

Collaborative Social Work Practices in Multi-Service Female Juvenile Rehabilitation: A Case Study of ATENSI Implementation in Indonesia

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ABSTRACT

This study investigates collaborative social work practices in the context of female juvenile rehabilitation in Indonesia, focusing on the operationalization of the ATENSI (Social Rehabilitation Assistance) framework. Triggered by the increasing vulnerability of adolescent girls, the research explores how integrated, multi-stakeholder, and trauma-informed approaches can enhance institutional care. While ATENSI offers a policy-level shift toward inclusive and holistic service delivery, its implementation in gender-specific settings remains underexplored. Using a mixed-methods sequential explanatory design, the study combines survey data from 75 social workers with qualitative insights from interviews, focus group discussions, and field observations at two major rehabilitation centers. Findings reveal strong internal collaboration, particularly between social workers and psychologists, but limited integration of vocational trainers and external stakeholders, such as NGOs and local governments. Barriers include digital inequities, absence of trauma-informed SOPs, role ambiguity, and sociocultural taboos related to female trauma. The study contributes both empirical and conceptual advancements to global social work discourse. Empirically, it maps gender-responsive collaboration dynamics in a rarely studied Global South context. Conceptually, it introduces the ATENSI Gender-Responsive Collaborative Framework—an integrative model synthesizing collaborative governance, networked social work, and trauma-informed gender-sensitive practice. This research addresses a critical knowledge gap by offering a scalable, context-adaptive model for institutional rehabilitation systems dealing with compounded vulnerabilities in adolescent girls. Its findings are relevant for international audiences seeking to strengthen collaborative practices in gender-responsive care, particularly in resource-constrained settings.

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1. INTRODUCTION

Over the past few years, growing social inequalities have not only enlarged the

number of vulnerable groups, but have also heightened the layers of vulnerability faced by female juveniles. Between 2019 and 2022,

the number of individuals categorized as People Needing Social Welfare Services (PPKS) in Indonesia surged from 75 million to over 142 million [1]. Among the most critically affected were female juveniles, who faced heightened exposure to gender-based violence, child marriage, sexual exploitation, and abandonment. Their institutional rehabilitation requires services that are not only multidisciplinary but also gender-responsive and trauma-informed.

Recognizing the complexity of these needs, the Indonesian Ministry of Social Affairs launched the Social Rehabilitation Assistance (ATENSI) model in 2021. ATENSI replaced traditional single-service frameworks with an integrated approach that promotes holistic care through family-, community-, and residential-based interventions. These include psychological therapy, spiritual and physical health support, life skills education, and vocational training. ATENSI also emphasizes inclusivity and a rights-based approach in service delivery, acknowledging that structural inequalities—such as gender disparities—must be addressed through collaborative and customized care pathways (Minister of Social Affairs Regulation Number 7/2021).

However, while ATENSI provides a promising structural foundation, its practical implementation in rehabilitation centers—particularly for female juveniles—faces serious challenges. Interventions must address not only behavioral or legal issues but also trauma from gender-specific abuse and stigmatization. This calls for more than co-located services; it demands highly coordinated collaboration among social workers, psychologists, medical personnel, vocational trainers, and external institutions such as NGOs, local governments, and women's advocacy groups.

Global literature highlights that collaborative social work is essential in contexts of complex, intersectional vulnerability. It entails partnership-based approaches across professional and institutional boundaries with shared goals and accountability [2], [3]. Petruzzi et al. (2024) categorizes collaboration into internal,

interdisciplinary, and network-based dimensions, all of which are crucial for effective responses in gender-sensitive juvenile rehabilitation. Each layer of collaboration supports different aspects of care—from trauma counseling to reintegration into safe community environments.

