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Rape, Sexual Violence, and Acquiescence in Intimate Relationships: Screening, Assessment, and Clinical Decision Making

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In recent years, researchers have examined the advantages and disadvantages of intimate partner violence (IPV) universal screening in family therapy and among all health care providers. This article promotes a more inclusive framework, arguing that conventional IPV screening and assessment strategies give inadequate attention to marital rape and sexual acquiescence. This article summarizes the marital rape literature, maps this literature to common definitions of IPV, and demonstrates how an existing model for IPV screening and assessment (IPV-SAT) can be adapted to include sexual violence screening and assessment. Important considerations for creating a safe context for screening and assessment, a conceptual framework for applying the continuum of sexual violence in universal screening practice, and examples of the use of these ideas in clinical settings are described.

KEYWORDS intimate partner violence, rape, acquiescence, screen, assessment, family therapy

INTRODUCTION

"I said no, but he (my husband) pressured me until I felt like my only choice was to give in. I thought 'fine, get it over with,' then he had sex with me while I laid there and cried."

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