

IN THE CROWN COURT AT PORTSMOUTH

THE KING

v

ROBERT KEATING

SENTENCING REMARKS

Introduction

1. Robert Keating (RK) you are now 40 years old. On 14 May 2025 you were convicted by the jury of the following offences:

Count 1

STATEMENT OF OFFENCE

STALKING, contrary to section 4A(1)(a)(b)(ii) and (5) of the Protection from Harassment Act 1997.

PARTICULARS OF OFFENCE

ROB KEATING between the 1st day of June 2022 and the 31st day of March 2023, pursued a course of conduct, namely sent multiple video messages and emails which included sexual or sexually violent content including threats of kidnap and assault; posted multiple social media posts; and travelled to Bali which amounted to stalking causing Alexandra Saper serious alarm or distress, which had a substantial adverse effect on her usual day-to-day activities, when he knew or ought to have known that his course of conduct would cause alarm or distress.

Count 2

STATEMENT OF OFFENCE

STALKING, contrary to section 4A(1)(a)(b)(ii) and (5) of the Protection from Harassment Act 1997

PARTICULARS OF OFFENCE

ROB KEATING, between the 21st day of September 2024 and the 15th day of November 2024, pursued a course of conduct, namely sent messages and emails, and posted a social media post referencing flights to Bali, which amounted to stalking causing Alexandra Saper serious alarm or distress, which had a substantial adverse effect on her usual day-to-day activities when he knew or ought to have known that his course of conduct would cause alarm or distress.

OUTLINE OF THE FACTS

2. The victim in this case is Alexandra Saper who in the time span covered by the indictment, June 2022 to November 2024 was working as a photographer and a social media travel influencer, with a large Instagram following of over 100,000 people, on her 'Wayfaress' blog. During this period she was primarily based in Bali, Indonesia.
3. In 2022 and 2023 RK was living in Hampshire. He too regularly posted on social media and YouTube, under his own name, as well as under the names, 'the self-discovery show', 'human change project' and the 'change machine', which he called a reinvention service, and he also had followers.
4. RK and AS had never met, nor spoken to one another, but in 2022 RK became one of her followers.

Count 1

5. Having made contact in a way which AS described as "weird or creepy", RK then continued to contact her with multiple emails a day. Towards the end of 2022, the emails became more intense, described by AS as sexual in nature, aggressive and obsessive. RK was speaking to her as though they were in a relationship, and that he was in love with her, and that she was in love with him. AS did not respond to him, continuing to hope it would go away.
6. At the end of 2022 there was a particularly sinister development when RK sent her an email in which he said that he was in love with her, and wanted to be with her, and he would do whatever it takes to make that happen, and he added 'if that involves kidnapping then so be it'. He told AS that he was going to quit his traffic job, and he would come and find her. He started talking about specific

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flights and the visa he was going to get, and unsurprisingly AS became increasingly alarmed.

7. In a further highly sinister development, RK sent AS a picture of a person in a suitcase and told her he was going to kidnap her. Emails, she said, would start with the words, 'the Spartan queen kidnapping show'. RK then sent her a screen shot of a one-way ticket to Bali, and he told her he had quit his job and was coming, as he said he would.
8. During 2022 RK continued to send AS messages which contained explicit sexually violent threats towards her.
9. On 6 January 2023 RK sent a message which said:

“...things you are going to need in 2023, number 1 the obvious, kidnap insurance specifically against white British men who keep sending you messages. That’s one of them because either way you are getting ‘relationshipped’ or kidnapped, one of those two things is going to happen’. He said, ‘I’ll see you when you either agree to meet me, or I’ve actually got a suitcase here that you can fit in. I’ll see you in my suitcase, okay, be warned’. In the email, he attached a picture of someone inside a suitcase.
10. In January 2023 RK again referred explicitly to coming to Bali to kidnap AS. In video message, he said today on the Spartan Queen kidnap show, I’m trying some different disguises so as to pull off this kidnap and no one will know who it was’. He said his Spartan Queen was getting kidnapped, and was going to be put in the suitcase, and ‘your King is coming for you; coming to get his queen as soon as possible’.
11. On 28 January 2023 RK flew to Bali, and in a message told AS “you’re never getting rid of me”. AS was terrified and went into hiding. AS reported RK’s stalking and threats to the local police and to the police in the UK.
12. RK left Bali on 6 March 2023 and was arrested at Gatwick Airport. When interviewed by the police he described the process as feeling ‘wild’ and out of control. He denied being sexually attracted to her, but said she had shown an interest in him, and he believed there ‘could be something there’. This was all an entire invention on his part. AS had never shown the slightest interest in him and they had never met.