Despite the conceptual appeal, such collaboration is often hindered by the lack of Standard Operating Procedures (SOPs), minimal cross-sectoral training, and rigid institutional hierarchies [5], [6]. Gender biases, insufficient awareness of trauma-informed practices, and the exclusion of gender-based organizations in formal coordination mechanisms further compound these challenges. Moreover, without digital infrastructure that supports real-time communication and documentation, cross-institutional efforts become fragmented.

In the Indonesian context, recent studies suggest that although social workers and psychologists collaborate regularly, vocational trainers and nurses remain under-integrated in case planning for female clients [7], [8]. Moreover, collaboration with external stakeholders—especially NGOs focusing on women and children—remains inconsistent and informal. These gaps have severe implications for female juvenile rehabilitation, where neglect of gender-specific needs can lead to re-traumatization, disengagement from services, or unsuccessful reintegration.

Against this backdrop, the current study seeks to investigate collaborative social work practices within two female juvenile rehabilitation centers in Indonesia—Handayani in Jakarta and Antasena in Magelang—under the ATENSI model. Specifically, it explores how gender-responsive collaboration is structured and implemented among internal professionals and external stakeholders. The research applies a mixed-methods design, combining survey data with thematic insights from interviews and focus group discussions.

The study's novelty lies in its empirical and conceptual contributions to gender-specific collaborative social work.

Empirically, it maps the degree and quality of collaboration in female-centered ATENSI implementation—an area rarely addressed in existing Indonesian or international research. Conceptually, the study introduces the ATENSI Gender-Responsive Collaborative Framework, a model that synthesizes collaborative governance, networked social work, and trauma-informed gender-sensitive practice. This framework aims to be scalable and adaptable to various contexts where young women face compounded social vulnerabilities.

The research responds to a critical knowledge gap in both policy and academic domains. Despite the prominence of collaborative approaches in global social work discourse, few studies analyze how such approaches function when applied to female juvenile rehabilitation in resource-constrained environments. By aligning ATENSI implementation with recent global theories of collaborative governance and networked care [9], [10], this study offers practical and theoretical insights with relevance not only for Indonesia but also for the broader Global South.

2. LITERATURE REVIEW

The evolving nature of social challenges has amplified the demand for integrated and multi-stakeholder responses. This necessity has elevated collaborative social work as a strategic imperative, particularly in juvenile rehabilitation. Indonesia's ATENSI policy model, shifting from a single-service to a multi-service paradigm, aligns with broader global movements emphasizing collaborative governance to enhance service effectiveness and contextual responsiveness [3].

Collaborative social work is defined not merely by inter-professional cooperation but by strategic alignment across actors, goals, and systems. Literature identifies seven key elements underpinning effective collaboration: cooperation, assertiveness, autonomy, responsibility, communication, coordination, and mutual trust [2]. These elements manifest differently across internal

(intra-organizational), interdisciplinary (cross-professional), and inter-organizational (network-based) collaboration.

2.1 Gender-Responsive Social Work and Trauma-Informed Practice

According to Recent research underscores the necessity of gender-responsive frameworks in juvenile rehabilitation, particularly for adolescent girls who often experience intersectional forms of vulnerability, including sexual violence, familial abandonment, and reproductive health risks [11]. Gender-responsive social work recognizes these distinct needs and advocates for trauma-informed approaches that integrate psychological, physical, and emotional healing in service provision [12]. Within this framework, collaboration across psychological, medical, and social domains becomes vital to respond comprehensively to gender-specific trauma.

Trauma-informed juvenile justice emphasizes safety, trust, peer support, and empowerment as guiding principles for practice. In female juvenile rehabilitation, this entails building institutional cultures that validate survivors' experiences and offer supportive services tailored to their identities and histories [13]. This approach is inherently collaborative, requiring continuous coordination among professionals with diverse expertise and ethical perspectives [14].

Intersectionality theory further deepens this understanding by illuminating how overlapping identities—such as gender, age,

socioeconomic status, and family structure—shape how girls experience both deviance and rehabilitation [15]. Literature on intersectional social work stresses that interventions must account for these layered contexts through multidisciplinary and culturally competent collaboration.

