Original Article

PROTECT: Provider Responses, Treatment and Care for Trafficked People intsrument: Translation and Validation in Greek

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Abstract
Background: Frontline healthcare professionals, and particularly nurses, play a pivotal role in the identification of victims of human trafficking. Therefore, the valid assessment of their knowledge and attitudes toward this issue is of critical importance for the design of targeted training programs and for improving the quality of services provided to victims of human trafficking. **Aim:** To translate and validate the PROTECT: Provider Responses, Treatment and Care for Trafficked People instrument in a sample of nursing staff in Greece. **Methods:** We employed the forward-backward method to translate and adapt the PROTECT in Greek language. In particular, two scholars translated the English version of the PROTECT in Greek, and then two other scholars back translated the Greek version in English. Another scholar overviewed the translation procedure solving any discrepancies. We examined the reliability of the PROTECT by calculating Cronbach's alpha. Also, we performed a test-retest study to examine the reliability of the PROTECT by calculating the intraclass correlation coefficient. We examined the construct validity of the PROTECT by performing confirmatory factor analysis. **Results:** The intraclass correlation coefficient (ICC) between the initial measurement and the retest for the factor "self-assessed knowledge" was 0.957 (95% CI = 0.492–0.989) and was statistically significant ($p < 0.001$), indicating excellent reliability. The ICC between the initial measurement and the retest for the factor "general knowledge" was 0.745 (95% CI = 0.365–0.899) and was statistically significant ($p = 0.002$), also indicating excellent reliability. The ICC between the initial measurement and the retest for the factor "knowledge of symptoms" was 0.715 (95% CI = 0.325–0.878) and was statistically significant ($p = 0.004$), indicating excellent reliability. Finally, the ICC between the initial measurement and the retest for the factor "confidence" was 0.958 (95% CI = 0.704–0.988) and was statistically significant ($p < 0.001$), demonstrating excellent reliability. **Conclusion:** The Greek version of the PROTECT instrument is a reliable and valid tool to measure nurses' knowledge and attitudes toward human trafficking.

Keywords: PROTECT; validation; Greek; validity; reliability;

Introduction

Human trafficking constitutes a crime and a contemporary form of slavery. It can be defined as "*the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit*" (United Nations, 2025). Human trafficking is a global phenomenon, manifested in various forms, and its victims may be men, women, or children.

Data collected by the United Nations from more than 100 countries indicate a systematic increase in the number of victims from 2003, when records first began, until 2019, followed by a slight decrease in 2020 (United Nations: Office On Drugs And Crime, 2023). Cases of human trafficking are reported in all European countries, with the highest numbers of victims in 2023 recorded in France (1043), Germany (587), Italy (563), and the Netherlands (469). In Greece, 273 cases of human trafficking victims were documented in 2023 (Eurostat, 2025). Nevertheless, the true prevalence of human trafficking victims is substantially higher than official statistics indicate, as recorded cases reflect only those individuals who have either escaped their traffickers or have been rescued through law enforcement interventions. According to estimates, for every woman who is formally identified as a victim of human trafficking, an additional 2.5 women remain undetected and continue to be exploited. The disparity is even greater among men, where for each identified victim an estimated 9.2 men remain unrecognized. Similarly, for every boy or girl who is documented as a victim, approximately 5.7 children continue to be subjected to trafficking and exploitation. These figures highlight the significant underreporting and hidden nature of human trafficking, underscoring the urgent need for more effective identification strategies and victim-centered approaches (United Nations: Office On Drugs And Crime, 2023).

Human trafficking manifests in multiple forms and is not limited to sexual exploitation, which is often mistakenly perceived as its sole expression. The identified forms of human trafficking, along with their respective prevalence rates, include forced labor (38.8%), sexual exploitation (38.7%), mixed forms of exploitation (10.3%), forced criminal activity (10.2%), forced marriages (0.9%), exploitative begging (0.7%), illegal adoption (0.3%), and trafficking for organ removal (0.2%) (Cockbain & Bowers, 2019; Hachey & Phillippi, 2017; United Nations: Office On Drugs And Crime, 2023). The majority of human trafficking victims are women (42%), followed by men (23%), girls (18%), and boys (17%). Specifically, in cases of human trafficking for forced labor, the majority of victims are men (56%), while 27% are women, 12% are boys, and 5% are girls. Victims of sexual exploitation are predominantly women (64%), with girls accounting for 27% of the victims, boys for 5%, and men for 4%. In cases of human trafficking for forced criminal activities, victims are mainly boys (68%) and men (24%) (United Nations: Office On Drugs And Crime, 2023).

