hungary this procedure has not been necessary to implement the research.

Finally, in the research phase of the project, it was found that it was extremely difficult and complex to contact, access and interview the victims in Spain. It was only managed to interview four victims; in Cyprus 2 interviews with victims were conducted, but no through the contact with NGOs, nevertheless in Hungary, partners conducted 8 interviews with hate crime victims. At the time of writing this report it had not been possible to interview victims in either Cyprus or Malta. Apart from the fear of the victims of hate violence, in some cases we have identified that NGOs and social organisations protect the victims and are concerned that they may go through processes of secondary victimisation, painful remembrance of the events, etc., making their contact and access difficult. In other cases we have seen an unexpected process of "patrimonialisation of the victims" by some NGOs, who are perceived and treated as "their victims" by some of these organisations, and not giving the project researchers access to their experiences and stories.

2. INCIDENTS, CRIMES AND HATE VIOLENCE

2. INCIDENTS, CRIMES AND HATE VIOLENCE

2.1 Conceptualisation and reference framework (European references)

The Organization for Security and Cooperation in Europe - Office for Democratic Institutions and Human Rights (OSCE - ODHIR) defines hate crimes as crimes motivated by prejudice against a particular group of people (OSCE-ODHIR 2009). The European Network against Racism (ENAR) 2013-2014, in its Report on Hate Crimes, found that this phenomenon is on the rise. The main obstacles to addressing the phenomenon are the lack of information and registration of such crimes in EU Member States (FRA 2014, OSCE-ODHIR 2015). Hate crimes are criminal acts motivated by prejudice or bias towards particular groups of people. To be considered a hate crime, the offence must meet two criteria. The first is that the act constitutes a crime under criminal law. Secondly, the act must be motivated by prejudice. Hate crimes target people for who they are or are perceived to be. At the same time, hate crimes are message crimes, and the message of rejection and exclusion in each attack resonates throughout the community, from family members, to those sharing the identity of the victim, to neighbors, co-workers and the public. In 2019, the Office focused on gender-based hate crimes, as well as those committed from multiple bias motivations. (OSCE-ODHIR 2019).

Three key problems can therefore be identified. Firstly, hate crimes are common and increasing in Europe. Secondly, victims are often hesitant to report hate crimes and, if they do report the crime, most Member States do not adequately address the element of prejudice. Thirdly, Member States do not sufficiently record hate crimes. As a result, victims of hate crimes are in a desperate situation when trying to access justice, as they essentially remain invisible and lack adequate protection, support or treatment. In addition, Directive 2012/29/EU[1] provides that individual assessments of victims should take into account whether they have been victims of a hate crime.

Hate violence constitutes a violation of fundamental rights and dignity of individuals, under-mines the principle of equality and reduces the individual to stereotypes. These stereotypes are attributed to them on the basis of their collective membership, racial characteristics or sexual identity, among other characteristics.

From this perspective, the ODIHR (2005)[2] defined hate crimes as any crime, including those committed against persons or property, in which the victim, premises, or target is chosen because of theirs actual or perceived connection, sympathy, affiliation, support or membership of a group. This group is based on a common characteristic of its members, such as their actual or perceived race, national or ethnic origin, language, colour, religion, age, disability, sexual orientation or other similar factor (OSCE Decision No. 4/03)[3]. A hate crime is therefore not a sentimental crime (Ibarra, 2015), but constitutes an objective action or discourse, even if it contains subjective ideological or harmful elements with defined characteristics (Díaz, 2018; López, 2017).

1 European Parliament Resolution of 30 May 2018 on the implementation of Directive 2012/29/EU laying down minimum standards on the rights, support and protection of victims of crime (2016/2328(INI))

2 https://plataformaciudadanacontralaislamofobia.files.wordpress.com/2016/01/delitosodiooscenumero5.pdf

3 The Decision on Tolerance and Non-Discrimination (No. 4/03) that was adopted at the Maastricht meeting encourages all Member States "to prepare and maintain records of reliable information and statistics on hate crimes, including violent manifestations of racism, xenophobia, discrimination and anti-Semitism".

2.2 Hate crimes in each country

2.2.1 Legislation and policies (plans and programmes in the health field)

All countries have transposed the existing European Union legislation on hate crimes, so that relevant provisions are included, directly or indirectly, in their penal codes.

The hate crimes law in **Cyprus** was first formulated in 2011 and subsequently amended in 2017 with the Law entitled *The Fight Against Certain Forms and Events of Racism and Xenophobia through the Criminal Law Act 2011 (134 (I)/ 2011)*. However, this law was not specifically created for hate crimes, as the Criminal Code of the Republic of Cyprus does not include a definition of hate crimes. Although it originally referred to religion, race and ethnicity, in 2015 the law was amended to include hate speech on the grounds of sexual orientation or gender identity.

In **Spain** there is no specific legislation on hate crimes, but it is indirectly included in several articles of the Penal Code, mainly those modified by *Organic Law 1/2015 of 30 March, which modifies Organic Law 10/1995 of 23 November of the Penal Code* (art. 22.4, art. 170.1, art. 314, art. 510, art. 607). In addition, *Circular 7/2019 of 14 May from the Attorney General's Office on guidelines for the interpretation of hate crimes under article 510 of the Criminal Code* attempts to set guidelines for the interpretation of the different criminal figures in article 510 of the Criminal Code following the aforementioned reform of the Code in 2015.

In **Hungary**, *Act no. C of 2012 on the Criminal Code (2012. évi C. törvény a Büntetö Törvénykönyvröl)* incorporates hate crimes in its section 216 (violence against a member of a community), section 332 (incitement against a community), section 215 (violation of freedom of conscience and religion), section 333 (public denial of Nazi and Communist crimes) and section 335 (use of totalitarian symbols).

In **Malta** hate crimes are recognised in the *Criminal Code (Chapter 9 Laws of Malta, 1854)* and in the *Victims of Crime Act (Chapter 539 Laws of Malta, 2015)*.

Beyond legislation, none of the countries have adopted plans, programmes or protocols on violence and hate crimes in the health sector, despite the fact that all countries have adopted some kind of protocol or action plan for security forces, as well as, at least in Spain, programmes aimed at raising awareness and sensitising the population, especially young people and children, on issues related to hate violence.

2.2.2 National data on hate crimes

The data recorded on hate crimes shows very different situations and figures in each country. In **Cyprus** and **Malta,** no data on hate crimes is systematically recorded. An approximation may be the country's police records (Anti-Discrimination Bureau, the Anti-Racism Division and the Police Headquarters) from 2005 to 2018 (Cyprus Statistical Data, 2019) which have only counted 205 cases of racially related crimes.

In **Spain**, the Ministry of the Interior provides data for 2017[4] and 2018[5] (1,419 and 1,598 hate crimes respectively). The two most common types of crime in this country are for ideological reasons and for racism and xenophobia.

In **Hungary** the annual registration of hate crimes varies greatly depending on the source. According to ENYÜBS, a total of 36 cases of violence against a member of a community were recorded in 2017[6] and 30 in 2018[7]. However, the data collected by the OSCE ODIHR for Hungary in the years 2017[8] and 2018[9] amount to 233 and 194 respectively. In terms of typology, the ENYÜBS data record a majority of hate crimes on the

4 http://www.interior.gob.es/documents/10180/7146983/ESTUDIO+INCIDENTES+DELITOS+DE+ODIO+2017+v3.pdf/5d9f1996-87ee-4e30-bff4-e2c68fade874
5 http://www.interior.gob.es/documents/642012/3479677/informe+2018/ab86b6d9-090b-465b-bd14- cfcafccd-febc
6 Source: https://bsr.bm.hu/
7 Order no. 30/2019. (VII. 18.) of the National Chief of Police on the implementation of police tasks related to the handling of hate crimes (Az országos rendörfökapitány 30/2019. (VII. 18.) ORFK utasítása a gyölölet- böncselekmények kezelésével összefüggö rendörségi feladatok végrehajtásáról)
8 Source: https://hatecrime.osce.org/hungary
9 Circular no. NF 1621 of the Office of the Prosecutor General

basis of race, ethnicity and nationality[10], with the second most relevant type, although far from the first, being caused by sexual orientation and gender identity[11].

10 The ENYÜBS data collection separates race, ethnicity and nationality, but the categories are not consistently used, so we combined them in one category.

11 The ENYÜBS data collection separates sexual orientation and gender identity, but the categories are not consistently used, so we combined them in one category

3. RESULTS OF THE RESEARCH

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The results of the sample by country and the main quantitative and qualitative results are summarised below.

3.1 Samples; Composition and description

The results of the research are based on data obtained from questionnaires and interviews in each country, with a total sample of 72 participants in Cyprus, 199 in Spain and 60 in Hungary and Malta in the quantitative research (Table 1). On the other hand, there were conducted 16 interviews in Cyprus (14 with professional and 2 with hate crime victims), 73 interviews in Spain (69 with professional and 4 with hate crime victims), 29 interviews in Hungary (21 with professional and 8 with hate crime victims), and 19 interviews with professional in Malta).

Table 1. *Distribution of the sample by sexes*

	Cyprus		Spain		Hungary		Malta	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Male	31	43	62	31,2	26	43,3	25	41,7
Female	39	54,2	135	67,8	34	56,7	33	55
Other	2	2,8	2	1,0	0	0	2	3,3
Total	72	100	199	100	60	100	60	100

The sample is dominated by women over men and by the nursing and medical professions in all cases (Table 2).

Table 2. *Distribution of the sample by professions*

	Cyprus		Spain		Hungary		Malta	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Nursing	42	58,3	90	45,2	22	36,7	34	56,7
Medicine	24	33,3	88	44,2	26	43,3	24	40
Phone Operator	2	2,8	6	3,0	5	8,3	0	0
Social Worker	0	0	5	2,5	0	0	0	0
Other	3	4,2	10	5,0	7	11,7	0	0
NA/NK	1	1,4	0	0	0	0	2	3,3
Total	72	100	199	100	60	100	60	100

The age of the participants is mostly concentrated between 26 and 45 years in the case of Cyprus (73.6%).

In Spain and Hungary, it is mainly concentrated between 36 and 55 years of age (59.4% and 60% respectively). In the case of Malta, the majority of participants are in younger age groups, between 20 and 40 years old (65.1%) (Table 3).