2.2 *Differences in Rehabilitation Needs Between Boys and Girls*

Studies have consistently highlighted that male and female juveniles differ significantly in pathways to institutionalization, psychological profiles, and reintegration challenges [16]. Male juveniles often enter the system due to violent or delinquent behavior, while female juveniles are more likely to be institutionalized following histories of trauma, abuse, or exploitation.

As a result, rehabilitation services for girls require higher sensitivity to trauma, emotional regulation, body autonomy, and relationship building. While boys may benefit more from behavior modification models, girls often require supportive spaces that foster healing, trust, and empowerment. The one-size-fits-all approach of traditional rehabilitation is therefore insufficient in meeting gender-specific recovery trajectories [11].

2.3 *Integrated Collaboration Models in Female Juvenile Rehabilitation: Internal, Cross-Disciplinary, External, and Digital Dimensions*

Integrated collaboration is essential to the success of gender-responsive rehabilitation for female juveniles, as outlined in the ATENSI framework. Collaboration must occur across

multiple dimensions: internal institutional teams, interdisciplinary professional roles, external networks, and digital infrastructure. Each layer plays a distinct yet interconnected role in addressing the complex vulnerabilities experienced by adolescent girls.

Internal collaboration among social workers, psychologists, nurses, and vocational trainers forms the foundational layer of service integration. Social workers and psychologists collaborate most consistently, particularly in trauma assessment and counseling related to sexual abuse, emotional instability, and self-harm [7], [17]. However, vocational trainers and nurses are often underutilized in case planning, relegated to support functions rather than being active partners. This siloed approach undermines the holistic and empowering goals of ATENSI. Incorporating vocational trainers—who offer gender-relevant skills such as tailoring or digital entrepreneurship—could strengthen client autonomy and social reintegration [18].

Interdisciplinary and cross-functional collaboration is another crucial pillar. Female juveniles require not only trauma-informed care but also services that address reproductive health, body autonomy, and socio-emotional development [11], [19]. Shared decision-making and role clarity among professionals are often absent, particularly in contexts where gender norms obscure service mandates. This results in role ambiguity and missed

opportunities to address critical needs like menstruation management or pregnancy counseling [20].

External and network-based collaboration expands service capacity by connecting rehabilitation centers to NGOs, local governments, and community organizations. Ideally, these partners contribute to legal support, resource mobilization, reintegration, and post-discharge monitoring [9], [21]. In practice, however, engagement with external actors is inconsistent, especially with NGOs specializing in women's issues. Barriers include lack of MoUs, mistrust, and limited inter-agency coordination mechanisms [22]–[24]. Formalizing partnerships and integrating external stakeholders into structured case conferences could strengthen the reintegration ecosystem and ensure continuity of care beyond institutional settings.

Barriers to collaboration include insufficient trauma-informed SOPs, geographic dispersion, and underdeveloped infrastructure [13], [25], [26]. Cultural taboos surrounding female sexuality further inhibit open discussions and discourage community-based actors from full participation. These constraints result in discretionary and inconsistent practices that compromise care quality.

Digitalization emerges as a powerful enabler of collaboration. Centers like Handayani use digital case management platforms to share notes, track referrals, and document trauma histories. These tools enhance real-time

coordination and transparency [6], [10]. However, regional disparities in infrastructure and training limit uptake in other centers, such as Antasena [27].

Finally, an integrated collaboration model must weave together internal cohesion, interdisciplinary synergy, external partnerships, and digital tools—all grounded in gender-sensitive and trauma-informed principles. The ATENSI Gender-Responsive Collaborative Framework reflects this synthesis and offers a scalable blueprint for empowering female juveniles in rehabilitation contexts.

