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Shawna Germain
San Jose State University

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Keywords
domestic violence, consequences of abuse, autobiography

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Abstract

This paper is an analysis that defines and describes the patterns of recognized intimate partner violence, and looks at the physical, social, psychological, and economic aspects of abuse. It correlates these aspects to the personal experiences of Beth Sipe according to her autobiographical account in *I Am Not Your Victim*, which serves as a model example of a domestic abuse relationship. This analysis also discusses the societal implications of abuse, which encouraged changes like the Violence Against Women Act, and how that made resources and shelters available to women in similar situations.

Summary

*I Am Not Your Victim* is the autobiography of Beth Sipe, a survivor of intimate partner violence. It originated as an assignment from her lawyer, William Smith, who asked her to document the abuse she encountered over the course of her 16-year marriage. This account is confirmed through interviews, court briefs, medical records, and incident reports. Evelyn J. Hall encouraged Beth Sipe to publish her story as an informative and cautionary example of domestic violence.

Beth’s therapist and co-author, Evelyn Hall, began the prologue explaining the pattern of domestic violence. Claiming that social programming in America has designed the
characteristics and roles of each gender to reinforce the subtleties of domestic abuse, Hall addressed each step in the repeating pattern. Briefly, she explained aspects of traditional gender roles and emotional confusion, isolation, secrecy, the imbalance of power, drug and alcohol abuse, separation and reunion, and the physical abuse of the woman and her children. This prologue gave the reader an understanding of the context of the account they will read.

Beth opened her autobiography recalling the first time she met Steven “Sam” Sipe. Sam’s friend introduced themselves nicely enough, but to me Sam seemed cocky and obnoxious…I made it clear…that I did not like Sam and certainly did not want to date him” (Sipe & Hall, 1996, p. 3). A short history of her life followed, including her upbringing and her first marriage at the age of 17. This marriage ended after Beth left her husband the first time he hit her. Beth recounted a life that she cannot label as easy. It was in this first chapter that the reader was introduced to Beth’s strong work ethic. Beth, now a single mother, worked nights to provide and care for her son, Matt, during the day. During this period of her life, Beth was introduced to Sam Sipe in 1971.

The subsequent chapters contained a description of the courtship Beth and Sam shared, their romance, their wedding, the imbalance of power, the isolation, confusion, secrecy, and the physical, emotional, and sexual abuse. Beth confessed that although her friends and family did not like Sam, his behavior toward her and her son convinced Beth that Sam was her “one true love” (Sipe & Hall, 1996, p. 10). As Beth recalled her history with Sam, she pointed out indicators of Sam’s nature and behavior that she missed when they first occurred. Describing specific instances, Beth would recall what Sam did or said, and

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then explain how she chose to interpret and rationalize his actions or meaning.

Shortly after their wedding, the abuse accelerated in frequency and violence. As more instances transpired, Beth would continue to explain her reasoning in staying, or why she would choose to return to Sam after brief separations. Beth’s story did not simply tell about abuse from the viewpoint of the victim, it also described her experiences with law enforcement, medical and religious establishments, and her perception of how she was treated. It also demonstrated the commonality amongst victims to unknowingly place themselves in vulnerable or compromising positions. Beth’s autobiography demonstrated the pattern of physical, verbal, emotional, social, and economic abuse.

The conclusion of the book included reviews and comments from different professionals that deal with survivors of domestic abuse. Each commentary focused on different aspects of Beth’s life. Evelyn J. Hall, Beth’s therapist, talked about the therapy and healing process, from a counselor’s assessment for women with Beth’s experiences. William Smith, Beth’s lawyer, talked about the legal expectations and ramifications of Beth’s experiences. Susan L. Miller, a professor at the University of Delaware, discussed the insufficient support of the social establishment and law enforcement for Beth and her family, as well as for other battered women. Barbara J. Hart, the Director of Strategic Justice Initiatives at Muskie School of Public Service, discussed the rules made by controlling partners, like Sam, and the acquiescence and defiance of those rules by the submissive partner. Jacquelyn C. Campbell, a Professor at Johns Hopkins University, discussed the treatment Beth received, and the treatment she should have received, from the public and
military medical personnel. Jeffrey L. Edleson, the Dean and a Professor of the School of Social Welfare at the University of California, Berkeley, discussed the effect of witnessing Beth’s abuse on her children and Sam’s direct abuse on the children. Deborah D. Tucker, the Executive Director for the National Center on Domestic and Sexual Violence, pointed out areas where society needs improvement for women in Beth’s situation, laying out steps that need to be followed to help domestic abuse survivors, and how they can piece together their lives after the abuse they experienced.

