## Running Head: MAJOR MENTAL ILLNESS AND SEX OFFENDING

Exploring the Relationship Between Major Mental Illness and Sex Offending Behavior in a High-Risk

## Population:

## Supplemental Material

## Offense Pathways Coding Form

Item	Coding Rules		
Relationship with victim of sex offense #1 (if 2 or more victims, code the LOWEST number; base on duration and closeness of relationship)	5 - Very close relationship (e.g., immediate family member, romantic p 4 - Close relationship (e.g., friend, relative, dating partner, etc.) 3 - Specific relationship (e.g., teacher, babysitter, etc.) or between frie 2 - Acquaintance (i.e., a stranger known > 24 hours) 1 - Stranger (i.e., someone known < 24 hours) 0 - Not Applicable (i.e., no identified victim)		
Sex offense #1 victim type (if 2 or more victims, code the HIGHEST)	5 - Prepubescent male aged 0 - 10 4 - Prepubescent female aged 0 - 10 3 - Pubescent male aged 11 - 17 2 - Pubescent female aged 11 - 17 1 - Adult male or females 0 - Not Applicable		
Psychosis at or near time of sex offense #1 (within or preceding 72 hours of offense)	4 - Substantial psychotic symptoms (e.g., bizarre or pervasive delusions 3 - Moderate psychotic symptoms (e.g., intermittent voices or delusions 2 - Non-psychotic disturbance (e.g., depersonalized) 1 - Non-psychotic 0 - Not Applicable (i.e., no psychotic illness)		
Manic symptoms at or near time of sex offense #1 (within or preceding 72 hours of offense)	4 - Substantial symptoms of mania (i.e., usually includes psychosis and reality) 3 - Moderate manic symptoms (e.g., pressured speech; flight of ideas; g hypersexuality) 2 - Minor symptoms of mania (e.g., early symptoms of hypomania evide grandiosity) 1 - Not manic or hypomanic 0 - Not Applicable (i.e., no manic illness)		
Compliance with psychotropic medication at or near time of sex offense #1	<ul> <li>3 - Non-compliant for ≥ 30 days prior to offense</li> <li>2 - Non-compliant for &lt; 30 days OR only partially / intermittently comp</li> </ul>		

	1 - Compliant with medication at time of offense
	0 - Not Applicable (i.e., not prescribed meds)
	4 - Direct Effect: The delusion/hallucination/symptom contained a sexual
	clearly congruent with carrying out the index offense (e.g., the sex attac
	out as part of mission to avert world catastrophe; an imperative auditor
	instructed him to rape or carry out a sex attack)
	3 - Indirect Effect: The delusion/hallucination/symptom contained a sex
	was not directly congruent, but not entirely unrelated with the sex assau
	he was famous and admired by all women or was developing another pe
	sexual matters; a command hallucination that instructed him to carry of
Effect of psychiatric symptom(s) on	but not specifically sexual; a tactile hallucination perceived as sexual b
sex offense #1	the sensation of being touched in the genital region) OR had no sexual
	linked in some way to the offense (e.g., persecutory belief regarding the
	retaliatory physical assault). In the latter, the type of delusional content
	account for the sexual nature of the offense.
	2 - Coincidental Effect: The delusion/hallucination/symptom appeared t
	to carrying out the sex offense (e.g., a belief that he was being monitore
	command hallucinations to pray 10 hours a day)
	1 - No symptoms present at the time of offense
	0 - Not Applicable (i.e., not yet diagnosed with MMI)
	4 - Directly related to psychosis or mania (e.g., command hallucinations
	3 - Normative and intact sexual drive maladaptively expressed through
	and poor social skills (e.g., intellectually disabled man kisses and grabs
	dementing grandfather makes sexual contact with adult grandson/grand
Motivation for sex offense #1 (code the HIGHEST number that applies)	with TBI sexually assaults wife, college student with no history of sexua
	intoxicated and sexually assaults girlfriend/boyfriend)
	2 - Evidence of a deviant arousal pattern (e.g., history of deviant interes
	[rape/pedophilia/humiliation/snuff/bondage] similar to the sex offense)
	1 - Part of an antisocial personality style / general criminal lifestyle (e.g
	assault, history of rapes, history of offenses towards children, history of
	intoxicated)
	4 - Substantial use (e.g., severe intoxication, large quantities of alcohol
	impaired, difficulty with speech and ambulation)
Alcohol use at or near time of sex	3 - Moderate use (e.g., several drinks; drunk but still able to ambulate)
offense #1	2 - Minimal use (e.g., 1 or 2 drinks, 1 joint, buzzed, but not enough to be
	1 - No alcohol use at or near time of offense
	4 - Substantial use (e.g., intoxicated; difficulty with speech and ambulat
Substance use at or near time of sex offense #1	3 - Moderate use (e.g., stoned or intoxicated but still able to ambulate)
	2 - Minimal use (e.g., buzzed, but not enough to be intoxicated)
	1 - No substance use at or near time of offense
Planning involved in sex offense #1	4 - Extensive planning (e.g., detailed plan or preparation, rehearsal)
	3 - Moderate planning (e.g., contemplation of action for more than 24 h
	2 - Some planning (e.g., action within 24 hours, some plan or preparati
	steps that were not developed in the heat of the moment, man leaves the
	and returns with a gun later in the day)
	1 - Very little or no planning (e.g., acts during argument or fight, no pre

