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ΕΡΕΥΝΗΤΙΚΗ ΕΡΓΑΣΙΑ

Nurses' knowledge and attitudes towards human trafficking
A cross-sectional study in Greece

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2026, 43(6):820–827

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Γνώσεις και στάσεις των νοσηλευτών αναφορικά με την εμπορία ανθρώπων: Μια συγχρονική μελέτη στην Ελλάδα

Περίληψη στο τέλος του άρθρου

OBJECTIVE **To investigate nurses' knowledge and attitudes towards human trafficking.** METHOD **A cross-sectional study was conducted using a convenience sample. Data collection took place in Greece in May 2024. The sample included nurses working in intensive care units. The PROTECT scale (Provider Responses, Treatment and Care for Trafficked People) was employed for data collection.** RESULTS **In our sample, 6.7% reported having received training on human trafficking, 8.9% reported training on violence against women, and 7.8% reported training on communication/contact with vulnerable migrants. In addition, 13.3% stated that they had encountered a patient whom they knew or suspected to be a victim of human trafficking. We found a very low level of self-assessed knowledge, a moderate level of knowledge about human trafficking, a moderate level of knowledge of symptoms, and low confidence among nurses in their ability to respond to a human trafficking incident. Nurses who had received training on human trafficking reported higher levels of perceived knowledge regarding human trafficking. Also, nurses who had received training on violence against women reported higher levels of perceived knowledge regarding human trafficking and nurses who had received training on communication and interaction with vulnerable migrants reported higher levels of perceived knowledge regarding human trafficking. Younger nurses, those who had received training on communication with vulnerable migrants, and those who had encountered a patient known or suspected to be a victim of human trafficking demonstrated higher levels of objectively assessed knowledge on human trafficking. Nurses who had received training on violence against women, as well as those who had been trained in communication and interaction with vulnerable migrants reported greater self-confidence in their ability to effectively respond to incidents of human trafficking.** CONCLUSIONS **The study highlighted the need for implementing educational interventions aimed at enhancing nurses' knowledge and skills in recognizing victims of human trafficking.**

Key words

Attitudes
Greece
Human trafficking
Knowledge
Nurses

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Human trafficking constitutes a modern form of slavery, with significant impact across all European Union (EU) countries. Human trafficking is defined as *"the recruitment, transportation, transfer, harbouring, or receipt of people through force, fraud, or deception, with the aim of exploiting them for profit".*[1] In 2023, the number of registered victims of trafficking in human beings in the EU reached 10,793, representing a 6.9% increase compared with 2022 and marking the highest recorded value during the period 2008–2023. The country with the highest number of recorded victims of human trafficking (number of persons per one million inhabitants) in 2023 was Luxembourg, with 157 cases, followed by Greece with 51 cases.[2]

Human trafficking may take various forms, including forced labour, sexual exploitation, mixed exploitation, forced criminal activities, forced marriages, exploitative begging, trafficking for illegal adoption, and trafficking for organ removal.[1] Within the EU, the two predominant forms of human trafficking concern labour exploitation and sexual exploitation. Although trafficking affects both genders and all age groups, the majority of victims are women and girls.[2]

Victims of human trafficking experience a substantial number of physical and psychological problems. Physical health consequences encompass a wide spectrum of conditions, including severe injuries such as fractures and head trauma, which in some cases may lead to loss of consciousness, as well as sexually transmitted infections. Victims may also present with recurrent headaches, gastrointestinal disturbances, musculoskeletal pain (e.g., back pain), dental complications, persistent fatigue, dizziness, memory impairments, insomnia, and diminished concentration. Moreover, trafficking survivors frequently report additional physical morbidities, including pronounced weight loss, malnutrition, loss of appetite and eating disorders, cardiorespiratory and dermatological disorders, along with genital and anal injuries.[3–7] With respect to mental health concerns, these may encompass depression, anxiety, post-traumatic stress disorder, suicidal ideation, flashbacks, diminished self-esteem, experiences of shame and guilt, substance use, attention-deficit/hyperactivity disorder, and disorders of extreme stress (DESNOS).[7–11]