**Book Analysis**

According to the Domestic Violence Resource Center, 25% of women have been or will be domestically abused in their lifetime. There are four types of recognized domestic abuse: mutual violent control, violent resistance, situational couple violence, and intimate terrorism. In mutual violent control, both the initial and secondary partners are controlling. In violent resistance, the initial partner is violent but not controlling, while the secondary partner is both violent and controlling. In situational couple violence, one or the other partner may be violent even though neither the initial or secondary partner is regularly both violent and controlling. Intimate terrorism occurs when the initial partner is violent and controlling, while the secondary partner is neither (Johnson, 2006). In *I Am Not Your Victim*, Beth experienced intimate terrorism.

Intimate terrorism covers several types of abuse: physical, psychological, sexual, social, and economic. Physical abuse is the most commonly recognized form of abuse. It includes acts of physical aggression ranging from shoving and slaps to an assault with a deadly weapon (Renzetti, Edleson &
Bergen, 2001). Psychological abuse is more difficult to recognize than physical abuse but has longer lasting effects; survivors of domestic violence say the impact of psychological abuse is greater than physical abuse. Psychological abuse includes emotional trauma through verbal humiliation, threats, yelling, shaming, stalking, and “behavior designed to instill fear or otherwise undermine a [person’s] sense of self” (Renzetti et al., 2001, p.152). Sexual abuse includes sexual coercion, rape, sexual assault, and unwanted sexual contact. Historically, this was not always seen as abuse with both men and women assuming that within marriage the husband had a “right” to his wife’s body. Abuse through social means includes isolation from support groups and human contact, and the use of privileges and punishments. Abuse through economic means keeps one partner entirely dependent on the other partner for financial stability or purchase ability ranging from family purchases, like groceries, to personal expenditures (Renzetti et al., 2001).

One of the key components in intimate terrorism is the cycle of violence that repeats and builds upon itself. The cycle of violence includes three phases: a tension-building phase, an acute battering phase, and a honeymoon phase. In the tension-building phase, the abuser will exhibit amiable behavior, but daily demands and trials will engender tension. This phase, where tension builds, often causes the victim to attempt to pacify the abuser and not provoke their violence. Something will provoke the abuser, however, and they will engage in violent behavior. The acute battering phase occurs when the abuser employs severe assaulitive behavior. This outburst is followed by the honeymoon phase where the abuser is reconciliatory and loving, entreatng his partner for forgiveness. In general, the longer women stay with their abusers, the shorter the honeymoon...
phase lasts before the cycle begins again causing the cycle of violence to repeat more frequently between each incident (Renzetti et al, 2001).

It is not just the partner who suffers from abuse. Often, the abuser was a previous victim of abuse. If the couple has children, they too will suffer either directly or indirectly from abuse. If the violent parent has no qualms about abusing their spouse in front of their children, the abuser is more likely to directly abuse the children, generally through physical and verbal means. Even if the parent does not directly abuse the children, children who witness inter-paternal violence are at risk for behavioral, social, and academic problems (Kitzmann, Gaylord, Holt & Kenny, 2003).

