

Advances in Stalking Risk Assessment

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Over the past 15 years, forensic mental health has become more concerned with the concepts of violence prevention, management, and treatment. The development of specialist tools to aid in the assessment of a range of risks reflects this concern. This article explores contemporary thinking on violence risk assessment and how this knowledge can be applied to the relatively newer field of stalking risk assessment. The role of risk state and risk status are discussed, in addition to the way that standard structured professional judgment procedures need to be adapted to reflect the variety of risks present in stalking situations. The authors go on to describe the development and format of the Stalking Risk Profile, a set of structured professional judgment guidelines for assessing risk in stalkers. Suggestions are made for future research to enhance knowledge and improve practice in the field of stalking risk assessment. Copyright © 2011 John Wiley & Sons, Ltd.

The rapid emergence of stalking and of anti-stalking legislation during the 1990s prompted some to wonder whether it was a “piece of ephemera built on media hype” rather than a true pathological phenomenon (Mullen, Pathé, & Purcell, 2001, p. 14). In the years since, stalking has been confirmed as a widespread social problem warranting the creation of services and systems to address it (Mullen, Pathé, & Purcell, 2009). The explosion of scientific study into stalking over the past two decades has provided evidence about the nature of stalking behavior, who stalks, who is victimized, and the prevalence of stalking in different societies (e.g., Baum, Catalano, Rand, & Rose, 2009; Dressing, Kuehner, & Gass, 2005; Finney, 2006; Harmon, Rosner, & Owens, 1995; Pathé & Mullen, 1997).

As this research literature evolved, stalking was simultaneously carving a niche in criminal justice and mental health systems around the Western world in the form of specific anti-stalking or harassment legislation and specialist detection, assessment and treatment services (James, Kerrigan, Forfar, Farnham, & Preston, 2010; Purcell, Pathé, & Mullen, 2004; Smartt, 2001; Tjaden, 2009; Warren, Mackenzie, Mullen, & Ogloff, 2005; Williams, Lane, & Zona, 1996). For clinicians who assess and treat stalkers or victims, the challenge now is to integrate research findings to provide evidence-based advice and services to victims, law enforcement, courts, mental health professionals, and to stalkers themselves. Central to this task is being able to offer judicious advice on

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the assessment and management of the risks posed by stalkers. To this end, in the past two years two separate groups of researchers have published risk assessment tools expressly for stalkers and their victims. In Australia, the *Stalking Risk Profile: Guidelines for the Assessment and Management of Stalkers* (SRP) was developed by MacKenzie, McEwan, Pathé, James, Ogloff & Mullen (2009), while in Canada, Kropp, Hart & Lyon (2008) published the *Guidelines for Stalking Assessment and Management* (SAM). This article describes the development of the SRP and begins by placing stalking risk assessment within the wider violence risk assessment literature.

VIOLENCE RISK ASSESSMENT

Focus on the risk assessment of stalkers, the current “Holy Grail” of stalking research (Meloy, 2007, p. 4), emerged within a wider discussion of violence risk assessment and management in the discipline of forensic mental health. Recognition that unstructured clinical judgments of violence risk had low levels of accuracy (Grove & Meehl, 1996) prompted the identification of robust risk factors for violence that were then incorporated into structured violence risk assessment instruments. During the late 1990 s and early 2000 s, structured guidelines were developed for assessing both general and specific forms of violence, including the *Historical Clinical Risk – 20* (HCR-20: Webster, Douglas, Eaves, & Hart, 1997), the *Spousal Assault Risk Assessment* (SARA: Kropp, Hart, Webster, & Eaves, 1995), and the *Risk for Sexual Violence Protocol* (RSVP: Hart, Kropp, Laws, Klaver, Logan, & Watt, 2003). These instruments have since been validated and integrated into clinical forensic practice across Australia, Canada, Europe, the United States and New Zealand. At the time they were being developed, the stalking literature was only just emerging. Epidemiological studies of stalking prevalence were still being conducted (Budd & Mattinson, 2000; Purcell, Pathé, & Mullen, 2002; Tjaden & Thoennes, 1998) and the first large studies of stalkers and stalking victims were being reported (Hall, 1998; Harmon, Rosner, & Owens, 1998; Lyon, 1997; Mullen, Pathé, Purcell, & Stuart, 1999; Palarea, Zona, Lane, & Langhinrichsen-Rohling, 1999; Pathé & Mullen, 1997).

The comparatively recent emergence of the wider stalking literature presents both challenges and advantages to the field of stalking risk assessment. Kropp, Hart, and Lyon (2002) identified early that stalking was clearly different from many other forms of violence in that it was targeted to a specific victim, included both implicitly and explicitly threatening behavior, and persisted for weeks, months, or even years. Recognizing that existing tools may not be appropriate for stalking situations, these authors advocated the development of specific evidence-based guidelines for stalkers using a structured professional judgment (SPJ) approach to risk assessment. This approach enables clinicians to make final risk ratings of low, moderate or high that are explicitly tied to anticipated levels of intervention efforts and a consideration of risk factors that have support within the scientific and professional literatures (Douglas & Skeem, 2005). This approach has two significant benefits for stalking risk assessment. At a practical level it is flexible and allows for the complexity of many stalking situations, while at a conceptual level it allows the developing stalking risk literature to take advantage of advances in contemporary thinking on violence risk assessment.

RISK STATE AND RISK STATUS

Until the mid- to late 1990 s, risk assessment research was primarily directed towards improving prediction (Heilbrun, 1997), and focused heavily on static, unchangeable risk factors associated with individuals at high risk of violence relative to others. This unchangeable level of risk based on past behavior and static personal characteristics has been termed “risk status” (Douglas & Skeem, 2005). Since the mid-1990 s, risk assessment theory and research have increasingly focused on developing ways to better inform ongoing decisions about risk management of potentially violent individuals, rather than making only single-point predictions. The shift in focus brings risk assessment closer to most clinicians’ existing practice, in which ongoing management of the risk of violence is key (Mullen & Ogloff, 2009). Conceptualizing risk assessment as a way of informing risk reduction strategies means recognizing that individuals’ levels of risk can change over time. Skeem and Mulvey (2002) referred to the intraindividual variability in violence potential as “risk state”. Douglas and Skeem (2005) elaborated on this definition, describing risk state as “an individual’s propensity to become involved in violence at a given time based on particular changes in biological, psychological, and social variables in his or her life” (p. 349). Risk state is fundamentally tied to the presence and absence of dynamic, changeable risk factors that can be modified through intervention to reduce risk. High risk status does not necessarily guarantee high risk state; an individual can have a high risk status based on past behavior, but at the point of assessment their risk state may be low, as the dynamic factors that contributed to past violence are well managed or absent. Current best practice in risk assessment dictates that the structured final risk judgment should consider both risk status and risk state (Heilbrun et al., 2009).

