healthwatch Greenwich

ROYAL borough of GREENWICH

Raising Awareness of Abuse in Marginalised Communities

March 2026

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Executive Summary

This report presents findings from Healthwatch Greenwich's Raising Awareness of Abuse project, a community-based, co-designed programme delivered in partnership with the Greenwich Safeguarding Adults Board and community groups across the borough.

The distribution of safeguarding cases across communities in Greenwich does not appear proportionate, suggesting that some groups are less likely to come into contact with formal safeguarding pathways. This raises the likelihood of under-reporting. Under-reporting in this context is not an absence of harm. Rather, it indicates that harm may be continuing without visibility to services, and that opportunities for earlier, preventative intervention are being missed. The findings from this project help explain why this gap exists.

While the project aimed to increase awareness of abuse and how to raise concerns, its central finding is more fundamental: safeguarding does not struggle solely because people lack awareness, but because systems are not aligned with how people experience risk, trust, and consequence. Residents are making considered decisions about whether to act, but where the system is not experienced as safe, proportionate, or predictable, the threshold for engaging with it becomes higher. This suggests that improving safeguarding is not only about increasing awareness or encouraging reporting. It requires addressing the conditions that shape whether people feel able to come forward at all.

Acknowledgements

Healthwatch Greenwich would like to thank all of the community groups who took part in this project and helped shape it through their time, openness, honesty, and commitment. Each group brought insight, challenge, care, and generosity to this work. Their willingness to engage with a difficult subject, reflect on lived realities, and help shape materials and discussions in ways that felt meaningful and relevant made this project possible.

We would also like to thank the Greenwich Safeguarding Adults Board for commissioning and actively supporting this project. Their support made it possible to take a community-based and iterative approach, and to explore safeguarding not only as a system process but as a lived experience. In particular, we would like to offer special thanks to Helen Bonnewell and Alyssia Sutherland for their encouragement, engagement, and support throughout the life of the project.

We would also like to acknowledge the leadership of the Chair, Professor Michael Preston-Shoot, whose commitment to strengthening safeguarding practice and to engaging with lived experience has been an important part of creating the conditions for this work.

Finally, we want to acknowledge that this project was built on trust. We are thankful to everyone who made that trust possible and who helped create the conditions for honest discussion, shared learning, and deeper understanding.

Method

This project was a community-based, safeguarding awareness programme, grounded in the understanding that traditional approaches to safeguarding communication are not always accessible, or effective for marginalised communities.

Rather than delivering a standardised offer, the work adopted an iterative co-design approach. Content was adapted for each group, rather than applying a one-size-fits-all model. This included the use of community languages, culturally relevant scenarios, and alternative framing, moving away from formal safeguarding terminology and instead using concepts such as wellbeing, respect, harm and abuse.

This involved working in partnership with community groups across Greenwich, including women's groups, men's groups, faith-based networks, and culturally specific organisations. Groups included:

- Abkara (women)
- Bengali men
- Vietnamese women
- Chinese women
- Nepali women
- Muslim women
- Cure Comm (men and women)
- Arc and You
- Indian Cultural Society

Engagement with each group took place over multiple sessions, typically between two and six, allowing time to test ideas, and refine materials in response to feedback, followed by a final presentation or workshop with the wider group.

Sessions were delivered in community settings, with presentations/workshops delivered or facilitated by community leaders.

The project generated insight through structured but conversational discussions. These were facilitated dialogues that explored how people understand abuse, how they make decisions in situations of concern, and what shapes their willingness to seek help.

Analysis was conducted thematically, drawing on patterns across groups rather than treating each group in isolation. This allowed for the identification of consistent themes. Quotes have been used within the report to illustrate these themes, with minor edits for clarity while preserving meaning.

This methodology reflects Healthwatch Greenwich's wider approach to engagement: prioritising depth over breadth, centering lived experience, and working in partnership with communities to generate actionable insight.

