ONLINE SUPPLEMENT

Table S1. SAPROF-SO: Brief Description of Items and Relevant Research

SAPROF-SO items and domains	Item descriptions	Research supporting items
Internal Capacity		
1. Intact cognitive functioning	Considers intelligence and general cognitive abilities at baseline and the past six months.	Neuropsychological research indicates individuals with a sexual offense history demonstrate wide-ranging cognitive impairments compared to the general population (Cantor et al., 2005; Joyal et al., 2014).
2. Secure attachment in childhood	Considers the presence of a close, warm, loving relationship with at least one prosocial adult in the first 18 years of life.	Adverse attachments with primary caregivers appear linked to sexual offending (Grady et al., 2017).
3. Adaptive schemas	Considers global representation of the self and others that have been adaptive for the past year and will likely continue to be adaptive.	Maladaptive schemas are associated with sexually aggressive behavior (Sigre-Leirós et al., 2013, 2015).
4. Empathy	Considers the person's ability to be able to take the perspective of others and engage in helpful responding.	Generalized empathy has been associated with sexual recidivism although victim empathy has not been consistently predictive (Mann et al., 2010).
5. Coping	Considers whether the person is managing general life stressors in effective ways.	Poor cognitive problem-solving and dysfunctional coping have been associated with higher rates of sexual recidivism (Mann et al., 2010).
6. Self-control	Considers whether the person is managing impulses and delaying immediate gratification.	Self-control has been found to be predictive for general, violent, and sexual crime (Gottfredson & Hirschi, 1990; Thornton, 2001; Mann et al., 2010).
7. Sexual self-regulation	Considers the regulation of sexual impulses and evidence of a normative sex drive.	A heightened preoccupation with sex or sexually compulsive behavior has been linked to sexual recidivism (Mann et al., 2010).
Prosocial Identity		
8. Prosocial sexual	Considers whether the person	Deviant sexual interests are a

interests	has an interest in, and arousal to, consenting adult sex.	robust predictor for sexual recidivism whereas interest in, and arousal to, consenting adult sex have been hypothesized to protect against sexual recidivism (Hanson & Morton-Bourgon, 2005; Mann et al., 2010).
9. Prosocial sexual identity	Considers whether the person is accepting of their prosocial adult sexual orientation.	It is well documented that queer/LGBT individuals experience mental health problems at disproportionate rates compared to their heterosexual counterparts (Dilley et al., 2010). This item is hypothesized to protect against sexual recidivism by removing the reluctance to engage in prosocial relationships due to fear and stigma.
10. Goal-directed living	Considers whether the individual has prosocial, meaningful goals for living that drive prosocial behavior.	Prosocial goals have been associated with improved engagement in sex offense specific treatment, motivation to live an offense-free lifestyle, and decreased sexual recidivism (Mann et al., 2004; Willis & Grace, 2008).
11. Motivation for managing risk	Considers the motivation to manage risk factors associated with sexual offending.	Increased motivation to engage in treatment, utilize skills to manage risk factors, and demonstrate treatment change are related to decreased sexual recidivism (Olver et al., 2014).
12. Attitudes towards rules and regulations	Considers one's acceptance of the importance of rules/regulations and willingness to comply with them.	Resistance and/or noncomformity to rules and authority has been consistently identified as a risk factor for sexual recidivism; Hanson & Morton-Bourgon, 2005; Mann et al., 2010).
Prosocial Connection		
13. Work	Considers stable and suitable paid or voluntary work that is intrinsically motivating.	Employment instability has been identified as a significant predictor of sexual recidivism (Hanson & Morton-Bourgon, 2005).
14. Leisure activities	Considers the person's engagement in structured,	A lack of structured, prosocial leisure activities is associated with

	enjoyable activities with prosocial others.	general criminal recidivism (Andrews & Bonta, 2010). This item is hypothesized to be protective in that organized leisure activities lessen opportunities to sexually offend, provide accountability by prosocial others, and provide prosocial reward.
15. Social network	Considers whether the individual has a prosocial and supportive group of people who are not paid to be with them.	Negative social influences are an empirically supported risk factor for sexual reoffense (Mann et al., 2010). Willis and Grace (2008, 2009) found that nonrecidivists were more likely to have had prosocial support from more than one social group (e.g., family & friends) compared to recidivists.
16. Emotional connection to adults	Considers whether the individual has established emotionally intimate bonds with other adults.	It is important for individuals to be able to establish close bonds with others in order to prevent emotional loneliness and turning towards children, both of which have been implicated in increased sexual recidivism risk (Knight & Thornton, 2007; Schulz et al., 2017).
17. Intimate relationship	Considers whether the individual has a stable romantic relationship of good quality, which includes physical intimacy.	Intimate relationships have been demonstrated to be protective against sexual offending (Hanson & Morton-Bourgon, 2005).
Stability		
18. Housing stability	Considers the individual's access to stable accommodation.	Willis and Grace (2008, 2009) found that after controlling for static risk scores, nonrecidivists were more likely to have stable housing plans than recidivists.
19. Financial management	Considers whether the individual has a steady income and financial management skills.	A preliminary study found that managing finances may be important in supporting desistance from sexual offending (Bartle, 2012). This item is hypothesized to serve as a protective factor by removing the stress and hopelessness

		associated with financial instability, and allowing the individual access to services they may need (e.g., housing, treatment).
Professionally Provided Support		
20. Sexual offence-specific treatment	Considers the availability of appropriate treatment services.	Psychological treatment consistent with the Risk, Need and Responsibility principles has been associated with a reduction in sexual recidivism (Gannon et al., 2019; Hanson et al., 2009).
21. Medication	Considers the individual's compliance and motivation to take prescribed medication as well as whether the medication is effective in reducing symptoms directly or indirectly associated with sexual recidivism risk (e.g., hypersexuality).	Medication has been shown to be useful in treating hypersexuality and paraphilias (Briken & Kafka, 2007). Specific medications and classes of medications have been used to treat different underlying problems to varying degrees of success (e.g., SSRI versus antiandrogens).
22. Therapeutic alliance	Considers the individual's perception of a warm, positive therapeutic or supervisory alliance.	Positive perceptions of therapists have been associated with treatment improvements (Marshall et al., 2003). Negative perceptions have been associated with treatment attrition, which can result in increased sexual recidivism risk (DeSorcy et al., 2016).
23. Supervised living	Considers the extent to which an individual's living situation is formally or informally supervised.	Highly supervised community settings are effective in suppressing sexual recidivism risk (Ambroziak & Thornton, 2020). Supervised release placement can also provide a much needed step for teaching independent living skills and allowing for the generalization of learned risk management skills to increasingly more complex community settings (Thornton et al, 2017).

24. External control	Considers the intensity of court-ordered or mandatory supervision and/or treatment.	Intensity of supervision appears to suppress sexual recidivism risk, which may be important until other protective factors are better solidified (Duwe & Freske, 2012; Ambroziak & Thornton, 2020).