The most effective interventions to reduce violence risk will be those that target the dynamic risk factors causally related to violence for that individual. At present, descriptive anamnestic (i.e., considering and analyzing an individual’s personal history of violence) or functional analysis of past behavior is the most effective way to assess and convey necessary information about such individually relevant risk factors (Heilbrun, Yasuhara, & Shah, 2009). Anamnestic assessments are far from infallible and, given the paucity of evaluative research, they are more useful for developing risk management plans than for making predictions. Nonetheless, they remain the only way to individualize an assessment to examine the interaction of risk factors and environment for the assessee, and consider protective factors not included in specialized tools (Heilbrun, 2009).

RISK APPRAISAL IN STALKING

Early efforts at identifying risk factors for stalking violence echoed the pattern in the wider violence risk assessment literature and focused on static factors or those that were very slow to change (see McEwan et al., 2007; Spitzberg & Cupach, 2007 for reviews). Rosenfeld’s (2004) meta-analysis concluded that there was sufficient evidence to support a relationship between violence and prior threats to the victim, a past intimate relationship, absence of diagnosed psychotic disorder, substance abuse history, violence history, low education, and young age. Only two dynamic factors were shown to have a relationship to stalking violence in this meta-analysis: personality disorder and revenge

motive. Both variables, particularly personal disorder, can be considered stable dynamic factors in that they do not change quickly or easily, and so are more associated with risk status than acute risk state. As such, Rosenfeld's (2004) review offered clinicians guidance about evaluating risk status, but did little to inform decisions about risk state and thus the focus for ongoing risk management. This situation remains largely true today with few studies examining the role of acutely variable dynamic risk factors and stalking violence. The closest the literature has come have been those studies that examined the association between other stalking behaviors and stalking violence. For example, McEwan, Mullen, MacKenzie and Ogloff (2009) examined the temporal relationship between threats and violence (threats being a possible proxy for an underlying dynamic risk factor such as elevated anger toward the victim). They found that in almost two-thirds of cases, threats were uttered separately prior to violence, making them a potentially useful indicator of increased risk state. Palarea and colleagues (1999) identified approach behaviors that increase proximity to the victim as another dynamic risk factor for stalking violence. Subsequent investigation by McEwan and colleagues (2009), however, suggested that while behaviors involving increased proximity to the victim, also referred to as approach behaviors, were associated with violence, they frequently immediately preceded or co-occurred with the violent act, reducing their value to clinicians as an indicator of risk state.

The lack of research into acutely dynamic predictors of increased risk state among stalkers is unsurprising given that such investigations are almost as rare in the general violence risk assessment literature. This is partly because it is difficult to measure change in dynamic risk factors and the temporal relationship of that change to subsequent violence. Douglas and Skeem (2005) note that the majority of research into dynamic risk factors for violence has used a single time-point estimate design, which does not demonstrate either that risk factors are changeable, or that changes in specific risk factors predict violence. Dual and multi-time-point estimate designs are complex and time-consuming, and so expensive and rare.

One North American group has published a series of studies in which mentally ill individuals judged to have a high risk status were assessed on a variety of dynamic risk factors at weekly or shorter intervals and incidents of violence recorded (Mulvey, Odgers, Skeem, Gardner, Schubert, & Lidz, 2006; Odgers, Mulvey, Skeem, Gardner, Lidz, & Schubert, 2009; Skeem, Mulvey, Lidz, Gardner, & Schubert, 2002; Skeem, Schubert, Odgers, Mulvey, Gardner, & Lidz, 2006). These authors concluded that there is evidence that increased anger and substance use predict proximate violence, which often occurs in "bursts" of two or three violent incidents over as many days. Rapid fluctuation or increasing magnitude of fluctuations of psychiatric symptoms was temporally associated with violent behavior, although a causal relationship could not be ascertained.

In a separate investigation of dynamic risk factors for violence, Ogloff and Daffern (2006) tested the efficacy of the HCR-20 C scale, the Broset Violence Checklist (BVC), and additional items derived from the aggression literature, in predicting imminent violence. They assessed these risk factors three times a day over six months in an in-patient forensic psychiatric hospital and identified seven acute dynamic risk factors for imminent violence in that setting which were combined into the Dynamic Appraisal of Situational Aggression (DASA: Ogloff & Daffern, 2006). Daffern and Howells (2007) have since validated the DASA in an English population, showing that increases in overall DASA scores predict imminent aggression and self-harm in an in-patient setting,

and similar findings were reported in a recent Scottish study (Vojt, Marshall & Thomson, 2010).

These recent studies provide some evidence that the general violence risk assessment literature is gradually developing a better understanding of risk state and the role of dynamic risk factors in imminent violence. Whether or not these and future findings from the general violence literature generalize to stalking violence risk assessment is unclear as the existing studies have limitations that may reduce their applicability to stalkers. The North American studies focused on a small group of individuals at high risk for repeated violence, which does not describe the majority of stalkers, while the studies by Daffern and colleagues took place in inpatient forensic settings. The already considerable challenges of conducting multi time-point estimates of dynamic risk factors are amplified in stalking research as the population of offenders is smaller and more difficult to identify, and follow-up would have to occur in the community where stalkers have access to their victims.

