



**NEBRASKA**

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**DOMESTIC ABUSE  
DEATH REVIEW TEAM**

**2025 ANNUAL REPORT**

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# INTRODUCTION

In 2020 and 2021, Hailey Christensen and Brooke Koch were murdered by their partners in Nebraska. In the wake of their deaths, their families advocated for the passage of LB1009, which created the Domestic Abuse Death Review Act. This Act created the Domestic Violence Death Review Team (DADRT). Family members testified before the Judiciary Committee of the Nebraska Legislature and collaborated with Senator Tom Brandt, the Nebraska Coalition to End Sexual and Domestic Violence, the Women's Fund of Omaha, and the Nebraska Attorney General's Office. The Act went into effect on July 21, 2022.

## **DADRT Mission:**

Comprised of a diverse group of professionals and survivors, we examine all domestic abuse deaths statewide. By examining the causes and contributing factors to these deaths, the Team will provide recommendations for public, private, community, and system improvements to enhance victim safety and prevent future domestic abuse fatalities.

## **DADRT Vision:**

The Team envisions safe communities where public and private agencies, institutions, and systems work collaboratively to support survivors and ultimately reduce domestic abuse fatalities.

## **DADRT Guiding Principles:**

- The Team focuses its work on honoring victims, families, and communities impacted by domestic violence.
- Reviews are conducted with respect, integrity, sensitivity, and compassion.
- The Team values survivor-led leadership.
- The Team refrains from making accusations of blame or fault-finding.

# OVERVIEW

The 2025 Annual Report of the Nebraska Domestic Abuse Death Review Team presents a comprehensive overview of the Team's work between July 21, 2022, and July 1, 2025. This report also includes specific data from the 27 finalized case reviews completed by the Team. It offers insights into the scope, nature, and systemic gaps associated with domestic abuse-related fatalities in Nebraska.

This year's report includes detailed statistical analyses of victims and perpetrators, identifies high-frequency contributing factors, and outlines systemic challenges, including access to services, protection order enforcement, language barriers, and mental health needs. Notably, the report emphasizes the complexity of domestic violence deaths, many of which involve multiple intersecting risk factors.

## Highlights and Initiatives

- **Lethality Assessment Implementation:** DADRT selected the Lethality Assessment Program (LAP) for pilot implementation in one rural site and one rural-metropolitan site to improve early intervention and prevent homicides. This initiative includes strategic planning, coordination with LAP experts, and future statewide implementation.
- **Support for Loved Ones:** DADRT initiated efforts to replicate the Omaha Homicide Support Group model across Nebraska, with the goal of providing trauma-informed, peer-based support for families impacted by domestic violence-related deaths. A statewide, customizable guide was developed to assist families and survivors navigating the aftermath of a domestic violence homicide.
- **Professional Training & Prevention:** Subcommittees were formed to evaluate statewide training needs for professionals and to expand prevention strategies, including school-based social-emotional learning programs and postpartum violence screening.
- **Firearms & Protection Orders:** Given the prevalence of firearms in domestic abuse deaths, DADRT continues to examine gaps in firearm enforcement and collaborate with national partners on best practices for firearm relinquishment and extreme risk protection orders.
- **Collaboration & Systems Response:** The report stresses the importance of cross-system partnerships. DADRT promotes the co-location of victim-serving agencies and privileged peer support for first responders to strengthen trauma-informed care and reduce workforce burnout.

In the year ahead, DADRT will continue its core work of reviewing cases, expanding data collection, and implementing the Lethality Assessment Program at selected pilot sites. The Team will also launch a statewide training initiative, explore improvements to firearm and protection order policies, and assess prevention strategies in schools. Ongoing collaboration with survivors, professionals, and community partners will guide efforts to strengthen systems, improve victim safety, and prevent future domestic abuse deaths.

# DATA REPRESENTED

The information presented in this report has been compiled from available documentation, public records, and interviews with family members and loved ones. Every effort has been made to ensure accuracy and completeness; however, the data is limited to what was accessible at the time of reporting. As such, this report may not reflect all possible information or perspectives.

Throughout this report, we may refer to statistics by case or victim deaths. Cases may include multiple victims' deaths.

**Pages 8-10 include data from 72 identified domestic abuse deaths that occurred in Nebraska from July 21, 2022 to July 1, 2025. Pages 11-15 include data from the 27 cases (30 victims) reviewed by the DADRT between July 2022 and July 2025.**

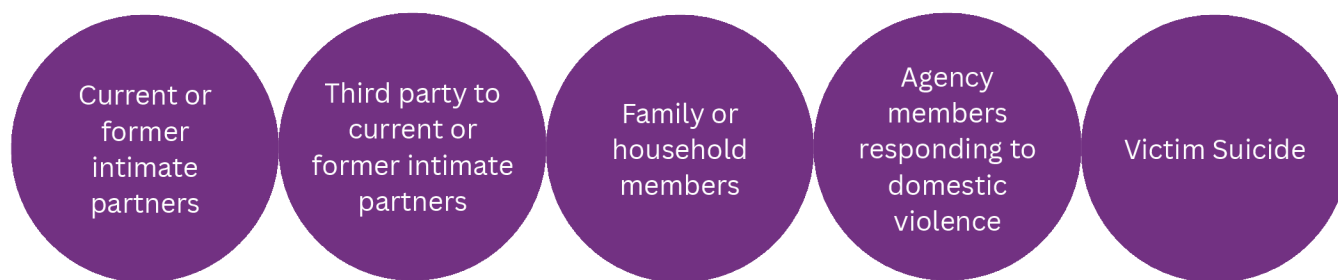
Per statute, perpetrator deaths are not tracked or included in the number of victim deaths throughout this report.

Three victim suicides have been identified since July 21, 2022. Based on national data, we expect additional victim suicides to exist as a result of domestic violence, but these are difficult to identify. The DADRT accesses data collected by the Nebraska Violent Death Reporting System to better identify victim suicides and other domestic abuse deaths. The DADRT Coordinator, in collaboration with the Omaha Police Department and Lincoln Police Department, works to identify suicide cases in which the victim had prior contact with law enforcement or had filed a domestic abuse protection order within the past two years to enhance the identification and understanding of suicides potentially linked to domestic abuse.

# CASE SELECTION AND REVIEW PROCESS

## Domestic Violence Fatalities Defined

The DADRT examines deaths that occur as a result of domestic violence. The Team may review deaths of the following five categories:



## BACKGROUND

The DADRT collaborates and conducts a multidisciplinary analysis of the victims' experiences, perpetrator behaviors, and general circumstances surrounding domestic abuse deaths. Through the review process, the Team identifies contributing factors related to the decedents, perpetrators, and systems responsible for supporting, assisting, and protecting victims from domestic abuse. The collaborative efforts of the review process provide an opportunity to improve the State's response to address the needs of domestic violence victims. Domestic abuse cases are reviewed only after the criminal case has been finalized or a perpetrator's death occurs.

Each year, the Team conducts two comprehensive reviews while gathering records and generally reviewing all domestic abuse deaths in Nebraska. As more data is gathered, the Team will continue to gain insights to provide recommendations.

# CASE SELECTION AND COMPREHENSIVE REVIEW

Domestic Abuse Death Occurs

Team Coordinator Identifies Domestic Abuse Death

Criminal Justice Response to Death is Completed

Team Coordinator Gathers Relevant Records

Team Coordinator Conducts General Case Review

DADRT Selects Case(s) for Team Comprehensive Review

Team Coordinator Distributes Case File to Team

Interviews with Relevant Parties: family, friends, & case professionals

Team Meets for Review in City Where Death Occurred

Recommendations Developed and Compiled by Team Coordinator

The Team reviews many types of records, including law enforcement, health and human services, employment, school, medical, mental health records, and many more.