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13. RK released as a person under investigation.

COUNT 2

14. Despite being under police investigation, RK continued to contact AS. On 14 November 2024 he posted a screenshot with flights to Bali from London with the caption 'Round Two'. AS was terrified by his continued stalking conduct.
15. RK was arrested again on 15 November 2023. He was further interviewed said his human rights were being violated. He said the police were trying to set him up and had sent the emails.
16. At his trial RK persisted in his account that AS had sought contact with him and denied any acts of stalking. His account was rejected by the jury.
17. You were convicted of stalking on both counts on the clearest evidence possible. Your messages contained explicit threats to kidnap AS and implicit threats to rape her and murder her, concealing her body in a suitcase. You terrified AS over a period of seventeen months, between June 2022 and November 2024.

VICTIM PERSONAL STATEMENT

18. The devastating effect that your stalking conduct has had on AS is set out in her Victim Personal Statement and read by her to the court on an earlier occasion.
19. AS has said:

"I never thought I would find myself in a courtroom like this. I never imagined that a man I had never met — a total stranger — would fixate on me, stalk me across continents, threaten to kidnap, rape, and physically harm me, and derail my life for years.

And I especially never imagined how hard it would be to simply be believed. For years, I built a social media and travel brand from nothing — a positive space where women could feel empowered and safe in the world. I encouraged women to travel, to do it solo, to run after their dreams and trust in the goodness of the world despite often being taught to be afraid.

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I lived and worked according to those beliefs, until they were shattered by a stranger who found me online.

I hardly remember his first message on Instagram. I blocked him, as I had done with other strange men before. But unlike every other person who understood “leave me alone,” Rob refused to stop.

He found my work email and began sending as many as ten emails a day. He created new secret accounts I couldn’t trace or block. He began following my friends online to get information about me and my whereabouts, sending them messages pretending to be a friend of mine. He mentioned knowing where my parents lived.

I hoped ignoring him would make him stop. Instead, he became more obsessed, more sexually explicit, and more aggressive.

Then came the threats. He said he would do whatever it took to “be with me” — including kidnapping. He told me he was quitting his job, getting a visa to Indonesia, and flying to Bali to find me.

And then I opened the Google Drive link he had sent me multiple times but I’d ignored.

Inside were about 30 videos — totalling over an hour — describing in explicit detail what he would do to me when he found me: tying me up, forcing me to have sex with him, sticking his penis inside me, making me scream and hurt, “punishing me,” putting his fingers inside me, ejaculating on my body.

He described kidnapping me, wearing disguises when he arrived in Bali, and shoving me into a suitcase because, as he said, at 5’1” I would fit inside. He described restraining me with rope, and seducing or kidnapping other women that he would rape while forcing me to watch. This, he said, would be my punishment for ignoring him and would convince me to agree to a relationship.

As I read these words today, it makes me sick. I feel embarrassed, and ashamed to say them out loud. I know I shouldn’t be the one who feels these things, but I do, because even though I never asked for this, I and my body are implicated.

And I also wonder if, as you hear me read these things, they just sound like words to you. Gross, inappropriate words, but otherwise harmless. But to me, 2.5 years ago sitting on my couch in my living room, as I watched through every disturbing minute of these videos, they didn’t feel like just words.

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And they didn't stay "just words" either.

I had his flight confirmation to Bali, a photo of a suitcase with a body inside, and a declaration that he was coming to kidnap me.

When he arrived, he was in my neighbourhood, emailing me at all hours, and posting photos from cafés and bars I frequented — some just 100 metres from my home. He was patrolling my street, looking for me, telling me "I was never getting rid of him."

I stopped leaving my house unless I wore a disguise. But I worried it wasn't enough and that he could still find me and follow me home. Then I stopped leaving my house at all.

I moved into a hotel with security, but lay awake convinced he had tracked my computer and was outside my window. That night, I had my first panic attack: heart pounding, shaking uncontrollably, sweating, unable to stop the visions of him watching me, standing over me as I slept, raping me.