Table 3. *Distribution of the sample by age*

	Cyprus		Spain		Hungary		Malta	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
20-25	2	2,8	6	3,0	3	5	10	16,7
26-30	11	15,3	14	7,0	5	8,3	13	21,7
31-35	14	19,4	23	11,6	5	8,3	9	15
36-40	18	25	33	16,6	8	13,3	7	11,7
41-45	10	13,9	31	15,6	13	21,7	2	3,3
46-50	6	8,3	29	14,6	9	15	5	8,3
51-55	7	9,7	25	12,6	6	10	6	10
56-60	1	1,4	20	10,1	5	8,3	6	10
61-65	0	0	15	7,5	0	0	1	1,7
65 +	0	0	1	0,5	5	8,3	0	0
NA/NK	3	4,2	2	1,0	1	1,7	1	1,7
Total	72	100	199	100	60	100	60	100

In regards health services, in Cyprus more than half of the services that participated corresponded to Primary Care (52.8%), followed by Hospital Emergency Services with 31.9% of the total. Finally, a scarce 9% corresponds to Emergency Services.

The vast majority of data analysed in Spain correspond to Primary Care (48.7%) and Hospital Emergency Services (40.7%). At the other end of the scale, 9% of the participants are from Emergency Services.

In Hungary, the service that participated most was the Hospital Emergency Services (45%), followed by Primary Care (30%) and Emergency Services (23.3%).

In the case of Malta, the research mainly focused on Primary Care (71.7%). Hospital Emergency Services account for 26.7% of the total, with a small percentage of Emergency Services (1.7%) (Table 4).

Table 4. *Distribution of the sample by health services*

	Cyprus		Spain		Hungary		Malta	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Hospital Emergencies	23	31,9	81	40,7	27	45	16	26,7
Emergency hotline / Ambulance	9	12,5	18	9,0	14	23,3	1	1,7
Primary Care	38	52,8	97	48,7	18	30	43	71,7
NA/NK	2	2,8	3	1,5	1	1,7	0	0
Total	72	100	199	100	60	100	60	100

3.2. Main results of the quantitative methodology

This section describes the main results of the quantitative methodology in terms of perceptions of the frequency and types of discrimination, knowledge and training, the characteristics of the attacks if they are reported and the effectiveness of existing measures.

3.2.1 Health professional perceptions, frequency and evolution of discrimination

Combining the very or fairly widespread and the fairly or very rare, health professionals in Cyprus perceive ethnically motivated violence as the most widespread in the country (91.7%), although this is almost the same percentage as they attribute to hate crimes motivated by the victim's sexual orientation (90.3%).

The perception that violence against gender identity is widespread in the country is also high (84.7%). Disability-related violence (68.1%) and gender-based violence (61.1%), though in smaller numbers, are also considered widespread hate violence in Cyprus. In the opposite case, 50% of the respondents are of the opinion that violence originating from the victim's beliefs is rare or quite rare in the country (Table 5).

Table 5. *Professionals' perception of the frequency of discrimination in Cyprus*

	Ethnic origin	Gender	Gender identity	Sexual orientation	Age	Religion or belief	Disability	Be older than 55	Homeless or indigent
Very wide-spread	55,6	31,9	58,3	55,6	20,8	22,2	27,8	22,2	31,9
Fairly extended	36,1	29,2	26,4	34,7	31,9	27,8	40,3	33,3	26,4
Scarce	5,6	30,6	9,7	6,9	25,0	31,9	23,6	29,2	20,8
Very rare	2,8	8,3	5,6	2,8	22,2	18,1	8,3	15,3	5,6
NA/NK	0	0	0	0	0	0	0	0	15,3
Total	100	100	100	100	100	100	100	100	100

In Spain, health professionals perceive ethnically motivated hate violence as the most widespread type of hate crime in the country (74.4%). This perception is also high in the case of violence suffered by the homeless (64.3%) and for reasons related to gender identity (62.8%). In the opposite position, 83.9% of professionals perceive age-related hate crimes as rare or very rare. They also see hate crimes suffered by elderly people (83.4%), by disabled people (69.3%) and on grounds of certain beliefs (64.8%) as rare or very rare. Finally, regarding sexual orientation, it is perceived both as a fairly widespread (45.7%) and quite rare (34.2%) hate crime motive in the country (Table 6).

Table 6. *Professionals' perception of the frequency of discrimination in Spain*

	Ethnic origin	Gender	Gender identity	Sexual orientation	Age	Religion or belief	Disability	Be older than 55	Homeless or indigent
Very widespread	15,1	7,5	16,6	5,5	1,5	2,5	1,0	1,0	18,6
Fairly extended	59,3	40,7	46,2	45,7	12,6	30,7	28,6	14,1	45,7
Scarce	23,6	38,2	27,6	34,2	44,2	48,2	45,2	42,7	29,1
Very rare	0,5	12,6	7,0	12,6	39,7	16,6	24,1	40,7	5,5
NA/NK	1,5	1,0	2,5	2,0	2,0	2,0	1,0	1,5	1,0
Total	100	100	100	100	100	100	100	100	100

As in Spain, health professionals in Hungary estimate that ethnically motivated hate crimes (76.6%) and those targeting homeless people (71.7%) are the most widespread in the country (very and fairly widespread). The percentage of professionals who think that crimes on the basis of sexual orientation are equally prevalent in Hungary falls at 63.3%.

On the contrary, for most professionals in this country, hate crimes committed against older people because of their age (76.7%), because of the victim's age (75%), because of their disability (71.7%) and because the victim expresses certain beliefs (70%) are rare. Regarding gender identity, 58.3% of the professionals think that discrimination is very or fairly widespread against 41.6% who think that it is quite or very rare (Table 7).

Table 7. *Professionals' perception of the frequency of discrimination in Hungary*

	Ethnic origin	Gender	Gender identity	Sexual orientation	Age	Religion or belief	Disability	Be older than 55	Homeless or indigent
Very widespread	28,3	5,0	28,3	28,3	6,7	6,7	3,3	3,3	30,0
Fairly extended	48,3	31,7	30,0	35,0	18,3	23,3	25,0	20,0	41,7
Scarce	13,3	35,0	23,3	20,0	31,7	45,0	45,0	31,7	20,0
Very rare	8,3	26,7	18,3	16,7	43,3	25,0	26,7	45,0	8,3
NA/NK	1,7	1,7	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Total	100	100	100	100	100	100	100	100	100

In Malta, virtually all professionals in the sample think that ethnically motivated hate crime is widespread or fairly widespread in the country (95%). Hate crimes based on gender, gender identity and certain beliefs are considered to be frequent by 70% of the subjects surveyed.

Hate crimes that deal with the sexual orientation of victims are also common (61.7%). On the contrary, these same professionals think that hate crimes produced as a result of the victim's age are rare (71.8%), with crimes in which the victim is specifically an older person being even rarer (80%) (Table 8).

Table 8. *Professionals' perception of the frequency of discrimination in Malta*

	Ethnic origin	Gender	Gender identity	Sexual orientation	Age	Religion or belief	Disability	Be older than 55	Homeless or indigent
Very widespread	55	13,3	28,3	16,7	3,3	26,7	6,7	1,7	10
Fairly extended	40	56,7	41,7	45	25	43,3	35	18,3	40
Scarce	5	26,7	25	38,3	38,3	16,7	46,7	38,3	31,7
Very rare	0	3,3	5	0	33,3	13,3	11,7	41,7	18,3
NA/NK	0	0	0	0	0	0	0	0	0
Total	100	100	100	100	100	100	100	100	100

3.2.2. Knowledge and training on hate crimes

The vast majority of professionals surveyed say they have not received any training in violence and hate crimes. 78.4% of Spanish professionals answered had not, rising to 87.5% in Cyprus, 88.3% in Malta and 90% in Hungary (Table 9).

Table 9. *Hate crime training*

	Cyprus	Spain	Hungary	Malta
Yes	11,1	19,1	8,3	11,7
No	87,5	78,4	90	88,3
NA/NK	1,4	2,5	1,7	0
Total	100	100	100	100

However, despite the fact that the lack of training is less of an issue among Spanish professionals, they consider themselves to have low or very low knowledge of the subject (77.8%). This figure falls to 68.3% in the case of professionals in Malta, 65.2% in Cyprus and 58.3% in Hungary.

In correlation to this, in Hungary 36.7% of health care professionals perceive themselves to have a high or very high knowledge about violence and hate crimes. In Cyprus, the high or very high perception of self knowledge is 34.7% of respondents, falling to 29.9% in Malta. In Spain, only 17.6% think that they are highly educated on the subject (Table 10).

Table 10. *Self-assessment of knowledge about violence and hate crimes*

	Cyprus	Spain	Hungary	Malta
Very Low	6,9	9,0	10	15
Low	58,3	68,8	48,3	53,3
High	27,8	17,6	35	28,3
Very High	6,9	0	1,7	1,7
NA/NK	0,0	4,5	5	1,7
Total	100	100	100	100

3.2.3. Characterisation of aggression, violence or hate crimes

The frequency of attacks or hate violence detected by professionals in the last twelve months is low. Thus, in all countries, the highest percentages are found among those who said they detected between 1 and 5 aggressions in that period (44.4% in Cyprus, 31.6% in Malta, 53.3% in Hungary and 46.7% in Spain). On the other hand, although in the cases of Hungary and Spain the attention to this type of aggression is concentrated between values 1-10 in approximately 65% of the professionals surveyed, and reaching up to 72% in Cyprus, in Malta under 50% of professionals had 1-10 aggressions in the period. At the other extreme a scarce 3% of professionals had seen more than 30 hate aggressions in the last year, however in Cyprus this does not exceed 1.5%. It is worth noting that in Spain, Hungary and Malta, and especially in the latter, the percentage of professionals who opted for the NA/NK response is particularly high (17.1% in Spain, 18.3% in Hungary and 28.3% in Malta). This is not the case in Cyprus, where the figure is less than 3% (Table 11).

Table 11. *Frequency of attention to hate attacks in the last 12 months*

	Cyprus	Spain	Hungary	Malta
1 - 5	44,4	46,7	53,3	31,7
6- 10	27,8	20,6	13,3	16,7
11-15	19,4	8,0	5,0	13,3
16-20	2,8	2,0	3,3	6,7
21-25	1,4	2,5	3,3	-
More than 30	1,4	3,0	3,3	3,3
NA/NK	2,8	17,1	18,3	28,3
Total	100,0	100	100	100

The data between countries is very disparate, in terms of type of hate violence dealt with by professionals, despite the fact that hate violence due to the victim's ethnicity as one of the most frequent types. In Cyprus the highest percentage is 48.6% for hate crime dealt with due to ethnicity, followed by gender at 31.9% with other statistics less noticeable and only the victim's gender identity standing out somewhat more (8.3%). In the case of Spain, attention to hate crimes is mainly concentrated on violence caused by ethnicity (30.7%) and gender (34.7%). In Hungary, the most frequent aggressions attended are those caused to homeless people (36.7%) and caused by the victim's ethnicity (31.7%).