Victims of exploitation experience numerous physical problems that often lead them to seek healthcare services, particularly in Emergency Departments, in order to receive care. Physical problems include severe injuries, fractures, head trauma that may be serious and result in loss of consciousness, sexually transmitted infections, headaches, gastrointestinal disorders, back pain, dental problems, fatigue, dizziness, memory problems, insomnia, and poor concentration. Additionally, physical health issues reported among trafficking victims include significant weight loss, malnutrition, loss of appetite and eating disorders, cardiorespiratory and dermatological conditions, as well as injuries to the vulva and anus (Hachey & Phillippi, 2017; Hemmings et al., 2016; Lederer & Wetzel, 2014; Oram et al., 2016; Ottisova et al., 2016; Raker, 2020).

Healthcare services, and particularly hospitals with emergency departments, often constitute the only structures that victims of human trafficking visit during and after their exploitation. Therefore, the identification of victims by healthcare professionals represents a critically important opportunity for exploited individuals to be recognized and to receive not only the necessary healthcare, but also to initiate the process of protection from their traffickers, as well as the prosecution of the perpetrators. Unfortunately, victims of exploitation either do not perceive themselves

as victims of human trafficking or are afraid to disclose their situation to healthcare professionals. Nurses must be aware of a series of key indicators (red flags), the presence of which can assist them in identifying a potential victim of exploitation (Donahue et al., 2019; Lamb-Susca & Clements, 2018). Several recent studies have underscored the insufficient knowledge of nurses in recognizing victims of human trafficking who present to emergency departments. Importantly, evidence indicates that targeted educational interventions are highly effective, as demonstrated by the significant improvements in post-test knowledge scores compared to pre-test assessments, thereby confirming the positive impact of such programs on enhancing nurses' competencies in this critical area of care (Arceneaux, 2023; Greiner-Weinstein & Bacidore, 2023; Lawrence & Bauer, 2020; Marcinkowski et al., 2022).

Within this framework, the aim of the sudy was the translation and validation of the PROTECT: Provider Responses, Treatment and Care for Trafficked People instrument in a sample of nursing staff in Greece (Ross et al., 2015).

Methods

Study design: We performed our study during May 2024. We employed the forward-backward method to translate and adapt the PROTECT in Greek language (Galanis, Petros, 2019). In particular, two scholars translated the English version of the PROTECT in Greek, and then two other scholars back translated the Greek version in English. Another scholar overviewed the translation procedure solving any discrepancies.

Statistical analysis: To examine whether the Greek translation of the PROTECT instrument follows the factor structure of the original instrument, a confirmatory factor analysis (CFA) was conducted. The statistical indices employed to assess the validity of the Greek version of PROTECT were as follows: χ^2/df, root mean square error of approximation (RMSEA), goodness of fit index (GFI), adjusted goodness of fit index (AGFI), Tucker–Lewis index (TLI), incremental fit index (IFI), normed fit index (NFI), and comparative fit index (CFI). According to the literature, the acceptable thresholds for these indices are: χ^2/df < 5, RMSEA < 0.10, and GFI, AGFI, TLI, IFI, NFI, and CFI > 0.90 (Baumgartner & Homburg, 1996; Brown, 2015; Hu & Bentler, 1998). In this case, the sample consisted of 90 nurses. The confirmatory factor analysis was performed using the AMOS (version 21) statistical software package within SPSS (Amos Development Corporation, 2018).

To assess reliability, the test–retest method was employed. In this case, a sample of 20 nurses was used. Specifically, the following were calculated: Spearman's correlation coefficients between the initial measurement and the retest for each item, since the responses were measured on an ordinal Likert scale and intraclass correlation coefficients (ICC) between the initial measurement and the retest for each factor of the questionnaire. In addition, Cronbach's alpha coefficients were calculated for the total sample, with values greater than 0.60 considered acceptable . For this analysis, the sample consisted of 90 nurses {Citation}. The two-tailed level of statistical significance was set at 0.05. Data analysis was conducted using IBM SPSS Statistics, version 28.0 (Statistical Package for the Social Sciences).

Ethical considerations: We applied the guidelines of the Declaration of Helsinki to perform this study (World Medical Association, 2013). Additionally, the study protocol was approved by the Ethics Committee of Faculty of Nursing, National and Kapodistrian University of Athens, Greece (approval number; 7248, January 21, 2024).