Interviews are conducted with family, friends, loved ones of victims and perpetrators, and professionals with whom they had contact.

During the comprehensive review process, local professionals in each city where the death occurred are invited to talk about their experiences with domestic violence, share their successes and barriers to success, and identify gaps in the system in serving victims and investigating cases. Team members consider this information when forming recommendations.

Data and recommendations in this annual report are submitted to the Governor, Legislature, and Attorney General.

At least two comprehensive reviews are completed by the DADRT each year.

Every domestic abuse death receives a general review where the coordinator gathers information and data from records.

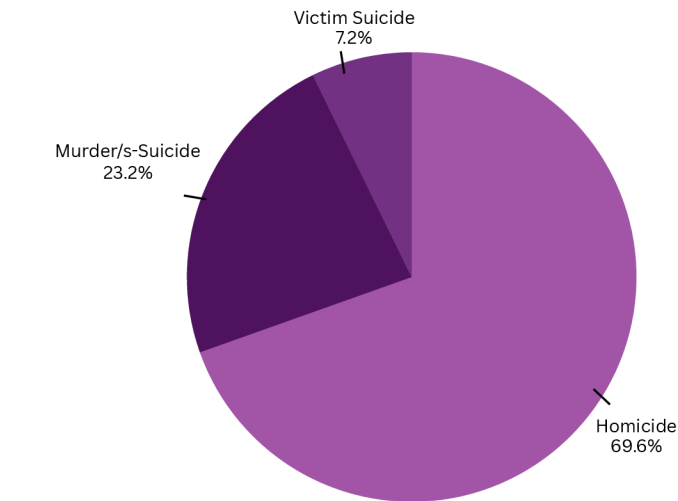
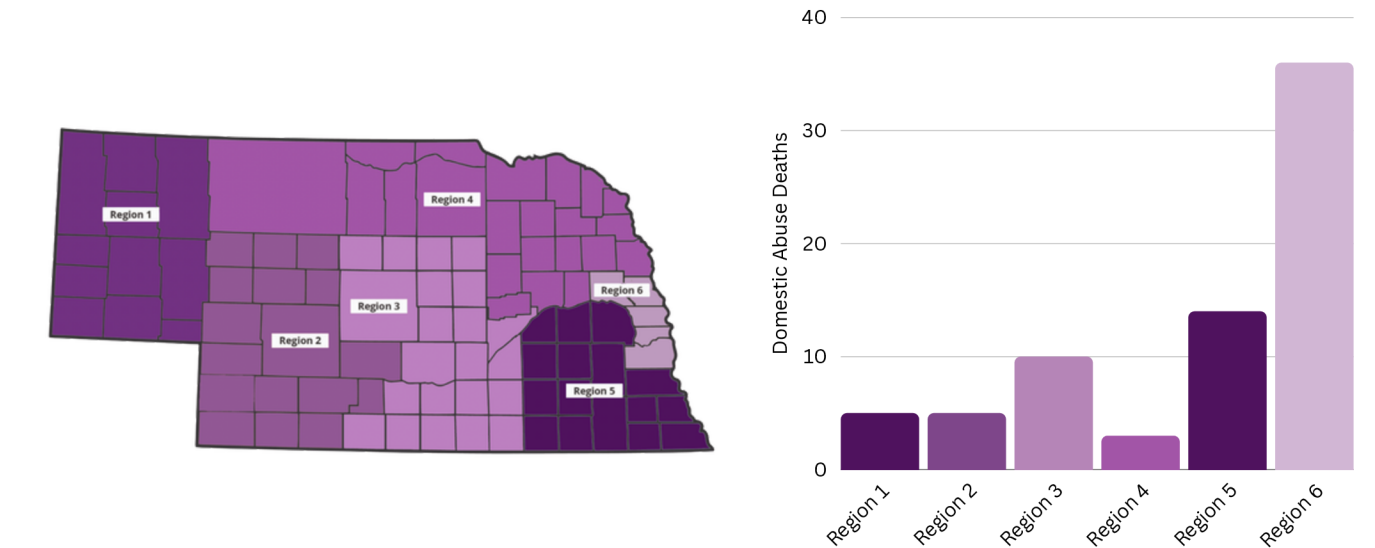
# NEBRASKA STATISTICS

The following information on pages 8-10 include all identified domestic abuse deaths that have occurred in Nebraska from July 21, 2022, to July 1, 2025.

## Domestic Abuse Deaths

| July to Dec 2022 | 2023 | 2024 | Jan to July 2025 | Total |
|------------------|------|------|------------------|-------|
| 14               | 30   | 13   | 15               | 72    |

## Domestic Abuse Deaths by Region



## Domestic Abuse Death Types

All victim suicides were female.

Three victim suicides have been identified since July 21, 2022.

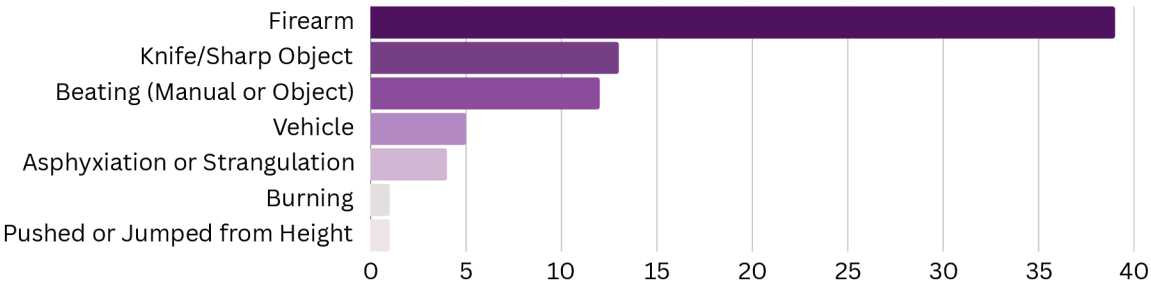


# Domestic Abuse Victim Deaths Per Capita

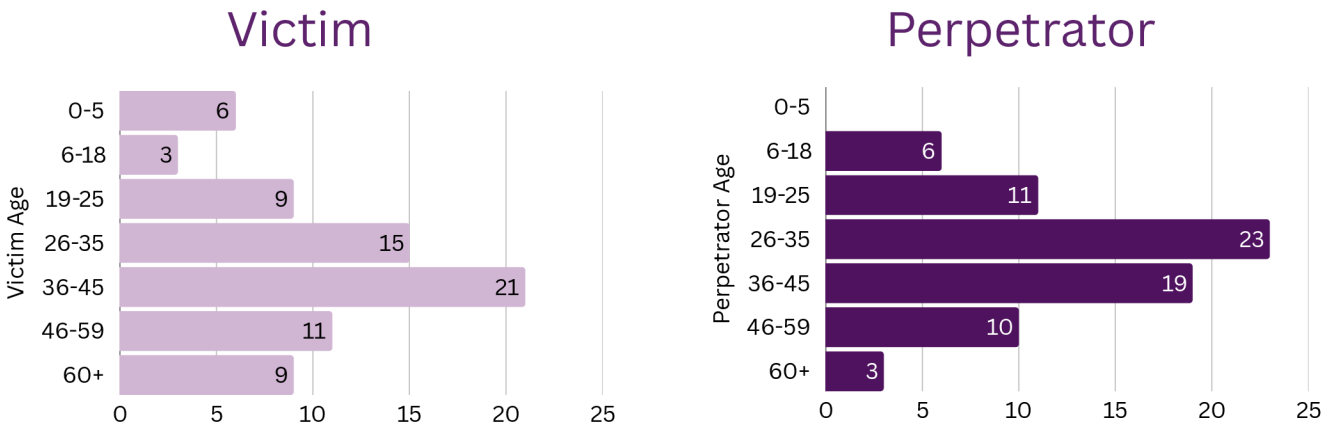
| County       | Population (2023 est.) | Deaths | Rate of Victim Deaths per 1,000 |
|--------------|------------------------|--------|---------------------------------|
| Douglas      | 589,540                | 28     | 0.047                           |
| Lancaster    | 326,716                | 8      | 0.025                           |
| Sarpy        | 199,886                | 5      | 0.025                           |
| Hall         | 62,197                 | 2      | 0.032                           |
| Buffalo      | 50,697                 | 2      | 0.039                           |
| Dodge        | 37,187                 | 1      | 0.027                           |
| Scotts Bluff | 35,699                 | 2      | 0.056                           |
| Platte       | 34,609                 | 1      | 0.029                           |
| Lincoln      | 33,365                 | 1      | 0.03                            |
| Dawson       | 24,085                 | 5      | 0.208                           |
| Cass         | 27,446                 | 1      | 0.036                           |
| Gage         | 21,634                 | 2      | 0.093                           |
| Washington   | 21,152                 | 1      | 0.047                           |

