

Managing Disclosure in A&E

Part A: Trainer Notes (Full Detail)

1 Exploring the Victim's Voice

- Mum's early cues: anxiety, withholding information from partner, fear of repercussions, uncertainty about what happened.
- She had suspicions ("I knew something wasn't right") before staff explicitly raised safeguarding concerns.
- The nurse used calm, non-judgemental questions and clear information-sharing explanations which enabled mum to disclose.
- Mum's voice was enabled by reassurance about confidentiality limits and being listened to.

Trainer prompts / discussion

- How did the nurse's language and demeanour enable the disclosure?
- What could have prevented mum from speaking earlier?
- How do we ensure victims in acute settings feel safe enough to disclose?

Activity

Role-play: nurse asks the opening question that invites disclosure ("Sometimes babies are hurt by someone at home – has anything like that happened?"). Practice remaining calm and non-judgemental.

4 Professional Reflections

- Nurse modelled trauma-informed care: calm presence, validation, clear next steps.
- Small actions mattered: delaying discharge gave time; safe delay.

Trainer prompts / discussion

- What did staff do well and why?
- What could have gone wrong if rushed or judgmental?

Activity

Reflective journaling: staff write what they would feel/say in first five minutes after a disclosure.

2 Impact on the Vulnerable Person

- Immediate physical risk: vomiting, unsettled baby, possible non-accidental injury – medical assessment urgent.
- Emotional/relational harm: mum frightened, uncertain whether father did it, fear of loss of child if she reports.
- Secondary harms: risk of immediate re-contact with alleged perpetrator (father) on discharge; family safety and ability to care for infant compromised.

Trainer prompts / discussion

- What are the immediate risks for Kylie and for mum if they were discharged straight away?
- How does fear of child removal prevent disclosure and delay help-seeking?

Activity

Quick risk-scoring exercise: list immediate, short-term and medium-term risks and rank actions needed in order.

5 Ethical & Emotional Dilemmas

- Mum feared being judged and feared social services removing her baby.
- Ethical tension: protect child vs. support parent.
- Staff strain: anger towards perpetrator, fear of error.

Trainer prompts / discussion

- How to validate fear while explaining info-sharing?
- How to look after staff wellbeing?

Activity

Small group: draft compassionate scripts that explain info-sharing while validating parent's fear.

National Safeguarding Service

NHS Safeguarding for a Safer Wales

3 Safeguarding and Duty of Care

- Staff must explain limits of confidentiality clearly: only tell those who "need to know." This was done and enabled disclosure.
- Immediate actions: delay discharge; inform safeguarding lead; ensure no uncontrolled contact with alleged perpetrator; involve police/safeguarding children as appropriate; source safe accommodation (refuge).
- Document everything contemporaneously.
- Multi-agency working: safeguarding lead, social care, police, paediatrics, health visitor, refuge/IDVA.

Trainer prompts / discussion

- What are the clinician's legal/ethical duties when a parent discloses possible abuse by a partner?
- When should police be contacted and how should that call be managed to preserve evidence and safety?

Activity

Simulated handover between A&E nurse → safeguarding lead → paediatric doctor → on-call social worker.

6 Practical Learning Points

- Immediate steps: stabilise baby, preserve evidence, explain confidentiality, delay discharge if unsafe, inform safeguarding lead, consider police referral, safety planning, offer advocacy, document everything, arrange follow-up, staff debrief.
- Do: calm, validate, ask direct gentle questions, be clear about next steps.
- Don't: promise absolute secrecy, lead, imply blame, rush.

Activity / role-play

- Role-play scenarios: nurse disclosure, managing alleged perpetrator, safety planning with frightened parent.
- Short checklist handout: stabilise baby, explain confidentiality, delay discharge, call safeguarding lead, consider police, offer refuge/IDVA, provide contact/follow-up, record and escalate.

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Part B: Handout

Aim

Enable safe disclosure, protect baby, activate rapid multi-agency safeguarding.

Exploring the Victim's Voice

- Notice early cues: parental anxiety, withholding info, fear of repercussions.
 - Use calm, non-judgemental, plain language; explain confidentiality limits.
 - Opening invite: "Sometimes babies are hurt by someone at home. Has anything like that happened?"

Impact on the Vulnerable Person

- Immediate clinical risk → urgent paediatric assessment.
- Emotional harm to mum: fear, uncertainty; risk of re-contact with alleged perpetrator.

Safeguarding & Duty of Care

- Delay discharge if safety unclear; inform safeguarding lead; prevent contact.
- Escalate: paediatrics, social care, police, health visitor, IDVA/refuge.
- Document verbatim, times, names.

Professional Reflection

- Delay discharge if safety unclear; inform safeguarding lead; prevent contact. - Escalate: paedics, social care, police, health visitor, IDVA/refuge.
- Document verbatim, times, names.

Ethical & Emotional Dilemmas

- Acknowledge fear of child removal; balance with child protection; debrief staff.

Practical Learning Flow

1. Stabilise baby → paedics.
2. Explain confidentiality limits.
3. Delay discharge if unsafe.
4. Notify safeguarding lead
5. Consider police/evidence.
6. Safety plan (no perpetrator attendance).
7. Offer refuge/advocacy.
8. Record verbatim + timings.
9. Arrange follow-up & contact.
10. Staff debrief.

Wales: Key Law

- Social Services and Well-being (Wales) Act 2014 (Part 7).
- Wales Safeguarding Procedures (2019).
- Children Act 1989/2004 (applies in Wales).
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015; Ask and Act.
- Achieving Best Evidence (E&W). - NICE NG76 / QS179.