Results

Validity

The study sample comprised 90 participants, with a mean age of 43.4 years (SD = 10.2), a median age of 45 years, and an age range between 23 and 59 years. The majority of the participants were female (86.7%, n = 78), while 13.3% (n = 12) were male.

Factor "Self-assessed Knowledge"

The results of the confirmatory factor analysis for the factor "Self-assessed Knowledge" are presented in Table 1 and Figure 1. The Greek

version of PROTECT demonstrated an excellent fit to the original instrument, as all model fit indices were within acceptable thresholds (model with 9 items loading on a single factor). These findings support the structural validity of the Greek version of PROTECT, confirming the presence of a unidimensional factor structure for "Self-assessed Knowledge."

Table 1. Confirmatory factor analysis results of the PROTECT instrument for the factor "Self-assessed Knowledge."

Model	x^2	df	x^2/df	RMSEA	GFI	AGFI	TLI	IFI	NFI	CFI
9 items with a single factor	30.850	24	1.285	0.057	0.932	0.902	0.978	0.986	0.940	0.986
Acceptable values			<5	<0.10	>0.9	>0.9	>0.9	>0.9	>0.9	>0.9

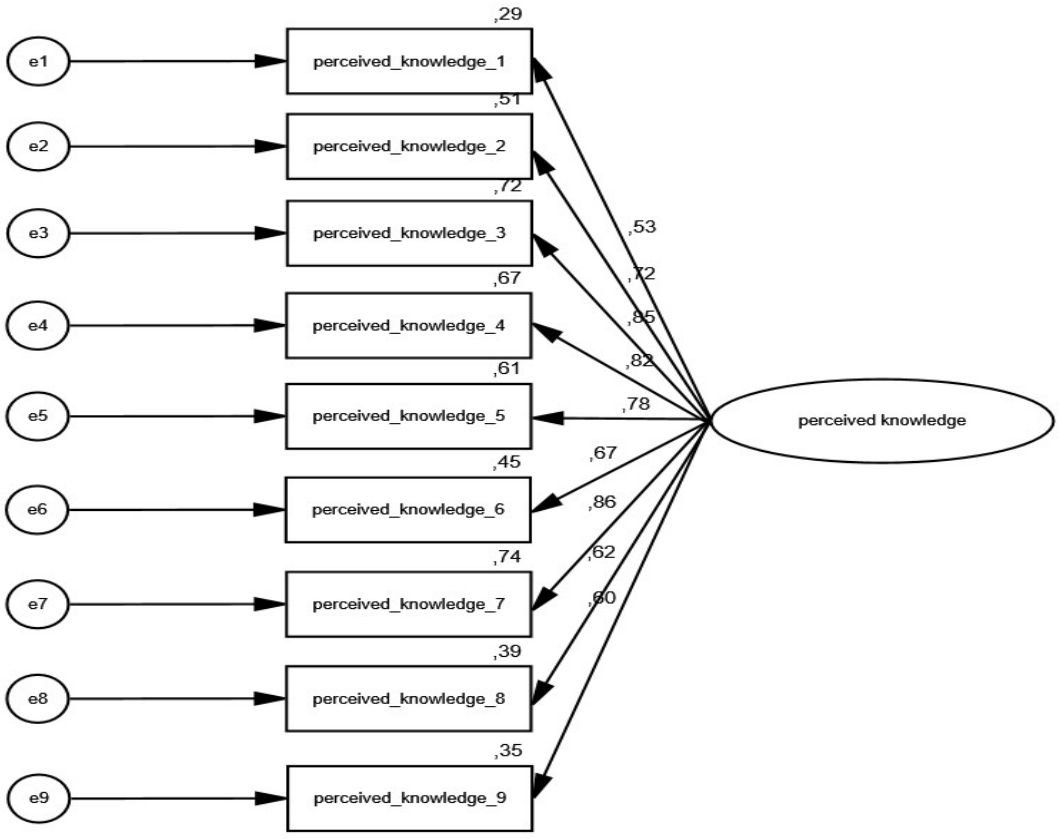

Figure 1. Confirmatory factor analysis of the PROTECT instrument for the factor "self-perceived knowledge".

Factor "Knowledge"

Table 2 and Figure 2 present the results of the confirmatory factor analysis for the factor "knowledge." The Greek version demonstrates an excellent fit with the original structure of PROTECT, as shown in Table 2, with all indices displaying acceptable values (model with 17 items and two factors). Therefore, the Greek version of PROTECT comprises two factors for "knowledge," specifically the factor "general knowledge" and the factor "knowledge of symptoms."