Individuals who exploit human trafficking victims often restrict their access to healthcare services. When the use of such services becomes unavoidable, traffickers typically accompany victims and act as interpreters between healthcare professionals and the victims, in an effort to conceal the true circumstances of victimization.[4,12] Additional barriers to healthcare access for trafficking victims include communication difficulties, inability to travel to healthcare facilities, lack of self-recognition as a trafficking victim, absence of identification documents, fear of arrest by law enforcement authorities, feeling judged, concerns about confidentiality, fear, perceived low quality of services, and lack of trust in healthcare professionals.[12–14]

Healthcare services, and particularly hospitals with emergency departments, may represent the only points of contact for victims of human trafficking, both during their exploitation and after its cessation.[15] Within this context, the ability of nurses, as frontline healthcare professionals, to recognize victims is of paramount importance. Such identification provides trafficked individuals with a unique opportunity not only to access comprehensive and holistic healthcare, but also to initiate the process of safeguarding them from traffickers. At the same time, it facilitates the referral to appropriate protection mechanisms and contributes to the legal prosecution of perpetrators.

Although nurses can play a pivotal role in the recognition and support of human trafficking victims within healthcare settings, evidence indicates that the majority unfortunately lack the appropriate training to effectively identify such patients.[16–18] This gap highlights the urgent need for targeted education and training initiatives aimed at enhancing nurses' awareness, diagnostic vigilance, and preparedness to respond effectively to the complex physical health and psychosocial needs of trafficking survivors. The implementation of educational programs has been found to improve nurses' knowledge regarding the identification of human trafficking victims.[19–21]

Although Greece is a country with a considerable number of human trafficking victims, to date no study has examined healthcare professionals' knowledge regarding this issue. Within this context, the aim of the present study was to investigate nurses' knowledge of human trafficking.

MATERIAL AND METHOD

Study design

A cross-sectional study with a convenience sample of nurses was conducted. We collected our data in Greece during May 2024. The study questionnaire was digitized using Google Forms and distributed via nurses' social media groups on Facebook and Instagram, as well as through LinkedIn messages. Nurses' groups were institutional networks and networks of professional associations of nurses. This method resulted in a convenience sample. Our inclusion criteria were the following: (a) Participants were required to be clinical nurses in healthcare facilities, (b) nurses should have at least one year of work experience, and (c) nurses should consent to participate in our study. Before nurses completed the study questionnaire, we asked them if they had been working as clinical nurses for at least one year. Nurses with positive answers were then allowed to fill in the study questionnaire. The study adhered to the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guideline.[22] We did not collect personal data. We applied the guidelines of the Declaration of Helsinki to perform this study.[23] Additionally, the study protocol was approved by the Ethics Committee of Faculty of Nursing, National and Kapodistrian University of Athens, Athens, Greece (approval number: 7248, January 21, 2024).

Tools

We used the PROTECT: Provider Responses, Treatment and Care for Trafficked People instrument.[24] The PROTECT instrument is designed to evaluate healthcare professionals' knowledge and attitudes toward human trafficking. The validated Greek version of the PROTECT instrument was utilized.[25] It is organized into six sections: (a) Demographic and background information; (b) prior training and experience in responding to human trafficking; (c) self-assessed knowledge of human trafficking (9 items); (d) general knowledge and knowledge of symptoms (19 items); (e) confidence, which reflects the degree of confidence among healthcare professionals in their ability to respond to a case of human trafficking (4

items); and (f) forms of education through which nurses can receive information or training regarding the care of individuals who may have been victims of human trafficking (5 items). The instrument is self-administered, requires approximately 10 minutes to complete, and is intended to be applicable across diverse clinical specialties and healthcare settings.

Statistical analysis

Categorical variables were presented as absolute and relative frequencies, while quantitative variables were expressed as mean, standard deviation, median, minimum, and maximum values. The Kolmogorov-Smirnov test was applied to assess the normality of quantitative variables. The independent variables in the present study included the demographic and professional characteristics of nurses. Furthermore, the dependent variables consisted of nurses' knowledge, experiences, and attitudes regarding human trafficking (tab. 1).