2.4 Towards a Conceptual Framework: Integrating Collaborative Governance and Networked Social Work

To advance both empirical analysis and theoretical development, this study integrates principles from collaborative governance and networked social work frameworks (2022–2024). Collaborative governance emphasizes inclusive, consensus-oriented, and cross-sectoral decision-making mechanisms [9], [10]. Networked social work situates practitioners within interdependent systems of care, highlighting shared accountability, adaptive learning, and collective agency [28], [29].

By aligning ATENSI practices with these global paradigms, the study positions itself to propose a novel conceptual model—"ATENSI Gender-Responsive Collaborative Framework"—which integrates internal, cross-professional, and inter-

institutional collaboration supported by digital platforms and guided by trauma-informed, intersectional, and gender-sensitive principles. This framework serves both as an analytical lens for this study and as a transferable model for policy and practice across diverse contexts.

3. METHODS

This study employs a mixed-methods sequential explanatory design to investigate collaborative social work practices in female juvenile rehabilitation services, focusing on the implementation of the ATENSI model in two state-run rehabilitation centers: Handayani in Jakarta and Antasena in Magelang. The use of a gender-specific lens in both the design and analysis phases ensures that the study addresses the unique vulnerabilities and service needs of female juvenile clients.

3.1 Research Design

The research design is structured in two stages. The first stage involves quantitative data collection and analysis through a descriptive survey targeting all social workers in the selected centers. The second stage comprises qualitative data gathering via interviews, focus group discussions (FGDs), and direct observation, aimed at deepening the interpretation of quantitative findings. This design is especially relevant in capturing the nuanced dynamics of gender-responsive collaboration, which may not be fully reflected in numeric data alone.

3.2 Sampling and Participants

The study population consists of 75 social workers affiliated with the two rehabilitation centers. A saturated sampling method (census) was used for the survey, encompassing all social workers involved in juvenile rehabilitation. For qualitative inquiry, purposive sampling identified 10 female-focused social workers with extensive

field experience in handling female juvenile cases. The selection ensured representation across roles (case managers, therapists, and field workers) and length of service.

3.3 Data Collection Techniques

3.3.1 Questionnaire

A structured questionnaire was distributed to all 75 respondents. It comprised closed-ended items based on a 5-point Likert scale, assessing the frequency and quality of collaboration across various actors—social workers, psychologists, nurses, vocational instructors, and external partners. Specific items were modified to reflect gender-sensitive indicators, such as coordination in trauma-informed care, reproductive health education, and reintegration planning for female juveniles.

3.3.2 Focus Group Discussions (FGDs)

Two FGDs were conducted—one at Handayani and one at Antasena—with 10 participants each, including social workers and program coordinators. FGDs explored practices and challenges in multi-professional collaboration, especially in dealing with gender-based trauma, sexual abuse cases, and reintegration of female clients into communities with patriarchal norms.

3.3.3 Interviews

In-depth interviews were conducted with six key informants (three from each center), selected for their direct involvement in case management of female juveniles. Semi-structured interview guides included prompts on inter-agency collaboration for gender-specific needs, cross-sectoral coordination with women-focused NGOs, and institutional support mechanisms for vulnerable girls.

3.3.4 Observation

Direct observation was conducted at both rehabilitation centers, focusing on how gender-sensitive services were delivered and how professionals from different disciplines coordinated care. Field notes captured

routines, interprofessional meetings, and case conferences specific to female clients.

3.3.5 Documentation Review

Relevant documentation was reviewed, including rehabilitation case records of female clients, institutional SOPs, MoUs with external partners, digital case management logs, and program reports. This review helped triangulate findings and assess how gender considerations are institutionalized within collaborative processes.

3.4 Data Analysis Techniques

Quantitative data were analyzed using descriptive statistics via SPSS version 22. The intensity of collaboration was categorized based on score percentage: High ($\geq 70\%$), Moderate (50–69%), and Low ($< 50\%$). Reliability testing yielded a Cronbach's Alpha of 0.864, indicating strong internal consistency. Content validity was established through expert judgment, based on frameworks by [2], [3].