Findings

How Safeguarding Is Experienced

Safeguarding is designed on the assumption that people will identify abuse or have a concern abuse is taking place, decide it is unacceptable, and then raise a concern by reporting it. Recognition leads to action, and action leads to intervention. The findings from this work show that this model does not always reflect how safeguarding is experienced in practice. Instead, residents are navigating situations that are uncertain, relational, and emotionally complex. Harm is often intertwined with care, dependency, and cultural expectations. The same actions can be experienced as both supportive and controlling, making it difficult to draw clear boundaries. As a result, decisions are rarely a straightforward judgement. More often, they are about weighing up potential consequences of acting, of not acting, and of who might be affected.

> *"You don't know if it's serious enough… and you don't know what will happen if you say something."*

An additional barrier is the language of safeguarding itself. Across all groups, the term "safeguarding" was poorly understood, and in some cases not understood at all. In contrast, the term "abuse" was immediately recognisable, even where understanding of its different forms was limited. For this reason, we deliberately used the term "abuse" in our engagement. This allowed conversations to start from what people already understood, rather than requiring them to deal with unfamiliar language. It also enabled a more meaningful exploration of how harm presents in real-life situations, including those that do not fit neatly within formal definitions.

Understanding Abuse

At the outset of this work, many residents described a relatively narrow understanding of abuse, most commonly associated with physical or sexual violence. However, forms of harm that are less visible—such as emotional abuse, financial control, coercion, and psychological pressure were less recognised.

"I thought abuse meant hitting. I didn't realise control or pressure counted."

Recognising that something is harmful does not automatically translate into seeking help or engaging with safeguarding pathways. Recognition sits within a wider context shaped by cultural norms, relationship dynamics, and lived experience. Behaviours that might be defined as abuse within a statutory framework are embedded within relationships of care, obligation, or hierarchy. For example, expectations around family responsibility, respect for elders, or financial interdependence can make it difficult to separate support from control. This does not mean that harm is absent, but that it is harder to identify, name, and respond to in ways that feel appropriate.

Residents described how familiarity and gradual change can obscure recognition. Harm can develop over time, rather than appearing as a single incident. This can make it difficult to pinpoint when something has crossed a line, particularly where trust and emotional connection are involved. Even where abuse is recognised, the decision to act is shaped by a broader set of considerations. These include the potential impact on relationships, fear of escalation, uncertainty about outcomes, and previous experiences of services. In this context, recognition becomes one factor among many, rather than a clear trigger for action.

Financial Abuse

Financial abuse emerged as one of the most significant and under-recognised forms of harm across this work. While residents were familiar with overt forms of financial exploitation, such as scams, there was much less recognition of how financial control can operate within relationships within families, friendships, and close community networks.

Residents described situations where financial arrangements initially appeared helpful or necessary, often in the context of care, shared living arrangements, or cultural expectations around family responsibility. Over time, however, this support shifted into control. Access to money became restricted, decisions were made on someone's behalf without their agreement or consent, or pressure was applied in

ways that reduced autonomy. The absence of a single defining incident means that people may question their own judgement, or feel uncertain about whether what they are experiencing is "serious enough" to warrant concern.

> *"It didn't feel like abuse at first. It was helping… then I was frightened to say no."*

These situations are relational. Trust, obligation, and emotional connection play a role in enabling and sustaining the abuse. This creates a complex dynamic where individuals may feel conflicted, dependent, or reluctant to challenge behaviour for fear of damaging relationships or losing support. Cultural expectations can further complicate this picture. In some communities, there are strong norms around sharing resources, supporting family members, or prioritising collective wellbeing over individual autonomy. While these values are often protective, they can also create conditions in which financial control is normalised or goes unchallenged. This makes it harder to distinguish between expected behaviour and harmful behaviour, particularly where power imbalances exist.

Shame and stigma also play a role. Residents spoke about the embarrassment associated with financial exploitation, particularly where trust has been broken. This can reduce the likelihood of disclosure, especially where the person responsible is within the family or community. We also heard about "financial grooming" within entire community groups, where trust is built over time with large numbers of elderly or vulnerable members before exploitation occurs.

As with other forms of abuse, increasing awareness is only one part of the response. Without addressing the relational and cultural factors that shape how financial abuse is experienced and understood, there will remain significant barriers to recognition, disclosure, and effective support.