| County   | Population (2023 est.) | Deaths | Rate of Victim Deaths per 1,000 |
|----------|------------------------|--------|---------------------------------|
| Seward   | 17,671                 | 1      | 0.057                           |
| York     | 14,356                 | 1      | 0.07                            |
| Phelps   | 9,057                  | 1      | 0.11                            |
| Hamilton | 9,537                  | 2      | 0.21                            |
| Wayne    | 9,874                  | 1      | 0.101                           |
| Butler   | 8,459                  | 1      | 0.118                           |
| Keith    | 8,113                  | 1      | 0.123                           |
| Colfax   | 10,566                 | 1      | 0.095                           |
| Sheridan | 4,928                  | 1      | 0.203                           |
| Morrill  | 4,504                  | 1      | 0.222                           |
| Nuckolls | 4,095                  | 1      | 0.244                           |
| Clay     | 6,116                  | 2      | 0.327                           |
| Garfield | 1,763                  | 1      | 0.567                           |

## Methods of Violence Utilized in Death Incidents

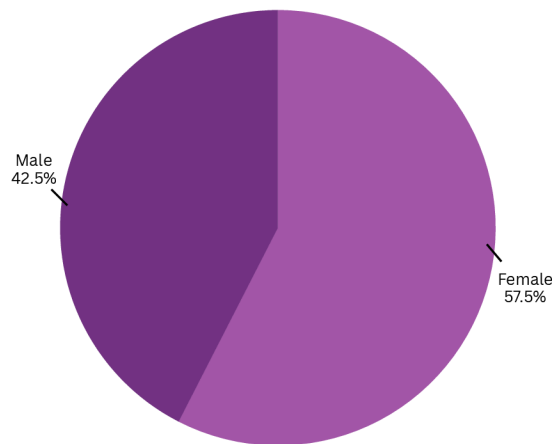


## Age at Time of Victim’s Death

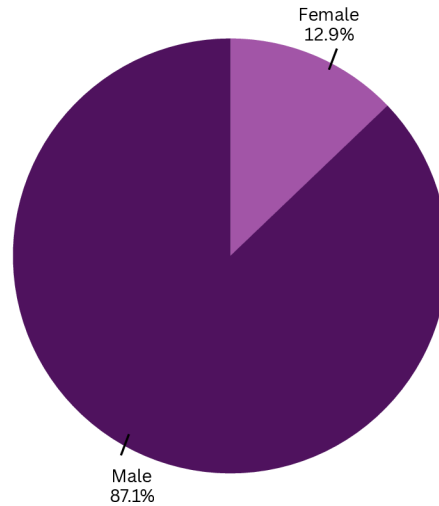


Domestic abuse affects individuals across all age groups, highlighting its pervasive nature and underscoring the complexity of addressing it as a public health and safety issue.

## Victim Gender



## Perpetrator Gender



73.1% of female victims were killed by a current or former intimate partner.

53.1% of male victims were killed by a family member, and 28.1% were killed by a current or former intimate partner.

86.6% of murder-suicides involved current or former intimate partners. In all recorded cases, the perpetrators were male.

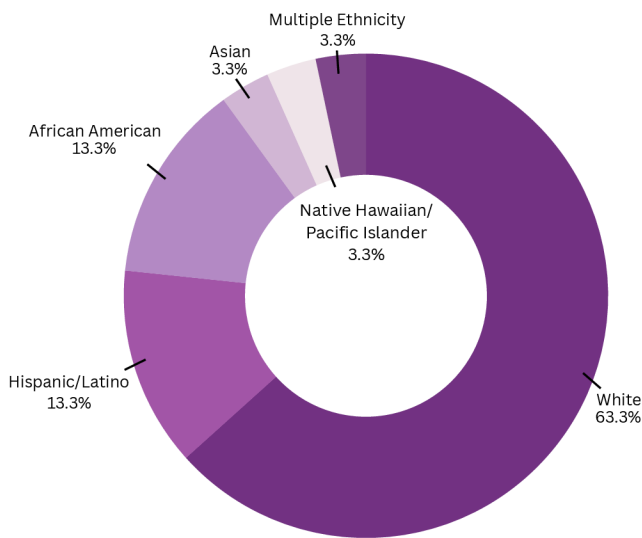
| Case Progress    | Court/Investigation In Progress | Completed Cases Reviewed |
|------------------|---------------------------------|--------------------------|
| July to Dec 2022 | 4                               | 8                        |
| 2023             | 16                              | 12                       |
| 2024             | 7                               | 7                        |
| Jan-July 2025    | 13                              | 0                        |
| Total            | 39                              | 27                       |

# VICTIMS

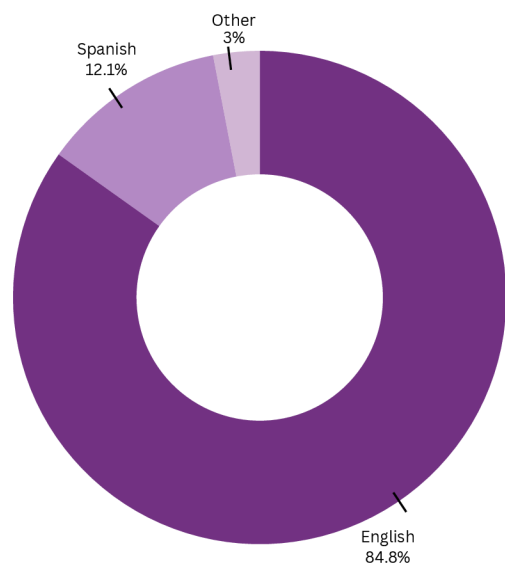
## Data Scope and Limitations

The following statistics and findings on pages 11-15 are based solely on data from the 27 cases (30 victims) reviewed by the DADRT between July 2022 and July 2025. While this approach ensures the accuracy and integrity of the findings, it is important to note that the data may not reflect all domestic abuse-related deaths during this period due to statutory limitations, ongoing case reviews, or pending determinations.