ESTIMATING RISK STATE IN STALKING

Despite the growing body of knowledge about risk generally, and risk for stalking in particular, very little is known about acutely dynamic risk factors relevant to stalking risks. Only once relevant acute dynamic risk factors are identified will we be able to more fully understand stalking risk and to help identify and manage that risk. In the interim, an estimate of risk state for stalking violence may be ascertained using the following approach:

1. Conduct an anamnestic or functional analytic assessment of the nature, pattern and characteristics of past incidents of violence or stalking to identify idiographic indicators of increased risk state. Individually relevant risk factors are characteristics that increase risk for that person by motivating violence (such as anger), having a disinhibitory effect (such as intoxication), or having a generalized destabilizing effect on the person's life (such as unemployment or social isolation). Of course, this step is only useful if the individual has a history of stalking and/or violence.
2. Consider the current stalking situation and the potential for current and future stressors and destabilizers specific to *that situation* (e.g., loss of face due to public rejection by the victim, loss of employment if stalking a colleague), which may be associated with increased risk state for the individual.
3. Consider specific risk factors relevant to increased risk of targeted violence (Borum, Fein, Vossekuil, & Berglund, 1999). Relevant questions include: is the stalker communicating their intent to harm the victim or a secondary target, or are they experiencing thoughts about doing so? This does not necessarily mean they are threatening the victim directly; they may have discussed their intent or desire to harm the victim without making explicit threats, or be ruminating or fantasizing about harming the victim. Are they planning or investigating how to attack the victim or a secondary target? Do they have the means and the capacity to be able to carry out such a plan? Do they know the victim's location and have they approached them before? The answers to these questions may inform judgments about the immediate likelihood and imminence of violence toward the victim or a secondary target and indicate the need more immediate intervention.

Once these questions have been considered, the specific factors associated with increased risk state for that individual can be discussed and combined with an estimate of risk status derived using a structured tool to make an overall risk judgment. Where risk is assessed as moderate to high, the dynamic risk factors identified in the course of the overall assessment can be used to inform management and treatment decisions. The above risk state assessment can also be updated regularly by considering contextual changes at each session or in accordance with an agreed timeframe.

RISK JUDGMENTS

In addition to considering the relevance of risk status and risk state to stalking violence, stalking risk assessment can draw on principles from the general violence risk assessment literature when considering how to make and communicate structured final risk judgments. Under the SPJ model, a great degree of structure or guidance is provided when considering what risk factors are relevant, and how to assess them. The final stage – how to go from rating the risk factors to making a single statement about risk level – remains relatively less structured (Douglas & Ogloff, 2003). Assessors are instructed to use gross estimates of risk, categorizing risk as low, moderate or high, with the aim of indicating the need for action to support and/or manage the individual to prevent the negative outcome (Mullen & Ogloff, 2009). Low risk indicates no need for ongoing monitoring, treatment or management; moderate risk indicates the need for routine reassessment and some level of monitoring or management to reduce the risk; while high risk indicates the need for intensive management (potentially including involuntarily detaining the stalker), monitoring and regular reassessment of relevant dynamic risk factors to identify changes in risk state (Webster *et al.*, 1997). Moderate risk is the level of risk for the typical offender who will require a risk management plan and standard supervision. There is an assumption that more risk factors equate with greater relative risk, which has strong support in the literature; however, in some cases, particular risk factors carry more weight than others, or additional risk factors are dispositive (Hart *et al.*, 2003). Although some information is provided in the SPJ risk assessment manuals (e.g. Webster *et al.*, 1997), there is little specific guidance for the exact process by which an assessor comes to a decision of low, moderate or high. In any one case, the final risk judgment reflects not only the presence of risk factors, but also their perceived relevance to the individual, situational variables, and the assessor's opinion about how risk factors may interact to affect risk level (Douglas, Ogloff, & Hart, 2003).

Whereas early research focused on probability of violence when determining category of risk, it has been strongly argued since that risk is more a multifaceted concept and factors such as the imminence of the behavior and potential severity of resultant harm must also be taken into account when constructing a risk judgment (Douglas & Ogloff, 2003; Douglas & Skeem, 2005). More recent SPJ tools have made greater efforts in this direction, for example, the authors of the RSVP use risk scenarios, short narratives designed to simplify complex issues in a way that facilitates communication, to aid in making risk judgments. For each scenario relevant to the offender, the assessor is directed to “develop a detailed description in terms of the nature, severity, imminence, frequency or duration, and likelihood of sexual violence”

(Hart et al., 2003, p. 28), and provided with guiding questions that can be used to generate these descriptions. The least plausible scenarios are then “pruned” and risk management strategies are developed based on consideration of the sexual violence that might occur under each remaining scenario (Hart & Boer, 2010). The assessor then makes a series of summary judgments in the “low”, “medium” and “high” categories outlined above, about the likely risk of serious physical harm (severity), and the need for immediate action (imminence) and provides appropriate recommendations about management. This form of risk judgment has been applied to stalking risk assessment in the context of the SAM (Kropp et al., 2008), although data are not yet available describing how well risk scenarios and summary judgments relate to outcomes in stalking cases.

STALKING RISKS

While victims of stalking, health professionals and criminal justice personnel are understandably concerned with the risk that the stalker will escalate to violence, or engage in further acts of violence, there are other risks associated with stalking behavior. Stalking victims and stalkers themselves face a range of potential adverse outcomes, and there are multiple domains of risk for clinicians to consider:

1. the risk of physical violence towards the victim or a third party;
2. the risk that the stalker will persist in their pursuit over an extended period of time;
3. the risk of recurrence of stalking activities, targeting either the same or a different victim;
4. the risk of psychosocial damage to the victim and other affected parties; and
5. the risk of psychosocial damage to the stalker.

Evidence from large community surveys and victim groups suggests that physical violence is not necessarily the most damaging aspect of stalking behaviour (Baum et al., 2009; Pathé & Mullen, 1997; Purcell et al., 2002). A randomly selected community sample of stalking victims found that more than a third of respondents had elevated scores on measures of psychiatric morbidity, in particular anxiety/insomnia, depression and somatic complaints, with suicidal ideation in 10% of cases, and nearly one in five reported significant post-traumatic symptomatology (Purcell, Pathé, & Mullen, 2005). Higher levels of psychopathology have been reported in clinical samples of victims (Hall, 1998; Kamphuis & Emmelkamp, 2001; Kamphuis, Emmelkamp, & Bartak, 2003; Pathé & Mullen, 1997). The severity and duration of morbidity consequent upon stalking will depend on stressor-related factors, individual vulnerability factors and systemic responses to the victim’s plight. Although there is as yet no confirmed association between victim morbidity and the nature of the prior victim–stalker relationship, methods of pursuit, and the use of threats or violence, there is good evidence that the longer the harassment continues the more injurious its effects (Purcell et al., 2005). Additionally, third parties, such as the victim’s family and friends, may suffer negative psychosocial sequelae. The risks of persistent and recurrent stalking are also relevant considerations for the legal system and the wider community, given the financial costs of protracted episodes (Basile, Swahn, Chen, & Saltzman, 2006; Baum et al., 2009; Morris, Anderson, & Murray, 2002; Pathé & Mullen, 1997).