When it comes to domestic abuse, the question most frequently asked by those not in abusive relationships concerns why women stay with their abusers. Part of the pattern of violence is separation and reunion. A battered woman will leave her abuser approximately seven times before definitively ending the relationship (Sipe & Hall, 1996). Reasons battered women have stayed with their abusers include love for their spouses, a desire to preserve the children’s relationship with their father, and a deficiency of any practical long-term housing (Barnett & LaViolette, 1993). Women are often in more danger when separated from their abusers than when they are together. Abuse may escalate to stalking, harassment, vandalism, assault, kidnapping of children, kidnapping the primary victim, and threats or attempts to murder the victim. Unfortunately, the pattern of separation and reunion reinforces the abuser’s behavior and belief that his aggression keeps his partner complacent (Sipe & Hall, 1996).
The results and effects of domestic violence are psychological and emotional trauma, physical trauma, and death. Victims may experience thoughts of suicide, depression and anxiety, sleep deprivation, and post-traumatic stress disorder (Daigle, 2012). Even after the abuse is no longer an imminent threat, victims will still be processing through the damage done by psychological abuse. Domestic violence is one of the most common reasons women go to the emergency room. Apart from physical injuries, women also display muscular pain, headaches, difficulties in pregnancy, gynecological disorders, sexually transmitted diseases, gastrointestinal and central nervous system disorders, as well as problems with cardiac and circulatory conditions (Centers for Disease Control and Prevention, 2010).

Survivors of domestic violence are not only victimized in their homes by their spouses, but are also unintentionally victimized by the criminal justice system, specifically law enforcement and court proceedings, as well as medical personnel and domestic violence shelters. Law enforcement and first responders do not always attempt to understand the reason for the domestic violence call. Often, instead of making an arrest, they will separate those involved for a “cooling off period,” but usually no arrest is made (Daigle, 2012). Depending on the circumstances of the court proceedings, the survivor of domestic abuse may not want to participate in the trial due to fear or economic reasons. In other circumstances when the survivor is being accused of the murder of her partner, she is again victimized through the legal attention on her actions rather than focusing attention on what caused her to murder her spouse. Domestic violence shelters, while established to help women separate themselves from dangerous situations, are also exclusionary. If a woman has adolescent male children for whom
she is providing, she is unable to bring her children with her to
the shelter, causing her to make the decision to leave her children
with the abusing spouse or not go to the shelter (Sipe & Hall,
1996). Medical personnel have also caused victimization through
lack of training to recognize battered women or failure to
provide them with a safe environment to answer personal
questions away from their suspected batterer. Victims may also
unintentionally victimize themselves through their lifestyles and
with whom they associate.

*I Am Not Your Victim* is a model example of domestic
violence. Lured in by the charm of her batterer, Beth did not
notice peculiar or controlling behavior. Blinded by feelings of
romance and affection, Sam’s aggressive behavior was forgiven.
After the wedding, when Sam was more direct in his aggression
and verbal attacks, Beth forgave him because he was her “one
true love” (Sipe & Hall, 1996, p.10).

**Economic isolation and financial dependency**

Sam insisted his military income was substantial enough
to provide for the family and that Beth no longer had to work.
However, Sam’s paychecks did not come to Beth, and when she
looked into the matter, Beth experienced confusion with Sam’s
insistence that they did. The confusion deepened when Sam told
Beth to stop looking into the matter or she was going to get him
in trouble. But the sweet letters and poems that Sam sent Beth
overshadowed the economic isolation, financial dependency, and
the subtlety Sam used to refocus blame on Beth.

**Physical and social isolation**

Shortly after returning from a tour of duty, Sam
requested a transfer and moved Beth and her son to a different
state, away from any familial support system, then returned to
his station overseas. As their family moved from location to

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location, Sam’s isolation of Beth became more apparent: moving her away from her family, insisting she not get a job, telling her not to socialize with other women on the military base, and eventually moving her miles away from the base and any neighbors, leaving her without a car.

**Physical, sexual, and psychological abuse**

Sam’s physical and sexual assaults on Beth began with minor incidents and apologies, and then escalated to beatings that required medical attention or hospitalization. The psychological hold was strong enough at this point that when Sam told Beth to lie about what happened that she did as Sam demanded. She believed what he told her: that he would be fired from his military position, and the beating would only be worse for her after she was released from the hospital.