Table 2. Results of the confirmatory factor analysis of PROTECT for the factor "Knowledge".

Model	x^2	df	x^2/df	RMSEA	GFI	AGFI	TLI	IFI	NFI	CFI
17 items with two factors	118.722	107	1.110	0.035	0.902	0.903	0.945	0.961	0.901	0.957
Acceptable values			<5	<0.10	>0.9	>0.9	>0.9	>0.9	>0.9	>0.9

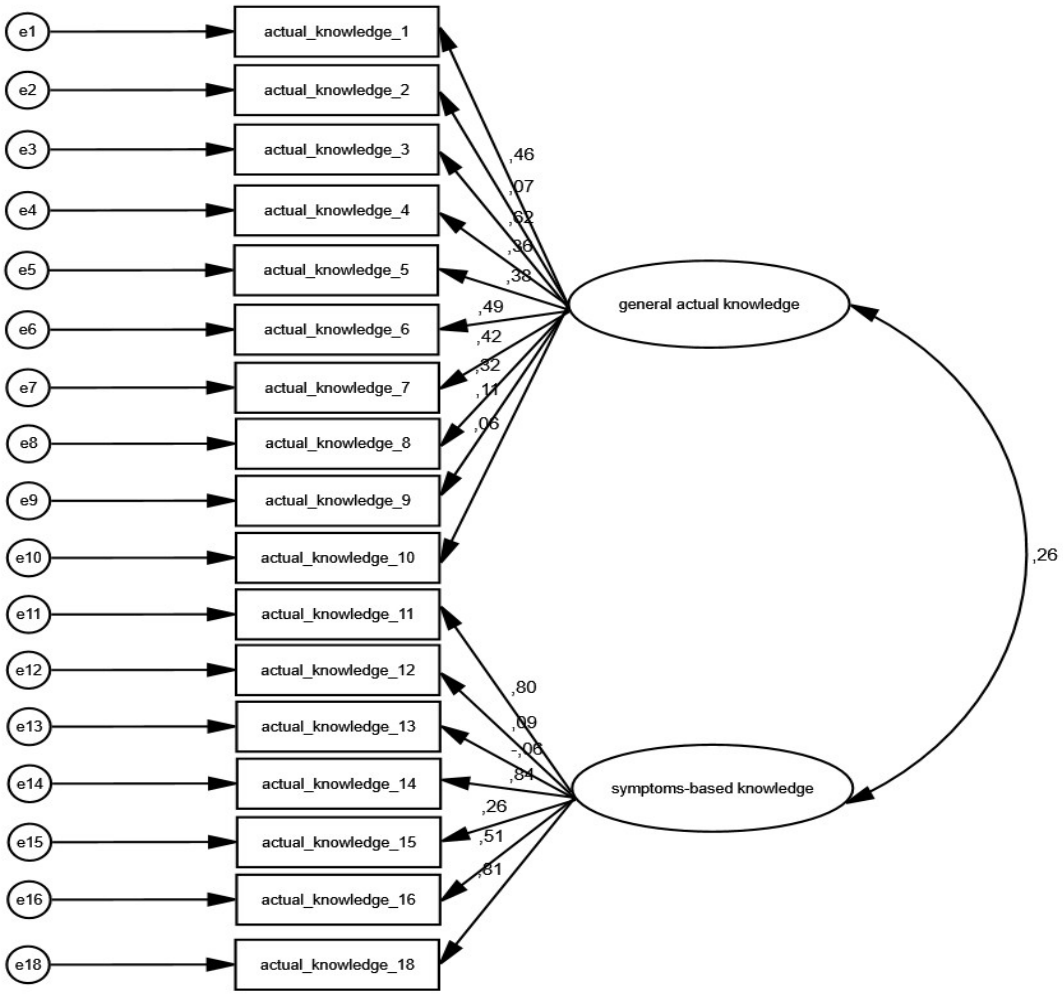

Figure 2. Confirmatory factor analysis of the PROTECT instrument for the factor "knowledge".

Factor "Confidence"

Table 3 and Figure 3 present the results of the confirmatory factor analysis for the factor "confidence." The Greek version demonstrates an excellent fit to the original PROTECT structure, as shown in Table 3, with all indices falling within acceptable ranges (model with 4 items and a single factor). Therefore, the Greek version of PROTECT incorporates a factor of "confidence," which reflects the degree of confidence among healthcare professionals in their ability to respond to a case of human trafficking.