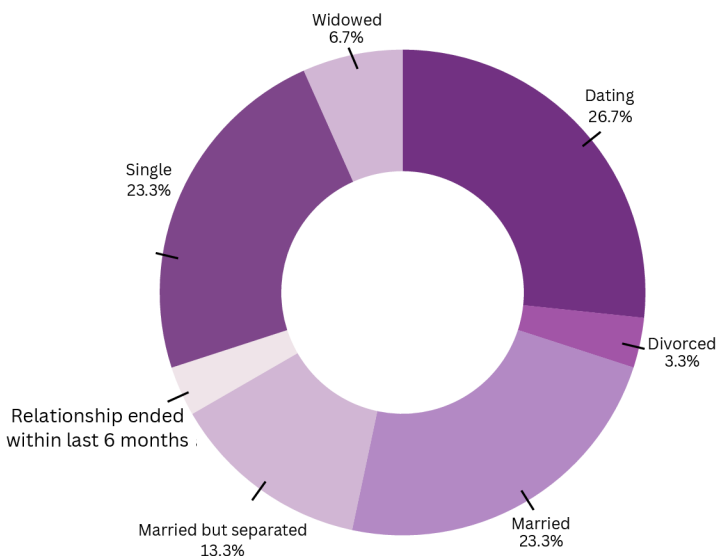
### Ethnicity



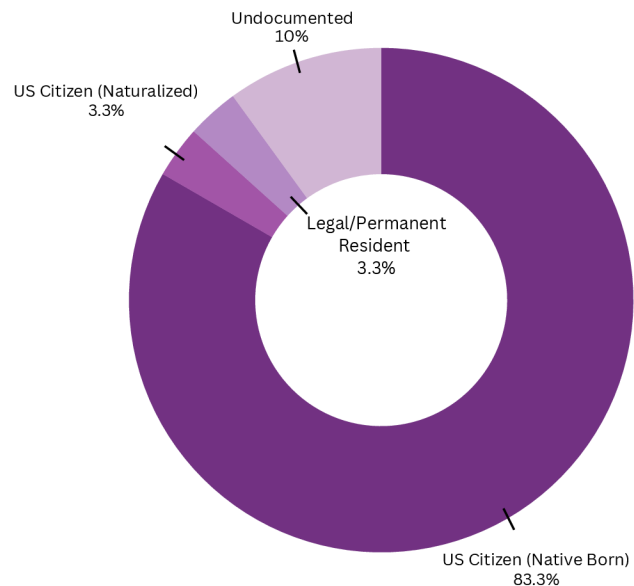
### Language



### Relationship Status

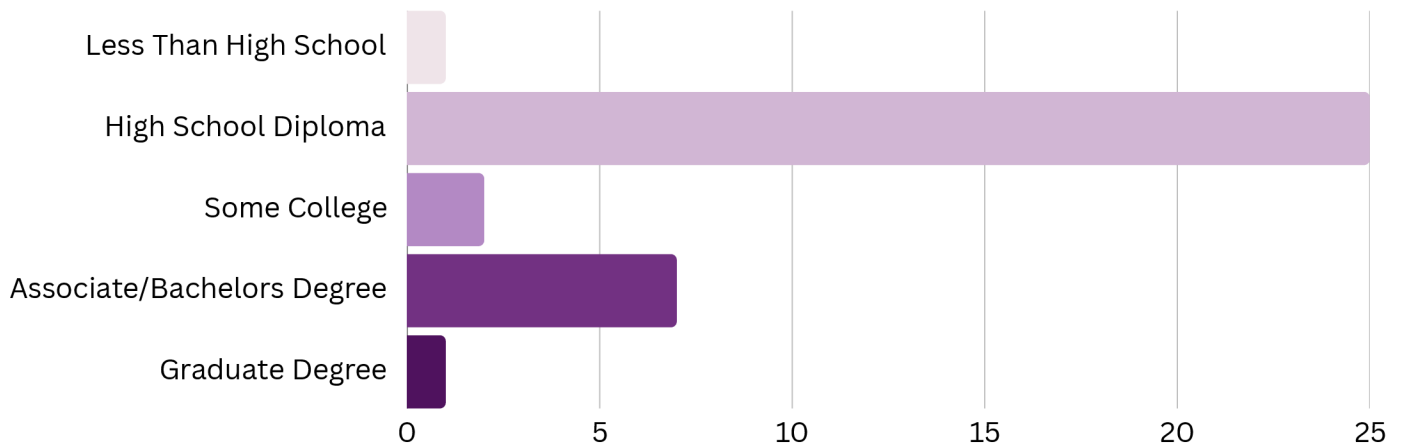


### Immigration Status



# VICTIMS

## Highest Level of Education



56.7% of victims were employed, 20% were unemployed, and 36.7% were receiving public assistance at the time of their deaths.

Approximately 43.3% of victims had a documented history of physical abuse by the perpetrator prior to the fatal incident, while 30% experienced psychological or mental abuse.

In 83.3% of cases, the victim's family was aware of violence prior to the fatal incident. Friends had prior knowledge in 66.7% of cases, while investigative agencies were aware in 53.3%. Awareness was lower among coworkers (16.7%) and victim services providers (10%).