**Pattern of separation and reunion**

There were multiple instances of separation and reunion when Beth would go visit her family and determine that she would not return to Sam unless he decided to see a counselor with her or get help. Invariably, all attempts to separate from her abuser ended in reunion: Sam’s “changed” behavior would convince Beth to return. The separation from their father was unfair to the children; in counseling, Sam would convince the counselor or priest that all their problems were a result of Beth’s actions.

**Self-victimization**

Unknowingly, Beth placed herself in risky lifestyles that caused friends and neighbors to take advantage of her situation and exploit her character and resources. This is seen in an unscrupulous lawyer who stole her money; a roommate who ignored her boundaries and house rules; and neighbors who originally seemed to be her allies but then sided with Sam and
even participated in some of the psychological abuse that Beth suffered.

**Escalation of violence during separation**

When Beth finally recognized the need to permanently separate herself from Sam, his aggression escalated. Threats on her life and threats to take the children from her, vandalism, stalking, rape, and physical altercations became a daily custom.

**Secondary victimization**

At this point in her autobiography, Beth had not had many positive interactions with law enforcement. Often with the military base personnel, Sam’s lies regarding his wife’s behavior had caused the responding officers to believe Beth deserved corrective treatment. When Beth called local police to file complaints against Sam, she was told that the officers could not respond until there was physical evidence or until Sam has entered her residence, at which point Beth probably would not be able to get to a phone to report his trespassing and violations.

**Collateral effect of abusive behavior on children**

The effect of Sam’s abuse on Beth’s children included anxiety, academic problems, and behavioral issues. Sam’s abuse was never consistently directed at the children, but there were instances when the children became subjects of his abuse. Reports from their school indicate that two of Beth’s sons skipped classes and needed academic improvement. Beth’s youngest son stated on multiple occasions that it was not good for Beth to be with Sam.

**Symptoms of psychological and physical trauma**

The abuse continued and escalated to the point that Beth was no longer sleeping, had a constantly weak immune system, suffered from severe headaches, was living in a state of high anxiety, and was exhibiting symptoms of post-traumatic stress...
disorder. The imminent threat that Sam posed was eliminated when, in an act of self-preservation during one of Sam’s violent episodes, Beth picked up the gun that Sam brought to use on her and fired it multiple times, killing him.

**Secondary victimization by the legal system**

The victimization that Beth incurred at the hands of Sam was replaced with secondary victimization from the mental health clinic she was advised to check into, and through the legal proceedings of her trial. Throughout the court preparation, Beth was given the label and treatment of a murderer. Beth, who was still dealing with the effects of psychological abuse, was devastated by the death of Sam, even more so since she was the one responsible for his death. She consistently received the message from her mental health counselor, co-patients, and the legal proceedings that she was guilty of being a murderer. If not for the existence of her children, the alliance of her therapist, and her lawyer, the victimization that she incurred at the hands of Sam, and others, had nearly convinced Beth to give up fighting for herself.

**Societal Implications**

As a result of cases of domestic violence like Beth Sipe, there have been and continue to be both legal and social changes including the Violence Against Women Act (1994) and the resulting domestic violence shelters, changes in police and court responses, ability to procure a restraining order, and changes in health care and medical responses.

The Violence Against Women Act was part of the Omnibus Crime Bill of 1994. The $1.6 billion in funding provided for research and education, enabling more accurate statistics, treatment of victims, creation of more shelters for
female victims of domestic violence, and other services. The act stressed protection for immigrant and college-aged women. With the renewal of the act in 2000, dating violence and stalking were identified as crimes under the act, a legal assistance program for domestic violence and sexual assault victims was created, provisions for supervised visitation rights were made, and additional protections for immigrants experiencing domestic and sexual violence were granted (Daigle, 2012). Currently, this act is under scrutiny for potential ways to include and provide more resources to female immigrants and domestic violence survivors.

