# Family hopes domestic abuse review will prevent deaths like Tracey Kidd’s



Gerry Steward has expressed her hope that a thorough review of the circumstances surrounding the tragic death of her sister, Tracey Kidd, will help prevent similar incidents from occurring in the future. Tracey, aged 57, developed a friendship with Paul Vissers through prison correspondence while he was incarcerated at Peterborough and later at HMP Norwich. Their relationship deepened, and they were together following Vissers' release in April 2019. Tragically, Tracey’s life ended a year later, in March 2020, when her body was discovered at a property in London after concerns arose for her wellbeing. It was determined that she had died from a head injury.

In a twist of fate, Vissers, who had been serving time for armed robbery, was charged with Tracey’s murder. Ultimately, he pleaded guilty to its manslaughter in 2021, receiving a ten-year sentence—comprising six years in custody followed by four years on licence—during a hearing at Wood Green Crown Court. Evidence presented at the trial revealed that Tracey had endured prolonged periods of controlling and abusive behaviour at the hands of Vissers, effectively isolating her from her family and subjecting her to both physical and emotional trauma.

In the aftermath of this tragedy, a Domestic Abuse Related Death Review (DARDR) was conducted by the Norfolk Community Safety Partnership in collaboration with the Hackney Community Safety Partnership. The review emphasised the necessity of improved communication and information sharing between agencies to identify risk factors associated with domestic abuse. Recommendations included implementing systematic enquiries to uncover domestic and economic abuse, and enhancing safeguards for individuals in contact with incarcerated offenders.

Gerry Steward welcomed the findings of the review but described the emotional toll of its publication as bittersweet, recalling the vibrant person Tracey was. “I hope this will help prevent future tragedies,” she remarked, noting her own responsibility in introducing Tracey to Vissers during a time when she was feeling isolated and bored. After discovering that Vissers had no friends or correspondence, Gerry encouraged her sister to connect with him, a decision she later lamented, feeling that it contributed to Tracey's untimely death.

Tracey was deeply loved and missed; a grandmother and great-grandmother, she left behind a family grieving her loss. Her funeral, held in 2020 during the COVID-19 lockdown, faced limitations on attendees, yet friends and family gathered outside in support. The report's recommendations aim to prevent similar outcomes in the future, as another of Tracey’s sisters stated, “No-one should have to live in fear or silence... We owe it to those we've lost, and those still with us, to listen, to learn, and to act.”

Beyond Tracey’s case, the reviews highlight broader issues within domestic abuse contexts, including the need to recognise coercive control and financial abuse across demographics. For instance, findings from other DARDR cases underscore the necessity for agencies to adapt practices that acknowledge and respond effectively to both male and elderly victims of domestic violence. These revelations point to systemic failings in addressing domestic abuse, advocating for a more compassionate and accountable approach across all protective services.

The insights gained from these reviews have been positioned as potential catalysts for change, urging local agencies and communities to take decisive action. This call for reform aims not just to reflect on past failures, but to create future safeguards that prioritise safety and welfare for all vulnerable individuals.

## Reference Map:

* Paragraph 1 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss)
* Paragraph 2 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[2]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-information-sharing-between-organisations-listening-to-the-voice-of-the-child-and-the-male-experience-of-domestic-abuse-services/)
* Paragraph 3 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[4]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-need-to-recognise-coercive-control-and-financial-and-carer-abuse/)
* Paragraph 4 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[5]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-hearing-the-patients-voice/)
* Paragraph 5 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[3]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-hearing-the-voice-of-older-adults-and-a-think-family-approach/)
* Paragraph 6 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[6]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-need-to-recognise-carers-and-carer-stress/)
* Paragraph 7 – [[2]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-information-sharing-between-organisations-listening-to-the-voice-of-the-child-and-the-male-experience-of-domestic-abuse-services/), [[4]](https://www.norfolk-pcc.gov.uk/news/review-highlights-the-need-to-recognise-coercive-control-and-financial-and-carer-abuse/)
* Paragraph 8 – [[1]](https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss), [[7]](https://www.norfolk-pcc.gov.uk/who-we-are/community-safety-partnership/domestic-abuse-related-death-reviews/published-domestic-abuse-related-death-reviews/)