## System Contact in Year Prior to Victim's Death

Law Enforcement: 20%

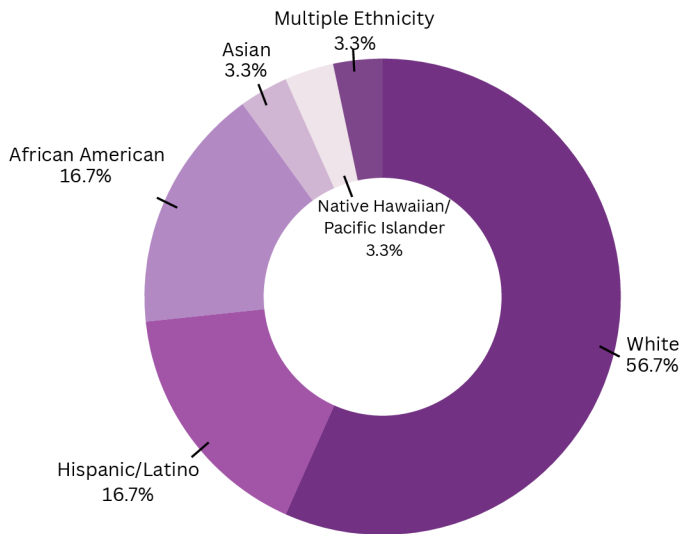
Child Protective Services: 20%

Civil & Criminal Court: 13.3%

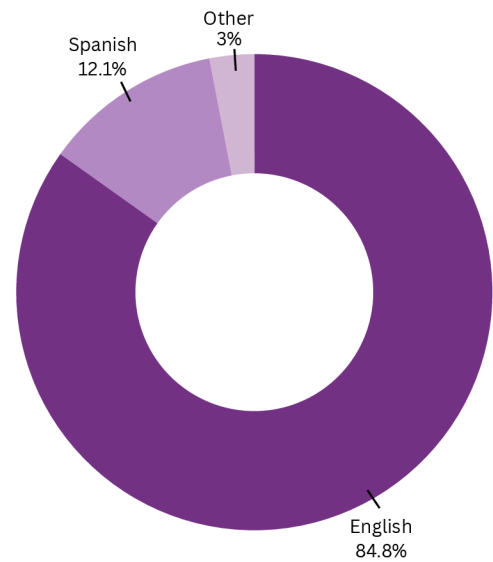
Hospital/Clinic: 13%

# PERPETRATORS

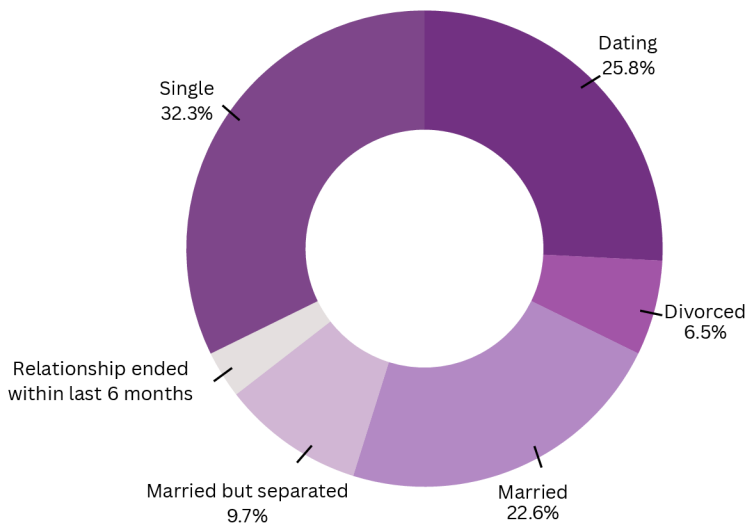
## Ethnicity



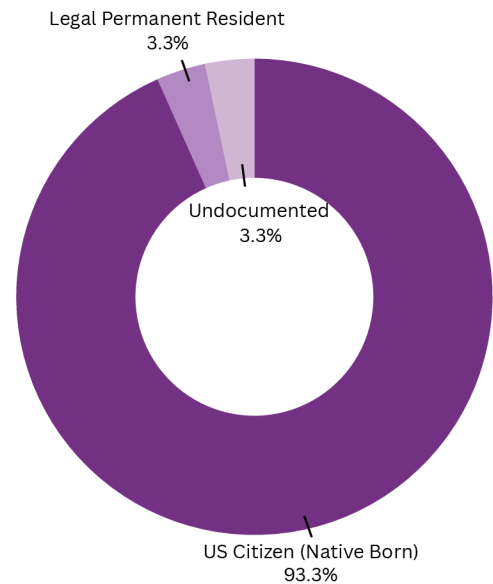
## Language



## Relationship Status

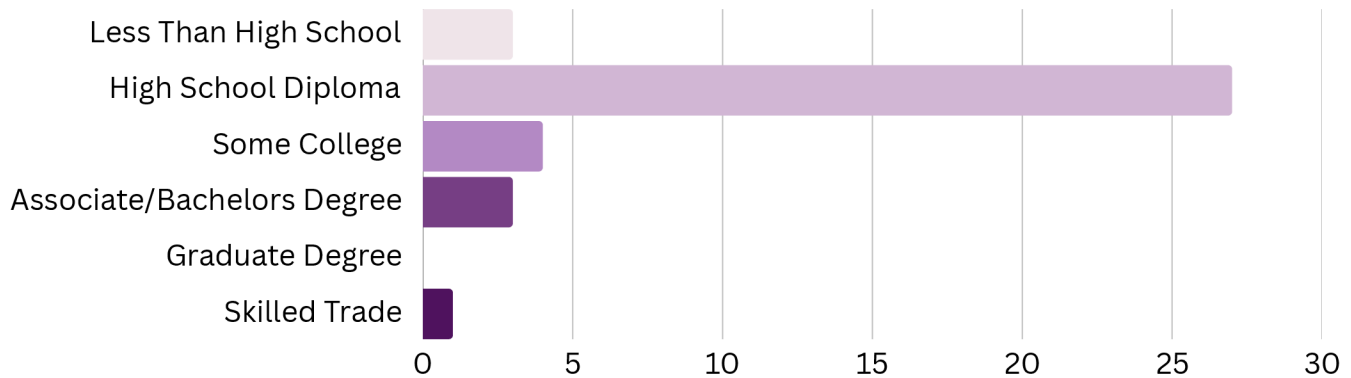


## Immigration Status



# PERPETRATORS

## Highest Education Level



53.3% of perpetrators were employed, 23.3% were unemployed, and 26.7% were receiving public assistance at the time of their deaths.

At the time of the victim(s) death, 6.7% of perpetrators had an active protection order filed against them. Over the course of their lives, 20% had at least one protection order granted against them, and an additional 10% had two such orders granted.

The majority of perpetrators (63.3%) had no prior convictions for violent offenses. However, 13.3% had one prior violent offense, and 23.3% had two or more. These findings suggest that while many perpetrators had no documented history of violence, a notable portion had established patterns of violent behavior prior to the victim's death.

## System Contact in Year Prior to Victim's Death

Law Enforcement: 43%

Child Protective Services: 20%

Civil & Criminal Court: 13.3%

Hospital/Clinic: 13%

# TREATMENT & MENTAL HEALTH

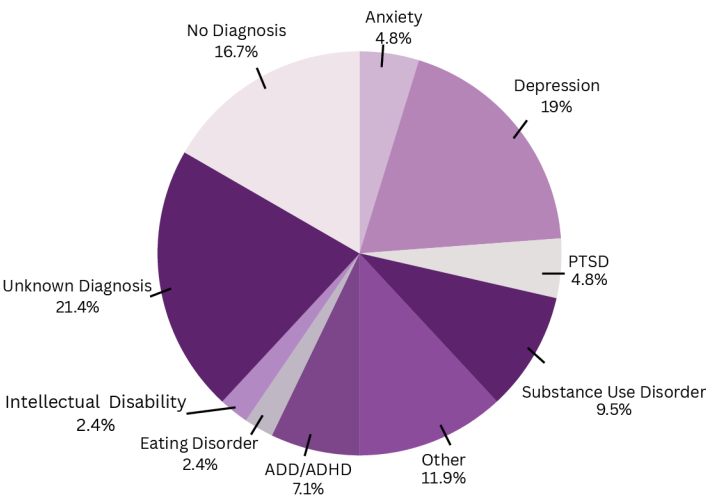
Mental Health

Substance Use

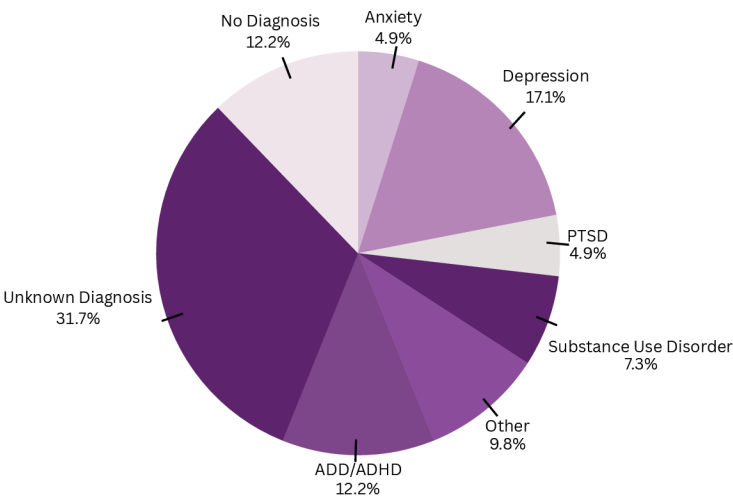
|                | Victims | Perpetrators |
|----------------|---------|--------------|
| No Treatment   | 20%     | 20%          |
| Last 6 Months  | 20%     | 10%          |
| Last 1-2 Years | 10%     | 6.7%         |
| Over 5+ Years  | 6.7%    | 13.3%        |
| Unknown        | 30%     | 43.3%        |
| Not Applicable | 13.3%   | 6.7%         |

|                | Victims | Perpetrators |
|----------------|---------|--------------|
| No Treatment   | 30%     | 50%          |
| Last 6 Months  | 6.7%    | 6.7%         |
| Last 1-2 Years | 10%     | 0            |
| Over 5+ Years  | 3.3%    | 3.3%         |
| Unknown        | 6.7%    | 40%          |
| Not Applicable | 43%     | N/A          |

Mental Health Diagnosis



Victim



Perpetrator

# DADRT FINDINGS

## Impact on Children

Between July 2022 and July 2025, 7 children under the age of 19 were killed as a result of domestic abuse homicide. At least 16 children witnessed a domestic abuse death of a parent, stepparent, or parent's intimate partner, and 49 children of victims' lives were forever impacted by a parent's death. 20% of perpetrators had a documented instance of perpetrating abuse on a child. 30% of perpetrators had a documented history of experiencing abuse as a child. In the reviewed cases, 59.3% had 0 to 2 prior calls to law enforcement or child protective services for violence. 33.3% of cases had 3 to 5 prior calls, while 7.4% of cases involved 6 to 10 prior calls, indicating a history of repeated concerns prior to the victim's death.