Police and court policies are evolving as research is conducted in the study of domestic abuse and violence. The criminal justice system is attempting to find policies that prevent and reduce the probability of domestic violence. Approximately 20 states utilize a “Mandatory Arrest Policy” where officers will arrest the suspect if there is probable cause and enough existing evidence of domestic violence (Daigle, 2012). With this policy, there is the possibility of wrongful arrest. Courts are taking action to help reduce the tolerance of domestic violence. Recognizing that the victim may not want to participate in the trial, whether from fear or allegiance to her spouse, some states are enforcing no-drop prosecution policies. With this policy, the time for the prosecutor’s prudence is shortened, but the victim is not able to drop the charges against the offender resulting in a trial. This too may have unfortunate consequences if the offender resolves to enact revenge on the victim. Courts are also able to issue restraining orders mandating the offender stay away from the victim, have no contact, or have peaceful contact only. Some studies have shown that in 20-40% of cases, the orders are violated. Other studies have shown that the victim feels empowered and secure with a restraining order. Still, other
studies have exposed the confusing process and amount of time it takes to obtain an order and the policy that the victim must alert police if the order has been violated (Daigle, 2012).

Many victims of domestic violence will utilize health care facilities, like an emergency room. Currently, the number of patients screened for domestic abuse is low and has room for improvement. Because domestic abuse causes physical injury and victims will seek medical attention, doctors and hospital personnel should be aware of the signs and symptoms of abuse and should be trained on how to deal with the implications of domestic violence. Policies are being suggested and enforced to help medical personnel screen for victims of domestic abuse (Daigle, 2012).

**Personal Reaction**

It is distressing that cases of domestic abuse, similar to that of Beth Sipe, are more common than generally realized. What is more distressing is the lack of help, and decorum, Beth received from her family, religious institutions, medical facilities, and military personnel. It is recognized that this account is an autobiography and unquestionably emanates from a bias. Even with the recognition of that bias, this book is a direct source at an inside look at domestic violence.

While reading Beth’s autobiography, the reader cannot help but wonder how long Beth will tolerate the abuse. It is puzzling, at times, why she chose to stay with Sam. But in the practice of frankness, Beth identified her reasoning with the recognition that it was not necessarily sound. It would be easy for Beth to recount her story as a hapless victim, and some might argue that she did. But what seems more accurate is, in her stage of psychological trauma, Beth wrote the truth of her reality at the
time of those experiences as a tool of therapy and a process of documentation for her lawyer. It may almost seem to the reader that Beth is discovering, or at least admitting, for the first time, some of the trauma and abuse she endured. Her courage to use her own life experiences as an example to help others understand the reality of domestic violence and its victims is admirable.

It is appreciated that this book also includes commentaries from various professionals. Each was able to add specialized and specific reactions to different aspects of Beth’s experiences. The analytical breakdown of the recognized aspects of victimization and abuse by these commentaries provided a balance to Beth’s emotional account of her victimization.

This book would be a good source of information for those who are looking to understand domestic abuse from the perspective of the victim, the decisions they make, why they tolerate the abuse, and how this lifestyle seems normal and acceptable to them. It is not an easy read in the sense that the material is graphic and horrifying. It is the raw viewpoint of a woman who is coming out on the other side of a living hell. Unfortunately for Beth, and so many other women who are the victims of domestic abuse, the story is real.
References


Shawna Germain is a third generation native of San Jose and third generation student at San Jose State University. As an avid reader, her interest in criminal justice was piqued by the mystery genre and encouraged by her study of administration of justice at West Valley College before transferring to San Jose State University in 2012. She is planning to graduate in spring 2015 with a degree in Forensic Biology and minors in Chemistry and Psychology. Future goals include pursuing a doctorate in Forensic Psychology, and a career with a local or federal law enforcement agency. As a teacher’s assistant for a preschool, she is currently observing the nature of human behavior in the formative years. Shawna is also a student of irony, reflected in her infrequent updates on social media, which are appreciated primarily by her immediate family. Some of her interests include hiking, amateur photography, and a desire to play roller derby, though she has yet to strap on roller-skates.