It is important in any stalking situation to take account of the likelihood of damage to both victim and stalker given the potential for interactive effects on risk. Protracted stalking is frequently associated with adverse consequences for the perpetrator, including lost time, resources and financial security, disrupted employment, fractured social ties, accruing a criminal record and community disapprobation. Depression is a common finding in stalker populations and high rates of suicide have been reported (McEwan, Mullen, & MacKenzie, 2010). Identifying these costs for the stalker lays the groundwork for behavioral change.

Stalking is not a unitary construct but an assemblage of behaviors that carry a range of risks. It is misleading to refer to the “risk of stalking” because stalking comprises multiple types of risk that are independent and possess different risk factors. One needs to be able to assess these different risks independently to properly evaluate stalkers and manage to them effectively.

TYPES OF STALKER

In the absence of a unifying explanatory theory for stalking, researchers and clinicians have developed numerous taxonomies to group the heterogeneous stalking population into more manageable subtypes. These taxonomies are usually based on the presence of a mental disorder, the prior stalker–victim relationship, the primary motivation for the stalking, or a combination of these characteristics (Mullen *et al.*, 2009; Spitzberg & Cupach, 2007). Such classification systems provide a broad guide to the expected course and duration of harassment, the likelihood of violence, and the intervention strategies and treatment that may effectively end the stalking. Typologies may also ultimately feed into multi-factor theories of stalking behavior, although to date no such theories have been thoroughly explored or tested (Spitzberg & Cupach, 2007).

Stalking typologies have been developed both empirically and impressionistically, and vary in their purpose from informing law enforcement to assisting with clinical management (see Pinals, 2007 for a discussion). The classification system developed by Mullen and colleagues (1999, 2009) uses three aspects of the stalking situation to classify into five types that attempt to capture the function of the stalking for the perpetrator. When determining stalker type, the greatest emphasis is placed upon the context in which the stalking behavior arose and the original function of that behavior for the stalker. Attention is then given to the nature of the prior relationship between stalker and victim and the presence of psychopathology in making the final determination. The functional typology comprises five types, “the rejected”, “the resentful”, “the intimacy seeking”, “the incompetent suitor”, and “the predatory”, which are described in detail elsewhere (Mullen *et al.*, 2009).

Even a preliminary understanding of stalker type can offer clues to inform subsequent risk assessment and management. The functional typology of Mullen and colleagues is intended for use by clinicians who are assessing stalkers or their victims and are more likely to have access to a greater range of material to inform their decisions about type. In other contexts, such as law enforcement, a more straightforward typology like that of Mohandie, Meloy, McGowan, & Williams (2006), which is based solely on the prior relationship and public or private figure context of the stalking, may be a more practical system that still provides sufficient information to inform initial management decisions. The empirical question remains as to whether a stalker’s type can vary over

time, and what meaning this has for assessment and management. Regardless of which typology is used, for a tool to be sufficiently sensitive to changes in risk, and to be able to guide specific treatment and management strategies, it clearly needs to take into account both type of risk and type of stalker (Kropp et al., 2002; McEwan et al., 2009; Mullen, Mackenzie, Ogloff, Pathé, McEwan, & Purcell, 2006).

THE STALKING RISK PROFILE

Background

As noted previously, the need for specific instruments for assessing stalkers had been apparent since the early 2000s (Kropp et al., 2002; Rosenfeld, 2004). The SRP grew out of the authors' extensive research and clinical practice with stalkers and their victims. Stalkers had been assessed and treated at the forensic mental health service where the authors work since the early 1990s. In 2002 the clinic adopted a policy of using the HCR-20 and Level of Service Inventory – Revised (LSI-R: Andrews & Bonta, 1995) for probation and pre-sentence court reports. Simultaneously, as the authors' interest in stalking became known, increasing numbers of stalkers were referred to their community-based clinic in Melbourne, Australia. The first difficulty in using these assessment tools with this group was determining whether they conceptualized violence adequately for our purposes. The HCR-20 defines violence as “actual, attempted, or threatened harm to a person or persons” and specifically includes stalking as an act of violence (p. 24). This raised concerns as many of our clients were continuing to stalk at the time of the assessment, meaning that they were necessarily at high risk of violence using the HCR-20 definition, yet there were clearly those who appeared unlikely to cause physical harm to their victims and those who seemed more likely to do so. To provide appropriate recommendations about management, a way to assess for violence involving physical contact with intent to coerce or harm, separate from other aspects of the stalking situation, was needed. Furthermore, as outlined above, it was apparent that these tools did not provide information about the likelihood of persistent or recurrent stalking. The LSI-R was not specific enough: stalkers who were clearly at high risk of persisting or recurring (identified by the number of times they were re-referred to the clinic) did not necessarily have high levels of general criminogenic need and so were not being identified by the general recidivism instrument.

Even assuming that the instruments were measuring the right constructs, they remained of variable practical utility. The issues highlighted by Kropp and colleagues (2002) were apparent – the HCR-20 ignored the relationship between victim and perpetrator so integral to stalking, was limited to the assessment of violence, and provided little useful information about monitoring risk over time. In some cases the HCR-20 and LSI-R seemed to overlook information that the clinicians felt was integral to increased risk (e.g., threats, elevated anger, specific delusional beliefs), or include information that had little discriminatory value for stalkers because it was so common (e.g., relationship instability). Furthermore, the nascent stalking literature suggested that some risk factors for general violence might not bear the same relationship to stalking violence. Psychosis was consistently shown to be negatively related to violence (Harmon et al., 1998; Kienlen, Birmingham, Solberg, O'Regan, & Meloy, 1997; Rosenfeld & Harmon, 2002), and James and Farnham (2003) had recently concluded

that many known risk factors for general violence were not apparent amongst stalkers who committed serious violence against their victims.