To examine the association between a quantitative variable and a dichotomous variable, the t-test was used. The Pearson correlation coefficient was applied to assess the relationship between two quantitative variables following a normal distribution, whereas the Spearman correlation coefficient was used for quantitative variables not normally distributed. Multivariate analysis could not be performed due to the limited variability of most independent variables.

The two-tailed level of statistical significance was set at 0.05. Data analysis was conducted using the Statistical Package for the Social Sciences (IBM SPSS), version 29.0.

Table 1. Demographic and professional characteristics of nurses.

Characteristics	n	%
Gender		
Female	78.0	86.7
Male	12.0	13.3
*Age**	43.5	10.2
*Years of experience**	16.4	10.4
Training on human trafficking		
Yes	6.0	6.7
No	84.0	93.3
Training on violence against women		
Yes	8.0	8.9
No	82.0	91.1
Training on communication and interaction with vulnerable migrants (e.g., asylum seekers, refugees)		
Yes	7.0	7.8
No	83.0	92.2
Contact with a patient whom nurses knew or suspected to be a victim of human trafficking		
Yes	12.0	13.3
No	78.0	86.7
In-hospital data source that would allow the identification of the number of suspected human trafficking cases observed within the hospital		
Yes	0	0
No	90.0	100.0

* Mean, standard deviation

RESULTS

The study sample consisted of 90 nurses. The majority were female (86.7%). The mean age was 43.5 years, the median age was 45 years, the standard deviation was 10.2 years, the youngest participant was 23 years old, and the oldest was 59 years old. The mean length of work experience was 16.4 years, the median was 17 years, the standard deviation was 10.5 years, with a minimum of one year and a maximum of 38 years.

A total of 6.7% of nurses reported having received training on human trafficking, 8.9% reported training on violence against women, and 7.8% reported training on communication/contact with vulnerable migrants (e.g., asylum seekers, refugees). In addition, 13.3% of nurses stated that they had encountered a patient whom they knew or suspected to be a victim of human trafficking. All participants reported that no data source was available within the hospital to determine the number of suspected human trafficking cases identified in the hospital setting.

Self-assessed knowledge

The mean score of self-assessed knowledge was 1.93, the median score was 1.78, the standard deviation was 0.71, the lowest score was 1, and the highest score was 3.78. Therefore, the mean score of self-assessed knowledge indicates a very low level of perceived knowledge among nurses regarding human trafficking.

The associations between nurses' demographic and professional characteristics and their self-assessed knowledge scores are presented in table 2.

The statistically significant associations identified were as follows: Nurses who had received training on human trafficking reported higher levels of perceived knowledge regarding human trafficking. Also, nurses who had received training on violence against women reported higher levels of perceived knowledge regarding human trafficking and nurses who had received training on communication and

Table 2. Associations between nurses' demographic and professional characteristics and self-assessed knowledge scores.

Characteristics	Mean	Standard deviation	p-value
Gender			0.59*
Female	1.94	0.70	
Male	1.82	0.83	
Age		-0.1**	0.61**
Years of experience		-0.1***	0.51***
Training on human trafficking			0.03*
Yes	2.54	0.66	
No	1.88	0.71	
Training on violence against women			0.03*
Yes	2.67	0.80	
No	1.86	0.67	
Training on communication and interaction with vulnerable migrants (e.g., asylum seekers, refugees)			0.01*
Yes	2.65	0.86	
No	1.86	0.67	
Contact with a patient whom nurses knew or suspected to be a victim of human trafficking			0.1*
Yes	2.22	0.67	
No	1.88	0.71	

* t-test ** Pearson correlation coefficient ***Spearman correlation coefficient

Table 3. Associations between nurses' demographic and professional characteristics and the general knowledge score.