Table 3. Results of the confirmatory factor analysis of PROTECT for the factor "Confidence".

Model	x^2	df	x^2/df	RMSEA	GFI	AGFI	TLI	IFI	NFI	CFI
4 items with a single factor	2.266	2	1.133	0.039	0.988	0.939	0.997	0.999	0.991	0.999
Acceptable values			<5	<0.10	>0.9	>0.9	>0.9	>0.9	>0.9	>0.9

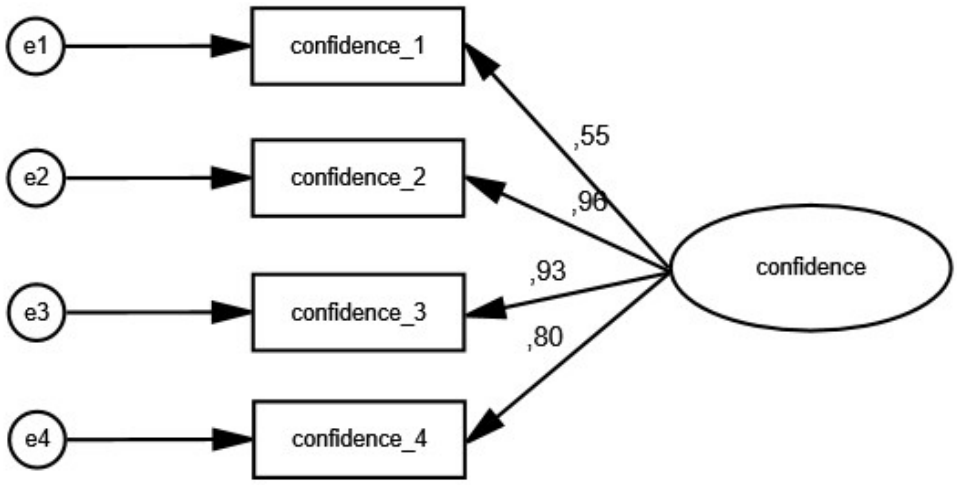

Figure 3. Confirmatory factor analysis of the PROTECT instrument for the factor "confidence".

Reliability

To assess reliability, a test–retest procedure was conducted with the participation of 20 individuals, with a mean age of 45.2 years (standard deviation = 11.0), a median age of 47 years, a minimum age of 26 years, and a maximum age of 59 years. The sample consisted of 90% (n = 18) women and 10% (n = 2) men.

Factor "Self-assessed Knowledge"

The Spearman correlation coefficients between the initial measurement and the retest for each item of the "self-assessed knowledge" factor are presented in Table 4. For all nine items, the Spearman correlation coefficients were statistically significant ($p < 0.05$), with values ranging from 0.52 to 1.00, indicating excellent reliability.

Table 4. Spearman correlation coefficients for each item of the "Self-assessed knowledge" factor between the initial measurement and the retest.

Please indicate how much you believe you know about…..	Spearman correlation coefficient between the initial measurement and the retest	p-value
Your role in identifying and responding to human trafficking	0.88	<0.001
Indicators of human trafficking	1.00	<0.001

What questions to ask to identify potential cases of human trafficking	0.52	0.018
What to say/not say to a patient who has experienced human trafficking	0.52	0.018
Health problems commonly experienced by people who have been trafficked	0.81	<0.001
How to document human trafficking in a medical record	0.58	0.007
Assessing danger for a patient who may have been trafficked	0.92	<0.001
Local and/or national support services for people who have been trafficked	0.82	<0.001
Local and/or national policies on responding to human trafficking	0.87	<0.001

The intraclass correlation coefficient between the initial measurement and the retest for the factor "self-assessed knowledge" was 0.957 (95% confidence interval = 0.492 to 0.989) and was statistically significant ($p < 0.001$), indicating excellent reliability. The Cronbach's alpha coefficient for the factor 'self-assessed knowledge' of the PROTECT in the total sample was 0.905, also demonstrating excellent reliability.

Factor "General knowledge"

The Spearman correlation coefficients between the initial measurement and the retest for each item of the "general knowledge" factor are presented in Table 5. For all 10 items, the Spearman correlation coefficients were statistically significant ($p < 0.05$), ranging from 0.52 to 1.00, indicating excellent reliability.

Table 5. Spearman correlation coefficients for each item of the "General knowledge" factor between the initial measurement and the retest.