The other fundamental weakness of existing violence risk assessment instruments was the fact that they were insensitive to the motivation of the stalker. From the first investigations of stalking in the late 1980s, it has been evident that patterns of stalking behavior often appear similar on the surface, but the underlying function and motivation vary widely between perpetrators (Dietz *et al.*, 1991a, b; Zona, Palarea, & Lane, 1998; Zona, Sharma, & Lane, 1993). Using Mullen's motivational typology outlined above to differentiate between stalker types, it was clear that at least some of the causes of stalking behavior were different among types. It was also clear that the nature and level of risk differed by type of stalker, as did the relevance of risk factors for the various unwanted outcomes, and the types of interventions that would effectively reduce risk. These clinical observations have since been borne out by research showing that while some risk factors are common across stalker types, others differ depending on the nature of the prior relationship (Harmon *et al.*, 1995; McEwan *et al.*, 2009; Palarea *et al.*, 1999).

These shortfalls in existing risk assessment instruments led the authors and their colleagues to develop the SRP. As the SRP is specifically targeted at risks associated with stalking situations, its structure and content differ markedly from more general violence risk assessment tools.

Structure of the SRP

The SRP has a structure and conceptualization of risk that, while based on the literature, is new to the field of structured professional judgment. First, the SRP explicitly separates outcomes of interest by not only requiring individual risk judgments for each domain of risk, but also providing separate combinations of static and dynamic risk factors relevant to the risks of violence, persistence and recurrence. Second, the SRP identifies areas of need that may result in psychosocial damage to the stalker and so are relevant to increased risk across domains. Third, the SRP recognizes that not all stalkers share a common motivation, and that stalkers with different motivations have different personal, clinical, and offence characteristics. As outlined above, these differences have long been recognized within the stalking literature in the form of multiple typologies and classification systems. To date, stalker types themselves, whether defined by prior relationship, psychiatric status, or motivation, have been used as risk indicators. This approach can be meaningful; as research has repeatedly shown, base rates of violence differ between types, with former intimates being more likely to be violent than other relationship types (McEwan *et al.*, 2009; Mohandie *et al.*, 2006), and psychotic stalkers being, as a group, less likely to engage in violence (Kienlen *et al.*, 1997). While helpful in making broad judgments about risk status, the usefulness of this approach to risk management is limited, as some stalker types are not amenable to change (e.g., ex-intimate partner), and stalkers of similar type can vary in risk state and status.

The SRP takes a different approach in incorporating stalker types into the risk assessment. Rather than considering type as a risk factor in and of itself, the SRP uses Mullen and colleagues' (2009) motivational types as groups within which relevant risk factors are considered. In other words, while acknowledging that some risk factors are

common to all stalkers, within each domain of risk the SRP considers risk factors relevant to each motivational group separately. For example, in the domain of persistence, psychosis is assessed for all stalker types as it is related to increased persistence for all stalkers (McEwan, Mullen & MacKenzie, 2009a). Similarly, specific types of psychotic symptoms, such as delusional misidentification syndromes, are assessed for all stalkers as they elevate the risk of violence regardless of the stalker's motivation. Conversely, a dynamic risk factor such as 'disputes over children' is only relevant to "rejected" stalkers, i.e., those whose stalking behaviors develop in the context of the breakdown of a close, usually sexually intimate, relationship, and so is only available for rating when this type of stalker is selected. Taking this approach provides an immediate guide to the nature and level of risk posed by the stalker relative to others with similar motivation, and begins to delineate potential management strategies relevant to motivation that can alleviate that risk.

“Broken Leg” Exceptions

A further unique characteristic of the SRP is the inclusion of specific risk factors that are rare but may have an important non-linear relationship to increased risk. These types of factors are rare enough that they do not contribute meaningfully to most risk assessments and only apply in particular situations. In the wider literature, such factors have been called “broken leg exceptions” after Meehl (1954/1996), who acknowledged the important role of the clinical override when using actuarial assessment tools. Heilbrun (2009, p. 157) describes a “broken leg exception” as “a striking difference in the individual's present condition or circumstances relative to what is usual for that individual” (making it misleading to apply idiographic norms) or to what is usual for the population (making it misleading to apply nomothetic norms). Davis (2010) described factors that increase risk from low or moderate to high, as “smoking guns”, while those that reduce risk retain Meehl's idiom of “broken legs”. This allows the assessor to distinguish between countervailing risk and protective factors.

The importance of these “smoking gun” risk factors in risk assessment has been recognized in some existing risk assessment tools that make reference to characteristics that should lead the assessor to override the judgment based on the items of the instrument, and increase their risk judgment based on case-specific factors such as threats or particular symptoms of mental illness [e.g., the SARA, the *Violence Risk Scale* (VRS; Wong & Gordon, 1999–2003), and the *Short Term Assessment of Risk and Treatability* (START; Webster, Martin, Brink, Nicholls & Middleton, 2004)]. The SRP is more proscriptive about potential “smoking guns” and highlights five specific factors (called “red flag” risk factors) that are relatively rare in the entire stalking population but, when present, may indicate a significantly increased risk of imminent and/or serious violence (based on extant literature). The “red flag” factors are suicidal ideation, homicidal ideation, “last resort” thinking, high-risk psychotic phenomena, such as delusional misidentification disorders and threat-control override symptoms, and psychopathy. Due to their low base rates amongst stalkers, these factors are entirely omitted from the risk assessment if they are judged to be absent, so as to avoid biasing the final risk judgment. If they are present or possibly present, it indicates to the clinician that they should strongly consider a judgment of high risk of imminent violence, or at least make arrangements for additional assessment and monitoring.

Making Risk Judgments Using the SRP

Making a risk judgment using the SRP requires the assessor to be clear about the type of stalker, their prior relationship to the victim, the outcome(s) of interest, the imminence and severity of the outcome(s), and the relevant risk factors. As there is no linear equation by which risk factors can be added together to arrive at a risk judgment, this is a complex process. It is conceivable that a “rejected” stalker with few of the common risk factors for general violence (e.g., prior violence, impulsivity, substance misuse) would still be judged as being at high risk of imminent violence to the stalking victim due to the presence of suicidal ideation (a red flag factor), breaches of a restraining order, explicit threats to harm the victim, and clearly elevated anger or thoughts of vengeance associated with the stalking. A judgment of high risk indicates that this stalker requires intensive monitoring and management so as to reduce the likelihood of violence.