Qualitative data were processed using thematic analysis, with coding conducted manually across transcripts and observation notes. Key themes were derived inductively, focusing on gender-specific collaboration patterns. These included shared trauma case handling, reproductive rights integration, role ambiguity in female-sensitive interventions, and cross-agency trust issues.

3.5 Ethical Considerations

Given the sensitivity of working with minors and gender-based trauma, ethical safeguards were prioritized. Informed consent was obtained from all participants, including written consent from social workers

and institutional approval from the rehabilitation centers. Anonymity was maintained through pseudonymization of names and organizations. Confidentiality protocols were applied in data storage and reporting, especially for qualitative narratives involving abuse or sensitive client histories.

Additional ethical attention was given to the emotional safety of interviewees working on traumatic cases involving female juveniles. Participants were informed of their right to withdraw at any point and offered psychological support if needed. These safeguards align with ethical standards in gender-based violence (GBV) research and adolescent social work studies.

This rigorous methodological design ensures both validity and depth, enabling a comprehensive understanding of how gender-sensitive collaboration is implemented and institutionalized within the ATENSI framework. It also ensures that the study can yield actionable insights for improving interdisciplinary and inter-organizational practices in female juvenile rehabilitation.

4. RESULTS AND DISCUSSION

4.1 Internal Collaboration

Quantitative data reveal that internal collaboration among professionals shows varying levels of strength, with social workers and psychologists demonstrating the highest collaboration rate at 85% and 75%, followed by moderate levels with nurses (65%) and low levels with vocational trainers (45%). Notably, collaboration among social workers themselves remains consistently strong, as they often co-manage complex gender-based trauma cases.

Table 1. Internal Collaboration Levels

No.	Collaboration Partner	Percentage (%)	Category
1	Social Workers	85.0	High
2	Psychologists	75.0	High
3	Nurses	65.0	Moderate
4	Vocational Trainers	45.0	Low

In-depth interviews emphasized that collaboration with psychologists is crucial for handling trauma cases involving sexual abuse, self-harm, and emotional withdrawal. Informants noted that shared case reviews and trauma assessment sessions foster a culture of trust and psychological safety, especially for adolescent girls who may not easily disclose abuse histories.

"When we collaborate with psychologists, we develop a deeper understanding of what our female clients need—especially when it comes to trauma triggers and emotional regulation," stated one senior social worker in Jakarta.

Collaboration with nurses was mostly task-based and reactive, such as responding to menstrual hygiene needs or injuries. Structured integration was lacking, with nurses not always involved in case planning. Meanwhile, vocational trainers were often

sidelined, seen more as 'skill providers' than integral rehabilitation actors. However, several female clients expressed interest in gender-specific vocational pathways such as tailoring, beauty care, and digital marketing, suggesting missed opportunities for more collaborative program development.

4.2 External Collaboration

External collaboration with government agencies and NGOs showed mixed results. Collaboration with city and district government bodies reached 70%, often centered on documentation, legal processing, and referral support. Collaboration with village or sub-district governments scored lower at 60%, attributed to limited awareness of gender-specific reintegration needs and weak outreach networks.

Table 2. External Collaboration Levels

No.	External Partner	Percentage (%)	Category
1	District/City Government	70.0	Moderate
2	Village/Subdistrict Gov.	60.0	Moderate
3	NGOs/LKS	40.0	Low

Partnerships with NGOs—particularly those focused on gender-based violence, trafficking, or female youth empowerment—were significantly underdeveloped, with only 40% of respondents citing active engagement. Qualitative data revealed that social workers often lacked access to updated NGO directories or contacts, and that existing MoUs did not clearly outline roles in trauma recovery or long-term community reintegration for girls.

"We have very few NGOs in our coordination network that actually specialize in female juvenile support. Most of them work broadly on children or women in general," noted a rehabilitation officer in Magelang.

4.3 Barriers to Collaboration

The most salient barrier was the **absence of trauma-informed SOPs** that define workflows for gender-specific cases.

