

AFFIDAVIT OF PAT BERGAN, Ed. D.

My name is Pat Bergan, Ed.D. I am a licensed psychologist with a specialty in emotional problems of secondary school students.

When I am not practicing, I am very active in advocating women's issues and rights. I have studied the effects of abuse on people of all ages. I have testified on behalf of abused women in at least fifteen cases.

I have also written several articles including the renowned "Batter Belongs in the Kitchen," published in January 1999 edition of the American Journal of Psychology.

The District Attorney in this county is a men's rights guy. We have clashed in court on several occasions because of his beliefs.

I met Ms. Monroe on February 20, 2011, one week after her arrest. I interviewed her for approximately four hours, taking an extensive history. I talked to several of her family members, including Alex Chavez. I also reviewed her medical charts from General Hospital.

It was interesting to note that Ms. Monroe had at least three visits to the emergency room prior to this incident. Each visit presented a moderate to severe head injury, along with multiple other injuries.

Although she gave no history to the ER doctors, the injury patterns are those of classic abuse. It is also not unusual for a woman in such a position to not relate how her injuries occurred out of fear or embarrassment. I have reviewed my notes and hospital records and determined that she was in the emergency room on at least three occasions. The last visit was December 31, 2010.

The interesting thing about Ms. Monroe's medical records was that on each of the three visits, Ms. Monroe refused to give any kind of history. Histories are important for treating patients. They are needed to make diagnoses and develop treatment plans. For each of Ms. Monroe's visits, the notes specifically state "patient highly agitated", "aggressive", and "refuses to give history." I have reviewed my notes and hospital records and determined that she was in the emergency room on at least three occasions. The last visit was December 24, 2010.

My review of the notes clearly indicates what we in the profession would call

abuse trauma. Ms. Monroe's first visit was January 1, 2010. She presented with a black eye, a fractured left orbit, and multiple bruises on the legs and torso. Her second visit was February 14, 2010. On that occasion, she had sustained a deviated septum, a split lip, and two fractured teeth. Again, she had bruising about the body.

She was last seen in the ER on December 24, 2010. At that time she presented with loss of hair from her scalp, another black eye, and what appeared to be a boot mark bruise on her left shoulder.

These types of injuries are abuse indicators, although other causes are possible. It is the collective injuries which made us strongly suspect abuse. Trauma doctors are trained to determine abuse so that preventative measures may be taken. However, without a history, they cannot take positive steps nor can we say for certain whether abuse has occurred despite heartfelt convictions. This can sometimes be the most frustrating part of my practice.

On each of the occasions, Ms. Monroe was treated and released. Prior to release, she was given literature on spousal abuse and the phone numbers for the Pocono Women's Shelter, the abuse hotline, and the local police. There would normally be a follow up, but since Ms. Monroe insisted that nothing was wrong and she could take care of herself none appeared to have been done. Its sad. Many women in similar situations also refuse to acknowledge the problem out of either fear or embarrassment.

I have also had the opportunity to read the police report (stipulated facts). Of import is the fact that Ms. Monroe obtained and prepared the gun the night before the shooting and then proceeded to shoot her husband in the back while he was either lying in a bed or sleeping. These factors demonstrate some element of premeditation. However, combined with her prior history and the fact that she had been beaten that day show that the actions taken by Ms. Monroe were done in self-defense instead of premeditated murder. This is classic Battered Woman Syndrome.

Battered Woman Syndrome is a condition that has been recognized fairly recently in the field of psychology and in the law as a way to help prove that a defendant acted in self defense. The syndrome occurs in women who have been subjected to lengthy periods of abuse from their husbands or boyfriends. The abuse is often life-threatening, and usually increases in severity and frequency. A woman in such a

situation tries to figure out what the cause of the abuse is (is it something she has done?) and what she can do to prevent it. Over a period of time, she realizes that the battering is unpredictable, and can be triggered by anything or nothing. There is no way she can tell when the next battering will occur, or how to prevent it, although she may try everything she can think of. This unpredictability of the situation leads to the development of a condition of "learned helplessness," in which the victim, after repeated attempts to stop the abuse, actually "learns" that there is nothing she can do - and no way she can escape.

"Learned helplessness" causes women suffering from Battered Woman Syndrome to feel that they are totally unable to control their situation, change it, or escape from it. They believe that they cannot escape, that the batterer will find them wherever they are, usually financially dependent on the men who abuse them, and are unable to leave or support themselves and their children if they do leave. The situation is worsened by the fact that the batterers force the women to isolate themselves from their family and friends, prohibiting visits, and even go so far as to put a lock on the phone, or remove it completely. Regardless, women suffering from Battered Woman Syndrome cling to the hope that the abuse will stop, and believe their husbands when they say they will change and not hit them again.

Battered Woman Syndrome may be proved by the presence of severe and frequent physical and emotional abuse, leading to a condition of learned helplessness, which includes financial dependence on the battered, forced isolation from family and friends, and extreme fear of retaliation if escape is attempted.

Clearly, the abuse that Ms. Monroe sustained was pervasive and severe. Although there existed many instances of abuse, she felt that severe abuse seemed to be triggered by holidays. I realize that there were many holidays when there was no abuse indicated, but that doesn't really matter. It is clear that the initial beating that she received on the day of the shooting was what she felt to be the calm before the storm. She honestly knew and feared that once her husband woke up, the abuse would continue. In her mind, it could only lead to another hospital stay or worse.

She also felt she could not escape because every attempt she made to leave him

had failed. Indeed, at the time of the shooting, her mental condition was that of a caged wolverine. She could see only one way out - to defend herself .

I am somewhat troubled by the fact that the abuser was shot in the back, apparently while asleep. I think this only goes to show how terrified Kim really was. She couldn't even approach him with a loaded gun if he was awake.

The District Attorney will do all he can to contest this reality. He is wrong. That is why I opposed him in the last election.