## Victim Access to Services

According to many Nebraska victim serving agencies, victims are increasingly seeking alternative legal remedies, such as stay-away orders, also known as trespassing orders, instead of pursuing protection orders, either to avoid the court process or due to a lack of confidence in the effectiveness of protection orders.

According to a statewide survey conducted by the DADRT in February 2025, non-English-speaking victims often face limited access to interpreters and culturally appropriate services in their native language. Additionally, growing concerns related to immigration status and enforcement have led to increased hesitation among victims to seek services, report incidents of domestic violence, file for protection orders, or engage with the court process. The statewide DADRT survey revealed that victim-serving agencies report significant barriers in the following areas:

- Finding trained interpreters
- Reliance on Google Translate or phone interpretation
- Delayed 911 responses due to language identification issues
- Limited multilingual services available to victims

Victim serving agencies also report that access to affordable housing and childcare remains a significant barrier for victims attempting to leave abusive partners. Rising rent prices across Nebraska have further limited available options, leaving many victims with few safe or viable alternatives for escaping violent or dangerous situations.

## Indicators of Domestic Violence Death

Across the cases reviewed, a number of well-established warning signs and risk factors for domestic violence-related homicides were identified. These findings continue to highlight the urgent need for early intervention and coordinated community response:

- 46.7% of perpetrators had a known history of domestic violence.
- 43.3% experienced abuse during childhood, pointing to long-term cycles of violence.
- 43% had a criminal record, indicating patterns of harmful behavior beyond intimate partner violence.
- 33.3% had made explicit threats to kill their victim prior to the homicide.
- 26.7% threatened their victim with a weapon.
- 23.3% purchased a weapon shortly before committing the homicide.
- 23.3% had a diagnosed mental health condition.

These data points reinforce the importance of risk assessments, survivor-centered safety planning, and systems-level collaboration to prevent future tragedies.



# Domestic Abuse Death Contributing Factors

The DADRT identifies contributing factors in each case to better understand the complex circumstances surrounding domestic abuse-related deaths. These contributing factors are not considered direct causes of death but are instead viewed as influencing circumstances that may have increased risk or reduced opportunities for intervention.

Most cases reviewed by the DADRT involve multiple contributing factors, highlighting the multifaceted nature of domestic violence and underscoring the need for comprehensive, coordinated responses across systems and communities.

**Below are the most commonly identified contributing factors between July 2022 and July 2025.**

1

## **Prior Violence & Intimate Partner Violence: 81.5%**

Physical, financial, emotional abuse, or stalking perpetrated by a current or former intimate partner, family member, friend, acquaintance, or stranger.

2

## **Access/Financial Barriers: 59.3%**

Systemic barriers, such as lack or loss of healthcare insurance or other financial duress, as opposed to noncompliance, impacted their ability to care for themselves. Other barriers to accessing care: insurance non-eligibility, provider shortage in their geographical area, and lack of public transportation.

3

## **Mental Health Conditions: 55.6%**

Case participants had a documented or suspected diagnosis of a psychiatric disorder.

4

## **Assessment: 44.4%**

Factors placing the individual at risk for abuse and violence were recognized, and they were not transferred/transported to a provider able to give a proper level of care.

5

## **Unstable Housing: 40.7%**

Case participants lived “on the street,” in a homeless shelter, or in transitional or temporary circumstances with family or friends.

A wide range of contributing factors are considered in each case, including but not limited to education and awareness, cultural influences, law enforcement response, legal and procedural delays, policies, outreach efforts, resource availability, continuity of care, coordination among agencies, and underlying medical conditions.

Each of these elements plays a critical role in understanding the circumstances that may impact domestic abuse deaths and should be carefully examined for their potential influence.

# ITEMS OF INTEREST & DADRT INITIATIVES

## Lethality Assessment

A lethality assessment is a tool used by advocates and law enforcement to identify victims of domestic violence who are at the highest risk of being seriously injured or killed by their partner. Through a series of research-based questions, the assessment helps determine the level of danger in a relationship and guides immediate safety planning and intervention efforts. The goal is to connect high-risk victims with services quickly and prevent future violence or homicide.

In February 2025, the DADRT conducted a statewide survey targeting multidisciplinary professionals, including county attorneys, law enforcement, sexual assault nurse examiners, child advocacy centers, and victim service providers. The purpose of the survey was to assess current use and future needs related to lethality assessments in domestic and dating violence cases.

A total of 58 responses were collected, representing 84 of Nebraska's 93 counties. Of the total responses, 48% were submitted by law enforcement personnel, indicating a strong representation from that sector. However, this also highlights a relative underrepresentation of responses from victim services and advocacy organizations. Additionally, 10% of responses came from Child Advocacy Centers, underscoring a continued focus on the intersection of domestic violence and child welfare.

## Key Survey Findings

### Use of Lethality Assessments

- Only 24% of responding agencies conduct formal lethality assessments.
- Most rely on verbal screening and safety planning rather than structured tools.
- Agencies using assessments often base them on:
  - Incidents involving physical abuse requiring medical treatment
  - Suspect behavior
  - Safety screening questions

### Lack of Coordination in Domestic Abuse Response

- Some rural counties involve only law enforcement, with no advocate or mental health participation.
- Other areas utilize a multidisciplinary approach, including advocates, forensic interviewers, and mental health providers.
- High-risk cases are sometimes managed without coordination, resulting in inconsistent victim protection.

### Training on Domestic Violence Risk Factors

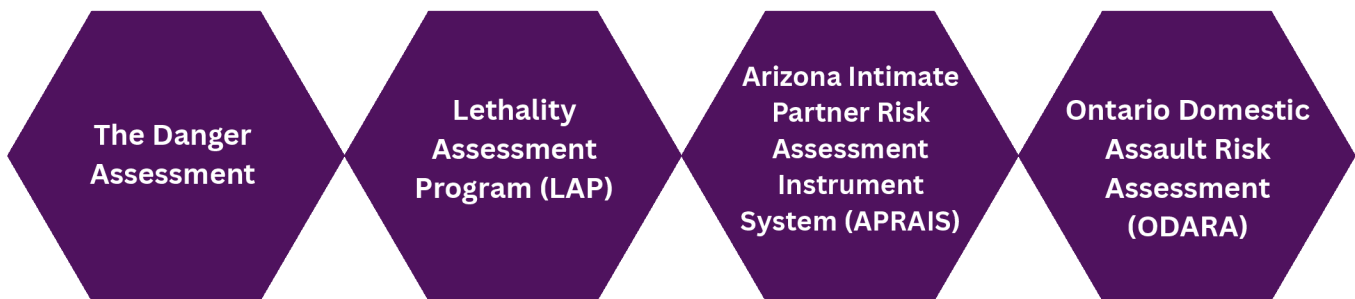
- 71% of agencies report receiving training.
- 24% report no training, and some officers expressed uncertainty in assessing high-risk cases.

# Lethality Assessment Cont.

## Counties with Limited Resources

- Many small, rural communities report low participation in services & service gaps:
  - Agencies here often separate parties and refer victims to distant shelters, with limited structured services.
- Some counties report no formal domestic violence training and expressed uncertainty in handling high-risk cases.

Over the past year, the DADRT conducted a comprehensive review of research-based lethality assessment tools utilized across the United States and internationally. This effort included an in-depth analysis of each tool, direct engagement with researchers and developers, and collaborative discussions focused on identifying the most appropriate and effective assessment model for implementation in Nebraska.