Assessors trained in the use of the SRP are instructed to make risk judgments that consider both the perceived probability of the outcome, based on the number and nature of risk factors present, and the likely level of harm associated with that outcome. Judgments about likely harm are made with reference to relevant dynamic risk factors from the SRP, such as access to weapons (in the case of risk judgments about violence), and the results of an anamnestic assessment considering the nature and harm associated with the behaviour in the past (where present). Due to the targeted nature of stalking, evaluation of likely harm also requires consideration of the overall experience of the victim throughout the stalking (e.g., the experience of prior violence and threats that may compound the harm caused by future violence or persistence) and factors relevant to the specific victim that may impact on the level of harm experienced (e.g., Is the victim particularly vulnerable due to physical or mental illness or other circumstances?).

Consideration of likelihood and harm contribute to the overall risk judgment of low, moderate or high that indicates the need for intervention. The risk judgment can then be contextualized and shaped by description of factors that may increase the imminence of stalking violence or recurrence of stalking behavior. These include SRP risk factors such as specific threats or communication of detailed plans to harm the victim, or such situation specific variables as foreseeable environmental changes that might precipitate violence or resumption of stalking (e.g., an upcoming court date that is likely to have an unsatisfactory outcome for the stalker). The risk judgment may also consider contexts in which violence is considered most likely. While useful in all risk judgments, context is particularly important in stalking situations, as some stalkers will present with high risk of both stalking and general violence, while others will have risk factors for violence associated only with the current stalking situation and outside that context they present a low risk. Similarly, risk assessments of recurrence must distinguish between risk to the same victim and risk to different victims in the future, as different risk factors may apply to each scenario.

Communicating Risk Assessments

Communicating the results of any risk assessment effectively and fairly is a difficult task and comprehensive guidelines exist describing the optimal way to report the results of specialized risk assessment tools (see Heilbrun, 2009). Communicating about stalking risks can be particularly complex because stalking situations themselves are complex and can vary greatly, even between individuals who share similar motivations. Applying

a risk assessment tool can help the clinician develop a thorough understanding of the stalking situation and, where pertinent, can inform subsequent risk reduction strategies. Yet risk assessment itself is atheoretical – structured professional judgment tools generally do not suggest why or how a particular risk factor may relate to the outcome of interest for the individual. A risk assessment alone does not provide the clinician with sufficient information about how or why risk factors could interact to produce stalking behavior, what the mediating and moderating relationships between risk factors may be, or suggest the best method for effecting behavioral change with a given individual to reduce risk (Mullen & Ogloff, 2009).

The present authors advocate using a risk formulation as a way of communicating *why* an individual may present with a given type and level of risk, and therefore what subsequent evidence-based interventions might be most useful in their individual case (Doyle & Dolan, 2008). Formulation is commonly understood in the psychological literature as a systematic and reproducible way of conceptualizing problems with a view to specifying interventions (Johnstone & Dallos, 2010; Lewis & Doyle, 2010; Taylor & Gunn, 2008). It provides a top-down framework within which explanatory inferences can be made about the mechanisms thought to be causing and maintaining a given problem. A well-developed formulation posits working hypotheses about why a particular problem is occurring in accordance with some explanatory concepts or theory. The hypotheses can be tested by intervening in a manner consistent with the explanatory concepts and assessing for change. If the problem has not changed as anticipated, reformulation takes place using additional information gathered in the course of treatment and new hypotheses are developed.

Current explanations for stalking are almost entirely descriptive rather than etiological, leaving a gap between identification of the problem behavior and intervention. Formulation has the potential to fill this gap when considering an individual stalker's specific situation. Given the multiply determined nature of stalking behavior, a useful framework for formulating stalking behavior is the integrative formulation originally proposed by Weerasekera (1996). This approach does not conform to a specific psychological theory, but focuses the assessor's attention on factors that *predispose* the individual to the problem, *precipitate* particular occurrences of the problem, *perpetuate* the problem once it has begun, and *protect* the individual against the problem or reduce its impact. In adapting this approach to risk formulation, clinicians may also include a *prognosis* about the risk behavior. Including the overall risk judgment as a prognostic statement directly ties the idiographic and personalized formulation to the results of the structured risk assessment. Weerasekera (1996) also directs the clinician to examine both individual and systemic factors that may be of relevance to the client. On the individual level, a formulation may incorporate reference to skills deficits, such as difficulties with problem-solving or emotional regulation; cognitive factors including attitudes, schemas and cognitive distortions; factors associated with symptoms of mental illness; and psychodynamic factors involving attachment and defensive styles. At the systemic level, the clinician considers the role of the victim–stalker dyad; the stalker's family situation (where relevant), their occupational and social situation, and the role of the sociocultural and legal environment in predisposing, precipitating and perpetuating the individual's stalking behavior (Mullen et al., 2006). Some factors included in the formulation will also be clear risk factors for violence, persistence and recurrence (e.g., psychosis, substance misuse) while others may not (e.g., low self-efficacy).

Weerasekera (1996) also advocates explicit inclusion of the client's characteristic ways of reacting to stress or distress. She recommends considering both dispositional

and general ways of coping, and episodic, or situation-specific, coping styles. This may be particularly relevant when formulating stalking behavior, as many stalkers' problematic interpersonal behavior is limited to the context of the stalking situation and outside that situation they are able to cope well with interpersonal challenges. This may draw attention to protective factors or strengths that can be built on in treatment, or shift the focus of treatment to the reasons that these generally prosocial skills are not being used in the situation that led to the stalking.

In applying this framework to stalking, the risk formulation should encompass both working hypotheses about why the stalking episode arose when and in the way that it did, and also more specific hypotheses about precipitants and perpetuating factors for individual intrusive behaviors such as telephone calls or sending letters. To posit causal hypotheses about specific intrusions, the clinician must conduct a functional analysis during the assessment to identify whether there are common precipitants for each intrusion, such as intoxication or focusing on memorabilia of the relationship. Where appropriate, these precipitants and maintaining factors can become specific targets for relapse-prevention style behavioral management plans (Westrup, 2000).

Showing Change in Risk Over Time

The SRP is designed for clinicians recommending or implementing management plans to reduce risk. Therefore, being able to easily show change in dynamic risk factors over time has a clear value. On readministration of the SRP, clinicians are instructed to indicate the presence and direction of any change in the overall rating on each item using a “+” to indicate improvement, or lessening of the risk rating, “-” to indicate deterioration or increase in risk rating, or “0” to indicate no change. Thus, over multiple administrations, change in specific risk factors can be tracked as a way of evaluating treatment efficacy and showing evidence of reduction or increase in intensity or presence of risk factors, even where the overall categorical risk judgment does not change. These item level changes can then be used to inform modifications to treatment or management plans.