In the case of Malta, assaults on the basis of ethnicity (48.3%) stand out well above the rest of the typologies.

Although it is not so relevant in Cyprus (8.3%), the high percentage of professionals who did not answer this question is once again note-worthy in the other three countries, especially in Malta (18.3% in Hungary, 20.6% in Spain and 26.7% in Malta) (Table 12).

Table 12. *Type of violence/crimes most frequently encountered*

	Cyprus	Spain	Hungary	Malta
Ethnic Origin	48,6	30,7	31,7	48,3
Gender	31,9	34,7	1,7	13,3
Gender Identity	8,3	0,5	5,0	0,0
Sexual Orientation	0,0	2,0	3,3	6,7
Age	0,0	1,5	0,0	0,0
Religion or belief	0,0	0,5	1,7	0,0
Disability	2,8	0,5	0,0	3,3
Be older than 55	0,0	0,0	1,7	1,7
Homeless or indigent	0,0	9,0	36,7	0,0
NA/NK	8,3	20,6	18,3	26,7
Total	100,0	100	100	100

3.2.4 Reporting violence and hate crimes

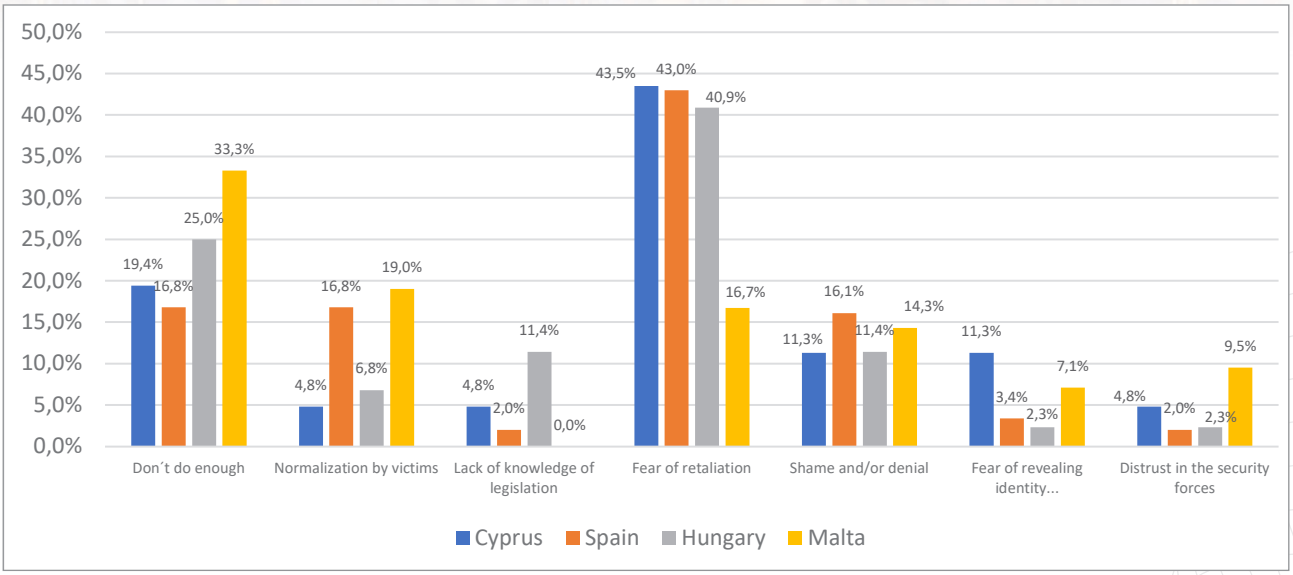
In terms of the percentage of complaints made after dealing with situations of hate violence, around 60% of professionals in the four countries say hate crimes rarely end up being reported. Only 17.6% in Spain, 21.7% in Hungary and 6.7% in Malta indicate that the situation often ends up being reported. This figure is somewhat higher in the case of Cyprus, which amounts to 30.6% of cases. Here again, the percentage of professionals from Spain, Hungary and Malta who answered N/A is high, especially in Spain (18%) and in Malta (26.7%) (Table 13).

Table 13. *Reporting Frequency*

	Cyprus	Spain	Hungary	Malta
Always	0	1,0	3,3	1,7
Often	30,6	17,6	21,7	6,7
Rarely	59,7	61,3	60	65
Never	6,9	2,0	5	0
NA/NK	2,8	18,1	10	26,7
Total	100	100	100	100

With regard to the reasons that they think lead to non-reporting by the victim. both Cyprus, Spain and Hungary point out as the first reason the fear of reprisals (43.5%, 43% and 40.9% respectively). Unlike these three countries, in Malta the most common response used by health professionals as the main reason for not reporting is the idea that it is useless to do so (33.3%) (Figure 1)

Figure 1. *Perceptions of the main reason for non-reporting by country in percentages*



As the second most indicated reason, Spain, Hungary and Malta point to fear of reprisal as the most contested option (23.3%, 21.4% and 22% respectively) (Table 14). However, in the cases of Hungary and Malta the above percentages are equal to yet another option: shame or denial of what has happened to the victim. In Cyprus the second most common option relates to existing legislation as a reason for not re-porting. Finally, the third most common reason given by health professionals in Spain (21.8%) and Cyprus (22.4%) is the normalisation of the violence caused. In this case, the professionals in Hungary chose reasons related to the existing legislation (29.3%), while 25% of the health professionals in Malta think that shame of the victim or the denial of what happened is the third most likely reason for non-reporting.

Table 14. *Reasons for not reporting, in percentages*

	1st reason				2nd reason				3rd reason			
	Cyprus	Spain	Hungary	Malta	Cyprus	Spain	Hungary	Malta	Cyprus	Spain	Hungary	Malta
Perception that not enough is done to fight against these crimes	19,4	16,8	25,0	33,3	20,0	8,9	19,0	22,0	10,3	15,0	14,6	5,0
Normalization by victims of a this kind of violence	4,8	16,8	6,8	19,0	10,0	22,6	16,7	19,5	22,4	21,8	4,9	12,5
Lack of knowledge of legislation	4,8	2,0	11,4	0,0	30,0	11,6	9,5	7,3	12,1	9,5	29,3	22,5
Fear of retaliation	43,5	43,0	40,9	16,7	11,7	23,3	21,4	22,0	12,1	11,6	12,2	12,5
Feelings of shame and / or denial of the facts	11,3	16,1	11,4	14,3	10,0	17,8	21,4	22,0	17,2	19,7	14,6	25,0
Fear of revealing identity	11,3	3,4	2,3	7,1	5,0	13,0	4,8	2,4	19,0	12,2	14,6	10,0
Distrust in the security forces	4,8	2,0	2,3	9,5	13,3	2,7	7,1	4,9	6,9	10,2	9,8	12,5
Total	100	100	100	100	100	100	100	100	100	100	100	100

3.2.5. Effectiveness and measures to improve the detection of victims in health services

The perception by health professionals of the effectiveness of existing legislation on violence and hate crimes is largely negative. In all four countries, most perceive the legislation as being in-effective in addressing these issues (69.4% in Cyprus, 53.2% in Spain, 58.3% in Hungary and 48.2% in Malta). None of the four countries reaches the 3% of professionals who think that the law is very effective (Table 15).

Table 15. *Perception of the effectiveness of current legislation*

	Cyprus	Spain	Hungary	Malta
Much	1,4	2,5	1,7	1,7
Somehow	15,3	25,1	21,7	23,3
Little	25	45,2	33,3	31,7
Nothing	44,4	8,0	25	16,7
I don't know	13,9	19,1	18,3	26,7
Total	100	100	100	100

On the other hand, the perception of professionals about the capacity of health services to detect hate crimes is similar. In all four countries it is mostly low (43.1% in Cyprus, 39.2% in Spain, 45% in Malta and 50% in Hungary).

However, 40% of professionals in Hungary think that these services have an average capacity for detection. Similarly, 37.5% of professionals in Cyprus, are of the same opinion. This response is lower in Spain (30.2%) and Malta (20%), however, in the latter two countries, more than 20% of respondents did not know or did not want to answer the question.

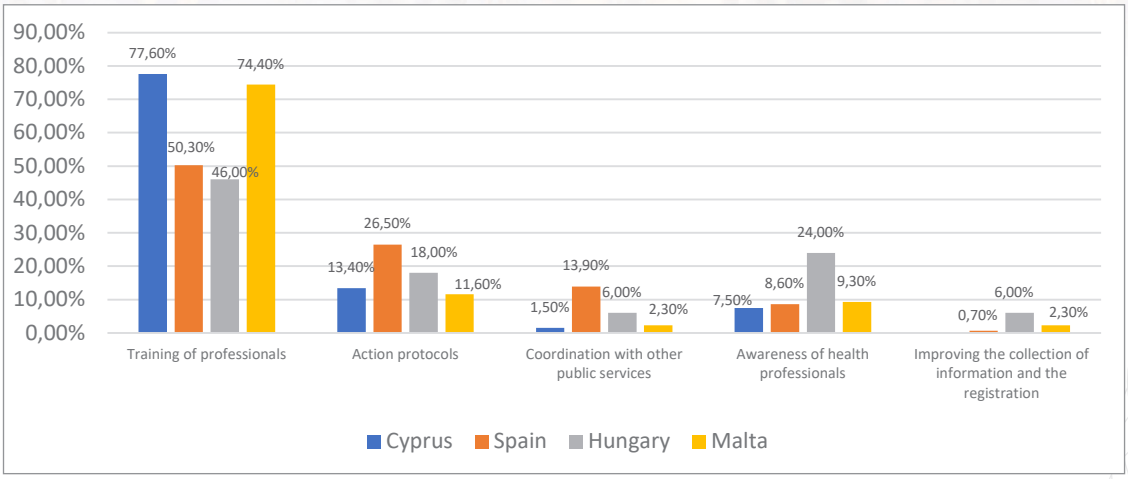
On the other hand, unlike the other countries, 16.7% of professionals in Cyprus report that the detection capacity of their health services is high. Although this is a low percentage, it is much more higher than in the other three countries, as only 5% of professionals in Spain, Hungary and Malta think that the detection capacity is high (Table 16).

