**Section 1910.260 Accountability and Assignment/Acceptance of Responsibility**

a) As an integral component of treatment, offenders are expected to establish their accountability, describe the nature of their behavior, and list what steps they have taken to accept responsibility for the offense in accountability sessions with others (i.e., victim's parents, family members, siblings, neighbors, fellow students).

b) Assignment of the offender's accountability and responsibility for the offense is a process designed primarily to benefit the victim.

1) Assignment of responsibility is a lengthy process that occurs over time, usually beginning with the juvenile's reduction of denial and ability to accurately self-disclose about the offending behavior.

2) Information gained as a result of a specific issue polygraph is critical to the assignment of responsibility to the offender.

c) The offender accountability process and the assignment of responsibility must be approved by the treatment provider in consultation with the MDT and specifically include the victim's therapist or an advocate. The following criteria shall be used to determine whether the accountability/assignment of responsibility process shall occur.

1) The victim requests offender accountability and assignment of responsibility and the victim's therapist or advocate concurs that the victim would benefit.

2) Parents/guardians of the victim (if a minor) and the juvenile offender are informed of and give approval for the accountability process and assignment of responsibility.

3) The juvenile evidences empathic regard through consistent behavioral accountability, including an improved understanding of the victim's perspective, the victim's feelings, and the impact of the juvenile's offending behavior.

4) The juvenile is able to acknowledge the victim's statements without minimizing, blaming, or justifying.

5) All of the juvenile's statements should transfer any responsibility for the offense from the victim and to him/herself. The juvenile is prepared to answer questions, make a clear statement of accountability, and describe the rationale for victim selection to remove guilt and perceived responsibility from the victim.

6) The juvenile is able to demonstrate the ability to manage abusive or deviant sexual interest/arousal specific to the victim.

7) Any sexual impulses are at a manageable level and the juvenile can utilize cognitive and behavioral interventions to interrupt deviant fantasies as determined by continued assessment.

d) The MDT may:

1) collaborate with the victim if age appropriate, victim's therapist or advocate, guardian, custodial parent, foster parent and/or guardian ad litem in making decisions regarding communication, visits, and reunification, in accordance with court directives.

2) support the victim's wishes regarding contact with the juvenile to the extent that it is consistent with the victim's safety and well-being.

3) arrange contact in a manner that places victim safety first. The psychological and physical well-being shall be a primary consideration.

e) Contact between the victim and the juvenile who has committed the sex offense is first initiated through the process of assigning accountability and responsibility.

f) Contact includes verbal or non-verbal communication, which may be indirect or direct, between a juvenile who has committed a sexual offense and a victim.

g) Following commencement of the accountability/assignment of responsibility process and with the consensus of the approved provider and the MDT, contact may progress to supervised contact with an informed supervisor outside of a therapeutic setting.