Validation

As is the case with all structured professional judgment instruments, the SRP is based on a combination of research findings and clinical experience. Its use, or that of other similarly targeted tools, is the current best-practice standard for assessing stalking risks, but its efficacy is yet to be established. To this end, validation trials are currently underway in Melbourne, Australia, funded by the Australian Research Council. All stalkers presenting to a specialist clinic over four years are being assessed using the SRP and a variety of other risk assessment and psychometric tools, then followed up using police and mental health records at one, three, five and ten year intervals. The ongoing results of this research will inform revisions of the manual and the development of interventions designed to reduce both the risk of violence and persistent or recurrent stalking. The first published results are expected to be available in 2015. In the interim, the SRP provides clinicians with the most systematic and comprehensive method of assessing the variety of risks inherent in stalking situations. In differentiating between

both type of risk and type of stalker, the SRP offers a way of understanding and assessing risk that is sensitive to differences in offenders and offending behavior. This allows for more specific risk judgments, and makes the task of identifying management strategies more straightforward.

From Assessment to Treatment and Management

In addition to seeking advice on the current and future risks posed by a stalker, most victims reasonably expect that this will be coupled with recommendations for reducing or eliminating these risks. Similarly, legal decision-makers and clinicians who are concerned with the issue of risk also seek guidance on management options. The utility of stalking risk assessment tools lies in their capacity to generate risk management and treatment strategies by identifying the relevant risks and proposing interventions that reduce the potential adverse impacts. While there is currently a limited evidence base for clinical interventions in stalking situations, the integration of existing evidence from stalking research, the broader risk assessment literature and our evolving clinical experience can inform interventions that improve outcomes for both victims and stalkers. In the SRP, dynamic risk factors are identified in the course of a targeted evaluation aimed at developing risk formulations which in turn inform intervention strategies that can alleviate that risk. Risk in stalking changes as circumstances and people change and any assessment tool must be sensitive to these changes. In an assessment shaped by the SRP, factors amenable to change become therapeutic targets and these targets are prioritized according to the individual circumstances of that stalking case. As such, it is possible to devise a tailored intervention plan that is responsive to the evolving situation.

While, in a small proportion of cases, stalking may arise directly from major mental illness, the behaviors are more commonly precipitated by the interaction between circumstances and a vulnerable personality. In such cases it may prove more effective to employ targeted psychological interventions to end persistent stalking or prevent its recurrence, in the event that such circumstances persist or are re-encountered in the future. Though a number of treatment approaches have been described in the stalking literature, including short-term cognitive behavioral therapies (Walter & Sonkin, 1994), functional analysis-based interventions (Westrup & Fremouw, 1998) and dialectical behavior therapy (Rosenfeld et al., 2007), the strategies outlined in the SRP are based on the problem behavior model proposed by Warren et al. (2005), which incorporates aspects of each of these approaches. The problem behavior model adopts interventions from a range of psychological theories, including cognitive behavioral therapy, relapse prevention models, social learning theory and motivational interviewing principles. The effectiveness of this approach in reducing recidivism is being tested in the aforementioned Australian research trials.

FUTURE DIRECTIONS FOR STALKING RISK ASSESSMENT

While stalking research has grown quickly over a relatively short period, many areas remain unexplored.

Victim Variables

Stalking arises out of many different situations, but in the vast majority of cases the goal of the stalking behavior is to resolve some perceived interpersonal problem. The dyadic nature of most stalking situations means that the actions of the victim can have a real impact on the course and nature of the stalking behavior, and directly impact upon the level of risk. In acknowledging the role of victim behavior in exacerbating or ameliorating risk, it is not our intention to blame the victim for “provoking” or causing the stalking; clearly one party is the offender and the other offended against. Nonetheless, to conduct a comprehensive risk assessment, some thought must be given to the impact that specific victim behaviors may have on the course of the stalking episode. The role of victim actions has been highlighted in the literature with evidence that in some cases a victim’s decision to obtain a restraining order may exacerbate the stalking (in other cases such an order can be an effective deterrent; Meloy, Cowett, Parker, Hofland & Friedland, 1997; Spitzberg, 2002). Both the SAM and the SRP recognize the role of victim-specific factors in risk assessment by including items that highlight inconsistent or unclear responses to the stalker and the role of ongoing disputes over shared children or property, and by making these management targets.

Disentangling the cause and effect relationship between stalker and victim behavior is an area in need of considerable research (Nicastro, Cousins, & Spitzberg, 2000). Determining which victim behaviors assist with managing and/or ending a stalking situation and which are likely to exacerbate risks and prolong the behaviour is difficult. Measuring “effective” versus “ineffective” victim responses runs the risk of appearing to blame the victim for making the situation worse. Nonetheless, it would be useful for law enforcement personnel and other professionals who work with victims to be able to provide evidence-based advice to victims about how best to respond to the stalker’s unwanted intrusions so as to reduce or safely manage the behavior. A better understanding of the role of victim responses may also prove useful for those who work directly with stalkers, as it may help to identify potentially high-risk situations and develop specific management plans. The role of victim behaviors is likely to vary depending on the stalker’s motivation, psychiatric status, and other idiographic variables, and being able to fine-tune advice to reflect these differences could greatly enhance frontline management of stalking. This research could be conducted prospectively from either a victim or stalker perspective through the use of diaries and daily stalking behavior checklists.

Screening Tools

The introduction of the SRP in forensic mental health settings has highlighted the need for the more widespread use of guided clinical approaches to stalker assessments. However, because of its comprehensive format and the technical expertise required for its administration, the SRP is best suited to clinical settings. Similar limitations have been recognized with the SARA (Kropp *et al.*, 1995), an established set of structured guidelines for the assessment of spousal violence risk by police and other criminal justice professionals (Belfrage & Strand, 2008). These limitations prompted the development of the Brief Spousal Assault Form for the Evaluation of Risk (B-SAFER; Kropp, Hart & Belfrage, 2005).