Table 16. *Perception of the detection capacity of health services, in percentages*

	Cyprus	Spain	Hungary	Malta
High	16,7	5,0	5	5
Medium	37,5	30,2	40	20
Scarce	43,1	39,2	50	45
Null	0,0	5,5	0	3,3
NA/NK	2,8	20,1	5	26,7
Total	100	100	100	100

There is a consensus in all countries that training of professionals is the most important action to improve detection of victims of hate crimes. This was the case for 50.3% of respondents in Spain and 46% in Hungary, and was particularly significant for respondents in Malta (74.4%) and Cyprus (77.6%) (Figure 2).

Figure 2. *Main improvement action for the detection of victims by country, in percentages*



The professionals do not agree on the second and third most important improvement action. In Cyprus, the second most highlighted action is the need to raise the awareness of health professionals (35.5%). Coordination with other public services is the action of improvement most indicated by the professionals of this country as the third option (47.5%) (Table 17).

Table 17. *Improvement actions for the detection of victims in Cyprus, in percentages*

	1st	2nd	3rd
Training of professionals	77,6	16,1	1,7
Creating or improving action protocols	13,4	30,6	11,9
Improving coordination with other public services (police, justice, etc.)	1,5	12,9	47,5
Increasing the awareness of health professionals	7,5	35,5	22,0
Improving the collection of information and registering	0,0	4,8	16,9
Total	100	100	100

In Spain, the need to establish action protocols is mentioned as the second most important action (43.7%) and the need to improve coordination with other public services as the third most important (40.1%) (Table 18).

Table 18. *Improvement actions for the detection of victims in Spain, in percentages*

	1st	2nd	3rd
Training of professionals	50,3	19,9	14,5
Creating or improving action protocols	26,5	43,7	23,0
Improving coordination with other public services (police, justice, etc.)	13,9	21,2	40,1
Increasing the awareness of health professionals	8,6	10,6	12,5
Improving the collection of information and registering	0,7	4,6	9,9
Total	100	100	100

In Hungary, coordination with other public services is preferred as the second most important improvement action for detecting victims of hate crimes in the country (29.4%), with awareness actions aimed at health professionals as the third most important response (40.8%) (Table 19).

Table 19. *Improvement actions for the detection of victims in Hungary, in percentages*

	1st	2nd	3rd
Training of professionals	46,0	19,6	18,4
Creating or improving action protocols	18,0	27,5	14,3
Improving coordination with other public services (police, justice, etc.)	6,0	29,4	20,4
Increasing the awareness of health professionals	24,0	11,8	40,8
Improving the collection of information and registering	6,0	11,8	6,1
Total	100	100	100

Finally, Malta agrees with Spain on the need to establish action protocols as the second most indicated improvement action by professionals (38.1%). In this country, the option aimed at the need for coordination with public services was selected in third place (42.9%) (Table 20).

Table 20. *Improvement actions for the detection of victims in Malta, in percentages*

	1st	2nd	3rd
Training of professionals	74,4	7,1	7,1
Creating or improving action protocols	11,6	38,1	14,3
Improving coordination with other public services (police, justice, etc.)	2,3	28,6	42,9
Increasing the awareness of health professionals	9,3	19,0	9,5
Improving the collection of information and registering	2,3	7,1	26,2
Total	100	100	100

3.3 Main results of the qualitative methodology

The results obtained from the interviews carried out in Cyprus, Spain and Hungary reflect, on the one hand, limitations perceived by professionals and victims and, on the other hand, proposals for the improvement of professionals and victims for adequate health care.[12]

3.3.1 Limitations in detecting, informing and attending perceived by professionals

For professionals in Cyprus, Spain and Hungary, the health system has several limitations which make it necessary to have a specific protocol for the care of victims of hate crimes. They also point out the lack of coordination between public bodies and civil society organisations and that changing this could strengthen the quality of care for victims. However, some interviewees in Cyprus noted the good cooperation of the health services with the police, but not with other public services.

Human resources within the health system are also highlighted as being in deficit, most notably in the case of Hungary, noting that health workers sometimes have to take on multiple jobs. In all three countries, psychological care is considered relevant. In Spain, it is available in the first phase, but there is no continuity; however, in Hungary there is a direct demand for it to be more accessible, as indicated by the interviewees from Hungary. Hungarian professionals also point to social work and legal support as a necessity.

12 *Malta's interview analysis are included as an annex at the end of the report.*

Health professionals in Spain point out that a change in computer resources could speed up direct report to the enforcement bodies or the prosecutor when faced with these situations. Closely related to this idea, interviewees in Cyprus point to the high level of bureaucracy as a constraint to proper care. In Hungary, the emphasis is on better working conditions for health workers and a strong need for a protocol.

When it comes to pointing out their own limitations in this regard, there is a unanimous response to the lack of time, resources, strategies and knowledge, calling for more education, specialisation and training. Such limitations observed in the performance of professionals are also seen as limitations of the system itself.

3.3.2 Limitations on care perceived by victims during interviews

The limitations that victims of hate crimes find in the health system refer to psychological care, in the case of Spain they point out that the referral to this service should be more agile, while in Hungary all victims criticised the lack of psychological support, although they are satisfied with the physical care they received, despite the overload of health personnel. Victims in Cyprus explain the lack of training in psychological support by both NGOs and health personnel. Some victims in Spain also point out deficiencies in referral to other resources such as victim support NGOs.

With regard to the work of health professionals, the attention received in Spain and Hungary is positive and satisfactory. Only in some cases is there a lack of empathy, time, care resources, follow-up and coordination in Spain and some racist actions, differential treatment or lack of sensitivity in Hungary. In the case of Cyprus, the victims highlight the lack of training and awareness of professionals, although they make special reference to the lack of information and training of the security forces, as well as the lack of awareness actions on hate violence by specialised NGOs.

3.3.3 Proposals for the improvement of professionals

In all three countries, there is a demand for the establishment of a working protocol for hate crimes and specialised training. In addition, Spain is calling for specific software computer resources, a commitment to comprehensive treatment of cases and their possible continuity and follow- up. In this sense of comprehensive treatment, the Hungarian professionals propose as an improvement (as well as a limitation) the integration of other professional (legal adviser, psychologist and social worker) and request, in turn, more public investment.

In Cyprus, professionals propose issues such as the creation of specialised support networks for this type of crime, the need for training in communication skills for interviewing victims, coordination with social services and the police, as well as, permanent professionals for psychological help in the emergency services.

3.3.4 Proposals for the improvement of victims

The victims interviewed agreed with the suggestion of the need for psychological care. In Spain, the victims demanded affective and careful treatment.

The proposals for the improvement of care for Hungarian victims are embodied in a stronger cooperation of professionals and a more accessible and complex victim supporting service containing social work, psychological, legal and financial aid. Furthermore, reducing the waiting time for the ambulance and, on the information side, the possibility to receive information on hate crimes and to be informed about the fact that they were victims of hate crimes are other improvement proposals.

3.4 Comparison between countries

After analysing the data, we can establish some interesting similarities and differences between the four countries.

3.4.1 Hate crime cases recorded in official statistics

The first and most significant difference between the countries is in the recording of hate crimes, as, according to the data provided by the different sources for the year 2018, the figures are absolutely disparate. While no official record has been obtained in Cyprus and Malta, the 1598 cases recorded in Spain are not comparable to the 30 cases recorded in Hungary for that year. This indicates shortcomings in the collection of data on hate crimes in 3 out of 4 of the countries.

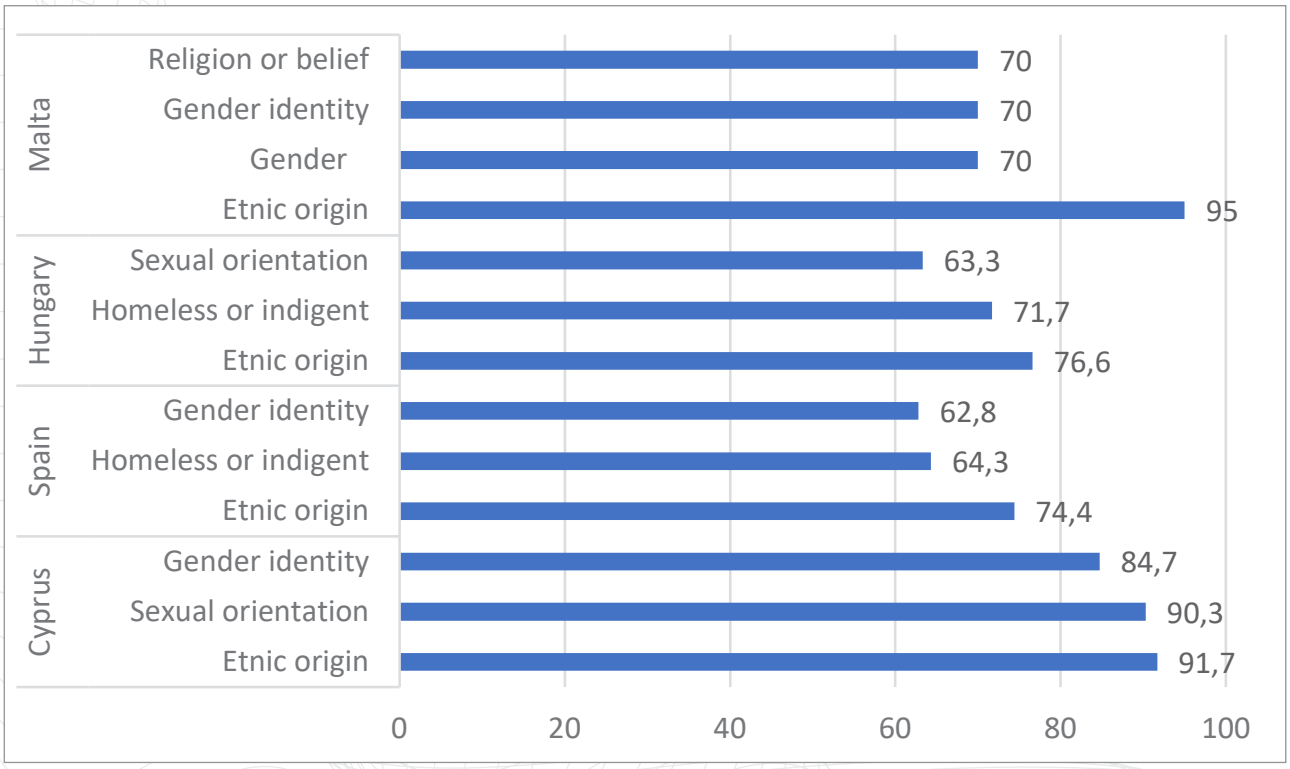
Table 21. *Cases of recorded hate crimes (2018)*

Country	Cases
Cyprus	No data
Spain	1.598
Hungary	30
Malta	No data

3.4.2 Most widespread types of discrimination

The countries agree on the most common way in which professionals perceive discrimination in their countries (widespread and fairly widespread discrimination), with violence on the grounds of the victim's ethnicity being the most prominent in all cases.