Trust

Trust emerged as the single most important factor shaping how residents respond to situations of potential harm. While awareness of abuse varied, trust consistently determined whether individuals felt able to take the next step, whether that was seeking advice, sharing a concern, or engaging with formal services.

Across all groups, trust in statutory services was described as low. This was influenced by a combination of direct experiences and wider community narratives. In some cases, residents spoke about personal experiences where support had been slow, unclear, or did not lead to meaningful change. In others, perceptions were shaped by stories shared within communities, accounts of situations escalating, of people losing control once services became involved, or of outcomes that felt disproportionate or unhelpful.

Residents do not experience services in isolation; they experience them as interconnected. A negative experience with one part of the system, whether health, social care, criminal justice, housing, education, or another service, can reduce confidence in all others. This means that safeguarding cannot be understood or improved in isolation from the wider system in which it sits. Efforts to improve safeguarding that focus only on awareness or process will have limited impact if underlying trust remains low. Without trust, even the most well-designed processes will struggle to reach the people they are intended to support.

Fear of Consequences

Fear of consequences shaped how residents respond to situations of potential harm. Residents described a range of concerns. These included fears about breaches of confidentiality, the potential for family or relationship breakdown, and the possibility that raising a concern could escalate the situation in ways that felt disproportionate, unpredictable, or harmful.

> *"You don't just think about the situation—you think about everything that might happen after. Who will find out? Will people know I've said something? Once you say something, you can't take it back."*

> *"I've seen situations where someone tried to get help and it became a much bigger issue. After that, people were too scared to speak up again."*

Stories of situations escalating, of interventions that felt heavy-handed, or of outcomes that caused unintended harm circulate within communities and shape collective expectations and the narrative of 'things getting worse after speaking up' carries weight.

"You don't always know the full story, but you hear enough to make you cautious. People say, 'be careful, once services are involved, everything changes.' That stays with you."

"It feels like once it's reported, it's out of your hands. You don't know who will be contacted, what decisions will be made, or if everything will just be worse."

"Sometimes people feel the response is too much for what they were dealing with."

Residents spoke about concerns relating to conflict, loss of trust, and wider social consequences, including reputation and standing within community networks.

"If it's someone in your family, it's not just about them—it affects everyone. People take sides, relationships break down, and you can't always repair that."

"In our community, things don't stay private. If something comes out, it can affect how people see you, your family, everything. That's a big risk to take."

The potential for situations to become visible or widely known adds another layer of complexity to decision-making. Maintaining privacy and protecting relationships can feel as important as addressing the harm itself.

Immigration Status

Immigration status emerged as a factor that can both enable abuse and prevent disclosure. In these situations, immigration status becomes a mechanism through which power is exercised and maintained. Residents described how this control is exercised through threats, misinformation, and the deliberate creation of fear.

"He would say, 'If you go to the police or tell anyone, your visa will be cancelled and you'll have to leave'. You don't know the rules properly, and the person you depend on knows that. So whatever they say, you start to believe it. Even if you know something is wrong, you think—if I say something, what will happen to me? Where will I go? Will I be allowed to stay?"

This creates a situation where individuals are not choosing between safety and harm, but between different forms of risk, the risk of ongoing abuse vs the risk of detention or deportation. In this context, non-disclosure may be a rational strategy for survival.

Residents described the belief that different parts of the system are connected, and if information is shared with one service it will be passed to another. Services that are intended to protect can instead be experienced as potentially exposing or risky.

> *"People think everything is connected—doctor, council, Home Office. So even if it's not true, you don't feel safe saying anything."*

Where immigration status is insecure or dependent, the threshold for seeking help may increase significantly. Individuals experiencing abuse may remain effectively excluded from support, not because they do not recognise harm, but because the system does not feel safe enough to approach.

Community Leaders

Community leaders are a largely unrecognised layer within the safeguarding landscape. Across all groups, residents consistently described turning first to someone they trust within their community if or when concerns arise, a group leader, faith leader, organiser, or long-standing community figure. These individuals are accessible, trusted, and understand the cultural and relational context in which situations are unfolding.