	plan that may have had steps but was developed in the heat of the mome during argument to load a gun)
Emotional state during sex offense #1	0 0 /
(How much emotional arousal, especially anger, did the subject experience at the time of the sex offense? Just code the perpetrator's mental state, not attitude towards the victim. Primarily code anger, but also consider other affects like fear)	<ul> <li>4 - Enraged, furious, described as "out of control," irrational, or panicke extraordinary level of emotional arousal that is of short duration)</li> <li>3 - Angry, mad, extremely frightened (can be a protracted state)</li> <li>2 - Excited, nervous, anxious, scared</li> <li>1 - Calm or slightly tense at most</li> </ul>
Severity of physical injury suffered by victim of sex offense #1 (consider actual harm to victim, not subject's intention; do not count sexual assault as assault for this item)	7 - Extreme homicide (e.g., multiple victims or multiple fatalities, mutile after homicide) 6 - Homicide 5 - Severe injury (e.g., lasting impairment or life-threatening injury) 4 - Serious injury requiring substantial hospital treatment (e.g. broken li wound, lacerations from rape) 3 - Minor injury (e.g., visible bruising, minor lacerations, minor medical from attempted rape) 2 - Assault without visible injury (e.g., restrained against will, shoved to slapped, spit on) 1 - No physical injury (e.g., threatened with weapon, threatened by harm someone/something else, called names, intimidated/stalked) 0 - Not Applicable (e.g., no identified victim; non-contact offense)
Instrumental Physical Aggression vs. Reactive/Hostile Physical Aggression during sex offense #1	4 - Clearly instrumental aggression: The physical aggression involved in clearly goal-directed and involved planning. (e.g., striking or restraining compliance; sadistic aggression during sex; pistol-whipping a boyfriend and then raping his girlfriend in front of him). May involve little planning directed (e.g., shooting someone who walks in on a rape). The aggression goals, not emotions. Instrumental aggressors may be nervous or aroused but it is not the arousal that initiates the crime (e.g., a sadist cuts the fact heighten his arousal during the sex offense, but this arousal did not lead 3 - Primarily instrumental, some reactive qualities 2 - Primarily reactive hostile aggression, some instrumental qualities 1 - Clearly reactive hostile aggression: The physical aggression was a reand arousal of hostility. The objective is to harm the victim, typically in interpersonal conflict (e.g., a rape victim bites the perpetrator during the responds by punching her face; a couple has an argument and the perpetration becomes aroused by the violence and rapes her). 0 - Not Applicable

*Note*. An additional variable documenting the subject's age at the time of the offense was also coded. Some items adapted from Cornell (1996) and Smith and Taylor (1999).