Figure 3. *Most widespread perceptions of discrimination by country, in percentage*

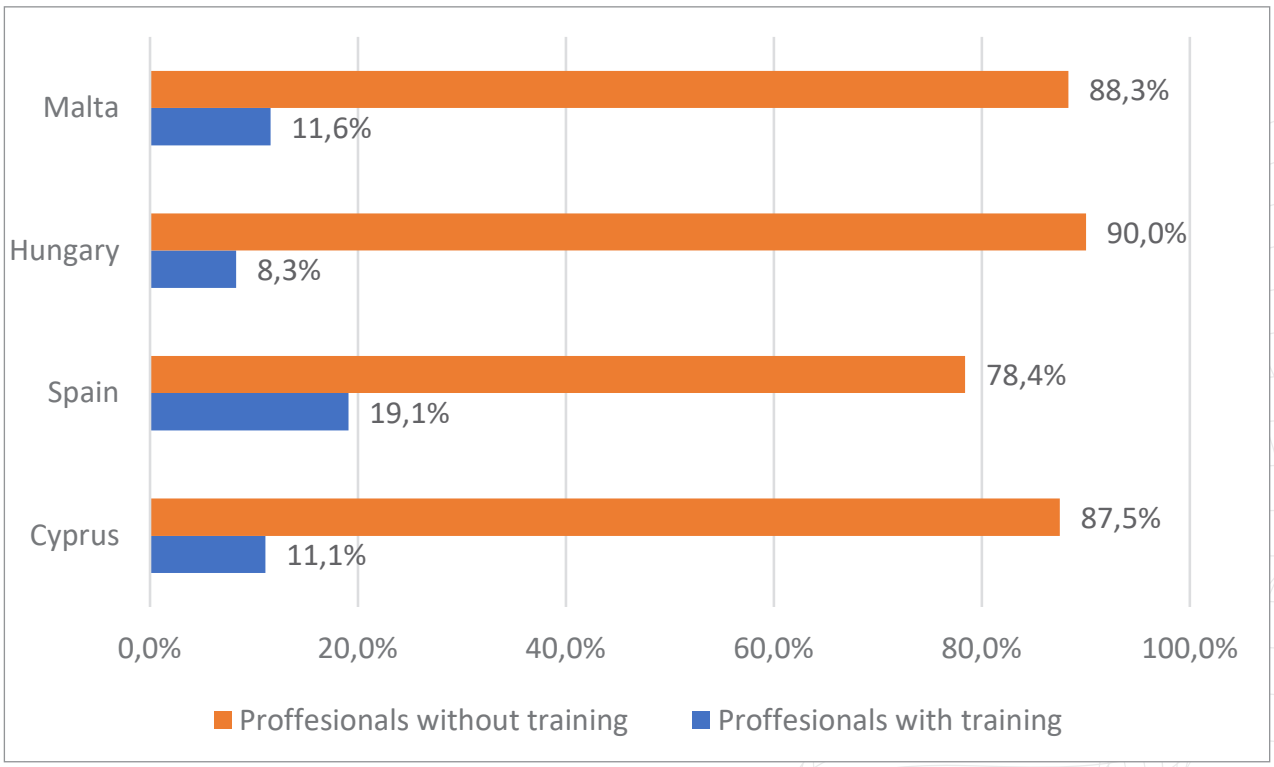


Discrimination on the basis of sexual orientation in Cyprus and Malta and towards homeless people in Spain and Hungary are also highlighted as the next most frequent in the perceptions of health workers.

3.4.3 Training and knowledge of professionals on hate crimes

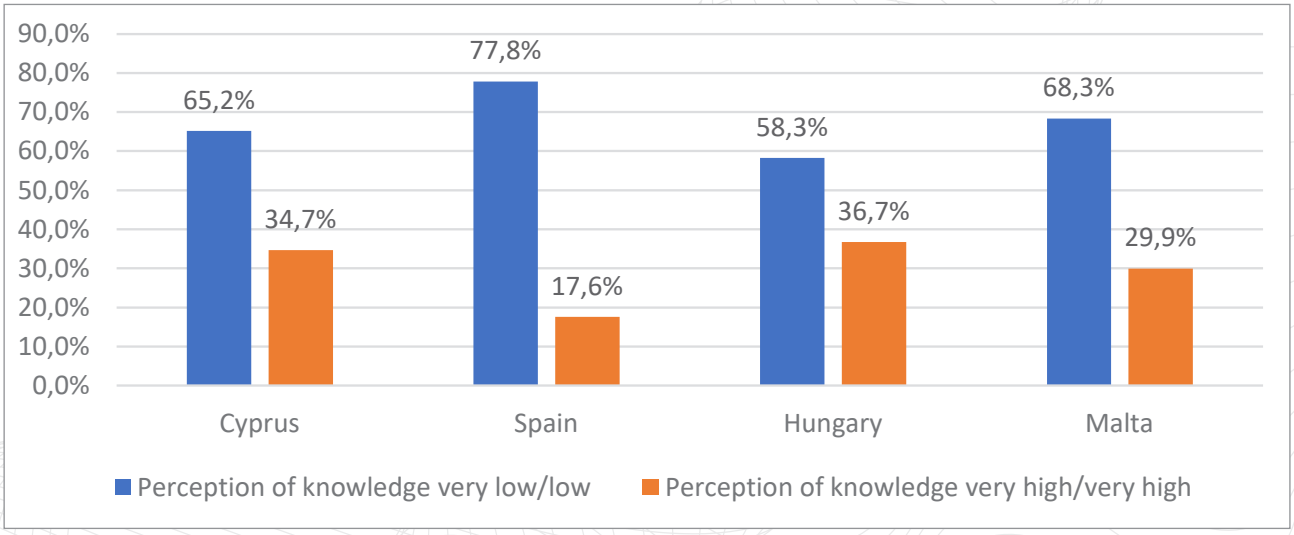
Although this differs, the vast majority of professionals in the four countries have no training in hate crimes (Figure 4), and it is precisely this action that they see as most necessary for improved detection.

Figure 4. *Training of health professionals in hate crimes by country*



Similarly, the self-perception of professionals regarding their knowledge of hate crimes is mostly low in all four countries (Figure 5).

Figure 5. *Knowledge of hate crimes of health professionals by country in percentages*



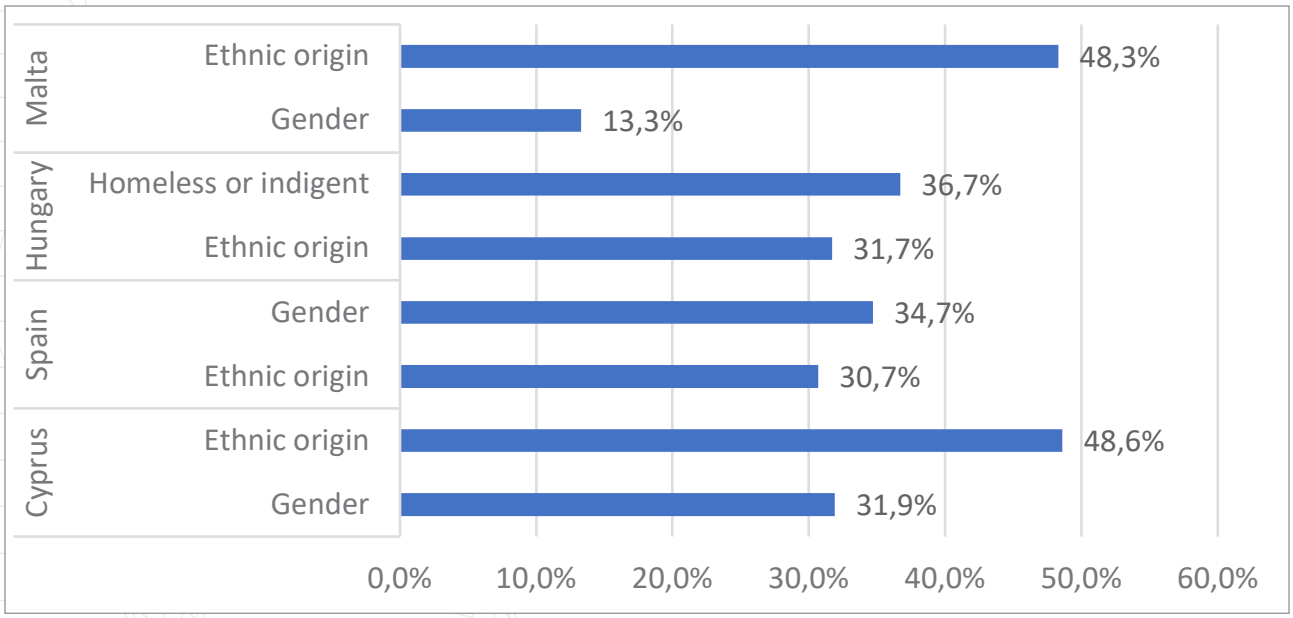
Thus, in practically all countries, the percentage of professionals who say their level of knowledge on hate crimes is above 60% (except Hungary, 58.3%). It is worth noting, however, that respondents without training

might rate their level of knowledge high because they are not aware of what they would need to know about the topic.