A friend's husband came to pick me up in the middle of the night. I moved into their home with high walls and a guard dog. Even so, I still couldn't leave the house without panic attacks. So I stopped going outside.

When I went to the police in Indonesia, I was subjected to over 8 hours of offensive questioning: "Oh, is he your ex-boyfriend? You should just talk to him and make up." "You can't blame a guy for trying with a pretty girl." "Poor guy, he's just sad you rejected him."

When the police questioned Rob and he lied, I was then forced to spend an entire day getting psychiatric screening, peppered with ridiculous invasive questions, all at my own expense, to prove I was actually "afraid."

Rob knew I was terrified and wanted to be left alone. But he didn't care, he refused to take no for an answer. He instead ramped up the emails, posting about me to his social media, taunting me and my friends, and relishing in the attention and the power he had over me.

Eventually, I fled Indonesia altogether, choosing a remote village in Laos where I had no connections, hoping I couldn't be traced.

This was the start of two years of constant movement — country to country, rarely staying home for extended periods of time — always posting my locations on social media days or weeks late to throw him off.

My mental health crumbled. I disappeared from social media, my business came to a screeching halt, and I was completely isolated from friends. I could

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barely sleep or eat. I couldn't talk or think about anything other than being stalked.

I cancelled work projects, lost clients, was removed from podcasts, and was distanced by people who assumed I was too unstable or that being near me was unsafe, especially after Rob began targeting my friends and anyone who spoke up for me.

My life became about staying ahead of him and begging for help. Nothing else mattered to me, because I couldn't see a future where my life existed until he was stopped.

For months, I pleaded with the UK and US embassies, countless police officers across three countries, politicians, public figures, and the press to help me. I just wanted my life back, but he was still in my neighborhood, roaming freely, searching for me.

When he finally returned to the UK and was first arrested, his passport was confiscated and I felt momentary relief. But he was released 2 days later, and after I saw my case drop off and be forgotten, my emails to the department ignored, and no confirmation of any progress made in the investigation — I learned just how hard it really is for victims to get help.

Only a few months later, he resumed stalking me and posting about me. He got a new passport and fled to Switzerland — a country with no anti-stalking laws — and continued sending messages, videos, and threats, explaining to me that in Switzerland he could evade arrest by the UK authorities, and maintain his access to me.

The police told me, yet again, it was “out of their hands.” It was months before he returned to the UK and the investigation was picked up again.

In the 2.5 years between when I first reported to the police and when they finally pressed charges, I have been forced to carry unreasonable burdens, navigate bureaucratic red tape, and muster resilience in the face of persistent obstacles to justice.

I have had to stand tall against years of victim-blaming and shaming — claims that I should've done more to protect myself, I should have dressed differently, posted to Instagram less, posted more details to Instagram, fought harder for myself, not fought so hard to trigger him, shown more emotion, shown less emotion, chosen a different profession, chosen a different body, chosen a different style of swim suit, chosen a different country to live in, called the police sooner, called the police more often, not badgered the police so much that I offended them, taken self-defense classes, hired a full-time security guard....

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Thankfully, the jurors in this case were not convinced by the defense attorney's arguments, and they convicted Rob unanimously of both felony counts, after only an hour and a half of deliberation (which included a lunch break).

I thought that after conviction, this would be over and I would feel relief, closure, and peace. But a conviction doesn't erase 3 years of trauma.

Rob took away my sense of safety, my trust in men, my faith in the systems meant to protect me, and my security in my own home and daily life. I have been forced to visualise his fantasies and threats of sexual violence against me hundreds of times for years — watching his videos, repeating them to police, revisiting them for trial, and reliving them in nightmares and panic attacks. It's not normal to spend so much time thinking about a stranger raping you, in so much detail. But I have.

I have worked with therapists and trauma counselors, and fought to rebuild my life. But the scars, fear, and anger remain, and I still have so much work to do as I try to untangle the ways he's twisted and damaged my mind.

I've had to relearn that I am safe in my own home. That I can sometimes be friendly to men I don't know without fear it will open the door to years of being hunted. That I have worth, strength, courage, and value even in the moments, over years, where I've felt powerless, hopeless, or invisible.

I had to remind myself to not give up on my life, when it looked like the world and our systems had turned their backs on mine.