> *"People bring serious situations to us, but it doesn't come in a formal way. It comes as a conversation. You have to make a judgement, and that's not always easy."*

However, this layer operates without formal recognition or structured support. Community leaders are often making complex judgements about risk, harm, and next steps without access to clear guidance, defined thresholds, or opportunities to seek advice. They are required to balance multiple, and sometimes competing,

considerations: maintaining trust, protecting individuals, managing relationships within communities, and deciding if and when to involve external services.

> *"We're already dealing with these situations, but you're never completely sure if you're doing the right thing. There's always that question."*

The responsibility of holding sensitive and potentially high-risk situations can be emotionally demanding, particularly where leaders feel uncertain about what the "right" course of action is. There is also a fear of getting it wrong, either by escalating too quickly and damaging trust, or by not escalating and allowing harm to continue. Given the concerns described earlier around trust, escalation, and loss of control, many will attempt to manage situations informally for as long as possible. This means that opportunities for early intervention are missed, or that leaders themselves can become overwhelmed.

At the same time, this informal layer represents a strength, a community asset. It demonstrates that many communities already have mechanisms for recognising and responding to harm, grounded in trust and relationships. The issue is the lack of connection between this existing capacity and formal systems.

Impact

The impact of this project can be understood across three levels. At an individual level, there is increased awareness, reflection, and confidence in recognising harm. At a community level, the work has strengthened the role of trusted leaders and created space for collective discussion. At a system level, it has generated insight into lived experience, perceptions, and community narratives that can inform future approaches.

Delivery and Reach

Sessions	Number of residents attending presentation/workshop	Number of residents receiving hard copy or access to assets via WhatsApp and other channels
Largest group	65	350
Smallest group	10	45
Other groups (x 8)	15–25	70 - 200
Total exposure	**228**	**1,190**

The reach of the project extended beyond those who attended co-design sessions or presentations directly. Community leaders shared materials through WhatsApp groups, Facebook groups, and informal networks, and hard copy leaflets and flyers were widely distributed. However, it is important to interpret this reach with caution. No assumption can be made that these materials were consistently viewed, engaged with, or acted upon. These figures should therefore be understood as an indication of potential reach rather than impact.

Impact on Awareness

Through discussion and reflection, some residents began to identify a broader range of behaviours as potentially harmful, including emotional control, financial dependency, and coercion. The sessions appeared to create moments where

some began to question assumptions and reconsider situations they may previously have accepted.

> *"Before, I would only think of abuse as something very obvious, like physical harm."*
>
> *"Some of the examples we discussed, I hadn't thought of them as abuse. You just think it's normal, but when you talk it through, you start to see it differently."*
>
> *"I wouldn't ignore things so quickly now. Before, you might just think—it's not my place, or it's not serious. Now I would stop and think more about what's actually happening to them and if I should do something."*

While the impact on awareness is difficult to measure and is likely to be modest, there is evidence of increased openness to noticing, questioning, and reflecting on potential harm. The value of the project lies in creating the conditions for ongoing reflection and more informed decision-making over time.

Demand has been another indicator of the value of this work. Half of the groups expressed interest in further sessions, including more in-depth or follow-up discussions.

Impact on Community Leaders

Through the co-design process, community leaders had the opportunity to engage more deeply with safeguarding concepts and reflect on their role in supporting others within their communities.

For some, the most immediate impact was an increased confidence in recognising when something might be concerning, even if it was not clear-cut. In addition, some leaders reflected on the limits of what they could and should manage themselves, and where external support might be needed.

> *"Before, I might have just listened and tried to help in a general way. Now I would be more alert to what might be behind what someone is saying."*

For many leaders, the sessions provided both practical insight and an opportunity to reflect on challenges they were already navigating. However, the co-design sessions and the presentations also highlighted the limits of what can be addressed through short-term engagement alone.

Leaders are often managing these situations alongside other responsibilities, without dedicated time, training, or emotional support. Increased awareness can, in some cases, heighten this pressure by making risks more visible without providing the infrastructure to respond. Importantly, the sessions do not resolve the broader issues identified in this report, particularly around trust, and fear of consequences. These factors will continue to shape if and how leaders feel able to act.