Without clear interprofessional protocols, decision-making often becomes discretionary and inconsistent. Respondents also identified **role ambiguity**, particularly in cases involving reproductive health counseling or sexual violence recovery, where overlapping responsibilities created confusion or inaction.

Digital inequality was another challenge, particularly at the Antasena Center, where limited internet access constrained real-time coordination and documentation. In contrast, Handayani benefitted from digital platforms that enabled collaborative case notes, rapid communication, and referral tracking.

Cultural taboos around female sexuality and violence also emerged as barriers. Some community-based actors were reluctant to discuss topics such as pregnancy out of wedlock, STDs, or sexual trauma—resulting in superficial referrals or passive disengagement.

4.4 Positive Outcomes of Collaboration

Where collaboration was structured and intentional, outcomes improved significantly. At Handayani, interdisciplinary teams co-developed personalized care plans for each female client, integrating psychological counseling, medical checkups, and vocational training. Social workers noted higher engagement levels and faster emotional stabilization among girls receiving holistic interventions.

Additionally, collaboration with psychologists facilitated the introduction of group therapy sessions on body autonomy, consent, and emotional expression—topics often overlooked in male-centric rehabilitation models.

From the FGDs, it was also found that collaborative practices fostered mutual learning and professional empathy:

"I used to think vocational trainers just taught sewing, but after working with them in team planning, I realized they also mentor girls

and help rebuild their self-worth," shared one psychologist.

4.5 Digitalization Support

Digital platforms significantly influenced the quality of collaboration. In Jakarta, 68% of social workers reported that shared online documentation tools improved coordination. These tools enabled multi-user case files, encrypted chat features, and collaborative decision logs—creating transparency and accountability in service delivery.

In contrast, only 43% of staff at the Magelang site reported routine digital use, citing poor connectivity and lack of training. As a result, coordination was slower and more dependent on manual file transfers or delayed meetings.

The Jakarta team also developed a gender-sensitive digital intake form, allowing early identification of trauma history, menstrual health needs, and safety concerns. This innovation facilitated better matching of services and quicker referrals to female-focused organizations.

Summary Visualization

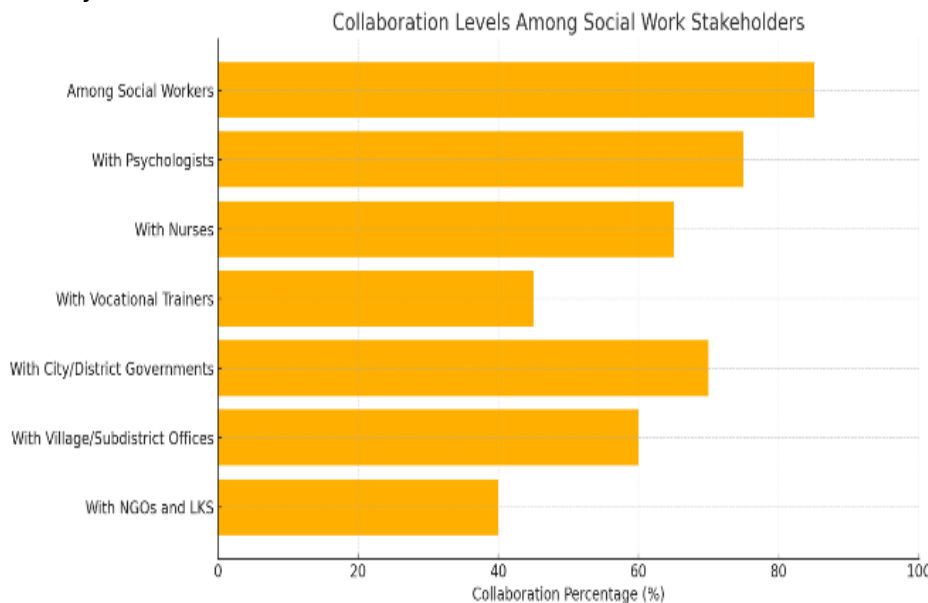


Figure 1. Collaboration Levels Between Social Workers and Internal-External Partners

A revised collaboration chart (Figure 2) demonstrates the distribution of internal and external collaboration levels across female rehabilitation services. The trend

confirms that internal collaboration is stronger and more functional than external engagement, particularly with NGOs and village-level governance. This highlights the

need for targeted efforts to integrate external actors into gender-responsive rehabilitation ecosystems.