To Rob: You should have never targeted me. You shouldn't have made me spend three years working to stop you. You shouldn't have run from police, fled to a country without stalking laws, and flaunted your freedom by posting about me, contacting me, harassing me, and feeling entitled to me.

When a woman blocks you, it means NO.

When a woman ignores you, it means no.

Stalking is not "harmless until something actually happens." It is harm. It is violence. It destroys lives — psychologically, emotionally, financially, relationally, and physically.

ANTECEDENTS

20. The defendant has no relevant previous convictions.

SENTENCING COUNCIL GUIDELINES

21. I turn next to the relevant Sentencing Council Guidelines. The applicable Guidelines are as follows:

Stalking

Sentencing offenders with mental disorders

22. It is submitted by the Prosecution that the appropriate classification of these offences under the guideline on stalking is as follows:

Culpability: A – very high culpability

The extreme nature of one or more culpability B factors or the extreme culpability indicated by a combination of culpability B factors may elevate to category A.

The relevant Culpability B factors:

Conduct intended to maximise fear or distress (including travel to Bali)

High degree of planning.

Persistent action over a prolonged period.

Harm: Category 1

Very serious distress caused to the victim.

Significant psychological harm caused to victim.

Victim caused to make considerable changes to lifestyle to avoid contact.

Category 1A

Starting point: 5 years' custody

Range: 3 years' 6 months custody – 8 years' custody

Aggravating factors

Grossly violent or offensive material sent.

Count 2 offence committed whilst under police investigation.

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23. It is submitted that count 1 should be treated as the lead offence.
24. The Prosecution's classification of the offences under the guideline is accepted by the Defence.

Mitigating factors

25. There are two mitigating factors, no relevant previous convictions and your mental disorder. The nature of your mental disorder is such that the court must consider a disposal under the Mental Health Act 1983.

Decision on guidelines

26. I find that these offences do fall within category 1A with the aggravating features I have identified. If a prison sentence were appropriate, I would treat count 1 as the lead offence and apply an appropriate substantial uplift to reflect your continued stalking conduct on count 2.
27. The sentences I would apply if prison were appropriate would have been as follows. On count 1 the starting point would be 5 years' imprisonment. I would apply an uplift of two years' imprisonment to reflect the extreme nature of the grossly offensive and threatening material you sent to AS over a period of 17 months. I would then apply a further uplift of 4 years' imprisonment to reflect your offending on count 2. I would reduced that period by 1 year as you have no relevant previous convictions, making a sentenced of 10 years' imprisonment. I would also impose an extended licence period of 7 years, in view of the extreme risk you pose.
28. This indicative calculation does not take into account your mental disorder, which requires the court to consider a disposal under the Mental Health Act 1983 ("MHA 1983").

Pre-Sentence Report (PSR)

29. The author of the PSR has stated that:
"I could offer no confident assessment of what has driven Mr Keating's offending behaviour. Whether Mr Keating is actively delusional would require the assessment of a psychiatrist."

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Assessment of Risk of Serious Harm

30. The assessment by the author of the PSR of the risk of serious harm is as follows:
- “Presently, I would assess Mr Keating to present a high risk of causing serious (emotional) harm to a known adult (Ms. AS), a high risk of causing serious (physical, sexual and emotional) harm to the public / women and a high risk of causing serious (physical, sexual and emotional) harm to children.”*

Psychiatric report from Dr Daron Aslanyan

31. I have received three detailed psychiatric reports from Dr Daron Aslanyan, a Doctor in Forensic Psychiatry approved under section 12 MHA 1983. Dr Aslanyan has also most helpfully given oral evidence to the court today (22 June 2026).

First report: 6 November 2025

32. In Dr Aslanyan’s first report dated 6 November 2025 he (and another psychiatrist approved under section 12 MHA 1983) recommended that RK should be transferred to hospital under section 38 MHA 1983 for assessment as to whether a hospital order, with or without a restriction order might be appropriate.
33. The court made an order under section 38 MHA 1983 and RK was transferred to Oak Ward, Hellingly Hospital on 03.12.2025 and has remained there since.
34. The statutory criteria for making a hospital order under section 37 MHA 1983 are as follows:
- The court must be satisfied that, on the written or oral evidence of two registered medical practitioners, at least one of whom must be approved under section 12 MHA 1983:
- (a) that the defendant is suffering from mental disorder (at the time the order is made; and
 - (b) that the mental disorder is of a nature or degree which makes it appropriate for the defendant to be detained in hospital for medical treatment and treatment is available;

When making a hospital order, the court must also be satisfied that arrangements have been made for the defendant’s admission to a specified hospital within 28 days of the date of the making of the order.