What This Means for Safeguarding

Residents may recognise that something is wrong and still choose not to engage with formal systems because recognition sits alongside other, more powerful considerations, such as trust, perceived risk, and anticipated consequences.

Even where people understand different forms of abuse, real-life situations rarely present in ways that are clear-cut. Instead, they often remain complex, and relational. Efforts to define and raise awareness do not resolve the ambiguity that people experience in practice.

Formal pathways are not experienced as the first or safest option. For many residents, engaging with statutory services is seen as a step that carries risk of escalation, loss of control, or unintended consequences. As a result, people often delay engagement, seek informal advice, or attempt to manage situations themselves. This is not about residents failing to use the system; it reflects how the system is experienced, understood, and judged by those it is intended to support. At its core, this work suggests that safeguarding systems need to shift from asking, “Why don’t people report?” to asking, “What conditions need to be in place for people to feel safe to act?”.

Limitations

This project used a co-design process with specific community groups in Greenwich and was not intended to be representative of all community groups. Moreover, The groups engaged in this project are not homogeneous. While they are described here using broad identifiers (for example, "Vietnamese women" or "Muslim women"), each group included individuals with diverse experiences, and perspectives. The insights generated reflect what was shared within those particular spaces and moments; they should not be taken to represent the views of all people from those communities.

Participation was shaped by existing relationships. Groups who were already connected to community networks, or who already had a trusted relationship with Healthwatch Greenwich were most likely to take part. As a result, the findings are more reflective of communities where engagement had already been built. Those groups who are less connected to community networks may be underrepresented

Finally, while there are indications of increased awareness and confidence, the project was not designed to measure sustained impact over time.

Recommendations

1. Safeguarding must prioritise trust-building as a core function. This requires sustained presence within community settings.
2. Systems should introduce non-escalatory advice pathways, allowing residents and community leaders to seek guidance without triggering formal processes. This is not just about provision. If these pathways are not visible, understood, and trusted, they will not be used. Availability alone does not equate to access.
3. Community leaders should be recognised and supported as safeguarding partners, with access to training, advice, and reflective support.
4. Cultural humility must be embedded across safeguarding systems. This requires ongoing reflection on how culture, power, and lived experience shape interactions with services.

Response from Safeguarding Adults Board

The Royal Borough of Greenwich Safeguarding Adults Board commissioned Healthwatch Greenwich to undertake this project, designed to raise awareness amongst the diverse communities living in the Borough. The Board is very grateful to all those associated with the project. The report of this first six months of this project has been considered by Board members and enthusiastically endorsed. All the recommendations have been accepted and will be taken forward as part of the Board's annual strategic plan, the outcomes of which will be reported in future annual reports, the web address for which is https://greenwichsafeguardingadults.org.uk

The Board intends to continue this project in partnership with Healthwatch Greenwich for a further six months.

Conclusion

This project set out to raise awareness of abuse within marginalised communities. Through a co-designed, community-based approach, it created space for open conversations and reflection. For some residents, this led to a broader understanding of abuse and a greater willingness to notice and question situations that may involve harm. The project also highlighted the role of community leaders as a first point of contact for support.

Beyond these outcomes, the project provides insight into how safeguarding is perceived and experienced in practice. Residents are making careful and informed decisions about whether to seek help, shaped by trust, perceived risk, fear of consequences, and the potential impact on relationships. Where safeguarding systems are not thought to be safe, predictable, and proportionate, engagement becomes uneven. Some communities may be less likely to report concerns, and harm may remain hidden until situations reach crisis point.

The key message from this work is that improving safeguarding is not only about increasing awareness or encouraging reporting. It is about creating the conditions in which people feel able to act. This includes building trust over time, making support visible and accessible, and providing opportunities to seek advice without automatically triggering formal intervention.

Appendices

Image: Arc and You St Peters. Raising awareness of Abuse training

Image: Abkara Women. Raising awareness of Abuse training

Image: Chinese Women. Raising Awareness of Abuse

Image: Cure Comm Women. Raising Awareness of Abuse

Image: Indian Cultural Society. Raising Awareness of Abuse

Image: Vietnam Women. Raising Awareness of Abuse

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