Characteristics	Mean	Standard deviation	p-value
Gender			0.72*
Female	5.46	1.95	
Male	5.25	1.71	
Age		-0.3**	0.03**
Years of experience		-0.1***	0.41***
Training on human trafficking			0.71*
Yes	5.83	2.64	
No	5.41	1.87	
Training on violence against women			0.29*
Yes	6.13	1.64	
No	5.36	1.93	
Training on communication and interaction with vulnerable migrants (e.g., asylum seekers, refugees)			0.01*
Yes	7.29	1.11	
No	5.28	1.89	
Contact with a patient whom nurses knew or suspected to be a victim of human trafficking			0.04*
Yes	6.50	1.24	
No	5.27	1.96	

* t-test ** Pearson correlation coefficient ***Spearman correlation coefficient

interaction with vulnerable migrants reported higher levels of perceived knowledge regarding human trafficking.

General knowledge

The mean general knowledge score was 5.43, the median score was 6, the standard deviation was 1.91, the lowest score was 0, and the highest score was 9. Therefore, the mean general knowledge score indicates a moderate level of knowledge among nurses regarding human trafficking, as assessed objectively.

The associations between nurses' demographic and professional characteristics and the general knowledge score are presented in table 3.

The following statistically significant associations were observed: Younger nurses, those who had received training on communication with vulnerable migrants, and those who had encountered a patient known or suspected to be a victim of human trafficking demonstrated higher levels of objectively assessed knowledge on human trafficking.

Knowledge for symptoms

The mean knowledge score for symptoms was 5.87, the median score was 6, the standard deviation was 1.34, the minimum score was 0, and the maximum score was 7. Therefore, the mean knowledge score for symptoms indicates a moderate level of knowledge among nurses regarding human trafficking, assessed in an objective manner.

The associations between nurses' demographic and professional characteristics and the symptom knowledge score are presented in table 4.

The statistically significant associations identified were as follows: Nurses who had received training on human trafficking demonstrated higher levels of objectively assessed knowledge regarding human trafficking.

Confidence

The factor "confidence" reflects the extent to which healthcare professionals believe they can adequately respond to a case of human trafficking. The mean confidence score was 2.64, the median score was 2.63, the standard

Table 4. Associations between nurses' demographic and professional characteristics and the symptom knowledge score.

Characteristics	Mean	Standard deviation	p-value
Gender			0.44*
Female	5.91	1.31	
Male	5.58	1.51	
Age		-0.02**	0.88**
Years of experience		-0.03***	0.79***
Training on human trafficking			0.03*
Yes	6.50	0.54	
No	5.82	1.37	
Training on violence against women			0.17*
Yes	6.25	0.71	
No	5.83	1.38	
Training on communication and interaction with vulnerable migrants (e.g., asylum seekers, refugees)			0.11*
Yes	6.43	0.77	
No	5.82	1.37	
Contact with a patient whom nurses knew or suspected to be a victim of human trafficking			0.53*
Yes	6.08	1.24	
No	5.84	1.36	

* t-test ** Pearson correlation coefficient ***Spearman correlation coefficient

Table 5. Associations between nurses' demographic and professional characteristics and confidence scores.

Characteristics	Mean	Standard deviation	p-value
Gender			0.83*
Female	2.63	0.81	
Male	2.69	1.18	
Age		-0.1**	0.36**
Years of experience		-0.1***	0.69***
Training on human trafficking			0.56*
Yes	2.83	1.04	
No	2.62	0.85	
Training on violence against women			0.03*
Yes	3.44	0.89	
No	2.56	0.82	
Training on communication and interaction with vulnerable migrants (e.g., asylum seekers, refugees)			0.04*
Yes	3.25	1.09	
No	2.58	0.83	
Contact with a patient whom nurses knew or suspected to be a victim of human trafficking			0.34*
Yes	2.85	0.75	
No	2.61	0.88	

* t-test ** Pearson correlation coefficient ***Spearman correlation coefficient

deviation was 0.86, the minimum score was 1, and the maximum score was 5. Therefore, the mean confidence score indicates a low level of self-confidence among nurses in their ability to respond effectively to a human trafficking incident.

The associations between nurses' demographic and professional characteristics and confidence scores are presented in table 5.