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35. Section 41 MHA 1983 provides the court with power, on making a hospital order, to order that the defendant is subject to special restrictions (a restriction order) if it appears to the court, having regard to the nature of the offence, the Defendant's antecedents and the risk of the Defendant committing further offences if at large, that it is necessary to do so in order to protect the public from serious harm. At least one of the registered medical practitioners whose evidence is taken into account must have given evidence orally. Dr Aslanyan given evidence orally at today's sentencing hearing.

Second report: 22 May 2026

36. Dr Aslanyan has prepared a second report dated 22 May 2026. His opinions and recommendations were as follows (Part 3 paragraph 101 onwards):

“101. In my opinion, Mr Keating has symptoms that would meet the criteria for a severe and enduring psychotic mental disorder. His most likely diagnosis is Delusional Disorder. This is a mental disorder categorised under ICD-11 code 6A24 (World Health Organisation's International Classification for Disease, Version 11).

102. A differential diagnosis would be Schizophrenia (ICD 11 code 6A20). In my opinion, this is less likely currently due to the lack of evidence of hallucinatory experiences.

103. Both of these mental disorders are known to take a relapsing and remitting course. Mr Keating's mother (a first degree relative) developing schizophrenia with similar symptoms likely predisposed him to develop his mental disorder.

104. His symptoms first developed in 2019 or earlier, with Mr Keating providing a description of change in his perception of the world which aligns with the concept of 'delusional mood', a known prodromal psychotic phenomenon.

105. Mr Keating went on to develop a complex grandiose delusional system, involving him being able to use a 'change machine' or 'changism' to bring benefits to the world; this became an all-encompassing mission to him. He became preoccupied this idea to the detriment in his psycho-social functioning, impacting in family and intimate relationships and in his occupational life.

106. In my opinion, Mr Keating's increasing isolation and grandiose delusions from 2020 onwards directly contributed to his offending towards the victim. It is possible he developed a self-aggrandising view of himself as a defence against his difficulties and was likely seeking a female partner that would align with this view and his mission. Mr Keating's offending of stalking related to his psychotic mental state at the time, as there is strong evidence his misinterpretation of communication from the victim was driven by psychotic processes (delusions of reference).

107. Mr Keating's subsequent contact with the police and the criminal justice system led to a further elaboration of his delusional system, which involved paranoid delusions that authorities were against him and attempting to sabotage him. Mr Keating described to me experiences in which he believed he was being watched by multiple plain clothed police officers which were again likely psychotic delusions of reference. He responded to this notion, which may have been frightening, by traveling to Switzerland in an attempt to seek asylum.

108. Mr Keating has demonstrated no insight into the possibility he has a psychotic illness since transfer to Oak Ward. Since transfer there is evidence of ongoing and entrenched delusional beliefs as described above. Mr Keating has not been physically violent towards staff or other patients. The ward staff do not believe he has demonstrated antisocial behaviour. There is evidence of ongoing verbal hostility towards the victim of his offence and the criminal justice system, although this has not been fully explored. He has engaged in multiple ward therapeutic activities, including with Occupational Therapists. It is reported he has engaged well with psychological assessment and wishes to continue with psychological therapy. He accepts antipsychotic medication by long-acting depot injection, although the first dose was given under some restraint or coercion by the ward staff after Mr Keating refused oral antipsychotic medication for several weeks. There is some evidence that Mr Keating has begun to respond to the medication; he appears to be more engaging with ward staff and potentially less preoccupied with his delusional system.

109. Mr Keating is in the early stages of treatment and his response to medical intervention will likely take a prolonged course, considering his duration of untreated psychosis and nature of his entrenched delusional system.

Risk considerations

110. As before, I am not aware of any reports that Mr Keating has, or previously had, any thoughts or plans of harming himself. He is engaging well with ward staff in multiple therapeutic activities and has spoken about wanting to contact family in the last few months.

