**RESPONDENT INFORMATION FORM**



Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

***1. Name/Organisation***

|  |
| --- |
|  |

**Title**  **Mr  Ms  Mrs  Miss  Dr   *Please tick as appropriate***

**Surname**

|  |
| --- |
|  |

**Forename**

|  |
| --- |
|  |

***2. Postal Address***

|  |  |  |
| --- | --- | --- |
|  | | |
|  | | |
|  | | |
|  | | |
| **Postcode** | **Phone** | **Email** |

**3. Permissions - I am responding as…**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Individual** | | | | | **/** | **Group/Organisation** | | | |  |  |  |
|  |  |  |  |  | **Please tick as appropriate** | | | | | |  |  |  |  |  |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
| **(a)** | Do you agree to your response being made available to the public? (on the Scottish Government Consultation Hub)  **Please tick as appropriate**Yes  No | | | | | | |  | **(c)** | Do you agree to your organisation’s **details** and **response** being made available to the public? (on the Scottish Government Consultation Hub) | | | | | |
| **(b)** | If you answered yes, please select an option below. | | | | | | |  |  | **Please tick as appropriate**  Yes, publish my response and details  No, do not publish my response | | | | | |
|  | **Please tick ONE of the following boxes** | | | | | | |  |  |  | | | | | |

*(form continues below)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes, make my response and name all available |  |  |  |  |  |
|  |  | **or** |  |  |  |  |
|  | Yes, make my response  Available without my name (anonymously) |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **(d)** | We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?  **Please tick as appropriateYes No** | | | | | |

**CONSULTATION QUESTIONS**

**1. Are you content that any specific offence of domestic or partner abuse should be drawn so as to encompass both conduct, such as threats or physical abuse, which is currently criminal, and psychological abuse & coercive control?**

Yes  No

|  |
| --- |
| Comments: |

**2. Do you have any comments on the general structure of the offence set out above, in particular:**

* **the requirement that a reasonable person would consider the accused’s behaviour would be likely to cause the victim to suffer physical or psychological harm;**
* **the requirement for a course of behaviour consisting of behaviour on at least two occasions;**
* **the mental element of the offence to be intention to cause harm or recklessness as to harm being caused?**

|  |
| --- |
| Comments |

**3. Do you have any comments on the definition of ‘abusive behaviour’ contained in the draft offence?**

|  |
| --- |
| Comments |

**4. Do you have any comments on the relationships the offence should apply to?**

|  |
| --- |
| Comments |

**5. Do you have any comments on the proposed defence to the offence?**

|  |
| --- |
| Comments |

**6. Do you have any comments on the proposed maximum penalty for the offence?**

|  |
| --- |
| Comments |

**7. Do you have a view on whether provision should be made to enable a court to convict the offender of ‘alternative’ offences without the need for these to be libelled in the complaint or indictment? If so, what offences do you think should be included as ‘alternative offences’?**

|  |
| --- |
| Comments |

**8. Do you have any other comments on the draft offence attached to this consultation?**

|  |
| --- |
| Comments |