3.4.4 Typology of most attended hate crimes and reporting

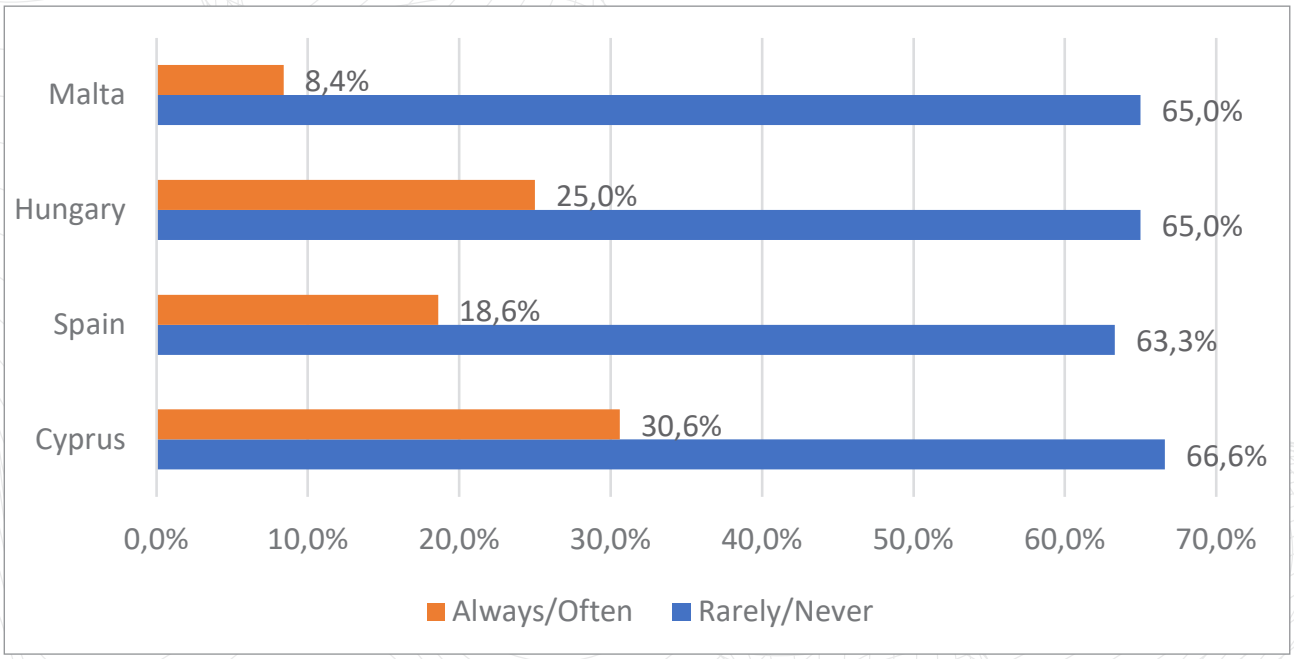
Countries differ also in the type of hate violence most commonly addressed by the health professionals surveyed. Although ethnically based crimes are among the most prevalent all in the four countries, gender is the most prominent in Spain and homelessness in Hungary. Cyprus and Malta, however, do have ethnicity as the most prevalent type (Figure 6).

Figure 6. *Hate crimes most commonly reported by country*



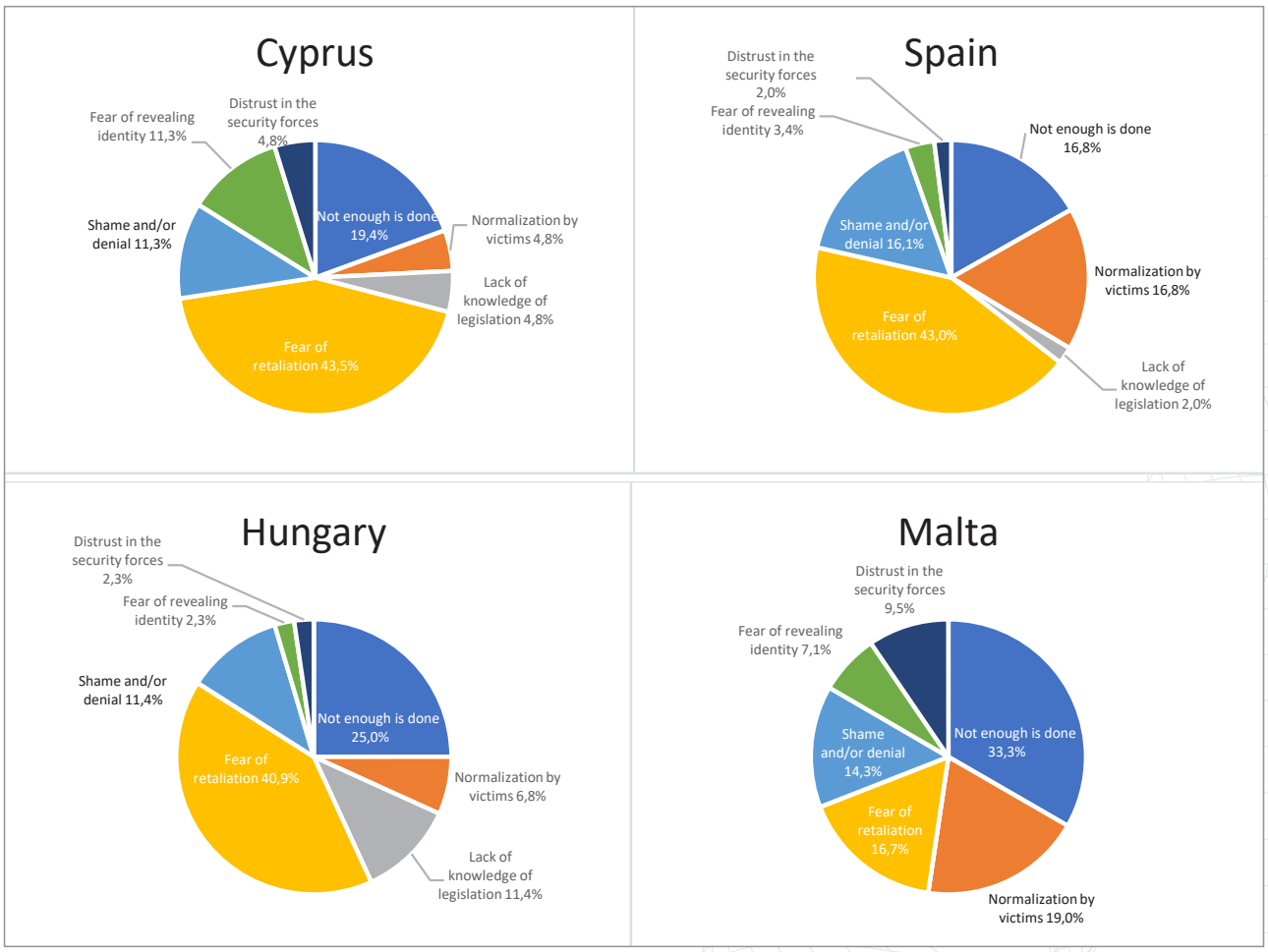
Another notable statistic is that more than 60% of health professionals in the four countries indicate that hate crimes never, or rarely, end up being reported (Figure 7).

Figure 7. *Frequency of reporting by country, in percentages*



Regarding the reasons for not reporting, Cyprus, Spain and Hungary again agree on the main reason given: the victim's fear of reprisals (43.5%, 43% and 40.9% respectively), while in Malta the main reason given by professionals is the uselessness of the report (33.3%) (Figure 8).

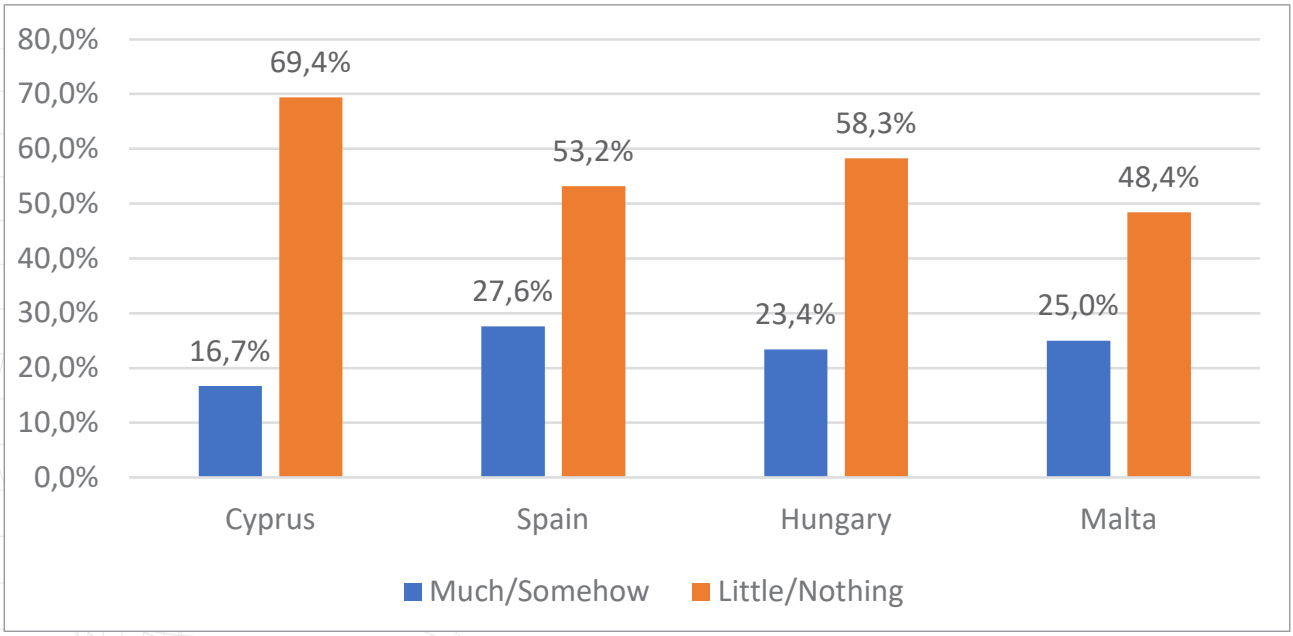
Figure 8. *Main reasons for not reporting by country in percentages*