The analysis revealed statistically significant associations, indicating that nurses who had received training on violence against women, as well as those who had been trained in communication and interaction with vulnerable migrants, reported greater self-confidence in their ability to effectively respond to incidents of human trafficking.

DISCUSSION

The present study revealed very low levels of training among participants regarding human trafficking, violence against women, and appropriate communication/interaction with vulnerable patients, such as migrants and refugees. Concerning the level of knowledge, the findings highlighted nurses' very low self-assessed knowledge in relation to human trafficking, their moderate knowledge regarding human trafficking and the symptoms exhibited by victims, and their low confidence in their ability to adequately respond to a human trafficking incident. Our findings are consistent with those of international studies, which indicate that nurses exhibit low levels of training and knowledge in identifying victims of human trafficking.[16,26] The identification of human trafficking victims constitutes a considerable challenge within nursing practice due to the complex nature of the phenomenon. Encounters between nurses and trafficking victims are relatively infrequent, with only a limited number of nurses reporting that they have provided care to such patients.[17,26] As a result, clinical experience and the corresponding knowledge required for the recognition and management of these individuals may be insufficient. In addition, traffickers often maintain control over their victims during healthcare visits, restricting opportunities for disclosure and thereby impeding communication between victims and healthcare professionals.[4,27] Furthermore, victims themselves may not

recognize their own situation as one of human trafficking victims, which further hinders their identification within healthcare settings.[28,29]

The aforementioned circumstances, compounded by the insufficient knowledge and limited training of nurses in identifying human trafficking victims, contribute not only to compromised quality of care but also to the ongoing perpetuation of victimization. Evidence indicates that investigations are initiated by institutional actors such as hospitals, schools, labor inspectors, and non-governmental organizations in as few as 1% of trafficking cases.[1] Consequently, the systematic implementation of targeted educational interventions for nursing personnel on the recognition and appropriate response to human trafficking victims is expected to yield substantial benefits, enhancing both the provision of holistic, patient-centered care and the facilitation of victims' recovery and emancipation. Importantly, healthcare organizations must also establish comprehensive policies and standardized procedures to direct the actions of healthcare professionals.[30,31] These measures should extend beyond victim identification to ensure a coordinated continuum of care, involving timely referrals and interprofessional collaboration with psychologists, social workers, law enforcement, and other relevant stakeholders.

Our findings indicated that participants who had received training on the identification of human trafficking victims, on the recognition of women victims of violence, and on communication/interaction with vulnerable migrants demonstrated greater knowledge regarding human trafficking, symptom recognition, and reported higher confidence in their ability to appropriately respond to a human trafficking incident. A considerable number of studies have highlighted the positive impact of educational programs for nursing staff in relation to the identification of human trafficking victims.[32,33] The recognition of warning signs, commonly referred to as red flags, during the clinical assessment of victims in the emergency department, along with the use of validated screening tools, constitute two key parameters for the identification of human trafficking victims within healthcare services.[34,35]

The present study, being the first to address this specific topic, has certain limitations. First, data collection was conducted through an online survey, resulting in a convenience sample that cannot be considered representative of Greek nurses, thereby limiting the generalizability of our findings. Second, the relatively small number of participants constitutes an additional limitation, highlighting the need for further studies with larger sample sizes to confirm our results. Finally, the use of convenience sampling introduced selection bias, which should be considered when interpreting the findings.

This study highlighted the very low levels of training among nurses regarding human trafficking, as well as their markedly low knowledge scores on this subject. Human trafficking is a global phenomenon, with a significant prevalence also observed in Greece. Healthcare professionals, and particularly nurses, play a pivotal role in providing comprehensive care to these patients, while also contributing to the liberation of victims. Essential prerequisites include adequate knowledge for the recognition of human trafficking victims and the implementation of appropriate policies and procedures. The implementation of educational interventions for the entire nursing workforce, with priority given to staff working in hospital emergency departments, may enhance nurses' knowledge and competencies.