111. There are several factors that elevate Mr Keating's risk towards others, including recurrence of stalking or harassment behaviour against the victim of the offending or a similar behaviour towards a different victim (such as a different female high profile media figure or an employee of the criminal justice system).

a. Mr Keating has demonstrated no insight in the possibility of him having a mental disorder, or that his offending may have been driven by delusional beliefs. His history suggests that multiple other individuals have been incorporated in his delusional system as hostile to him. As noted above, due to the duration of his untreated psychosis, it is unclear to what degree of insight he might achieve insight in the future.

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b. There is evidence that Mr Keating maintains hostility towards the victim of the offence; this has not been fully explored by ward staff to date. He maintains he was 'framed' and provides an account of his actions that is different from that described in prosecution documents. He maintains his innocence.

c. Mr Keating has demonstrated no empathy towards the victim of his offence and during the offending period likely had a sense of entitlement that he could contact the victim. It is unclear whether any sense of entitlement was a pre-existing personality trait, or developed secondary to Mr Keating's psychotic illness.

d. Mr Keating travelling to Bali and demonstrated 'approach behaviour' to the victim, which is known to be a risk factor for stalking violence.

e. Mr Keating's behaviour towards the victim continued despite the involvement of police and criminal justice agencies.

f. As noted in my previous report, there is evidence that some of the content and messages to the victim involved sexual threats and content. There were also reports that Mr Keating was in possession of potential weapons, including ropes. These have not been explored to my understanding and require further assessment and characterisation.

g. Mr Keating, likely as a consequence of his psychotic illness, remains isolated with reduced contact with his family and previous friendships.

112. Factors that may be associated with a reduced risk to others, including of stalking and violence, include:

a. Evidence that Mr Keating has responded to some extent to antipsychotic depot medication. He has also shown a willingness to engage in psychological assessment and therapy. Mr Keating engaged with me for an assessment only after starting medication.

b. There have been no incidents of physical violence on the ward since admission, despite Mr Keating facing potentially challenging situations such as being punched by another patient and being restrained by staff for his first depot medication.

c. Prior to 2019, there is no strong evidence that Mr Keating demonstrated consistent anti-social behaviour, apart from his multiple contacts with police in 2003 as noted in my previous report. These involved one conviction for driving under influence of alcohol, one reprimand for false accounting, one warning for use of disorderly behaviour/ threatening words likely to cause distress and a caution for the use of cannabis.

Recommendations and summary

113. In my opinion, Mr Keating has a chronic and under treated psychotic mental disorder (Delusional Disorder). Delusional disorder is a mental disorder within the meaning of the Mental Health Act.

His mental disorder is of both a nature and a degree that requires hospital detention for medical treatment. Detention is necessary for his health and safety, as well as the protection of others.

114. Appropriate medical treatment and a bed is available at the Hellingly Centre, where he is currently detained.

115. I respectfully recommend to the Court that a Hospital Order (Section 37 of the Mental Health Act 1983 (as amended 2007)) would be the most appropriate disposal in this case.

116. Mr Keating has demonstrated no insight into having a psychotic illness and there are several factors that suggest his risk to others would be elevated if he is not further assessed and treated in hospital. His prognosis and degree of recovery from the illness is unclear; although there is evidence of treatment response, he likely would be detained for a significant time prior to any discharge planning. Further treatment and assessment in hospital would likely include monitoring and adjustment of antipsychotic medication, therapeutic input (including from psychological services) and specialist risk assessments including of personality, stalking and sexual violence.

117. I have considered other disposal options for Mr Keating, including a Section 45A Hybrid Order. There are several factors that suggest that Mr Keating's offending and any future risk to others are primarily a consequence of his psychotic illness, the onset of which was in 2019. There is a lack of evidence of pervasive difficulties or persistent antisocial behaviour prior to this time.

118. In my view that Mr Keating would not have appropriate assessment or treatment available to him in the prison estate for his medication adherence, mental state and risk to be monitored and managed appropriately. It is my opinion that Mr Keating would likely not accept antipsychotic medication were he not detained in a psychiatric unit due to his lack of insight.

119. After reviewing the nature of the offence, the antecedents and the risk of further offences, I respectfully ask the Court to consider additionally imposing a Section 41 Restriction Order, which I believe is needed to protect the public from serious harm.