Please indicate whether you consider the following statements to be true or false	**Spearman correlation coefficient between the initial measurement and the retest**	**p-value**
The definition of human trafficking is restricted to women and girls who have been forced into prostitution	1.00	<0.001
More than 70 victims of human trafficking were identified in Greece in 2020	1.00	<0.001
The majority of women who are trafficked for prostitution were sex workers before being trafficked	0.52	0.018
Children who are working for relatives in domestic situations cannot really be considered "trafficked"	0.54	0.015
Trafficking is associated with post-traumatic symptoms	1.00	<0.001
Trafficking is associated with chronic headaches	0.54	0.015
There are usually evident signs that a person is in a trafficking situation	0.92	<0.001

People who are being exploited often have difficulty reporting these situations to outsiders, especially professionals	0.77	<0.001
Health practitioners should not ask trafficked people about violence that they might have suffered, as it is too traumatic for them	0.87	<0.001
Calling the police if I suspect a patient has been trafficked could put the patient in more danger	0.77	<0.001

The intraclass correlation coefficient between the initial measurement and the retest for the factor "general knowledge" was 0.745 (95% confidence interval = 0.365 to 0.899) and was statistically significant (p = 0.002), indicating excellent reliability. The Cronbach's alpha coefficient for the factor "general knowledge" of the PROTECT instrument in the total sample was 0.638, indicating acceptable reliability.

Factor "Knowledge of symptoms"

The Spearman correlation coefficients between the initial measurement and the retest for each item of the factor "knowledge of symptoms" are presented in Table 6. For all nine items, the Spearman correlation coefficients were statistically significant (<0.05) and ranged from 0.52 to 1.00, indicating excellent reliability.

Table 6. Spearman correlation coefficients for each item of the factor "Knowledge of symptoms" between the initial measurement and the retest.

Which of the following health problems are NOT likely be related to situations of human trafficking?	**Spearman correlation coefficient between the initial measurement and the retest**	**p-value**
Depression	1.00	<0.001
Hypothermia or dehydration	0.67	0.001
Chemical burns and pesticide poisoning	0.52	0.018
Sexually Transmitted Infections	1.00	<0.001
Memory problems	0.54	0.015
Headaches	1.00	<0.001
Coronary heart disease	0.52	0.018
Post-traumatic stress disorder	1.00	<0.001
Diabetes	0.87	<0.001

The intraclass correlation coefficient between the initial measurement and the retest for the factor "knowledge of symptoms" was 0.715 (95% confidence interval = 0.325 to 0.878) and was statistically significant (p = 0.004), indicating excellent reliability. The Cronbach's alpha coefficient for the factor "knowledge of symptoms" of the PROTECT instrument in the total sample was 0.638, which indicates acceptable reliability.

Factor "Confidence"

The Spearman correlation coefficients between the initial measurement and the retest for each item of the factor "confidence" are presented in Table 7. For all four items, the Spearman correlation coefficients were statistically significant (<0.05), with values ranging from 0.52 to 1.00, indicating excellent reliability.

The intraclass correlation coefficient between the initial measurement and the retest for the factor "confidence" was 0.958 (95% confidence interval = 0.704 to 0.988) and was statistically significant (p < 0.001), indicating excellent reliability. The Cronbach's alpha coefficient for the "confidence" factor of the PROTECT instrument in the total sample was 0.880, also demonstrating excellent reliability.

Discussion

The role of health systems can be crucial in the identification of victims of human trafficking, in the provision of comprehensive care, and in their referral to social or other services for victim protection. Frontline healthcare professionals, and particularly nurses in emergency departments, have a pivotal role in recognizing victims of human trafficking, as they may be the first public officials with whom trafficking victims come into contact while still under exploitation (WHO, 2023).

Data from the United Nations indicate that, to date, the assistance provided to victims of human trafficking by various services remains limited. In most cases (41%), the investigation into an exploited individual begins with the victim themselves, who, after escaping their traffickers, turns to the authorities to report the exploitation. In 28% of cases, victim identification results from law enforcement actions (e.g., police, border security services), while in 11% it arises from mobilization within the community, and in 10% the investigation is initiated following a report by the victims' families. Unfortunately, only in 1% of human trafficking cases does the investigation begin through the intervention of services such as hospitals, schools, labor inspectors, or non-governmental organizations (United Nations: Office On Drugs And Crime, 2023)

Previous studies have consistently highlighted the insufficient training of healthcare professionals in the identification and management of human trafficking victims. This gap not only limits their ability to provide appropriate care and protection but also undermines the early recognition of such cases within healthcare settings. At the same time, healthcare professionals themselves have emphasized that structured training programs would be particularly valuable in enhancing their competencies, thereby improving both the quality of care and the safeguarding of victims (Martinho et al., 2024; McAmis et al., 2022).