ΠΕΡΙΛΗΨΗ

Γνώσεις και στάσεις των νοσηλευτών αναφορικά με την εμπορία ανθρώπων: Μια συγχρονική μελέτη στην Ελλάδα

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ΣΚΟΠΟΣ Η διερεύνηση των γνώσεων και των στάσεων των νοσηλευτών αναφορικά με την εμπορία ανθρώπων. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Διεξήχθη μια συγχρονική μελέτη με δείγμα ευκολίας. Η συλλογή των δεδομένων έλαβε χώρα στην Ελλάδα τον Μάιο του 2024. Το δείγμα περιλάμβανε νοσηλευτές που εργάζονταν σε τμήματα επειγόντων περιστατικών. Για τη μέτρηση των γνώσεων και των στάσεων των νοσηλευτών αναφορικά με την εμπορία ανθρώπων

χρησιμοποιήθηκε η κλίμακα Provider Responses, Treatment and Care for Trafficked People. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Στο δείγμα της μελέτης, το 6,7% είχε εκπαιδευτεί σχετικά με την εμπορία ανθρώπων, το 8,9% είχε εκπαιδευτεί αναφορικά με τη βία κατά των γυναικών και το 7,8% είχε εκπαιδευτεί σχετικά με την επικοινωνία/επαφή με ευάλωτους μετανάστες. Επί πλέον, το 13,3% είχε διαχειριστεί ασθενή για τον οποίο γνώριζε ή υποπτευόταν ότι ήταν θύμα εμπορίας ανθρώπων. Διαπιστώθηκε ένα πολύ χαμηλό επίπεδο αυτο-αξιολογούμενων γνώσεων, ένα μέτριο επίπεδο γνώσεων σχετικά με την εμπορία ανθρώπων, ένα μέτριο επίπεδο γνώσης των συμπτωμάτων και χαμηλή αυτοεκτίμηση των νοσηλευτών ως προς την ικανότητά τους να ανταποκριθούν σε ένα περιστατικό εμπορίας ανθρώπων. Οι νοσηλευτές που είχαν εκπαιδευτεί αναφορικά με την εμπορία ανθρώπων ανέφεραν υψηλότερα επίπεδα αντιλαμβανόμενων γνώσεων σχετικά με την εμπορία ανθρώπων. Επίσης, οι νοσηλευτές που είχαν εκπαιδευτεί για τη βία κατά των γυναικών ανέφεραν υψηλότερα επίπεδα αντιλαμβανόμενων γνώσεων σχετικά με την εμπορία ανθρώπων και οι νοσηλευτές οι οποίοι είχαν εκπαιδευτεί για την επικοινωνία και την αλληλεπίδραση με ευάλωτους μετανάστες ανέφεραν υψηλότερα επίπεδα αντιλαμβανόμενων γνώσεων. Οι νεότεροι νοσηλευτές, εκείνοι που είχαν εκπαιδευτεί για την επικοινωνία με ευάλωτους μετανάστες και εκείνοι οι οποίοι είχαν διαχειριστεί ασθενή που ήταν γνωστό ή ύποπτο ότι αποτελούσε θύμα εμπορίας ανθρώπων, παρουσίασαν υψηλότερα επίπεδα αντικειμενικά εκτιμώμενων γνώσεων. Οι νοσηλευτές που είχαν λάβει εκπαίδευση σχετικά με τη βία κατά των γυναικών, καθώς και όσοι είχαν εκπαιδευτεί στην επικοινωνία και στην αλληλεπίδραση με ευάλωτους μετανάστες, είχαν μεγαλύτερη αυτοπεποίθηση ως προς την ικανότητά τους να ανταποκρίνονται αποτελεσματικά σε περιστατικά εμπορίας ανθρώπων. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Αναδεικνύεται η ανάγκη εφαρμογής εκπαιδευτικών παρεμβάσεων με σκοπό τη βελτίωση των γνώσεων και των δεξιοτήτων των νοσηλευτών στην αναγνώριση θυμάτων εμπορίας ανθρώπων.

Λέξεις ευρετηρίου: Γνώσεις, Ελλάδα, Εμπορία ανθρώπων, Νοσηλευτές, Στάσεις

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