120. A Section 41 Restriction Order would help prevent serious harm to the public as it would involve management from a specialist forensic community team (Forensic Outreach and Liaison Service) on discharge from hospital. This team are equipped with specialist staff, supervised by a Responsible Clinician, can provide an assertive framework for supervision and support in the community.

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Mr Keating would also have a named Social Supervisor aiding in his assessment and management. This team are well placed to monitor and assess mental state, medication adherence and risk in the community. Deterioration in his mental state and assessment of elevated risk to others would lead to recall to hospital to help reduce risk.”

Addendum report: 12 June 2026

37. Dr Aslanyan has prepared an addendum report dated 12 June 2026 in which he reiterates his opinion as set out in his earlier report (paragraph 41):

“41. My opinions and recommendations remain as in my previous report. I have summarised these below for brevity (more detailed opinions are set out in my report dated 22.05.2026):

a. Mr Keating has a chronic and under treated psychotic mental disorder (Delusional Disorder). His mental disorder is of both a nature and a degree that requires hospital detention for medical treatment. Detention is necessary for his health and safety, as well as the protection of others.

b. Appropriate medical treatment and a bed is available at the Hellingly Centre, where he is currently detained.

c. I respectfully recommend to the Court that a Hospital Order (Section 37 of the Mental Health Act 1983 (as amended 2007)) would be the most appropriate disposal in this case.

d. After reviewing the nature of the offence, the antecedents and the risk of further offences, I respectfully ask the Court to consider additionally imposing a Section 41 Restriction Order, which I believe is needed to protect the public from serious harm.”

Oral evidence on 22 June 2026

38. Dr Aslanyan confirmed his recommendations in oral evidence before the court on 22 June 2026 and in particular amplified his reasons for proposing a hospital order with a restriction order in preference to a hybrid order under section 45A MHA 1983.

Psychiatric report from Dr Helen Maguire

39. The court has also received a report from Dr Helen Maguire, a Consultant Forensic Psychiatrist approved under section 12 MHA 1983. She has set out her analysis in full and her recommendation is that the most appropriate disposal is for the court to make an hospital order under section 37 MHA 1983 with an

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additional restriction order under section 41 MHA 1983 to protect the general public from serious harm

Defence submissions on disposal under MHA 1983

40. Dr Aslanyan's proposals are accepted by the Defence as being the appropriate disposal for RK.

Dangerousness: the approach required to be taken by the court

41. The offences of stalking are specified offences for the purposes of section 279 of the Sentence Act 2020 (extended sentence) and so require the court to consider the issue of dangerousness, that is, whether there is a significant risk of you committing further specified offences and, if so, whether there is a significant risk of your causing serious harm to members of the public by the commission of further specified offences (section 308, SA 2020).
42. Having regard to the contents of the psychiatric reports and the pre-sentence report, as well as my own observations, I find that there is a significant risk that:
 - (1) the Defendant will commit further specified offences namely stalking; and
 - (2) by doing so the Defendant will cause serious physical or psychological harm to one or more people.

The court's approach to sentence when considering making a hospital order

43. Guidance was given by the Court of Appeal on the approach to be followed by the court when considering making hospital order in *R v Calocane* [2024] EWCA Crim 490.
44. In particular, the Court made reference to the need for the sentencing court to consider whether an order should be made under section 45A MHA 1983 [65] (what is often called a 'hybrid order'):

"Before a hospital order is made under s. 37 (with or without a restrictions order under s. 41), the court should consider:

"whether the mental disorder can appropriately be dealt with by custody with a hospital and limitation direction under section 45A. In deciding

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whether a section 45A direction is appropriate the court should bear in mind that the limitation direction will cease to have effect at the automatic release date of a determinate sentence. If a penal element is appropriate and the mental disorder can appropriately be dealt with by a direction under section 45A, then the judge should make such a direction.”

45. The Court made reference to a key difference between a hospital order and a hybrid order [60]:

“A key difference between a hospital and restrictions order, on the one hand, and a hybrid order, on the other, is that if an offender who is subject to a hospital and restrictions order recovers so that they no longer need to remain in hospital, they will be released into the community. In contrast, if an offender who is subject to a hybrid order recovers such that they can be discharged from hospital, they will be transferred to prison (at least before expiry of the minimum term). The other key difference is that, where an offender is under a hospital and restrictions order, the decision whether they will be released into the community will be subject to the consent of the Secretary of State, after consultation with the responsible physician, whereas if an offender is subject to a hybrid order, and has been discharged from hospital, the decision about whether they should be released from prison will be a matter for the Parole Board.”