Although Greece constitutes both a destination and transit country for a considerable number of refugees and migrants originating from regions with a documented high prevalence of human trafficking victims, no educational program has yet been implemented for emergency department nursing staff regarding their knowledge in identifying victims of exploitation.

Moreover, incidents of exploitation, primarily sexual exploitation, are also frequently reported among individuals of Greek origin (domestic human trafficking), in which cases the role of emergency department nurses in recognizing Greek victims is equally critical.

Within this framework, the PROTECT instrument was translated and culturally adapted into Greek, followed by a thorough validation process, in order to ensure the availability of a psychometrically sound instrument for the assessment of nurses' knowledge and attitudes toward human trafficking.

Table 7. Spearman correlation coefficients between the initial measurement and the retest for each item of the factor "Confidence"

Please indicate how much you agree with the following	Spearman correlation coefficient between the initial measurement and the retest	p-value
I am confident I can document human trafficking accurately and confidentially	0.93	<0.001
I am confident I can make the appropriate referrals for women who have been trafficked or exploited	0.97	<0.001
I am confident I can make the appropriate referrals for men who have been trafficked or exploited	0.79	<0.001
I am confident I can make the appropriate referrals for children who have been trafficked or exploited	0.88	<0.001

The existence of such a validated tool is essential, as it enables both the accurate evaluation of frontline professionals' preparedness and the design of evidence-based, targeted educational interventions aimed at strengthening their capacity to identify and support victims. The PROTECT instrument is an internationally acknowledged instrument that has already been translated and utilized in a wide range of studies across Europe and the United States, thereby ensuring its cross-cultural applicability and comparability of findings (Mobasher et al., 2022; Pryce, Shaneke, O., 2023; Raker, 2023; Ruijne et al., 2019; Sinha et al., 2019).

In summary, the Greek version of the PROTECT instrument demonstrated very good psychometric properties, making it a valid and reliable instrument for assessing knowledge and attitudes toward human trafficking.

References

Arceneaux, S. P. (2023). Education Improves Emergency Department Providers' Knowledge of Human Trafficking. *Advanced Emergency Nursing Journal*, *45*(2), 138. https://doi.org/10.1097/TME.0000000000000455

Baumgartner, H., & Homburg, C. (1996). Applications of structural equation modeling in marketing and consumer research: A review. *International Journal of Research in Marketing*, *13*(2), 139–161.

Brown, T. A. (2015). *Confirmatory Factor Analysis for Applied Research, Second Edition*. Guilford Publications.

Cockbain, E., & Bowers, K. (2019). Human trafficking for sex, labour and domestic servitude: How do key trafficking types compare and what are their predictors? *Crime, Law and Social Change*, *72*(1), 9–34.

Donahue, S., Schwien, M., & LaVallee, D. (2019). Educating Emergency Department Staff on the Identification and Treatment of Human Trafficking Victims. *Journal of Emergency Nursing*, *45*(1), 16–23.

Eurostat. (2025). *Victims of trafficking in human beings by all forms of exploitation*. https://ec.europa.eu/eurostat/databrowser/view/CRIM_THB_VEXP__custom_4736036/default/table?lang=en

Galanis, Petros. (2019). Translation and cross-cultural adaptation methodology for questionnaires in languages other than Greek. *Archives of Hellenic Medicine*, *36*(1), 124–135.

Greiner-Weinstein, G., & Bacidore, V. (2023). Implementing a Human Trafficking Educational Module and Protocol in the Emergency Department. *Journal of Emergency Nursing*, *49*(4), 534–538. https://doi.org/10.1016/j.jen.2023.01.006

Hachey, L. M., & Phillippi, J. C. (2017). Identification and Management of Human Trafficking Victims in the Emergency Department. *Advanced Emergency Nursing Journal*, *39*(1), 31–51. https://doi.org/10.1097/TME.0000000000000138

Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L. M., Stanley, N., Zimmerman, C., & Oram, S. (2016). Responding to the health

needs of survivors of human trafficking: A systematic review. *BMC Health Services Research*, *16*(1), 320. https://doi.org/10.1186/s12913-016-1538-8

Hu, L., & Bentler, P. M. (1998). Fit indices in covariance structure modeling: Sensitivity to underparameterized model misspecification. *Psychological Methods*, *3*(4), 424–453.