Each assessment was evaluated through the lens of Nebraska's unique infrastructure. The team considered a range of critical factors, including:

- Scope and target population
- Predictive validity and evidence base
- Flexibility and adaptability to various disciplines
- Ease of use in the field
- Implementation requirements and ongoing operational costs
- Documented strengths and limitations
- Experiences and outcomes from implementation in other states and jurisdictions

This review represented a critical step in advancing a standardized, evidence-informed approach to identifying and responding to high-risk domestic violence cases across Nebraska.

The DADRT selected the Lethality Assessment Program (LAP) as the most effective tool for use in Nebraska, citing its widespread national adoption, evidence-based foundation, flexible implementation options, and availability of ongoing support.

# Lethality Assessment Program

The Lethality Assessment Program (LAP) is a research-based tool designed to identify victims of intimate partner violence who are at the highest risk of being seriously harmed or killed. Based on Dr. Jacquelyn Campbell's Danger Assessment, the LAP includes an 11-question Lethality Screen used by first responders and advocates in the field.

Developed from extensive research comparing cases of intimate partner femicide with survivors of abuse, the screen evaluates known risk factors, such as escalation of violence, threats, and controlling behavior. A High-Danger result triggers an immediate, proactive connection to domestic violence services, offering survivors the chance to access support when they may be at greatest risk. The tool also includes sections for demographic information and referral protocol, ensuring a consistent, informed response across cases. If the survivor declines participation or conditions make it unsafe to administer (e.g., presence of the abuser or a medical emergency), the screen is not conducted. The LAP empowers responders to make informed decisions in high-risk situations to improve survivor safety and strengthen early intervention efforts to prevent lethal outcomes.

## **Lethality Assessment Program (LAP) Pilot Implementation**

The DADRT aims to identify two pilot sites across Nebraska to implement the Lethality Assessment Program (LAP). These sites will be strategically chosen based on their well-established partnerships between law enforcement and victim services agencies, as well as their strong history of collaboration and effective communication. One rural site and one rural-metropolitan site will be selected to assess the effectiveness of the LAP in varying geographic and demographic settings.

In addition to these future pilot sites, several metropolitan areas in Nebraska have independently begun utilizing lethality assessments within their own jurisdictions. Upon completion of the pilot programs, the DADRT plans to collaborate with these metro-area agencies to compare and contrast outcomes, implementation strategies, and survivor engagement. This statewide evaluation will inform the development of comprehensive recommendations for the standardized use of lethality assessments across Nebraska, with the goal of enhancing early intervention, improving victim safety, and preventing intimate partner homicides. The DADRT will establish a comprehensive implementation plan for the pilot project, secure appropriate funding, collaborate with the LAP implementation team, and deliver presentations to the selected pilot sites to evaluate their readiness, data collection strategies, and resource and support needs.

# Enhancing Collaboration and Support Across Systems

Through case reviews and discussions with professionals from responding and victim-serving agencies across Nebraska, the DADRT has identified that domestic abuse homicides and victim suicides have a deep and lasting impact on interagency collaboration, staff well-being, and the overall strength of the response system. Feedback from these engagements has highlighted the critical need for strengthened interdisciplinary collaboration, improved support for frontline professionals, and strategies to retain institutional knowledge. It is clear that gaps in coordination between agencies serving both victims and perpetrators significantly affect victim safety, system effectiveness, and the health of the workforce. In response, the team is actively exploring approaches to foster cross-agency partnerships and enhance long-term support for those working in this challenging field. Fortunately, since July 2022, there have been no reported fatalities among first responders during domestic abuse-related incidents.

# Enhancing Collaboration and Support Across Systems cont.

## First Responder Privileged Peer Support

In Nebraska, first responder peer support programs are not currently considered privileged. This means that communications shared during peer support interactions are not legally protected from disclosure in court or legal proceedings. There are at least 13 U.S. states that currently grant a privileged status to first responder peer support communications.

Privileged peer support ensures confidentiality by law, allowing first responders to speak openly about their experiences without fear of their statements being subpoenaed or used against them. In contrast, non-privileged peer support lacks these legal protections, which can discourage participation and limit the effectiveness of the support provided. Establishing privileged status for peer support programs is critical to protecting the mental health of first responders, promoting early intervention, improving workforce retention, and reducing long-term organizational costs related to burnout, turnover, and untreated trauma.

### Privileged first responder peer support programs influence domestic violence (DV) response in key ways:

- **Improved Response to Survivors:** Peer support programs help responders manage job-related trauma and stress, making them more emotionally available and effective when interacting with DV survivors. This leads to more compassionate, trauma-informed care during crisis situations.
- **Increased Use of Protocols and Referrals:** When responders feel supported and mentally well, they are more likely to follow DV response protocols, including making timely referrals to victim services and pursuing legal options like protection orders.
- **Reduced Repeat Incidents:** Programs that integrate peer support and DV training—such as the DIDVRS model—have shown reductions in repeat domestic violence incidents and improved service coordination, benefiting both survivors and the broader community.
- **Stronger Multi-Agency Collaboration:** Peer-supported responders often communicate more effectively with advocacy and legal partners, strengthening coordinated community responses to DV.

## Co-Location of Victim-Serving Agencies

Co-location refers to the practice of housing multiple agencies that serve domestic and family violence victims within the same physical space. This approach enables real-time collaboration, immediate referrals, and more seamless communication among professionals. Co-location of agencies serving domestic and family violence victims improves information sharing, knowledge exchange, and coordination, resulting in more cohesive and effective support services. This model helps close the gap between policy and practice by fostering accountability among law enforcement and encouraging sustained victim engagement with the legal system, which is key to enhancing victim safety and holding offenders accountable.

In Nebraska, multiple agencies have embraced co-location, with positive outcomes such as increased victim comfort and more streamlined service delivery. Notable examples include BraveBe Child Advocacy Center in Lincoln and Project Harmony in Omaha, both of which house multidisciplinary teams including law enforcement, health services, and advocacy organizations under one roof. These efforts reflect a growing commitment across the state to collaborative, victim-centered care.



# Support for Loved Ones of Victims

## Survivor Support Guide

The Survivor Support Guide is a compassionate and practical guide developed to support individuals and families who have lost a loved one to homicide. Designed to be used during the most critical and disorienting moments, beginning at the time of death notification, it provides clear, step-by-step information on what survivors can expect in the hours, days, and months following the loss. Covering topics such as working with law enforcement, navigating the legal process, managing funeral arrangements, accessing victim compensation, and coping with grief, the manual offers a roadmap through trauma that is both informative and affirming. The Survivor Support Guide is anticipated to be released by the DADRT for statewide use in 2026.

Originally created and implemented by the Omaha Police Department (OPD), they report that the Survivor Support Guide has had a measurable impact on how survivors are supported, empowering them with knowledge while connecting them to vital community resources, such as support groups and counseling services. In recognition of its success, the DADRT has developed an editable version of the manual for use in every jurisdiction across Nebraska. This allows local agencies to tailor the resource to their communities while maintaining the integrity and intent of the original document, ultimately ensuring more equitable and trauma-informed support for survivors statewide.

**The concept of a Survivor Support Guide was shared with the loved ones of victims whose cases were reviewed by the DADRT. Feedback confirmed that such a resource would be extremely valuable, particularly in light of the trauma, shock, and emotional distress experienced immediately following notification of a loved one's violent death.**

## Homicide Support Group

Based on continued feedback from loved ones of deceased victims, it has become evident that ongoing support for children, family members, and friends of both victims and perpetrators of domestic violence-related deaths remains inadequate. The DADRT has identified this as a continuing need within Nebraska. Loved ones and family members of violent homicide victims have reported that traditional grief support services available in their communities often fail to address the unique and complex needs associated with homicide, particularly domestic violence-related homicide.