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## Bibliography

1. <https://www.edp24.co.uk/news/25181680.review-death-city-woman-killed-prison-pen-pal/?ref=rss> - Please view link - unable to able to access data
2. <https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-information-sharing-between-organisations-listening-to-the-voice-of-the-child-and-the-male-experience-of-domestic-abuse-services/> - This article discusses a Domestic Abuse Related Death Review (DARDR) into the death of Val, a 27-year-old man who took his own life in March 2023. The review highlights the need for agencies to recognize and respond appropriately to domestic abuse in male victims, strengthen safety planning for those with suicidal thoughts, ensure the voice of the child is heard, and address barriers in information sharing across agencies. Recommendations include updating domestic abuse policies and training, improving safety plans for patients with suicidal ideation, and enhancing information sharing between agencies.
3. <https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-hearing-the-voice-of-older-adults-and-a-think-family-approach/> - This article covers a DARDR into the death of Sofia, an 89-year-old woman killed in a house fire set by her grandson in December 2020. The review emphasizes the importance of hearing the voice of older adults, adopting a 'think family' approach, and recognizing the limitations of assistive technology. Recommendations include ensuring older adults' voices are heard, adopting a 'think family' approach, promoting professional curiosity, and improving risk assessments, especially in familial domestic abuse cases. The article also discusses the limitations of assistive technology in such contexts.
4. <https://www.norfolk-pcc.gov.uk/news/review-highlights-the-need-to-recognise-coercive-control-and-financial-and-carer-abuse/> - This article discusses a Domestic Homicide Review (DHR) into the death of Helen, who was killed by her long-term partner in 2018. The review highlights the need to recognize coercive control, financial abuse, and carer abuse. Recommendations include creating a missed appointments process for adult patients, adopting safeguarding and domestic abuse policies in GP practices, and developing wider learning for agencies regarding financial abuse. The article also mentions the involvement of various agencies in implementing these recommendations.
5. <https://www.norfolk-pcc.gov.uk/news/review-highlights-the-importance-of-hearing-the-patients-voice/> - This article covers a Safeguarding Adults Partnership Review into the death of Irene, an 83-year-old woman killed by her husband in 2022. The review emphasizes the importance of hearing the patient's voice, supporting practitioners to discuss domestic abuse and suicidal intentions confidently, and recognizing the safeguarding implications of carer stress. Recommendations include training practitioners to discuss domestic abuse and suicide intentions safely, acknowledging the consideration of Dignitas as a potential future risk of suicide, and challenging unconscious bias regarding domestic abuse in older adults.
6. <https://www.norfolk-pcc.gov.uk/news/review-highlights-the-need-to-recognise-carers-and-carer-stress/> - This article discusses a Domestic Homicide Review into the death of Daisy, an 89-year-old woman killed by her husband in July 2019. The review highlights the necessity for professional curiosity and assessment in recognizing carers, carer stress, and the mental well-being of carers and the cared for. Recommendations include implementing campaigns to raise awareness about adult safeguarding and exploring new ways to share important messages on domestic abuse, including animations. The article also mentions the involvement of various agencies in implementing these recommendations.
7. <https://www.norfolk-pcc.gov.uk/who-we-are/community-safety-partnership/domestic-abuse-related-death-reviews/published-domestic-abuse-related-death-reviews/> - This page provides a list of published Domestic Abuse Related Death Reviews (DARDRs) for Norfolk, detailing cases from 2011 to 2025. Each case includes an executive summary and an overview report, offering insights into the circumstances leading to the deaths and the lessons learned. The reviews cover various aspects of domestic abuse, including coercive control, financial abuse, and the importance of hearing the voice of older adults. The page serves as a resource for understanding the outcomes of these reviews and the recommendations made to prevent future tragedies.