3.4.5 Effectiveness of legislation and detection capacity by health services

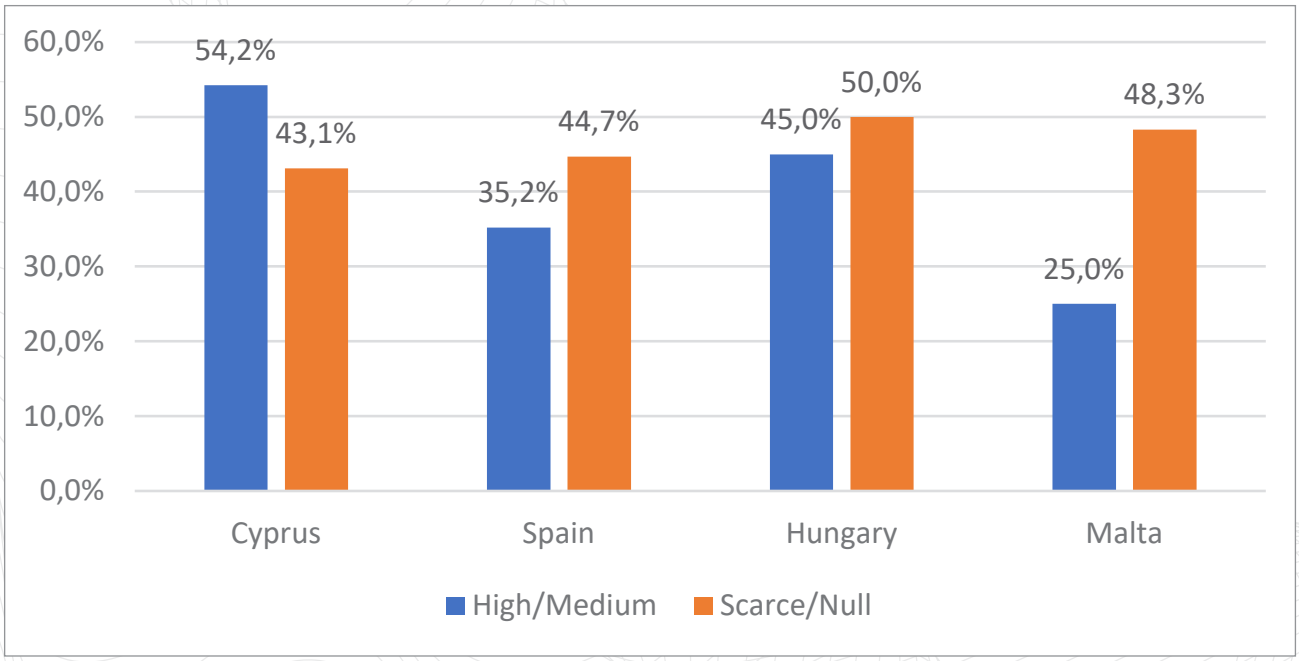
All four countries agree on the ineffectiveness of the current legislation, although there are variations in the levels of effectiveness. Most professionals are of the opinion that the legislation is not very effective. However, professionals in Cyprus are the most vocal about the lack of effectiveness of the legislation in this country (Figure 9).

Figure 9. *Effectiveness of legislation by country, in percentages*



Differences were encountered when we grouped the 'high-medium' and 'low-null' responses with respect to the ability of health services to detect hate crimes. In Spain, Hungary and Malta, the majority of professionals report little or no detection capacity (Figure 10).

Figure 10. *Hate crime detection capacity by country in percentages*

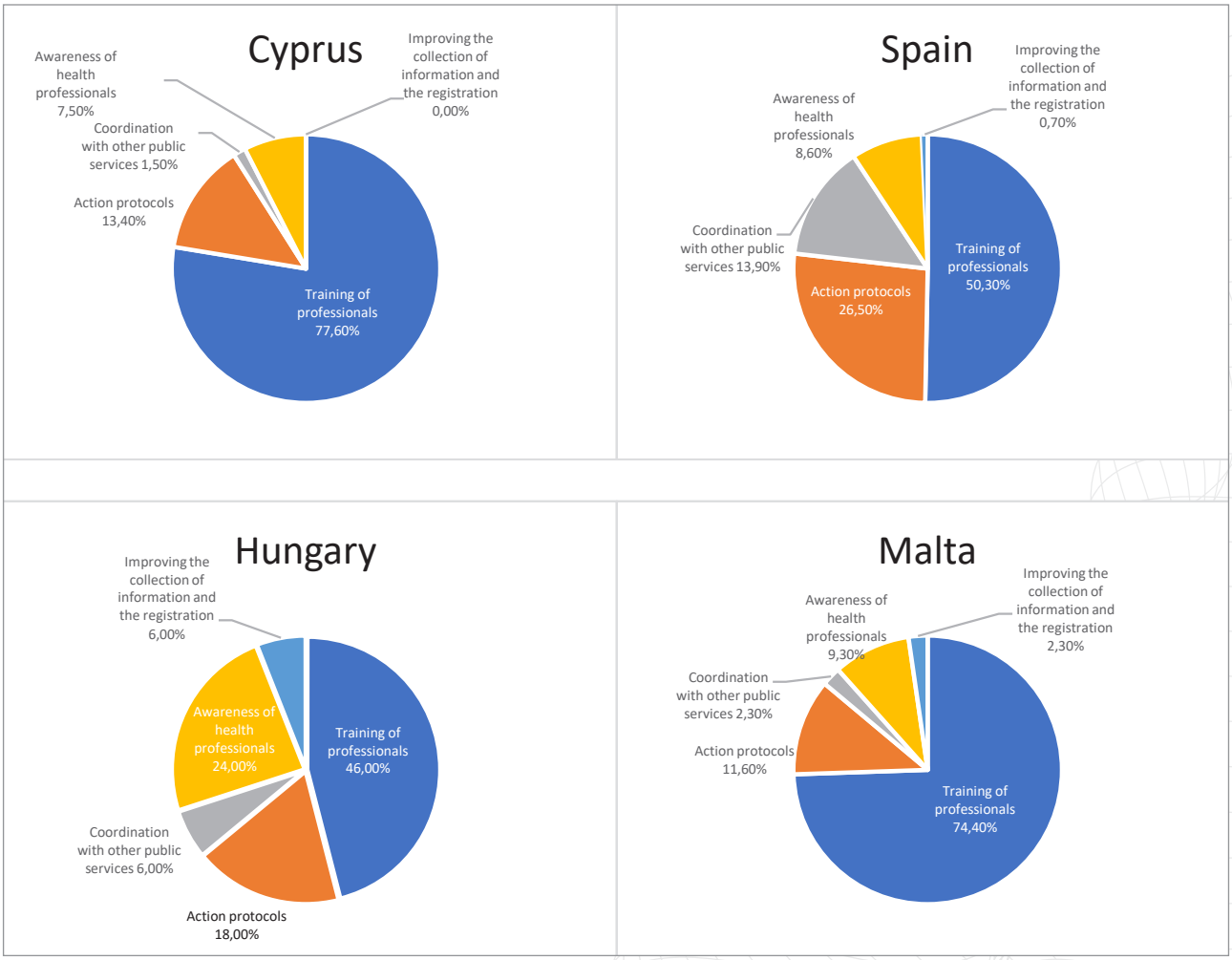


However, Cyprus is the only country that receives a majority positive assessment of the health services' ability to detect hate crimes.

3.4.6 Main improvement action

Cyprus (77.6%), Spain (50.3%), Hungary (46%) and Malta (74.4%) agree on the first proposed action to improve the capacity of health services to detect victims of hate crimes, with all four countries considering that the most important action would be training of professionals, with Cyprus and Malta standing out above the other two countries.

Figure 11. *Proposed first action for improvement by country, in percentages*



Also noteworthy is the need for all countries to adopt protocols for dealing with hate crimes, as well as the improvement of health professionals' awareness of hate crimes.

4. CONCLUSIONS, RECOMMENDATIONS AND PROPOSALS

4. CONCLUSIONS, RECOMMENDATIONS AND PROPOSALS

4.1 General conclusions of the research

This research was born with the aim of addressing the under-reporting of hate violence and to assess the level of care received by victims of hate crimes in the health systems of Cyprus, Spain, Hungary and Malta.

These four countries have, in some way, included European regulations in their criminal codes, but in no case have they developed plans, programmes or protocols on violence and hate crimes in the health sector. According to official data, the most common hate crimes in Spain are related to ideology, racism and xenophobia, while in Hungary they are related to race, ethnicity and nationality. Cyprus and Malta have no official data on hate crimes.

Health professionals' perception of violence and hate crimes is that they are widespread in all four countries, the main one being ethnically motivated crime. Almost as many professionals in Cyprus report violence based on the victim's sexual orientation as on ethnically motivated crimes. After ethnicity, they point to homelessness in the case of Spain and Hungary, and gender and gender identity in Malta.

In terms of the training received by professionals in the different countries, the response is unanimous on their lack of training, with more than 80% (except Spain, 78.4%) of health personnel in the four countries indicating that they do not have specific training on hate violence.

Likewise, they evaluate their knowledge of hate violence quite low, with Spanish professionals considering themselves to have low or very low knowledge (77.8%), followed by Malta (68.3%), Cyprus (65.2%) and Hungary (58.3%). Consequently, training corresponds, in all four countries, as the first measure of improvement proposed by health professionals to increase the capacity of detection of hate violence in the health services.

The frequency of assaults detected from the health systems is not very high in either of the countries, with mostly 1-5 cases handled by the respondents in the last year, being the most detected assaults those motivated by ethnicity, homelessness and gender. Furthermore, in all four countries, professionals indicate that around 60% of such assaults go unreported. The main reasons perceived by professionals for not reporting are mainly fear of reprisals (Cyprus, Spain and Hungary) and the perception that doing so will not help (Malta).

If we look at the perception of the professionals, on the effectiveness and measures to improve the capacity to detect victims in the health services, in all countries, it is clear that the legislation is ineffective and the detection of cases from the health services is scarce. The proposal most indicated by the health personnel surveyed in the four countries for improved case detection is training, followed by the establishment of protocols (Cyprus, Spain and Malta) and coordination with other services (Hungary).

The victims assisted agree that psychological care is limited and propose improvements to it, they also propose the intervention of other professionals (social workers, lawyers) and positive attention in the health services. But, in general, they are satisfied with the work done by the health workers care regarding to physical treatment.

Based on the data collected in the interviews with professionals from Cyprus, Spain and Hungary, which complement the conclusions drawn from the quantitative data, it is detected that the fundamental limitations

encountered by health professionals in detecting, informing and caring for victims, are related to the lack of specialised protocols, the need for intensive psychological care and the lack of time, resources, strategies and specific knowledge about violence and hate crimes. Therefore, the connection between proposals and limitation can be seen.

4.2 Direct and indirect proposals based on the results. Improvements and actions

Firstly, it is essential to stress that the statistical information that different countries collect on violence and hate crimes is meagre. In the case of Spain, there are official statistics from the Ministry of the Interior, which surely leave many cases uncollected or undetected, as the health services themselves recognise the difficulties in reporting or recognising these cases. But, in addition, in the case of Cyprus and Malta official information is non-existent and data collection is also limited in Hungary, where only about 30 cases a year have been recorded.

Therefore, the first proposal is to unify some variables and create unified standards for the whole European Union, which will allow the collection of information and comparisons between the different countries. To this end, it would be necessary to unify the registers of both the security forces and the health services so that the information collected can be compared between the different countries based on the preparation of common indicators and standards for the whole of the European Union.

In the same vein, it should be noted that the actual prevalence of hate crimes might be greatly underestimated, and that it would therefore be necessary to introduce a common definition of hate crimes in European legislation and to transpose them to the various countries that are in the process of realising their comparative potential. However, it is also necessary, according to both victims and health professionals, to improve the enforcement of the existing legislation so that victims do not feel that reporting the facts is "useless". The recorded prevalence of cases would likely increase considerably if all the incidents were reported and, at the same time, there was a consistent collection of data in the different countries. This would allow hate crimes and attacks to become more visible, which is not the case at present, as there are countries where this type of crime is not even reported.