The findings underscore a critical gap between the structural intent of ATENSI and its operationalization in gender-specific contexts. Addressing these gaps requires institutional commitment to trauma-informed protocols, gender-capable partnerships, and digital equity to ensure female juveniles receive comprehensive and respectful care.

5. CONCLUSION

This study concludes that the use of social capital by the people of Sukarame Village contributes significantly to the development of the village community. Social capital bonding can be seen in the strong relationships of family, neighborliness, intimacy, recitation, *piti*, mutual cooperation, and social support between citizens. The bond creates mutual trust, solidarity, and local relief mechanisms. Bridging social capital is seen in the ability of citizens to build economic networks with customers, suppliers, business actors outside the village, and a wider market network. Through bridging, residents can develop embroidery, sequins, land fisheries, car cars, *tofu-tempeh*, livestock, furniture, and various other productive activities. Synergy or linking social capital can be seen in the relationship between residents and local institutions with village governments, technical offices, financial institutions, and development programs.

The social capital of the people of Sukarame Village is also strengthened by social institutions such as LPM, TP PKK, RT/RW, Karang Taruna, Posyandu, DKM, taklim council, farmer groups, breeder groups, BKM, and KSM. The institution becomes a channel for participation, communication, social support, citizen organization, and program implementation. Social support from families, neighbors, local leaders, village institutions, and government programs helps residents face social problems and develop economic businesses. Overall, social capital has driven local initiatives, non-

governmental organizations, social solidarity, expansion of employment opportunities, and strengthening socioeconomic well-being.

Based on these findings, there are several recommendations. First, village governments and local governments need to conduct social capital mapping before designing empowerment programs, so that programs do not ignore local powers. Second, social assistance and economic empowerment programs need to involve local institutions and informal figures that are trusted by residents to be more targeted and participatory. Third, rural micro business actors need to receive training in business management, financial administration, digital marketing, product quality, licensing, and access to financing. Fourth, financial institutions need to develop a more friendly financing scheme for micro enterprises based on social reputation and business groups. Fifth, community social workers need to be present as facilitators who connect residents with the source system, strengthen local groups, and maintain bonding, bridging, and synergy to develop inclusively. Sixth, further research needs to be carried out with a wider scope and a mixed approach so that the strength of social capital can be measured and understood in depth.

Theoretically, this research reinforces the understanding that social capital will provide optimal benefits when bonding, bridging, and synergy develop in a balanced manner. Bonding provides a basis for solidarity, bridging opens up access to the exit, and synergy connects communities with formal source systems. If one of the dimensions is weak, the development of society can be hampered. Strong bonding without bridging can give birth to exclusivity; unbonding bridging can weaken local cohesion; Meanwhile, synergy without citizen participation can make the program administrative and less sustainable.

Practically, Sukarame Village provides a lesson that village development must respect local initiatives. Government programs should not only distribute aid, but strengthen citizens' capacity to manage networks, develop businesses, and build

accountable institutions. Thus, social capital can be the foundation of village development that not only increases income, but also strengthens solidarity, trust, participation, and sustainability of community welfare.

The last recommendation is the need to update the socio-economic data of Sukarame Village periodically. The up-to-date data will help village governments and








program facilitators determine priorities, avoid mistargets, and measure the development of social capital over time. Data updates are also important to see if local business patterns, social networks, and institutions are still persisting or have changed due to technological developments, migration, and market dynamics.

















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