46. In reaching my decision on the appropriate sentence in this case I have had full regard to all the authorities referred to in *Calocane* and the guidance given in the Crown Court Compendium, which require the court to make a careful assessment of the culpability of the offender, notwithstanding the presence of the mental disorder.

47. My stepped approach is as follows:

47.1. I consider that a hospital order may be appropriate based on the medical evidence before me.

47.2. I have considered all sentencing options, including a s.45A hybrid order, reflecting upon the importance of the penal element in a sentence. In making this decision I have assessed the defendant's culpability and the harm caused by the offences and have taken into account the absence of any relevant previous convictions.

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48. In considering whether a hospital order with a restriction order is more appropriate than a section 45A hybrid order I have had particular regard to Dr Aslanyan's evidence (reference) in his 2nd report [117-118] as set out above, namely:

"117. I have considered other disposal options for Mr Keating, including a Section 45A Hybrid Order. There are several factors that suggest that Mr Keating's offending and any future risk to others are primarily a consequence of his psychotic illness, the onset of which was in 2019. There is a lack of evidence of pervasive difficulties or persistent antisocial behaviour prior to this time.

118. In my view that Mr Keating would not have appropriate assessment or treatment available to him in the prison estate for his medication adherence, mental state and risk to be monitored and managed appropriately. It is my opinion that Mr Keating would likely not accept antipsychotic medication were he not detained in a psychiatric unit due to his lack of insight."

My conclusion on sentence

49. Because of the defendant's mental disorder, it is clear to me that the most appropriate form of disposal is either a hospital order with a restriction order or a hybrid order under section 454A MHA 1983.
50. Having regard to the very high risk which the defendant poses towards the general public, my overriding concern is to protect the general public and AS in particular from any further harm.
51. Dr Aslanyan has set out clearly why a hospital order is appropriate in this case, together with a restriction order and why in his opinion such an order would provide a greater degree of protection for the public than a hybrid order under section 45A MHA 1983 and I accept his reasoning and analysis of the risk factors in this case.
52. In my view, there is an overriding need in this case for the public to receive the highest protection possible and on all the material before me I have concluded that a hospital order with a restriction order is the most appropriate form of disposal.
53. Accordingly, in respect of each count I shall make a hospital order with a restriction order.

Sentence

54. Having heard the medical evidence which has been given in court today by Dr Aslanyan and having read the reports prepared by Dr Aslanyan and Dr Maguire, both of whom are approved by the Secretary of State under s.12(2) of the Mental Health Act 1983 I am satisfied that you are suffering from a mental disorder, namely delusional disorder; and this disorder is of a nature which makes it appropriate for you to be detained in a hospital for medical treatment; and appropriate medical treatment is available for you at Hellingly Hospital.

I am of the opinion that because of all the circumstances of your case, including the nature of the offence of stalking of which you have been convicted; and your character; and having considered all the other available ways in which I might deal with you, the most suitable method of dealing with your case is by making an order under s.37 of the Mental Health Act 1983.

I therefore make an order that you will be re- admitted to and detained at Hellingly Hospital. I am satisfied that arrangements have been made for you to be re-admitted within 28 days to this hospital where you have already been for many months.

I have also considered whether this order should be subject to special restrictions which are specified in s.41 of the Act. Having heard the evidence of Dr Aslanyan and read the evidence of Dr Maguire I am satisfied that because of the nature of your offences and also having regard to the risk that you will commit further offences if you are not detained, it is necessary to protect the public from serious harm and it is not possible to say for how long that will be so. Accordingly, I order that you will be subject to the special restrictions set out in s.41 of the Mental Health Act 1983.

Restraining Order

55. I am also making a restraining order forbidding you from contacting, communicating or attempting to contact or communicate with Alexandra Saper in any way for an indefinite period.
56. In making this order for an indefinite period I have had regard to the recent decision of the Court of Appeal in *R v Taylor* [2026] EWCA Crim 727. This case also involved an obsessive fixation arising from a mental disorder and an order for an indefinite period was held to be both necessary and proportionate.

His Honour Judge Bowes KC

22 June 2026