Specifically, by focusing on the health services, the professionals in the three countries not only highlight the low level of knowledge about hate violence, but also highlight their lack of training in this area and the absence of specific protocols for dealing with victims of hate violence in their services.

If we add to this the fact that professionals demand a more multidisciplinary approach and their demand for time, resources and coordination with other services, it is not surprising that professionals in all countries consider the detection capacity of health services to be very limited.

Therefore, it is necessary to train and raise awareness among health professionals, to have protocols for action and coordination, both in the emergency services and in primary care and with other services, and to expand towards a more multidisciplinary care practice, which includes psychological support, and not only physical damage. These proposals would improve both the detection capacity of the health services and the treatment of victims in the longer term for the most common disorders, which are mainly of a psychological nature.

In the same line, health professionals must be given for the necessary time to make an adequate diagnosis, they should be provided with training and empathy of the professionals, the necessary resources and the coordination with the security forces.

In summary, the recommended actions for proposals would revolve around four objectives:

- Improving the detection of victims of hate violence in the health services, increasing knowledge and training for clinical diagnosis of health professionals.
- Providing a prevalence and magnitude of the phenomenon that is more in line with reality, with the aim of increasing the number of reported cases of hate violence and showing the reality of the phenomenon in a quantitative way

- Reducing social tolerance of hate violence by reducing prejudice and discrimination.
- Improving intra and inter-institutional coordination and monitoring of care for victims of hate violence.

4.3 Possible lines of research and action

In line with the proposals for improvement, research into hate crimes requires the existence of sufficient, reliable data that allows for comparison between different European countries, since the lack of current information makes research and comparison difficult at European level, resulting in the underestimated prevalence of the phenomenon.

European legislation should therefore standardise concepts and registers in all the countries of the Union, which would allow for comparisons between countries on their effectiveness in combating prejudice and hate violence, as well as the aspects related to it.

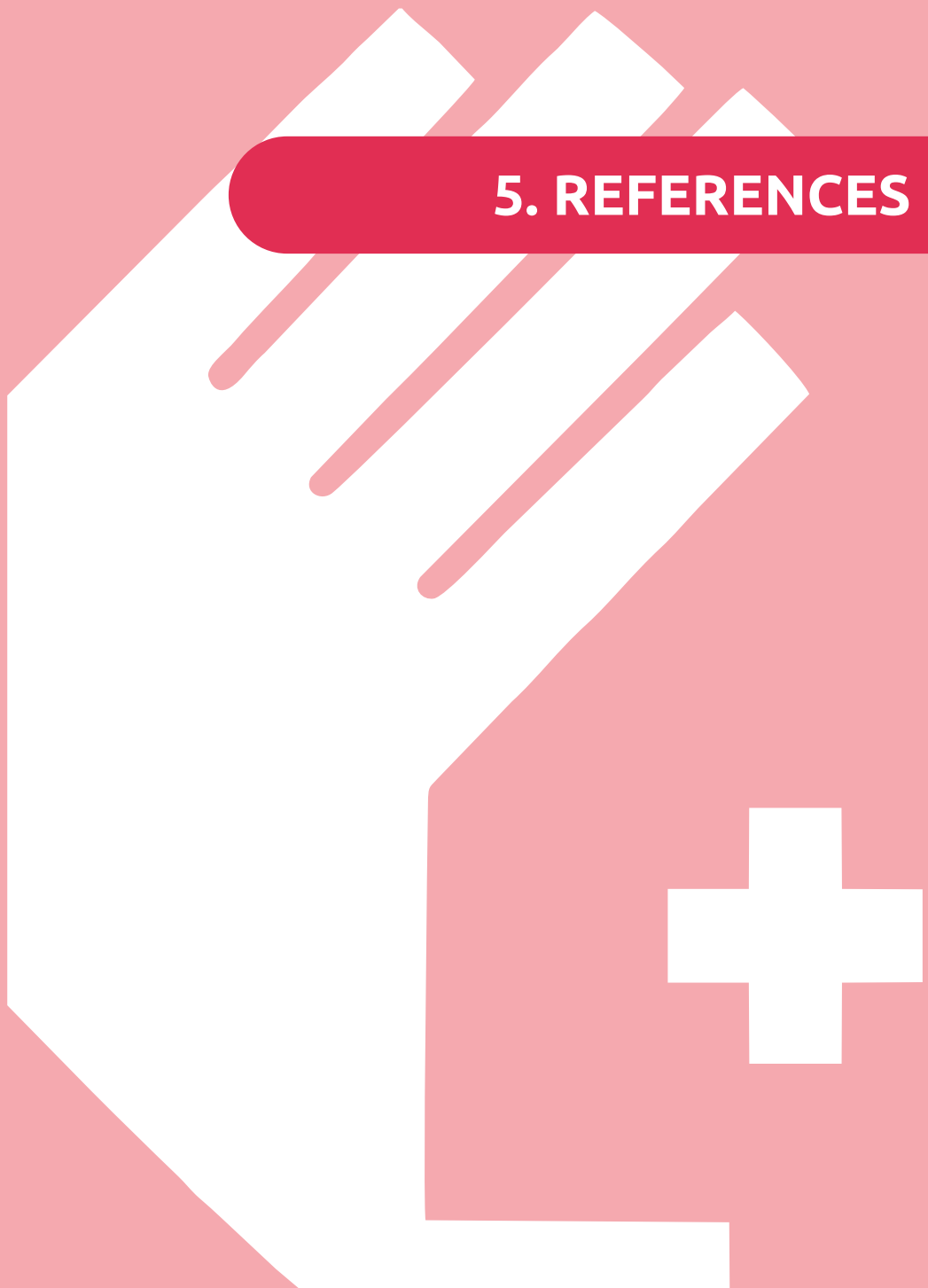
Furthermore, derived from the proposals of the health professionals, it would be interesting to analyse whether those health centres with protocols for action against hate violence and with greater awareness and training of professionals have more satisfied victims, , more adequate detection of cases of hate violence and an increase in the proportion of hate violence cases detected that are reported to the authorities.

Similarly, it would be of interest to investigate the most appropriate services for dealing with hate violence. In all countries, hate incidents are primarily dealt with in the emergency department, but emergency personnel recognise that this service is not suitable for the care and follow-up of victims in the longer term.

Another aspect that might be of interest for analysis whether the time of care and the characteristics of the clinical interview are related to the detection capacity of health personnel and services for hate violence.

The consideration of hate violence as a public health problem by all countries of the European Union would allow an approach to the health care of victims from the perspective of Community action and health, contemplating interdisciplinary and coordinated care by all social protection systems.

5. REFERENCES



5. REFERENCES

Act no. C of 2012 on the Hungary Criminal Code (2012. évi C. törvény a Büntető Törvénykönyvről).

Bethany Archer, Jean-Pierre Gauci; 2021; Support and Advice Through Health System for Victims of Hate Crime (SHELTER) national report – Malta, San Gwann (Malta), The People for Change Foundation

Criminal Code (Chapter 9 Laws of Malta, 1854) y en Victims of Crime Act (Chapter 539 Laws of Malta, 2015).

Díaz Herraiz, E. (Coord.) et al. (2020). National Report: Spain. Support and advice through health system for hate crimes victims. Spain. Toledo. Universidad de Castilla - La Mancha.

Díaz López, J. A. (2018). *Informe de delimitación conceptual en materia de delitos de odio*. Estudio encargado por la Comisión de Seguimiento del Convenio de colaboración y cooperación Interinstitucional contra el racismo, la xenofobia y otras formas de intolerancia. Madrid: Secretaría General de Inmigración y Emigración del Ministerio de Empleo y Seguridad Social.

Fabienne Baider; 2021; National Report: Cyprus. Support and advice through health system for hate crimes victims. Cyprus. University of Cyprus.

Ibarra, E. (2015). *¿Qué son los delitos de odio?* Recuperado de: http://www.estebanibarra.com/2015/04/que-son-los-delitos-de-odio/

Ley Orgánica 1/2015, de 30 de marzo, por la que se modifica la Ley Orgánica 10/1995, de 23 de noviembre, del Código Penal Español (art. 22.4, art. 170.1, art. 314, art. 510, art. 607).

Ministerio del Interior (2018). *Informe sobre la evolución de los delitos de odio en Spain*. Recuperado de: http://www.interior.gob.es/documents/642012/3479677/informe+2018/ab86b6d9-090b-465b-bd14-cfcafccdfebc

Ministerio del Interior (2019). *Plan de acción de lucha contra los delitos de odio*. Ministerio del Interior, Secretaría de Estado de Seguridad. Recuperado de: http://www.interior.gob.es/documents/642012/3479677/plan+de+accion+delitos+de+odio/d054f47a-70f3-4748-986b-264a93187521

Movimiento Contra la Intolerancia (2005). *Materiales Didácticos n.º 5. La lucha contra los Delitos de Odio en la Región OSCE: una visión general de estadísticas, legislación e iniciativas nacionales*. Movimiento Contra la Intolerancia/ Ministerio de Trabajo e Inmigración/ Fondo Europeo para la Integración. Downloaded from: https://plataformaciudadanacontralaislamofobia.files.wordpress.com/2016/01/delitosodiooscenumero5.pdf

Tamás Dombos & Borbála Takács; 2021; Shelter Project National. Report: Hungary. Budapest: National University of Public Service - Subjective Values Foundation.

The Fight Against Certain Forms and Events of Racism and Xenophobia through the Cyprus Criminal Law Act 2011 (134 (I) / 2011).

Led by the Faculty of Social Sciences of Talavera de la Reina, at the University of Castilla-La Mancha, the European project SHELTER aims to support and advise victims of hate violence through the health system.

It is a pioneering project in Europe. An interdisciplinary team of researchers from various universities and social organisations in Cyprus, Spain, Hungary and Malta have participated in its design and implementation.

Using a mixed methodology that combines quantitative (questionnaires to health professionals) and qualitative (interviews with health professionals and victims of hate violence) research techniques, the research has been carried out in the countries mentioned above, and in three services - hospital emergency rooms, primary care health centres and out-of-hospital emergencies.

The findings and conclusions incorporate the experience and perspective of health professionals and victims, complementing available official data on the prevalence of hate crime in Europe. Recommendations are provided on how to improve health and psychosocial care for victims, reporting of violence, communication between health institutions and law enforcement agencies.