In the stalking field, a number of screening tools are being developed, trialed and validated. Groenen and Vervaeke (2009) describe recent research in which characteristics of stalking cases were gleaned from 204 police files and used to construct a risk model for police to help them detect stalking cases likely to lead to physical violence. Interestingly this model showed that it was an interaction of relationship status (ex-intimate) and behavior (threats or substance misuse) that best predicted violence, along with other risk factors such as prior violence and vandalism. In England and Wales a risk identification and assessment checklist has been introduced for police services, including first response staff, and a range of partner agencies across the United Kingdom. The *Domestic Abuse, Stalking and Harassment and Honour Based Violence* (DASH) is a screening tool developed at the request of UK police services for the identification and evaluation of risk. The stalking-specific version of the DASH, the S-DASH (Sheridan, Roberts, & Richards, 2009) is currently being trialed in a UK police service. Recent research has developed a similar actuarially derived tool specific to Italy (De Fazio, Merzagora, Sheridan & Sgarbi, 2010), while in Australia a rationally derived screening tool is being developed in collaboration with Swedish researchers (*Stalking Assessment Screen*; McEwan, Strand & MacKenzie, unpublished).

In the court liaison setting in Brisbane, Australia, court liaison clinicians routinely assess all individuals in police custody who have engaged in stalking behaviors. The environmental and time constraints in that setting prevent a comprehensive SRP assessment, which led to the development of a preliminary screening version of the SRP. The SRP-CLASS (*Court Liaison Assessment Screen for Stalkers*; Pathé, Phillips, MacKenzie & McEwan, unpublished) is currently being piloted and validation studies are planned pending ethics approval. It assesses the relevant stalker type according to two domains of risk: violence and persistence or (if the stalking has stopped) recurrence. The SRP-CLASS enables the court liaison clinician to make risk determinations that guide immediate management and referral decisions, and identifies those who warrant assessment with the full SRP. The SRP-CLASS recognizes the high rate of mental disorders in stalker populations and the potential for many stalkers to first present in the courts rather than in mental health settings (McEwan et al., 2009; Mohandie et al., 2006). It aims to improve the quality and reliability of stalker screening in the criminal justice system by providing structure and an evidence base to the assessments undertaken by court liaison clinicians.

The SRP-FAST (*Fixated Assessment Screening Tool*; Pathé, Phillips & James, unpublished) was similarly developed for the Fixated Threat Assessment Centre (FTAC) in the UK (James, et al., 2010) to screen individuals who have engaged in inappropriate communications or approaches towards prominent figures. The SRP-FAST is a screening adaptation of the Public Figure section of the SRP and, like the SRP-CLASS, is computerized. The SRP-FAST enables FTAC case workers to select the relevant public figure harasser or stalker type (via a decision tree) and separately evaluate risks for that type according to the following domains: violence, persistence, escalation and disruption. Identified risk factors then become targets for management. Given their efficiency and ease of use, computer-based risk assessment screening tools such as the SRP-CLASS and SRP-FAST may be preferable as a preliminary screening approach for specialist threat assessment services, prior to the more time-consuming administration of the SRP.

Protective Factors

Protective factors, those environmental or personal factors that protect the individual against the effect of various stressors and thus prevent him/her from developing deviant behavior (Lösel & Bliesener, 1990), are under-studied in adult violence risk assessment. While some risk assessment tools, such as the VRS (Wong & Gordon, 1999–2003), START (Webster, Martin, Brink, Nicholls, & Middleton, 2004) and the Level of Service/Case Management Inventory (LS/CMI, Andrews, Bonta, & Wormwith, 2004) explicitly make reference to protective factors, the majority do not. Most evidence about the positive role of protective factors comes from the juvenile violence literature, where a number of studies have now shown that the six protective factors included in the Structured Assessment of Violence Risk in Youth (SAVRY: Borum, Bartel, & Forth, 2006) predict desistance from re-offending, add incremental value to risk assessments and are important in clinical judgments (Rennie & Dolan, 2010). Even individuals with long histories of violence are not violent the majority of the time, and including protective factors in risk assessment tools ensures that clinicians attend to these aspects of their history (Heilbrun, 2009). The failure to assess protective factors and report them in a routine and consistent manner may lead to skewed and overly negative risk judgments. This is as true in the nascent field of stalking risk assessment as in the more developed general violence risk assessment literature. In both realms, research is needed to both identify important protective factors, and establish how these factors work in relation to and independent of relevant risk factors for violence, persistence and recurrence (Ryba, 2008).

CONCLUSION

The recognition of stalking as a social problem and criminal offence with the potential to disrupt and devastate lives has encouraged a greater focus on methods of risk assessment and interventions aimed at alleviating that risk. Professionals in health and justice spheres who deal with stalking cases must consider not only the stalker's primary motivation and the potential for future violence, but also the risk that the stalking will continue, or that it will recur, and the risk that the stalking will inflict continuing damage on everyday lives and mental health. Stalking victims who seek professional advice are similarly concerned with the risk that their stalker will escalate to violence, that the intrusions will persist, that the stalking behaviors – if they have ceased – will recommence, and with the likelihood that they will experience an adverse psychosocial outcome. In addition to these multiple risk domains, there are differing motivations and contexts for stalking and any risk assessment must encompass these multidimensional aspects.

The development of the SRP and the SAM recognizes the specific nature of risks in stalking and provides some assistance to professionals dealing with stalking situations. Unlike existing violence risk assessment tools, the SRP recognizes the multifaceted nature of stalking risk and the differences that motivation brings to risk within each domain. It draws upon an expanding body of research to guide evidence-based risk determinations and risk reduction strategies. The critical role played by the victim in stalking situations and the needs and concerns of past, present and potential targets has prompted current work on a victim supplement to the SRP which employs evidence-

based risk factors to advise and treat stalking victims. Briefer screening versions of the SRP have recently been developed for use in court liaison and public figure threat assessment contexts.

Stalking risk assessment is in its infancy and much research is needed to validate risk factors for different types of risk and different types of stalker, to investigate the roles of victim behaviors and protective factors, and to identify more dynamic risk factors associated with increased risk state. The development and use of structured assessment tools such as the SRP and the SAM will help to guide this research and indicate where existing practice must be modified. The next hurdle for the stalking risk assessment field is to show that the risk judgments based on either tool are valid in prospective trials, and that changes in risk judgments are associated with reduced offending behavior. This research would be enhanced by conducting multi-site international trials – both as a way of increasing participant numbers in this relatively small field, and to allow for examination of cross-cultural differences in stalking behavior.

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DECLARATION OF INTEREST

Dr McEwan, and Prof. Ogloff are part owners of the *Stalking Risk Profile*.

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