To begin addressing this identified need, a subcommittee of the DADRT was established. Members of the subcommittee have engaged with the founders of the Omaha Police Department's Homicide Support Group, based in Omaha, Nebraska. This group has demonstrated significant success in offering ongoing support, comfort, and education to individuals grieving the loss of loved ones due to violent homicide.

The DADRT hopes to replicate or expand this model across Nebraska and/or develop virtual support options to ensure broader accessibility. These groups are capable of operating with minimal overhead and ongoing costs, while still delivering a significant and positive impact on the Nebraska community.

# Prevention

## Social Emotional Learning (SEL)

In 2009, the Nebraska Legislature passed the Lindsay Ann Burke Act, requiring public school districts to implement policies addressing teen dating violence, publish them in school handbooks, and ensure both staff training and age-appropriate student education on healthy relationships. Furthering this effort, LB852 was enacted in 2022, requiring behavioral health points of contact in schools, mental health first aid training for staff, and updates to educational innovation grants.

Despite these advancements, consistent implementation of primary prevention programs focused on healthy relationships, prosocial behavior, and domestic violence prevention is still needed across Nebraska schools. The DADRT believes that social-emotional learning (SEL) programs would play a critical role in preventing domestic violence homicides, suicides, and other forms of violent crime. Many cases reviewed by the DADRT involved both victims and perpetrators who were exposed to violence in childhood or began exhibiting violent behaviors during youth. SEL programs help equip young people with the skills to manage emotions, resolve conflict, and build healthy relationships by laying the foundation for safer communities and interrupting cycles of violence before they escalate. To support this goal, the DADRT has established subcommittees to assess current social-emotional learning (SEL) initiatives in Nebraska and explore statewide implementation strategies that can strengthen prevention and reduce future domestic abuse fatalities.

## Nebraska Domestic Abuse Death Review Team Webpage

The DADRT has developed a dedicated webpage to provide professionals and community members with access to information about the team's work, domestic violence awareness, and available resources across Nebraska for victims and their families at [www.ago.nebraska.gov/domestic-violence](http://www.ago.nebraska.gov/domestic-violence).

# Professional Training and System Response

In Nebraska, there is currently no requirement for ongoing or advanced training on the dynamics of domestic abuse for law enforcement, licensed mental health providers, medical professionals, legal practitioners, and other service providers who interact with victims and perpetrators. As a result, well-intentioned professionals may inadvertently cause harm to victims or hinder the effectiveness of the overall system response due to a lack of updated knowledge and specialized training.

Domestic abuse is complex and multifaceted. Continued education on abuse dynamics, trauma, and coordinated system response is essential to improve support for both victims and perpetrators, enhance prevention efforts, and ensure a more effective, trauma-informed service delivery.

To address this gap, the DADRT has established a subcommittee to examine licensing and training requirements for professionals in Nebraska. This group is developing a comprehensive, statewide training initiative that will deliver evidence-based domestic abuse education across professional sectors. The subcommittee is working on public awareness campaigns based on case review findings. For example, numerous cases reviewed involved victims who were new postpartum mothers. After a review of medical records, it was noted that professionals lacked adequate screening for domestic violence, postpartum depression, and connections to available resources. Other recurring concerns included financial stress and lack of access to support, emphasizing the need for increased financial literacy education.

Over the past year, the DADRT delivered training sessions on the team's mission, identified lethality factors, and ongoing initiatives. These presentations were provided to key stakeholder groups, including the Nebraska Foster Care Review Board, the Nebraska Children's Alliance, the Safe and Healthy Families Initiative, the Nebraska Coalition to End Sexual and Domestic Violence, and Heartland Family Services.

# Protection Orders, Firearms, and Victim Safety

Of the 27 cases reviewed by the DADRT, two perpetrators had an active domestic abuse protection order filed against them at the time of the incident. Many pending cases, which have yet to be reviewed, include a perpetrator with an active domestic abuse protection order. In response, the DADRT is examining the effectiveness of protection orders, including community trust in their enforcement and their actual ability to keep victims safe. While protection orders can be effective, particularly when perpetrators perceive and fear legal consequences, this is not always the case. Many individuals who perpetrate domestic abuse do not comply with legal restrictions, especially when there is limited enforcement or accountability.

During the reporting period, the majority of domestic abuse-related deaths and nearly all murder-suicides, involved the use of a firearm. Under 18 U.S. Code § 922 – Unlawful Acts, it is illegal for individuals convicted of certain domestic violence offenses or subject to qualifying protection orders to possess firearms. This federal statute prohibits the sale, transfer, or possession of firearms by those who have been convicted of misdemeanor domestic violence or who are under court-issued restraining or protection orders that meet the legal criteria.

Despite these federal restrictions, firearms are still commonly accessible to individuals at high risk of committing domestic violence. As a result, DADRT is actively monitoring how other states are improving victim safety through measures such as firearm surrender protocols and extreme risk protection orders (ERPOs), which allow for the temporary removal of firearms from individuals deemed to pose a significant danger to themselves or others. Several states have implemented these initiatives with measurable success, demonstrating reduced rates of intimate partner homicide and improved enforcement of firearm prohibitions.

The DADRT has engaged with the National Resource Center on Domestic Violence and Firearms, which offers support and technical assistance to jurisdictions seeking to address firearm-related domestic violence and continues to explore these models as part of its efforts to enhance protective measures for domestic abuse victims in Nebraska.



# LOOKING FORWARD

- Over the next year, the DADRT will seek to complete at least two comprehensive reviews and gather data on at least twelve additional cases.
- The DADRT will develop a detailed lethality assessment implementation plan, secure funding, coordinate with the Lethality Assessment Program (LAP) team, and engage pilot sites to assess readiness, data collection capacity, and support needs.
- The DADRT subcommittees will engage with professionals across Nebraska and beyond to ensure the state remains a leader in victim safety, evidence-based research, and prevention efforts.
- The DADRT will develop and implement a comprehensive, statewide training initiative on domestic abuse. This campaign will educate professionals and community members across all sectors of the system on key topics, including victim safety, the dynamics of domestic abuse, effective victim engagement, investigation of domestic abuse cases and homicides, prosecution strategies, and related areas.
- The DADRT will engage with schools currently implementing social-emotional learning (SEL) programs to assess outcomes and effectiveness. Additionally, the team will review national research on the impact of SEL in relation to domestic abuse prevention and intervention.
- The DADRT will evaluate federal and state firearm possession laws and collaborate with national support organizations to identify opportunities for Nebraska to enhance protections against firearm-facilitated violence and improve victim safety.
- The DADRT will gather information on licensing requirements for professionals across Nebraska who work with victims of domestic abuse. The team will identify training needs that enhance the capacity of these professionals to support victims effectively, as well as contribute to prevention efforts involving potential perpetrators.
- The DADRT will continue to collect insights and experiences from victims, survivors, perpetrators, their loved ones, and the systems that serve them. This feedback will inform the development of meaningful, data-driven recommendations aimed at preventing future domestic abuse-related deaths.

## Closing

The Nebraska Domestic Abuse Death Review Team extends its sincere gratitude to the dedicated criminal justice and community service professionals across the state whose support and record contributions made comprehensive case reviews possible. We also offer a heartfelt thank you to the community professionals and family members who courageously shared their experiences with our team. Their voices continue to inform and strengthen our efforts to prevent future domestic violence tragedies.

The DADRT remains committed to reducing domestic abuse-related deaths and strengthening support systems for victims across the state. As we reflect on the past year, we honor and remember those whose lives were tragically lost to domestic abuse. It is our hope that this report—and those to come—will inform and inspire meaningful changes in policy, practice, and prevention efforts throughout Nebraska.

# DADRT MEMBERS



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## Appointment

Team members are  
appointed according  
to the requirements  
in Nebraska Revised  
Statute 71-3416.