Lamb-Susca, L., & Clements, P. T. (2018). Intersection of Human Trafficking and the Emergency Department. *Journal of Emergency Nursing*, *44*(6), 563–569.

Lawrence, M., & Bauer, P. (2020). Knowledge Base of Nurses Before and After a Human Trafficking Continuing Education Course. *The Journal of Continuing Education in Nursing*, *51*(7), 316–321.

Lederer, L. J., & Wetzel, C. A. (2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, *23*, 61.

Marcinkowski, B., Caggiula, A., Tran, B. N., Tran, Q. K., & Pourmand, A. (2022). Sex trafficking screening and intervention in the emergency department: A scoping review. *JACEP Open*, *3*(1), e12638. https://doi.org/10.1002/emp2.12638

Martinho, G., Gonçalves, M., & Matos, M. (2024). A Systematic Review of Professionals' Knowledge and Perceptions on Child Trafficking. *Journal of Human Trafficking*, 1–15.

McAmis, N. E. E., Mirabella, A. C., McCarthy, E. M., Cama, C. A., Fogarasi, M. C., Thomas, L. A., Feinn, R. S., & Rivera-Godreau, I. (2022). Assessing healthcare provider knowledge of human trafficking. *PLOS ONE*, *17*(3), e0264338. https://doi.org/10.1371/journal.pone.0264338

Mobasher, Z., Baldwin, S. B., Navarro, B., Bressler-Montgomery, D., King, J., Family, L., Smith, L. V., & Kuo, T. (2022). Knowledge and perceptions of human trafficking among community-based and faith-based organization members in South Los Angeles. *Global Health Promotion*, *29*(3), 45–56.

Oram, S., Abas, M., Bick, D., Boyle, A., French, R., Jakobowitz, S., Khondoker, M., Stanley, N., Trevillion, K., Howard, L., & Zimmerman, C. (2016). Human Trafficking and Health: A Survey of Male and Female Survivors in England. *American Journal of Public Health*, *106*(6), 1073–1078.

Ottisova, L., Hemmings, S., Howard, L. M., Zimmerman, C., & Oram, S. (2016). Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. *Epidemiology and Psychiatric Sciences*, *25*(4), 317–341. https://doi.org/10.1017/S2045796016000135

Pryce, Shaneke, O. (2023). *A Psychometric Validation of the Provider Responses, Treatment, and Care for Trafficked People Instrument—ProQuest* [Molloy University]. https://www.proquest.com/openview/7c688d615a505a105a3496af9aca525f/1?cbl=18750&diss=y&pq-origsite=gscholar

Raker, K. A. (2020). Human trafficking education: A guide for nurse educators. *Journal of Professional Nursing*, *36*(6), 692–697. https://doi.org/10.1016/j.profnurs.2020.09.015

Raker, K. A. (2023). An examination of nurse educators' Knowledge, Attitudes, Instructional Beliefs, and Instructional Practices of human trafficking. *Journal of Professional Nursing*, *47*, 35–45. https://doi.org/10.1016/j.profnurs.2023.04.002

Ross, C., Dimitrova, S., Howard, L. M., Dewey, M., Zimmerman, C., & Oram, S. (2015). *Human trafficking and health: A cross-sectional survey of NHS professionals' contact with victims of human trafficking*. https://doi.org/10.1136/bmjopen-2015-008682

Ruijne, R. E., Kamperman, A. M., Trevillion, K., Garofalo, C., Jongejan, F. E., Bogaerts, S., Howard, L. M., & Mulder, N. L. (2019). Mental health professionals' knowledge, skills and attitudes on domestic violence and abuse in the Netherlands: Cross-sectional study. *BJPsych Open*, *5*(2), e29. https://doi.org/10.1192/bjo.2019.8

Sinha, R., Tashakor, E., & Pinto, C. (2019). Identifying Victims of Human Trafficking in Central Pennsylvania: A Survey of Health-Care Professionals and Students. *Journal of Human Trafficking*, *5*(2), 165–175. https://doi.org/10.1080/23322705.2018.1448956

United Nations. (2025). *Human-Trafficking*. United Nations : Office on Drugs and Crime. //www.unodc.org/unodc/en/human-Trafficking/Human-Trafficking.html

United Nations: Office On Drugs And Crime. (2023). *Global Report On Trafficking In Persons 2022*. United Nations.

WHO. (2023). *Addressing human trafficking through health systems: A scoping review*. https://www.who.int/europe/publications/i/item/9789289058827

World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. *JAMA*, *310*(20), 2191–2194.