

Triple Threats

Co-ordinated and collective actions to address health, work and climate concerns

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Approximately 49.6 million people live in modern slavery, with an (under)estimated 122,000 in the UK (1). Involving the violation of migrant, labour and human rights, modern slavery is characterised by extreme exploitation such as forced labour, sexual exploitation, domestic servitude and forced criminality, for commercial gain. Survivors of modern slavery experience long-term health, social and economic consequences (2). For example, survivor mental health is poor with high prevalence rates of depression, anxiety and Post-Traumatic Stress Disorder (PTSD) (3) often not accepted by authorities meant to provide support.

There is emerging evidence linking climate change and modern slavery – the latter is a driver of climate change risks and an outcome (4). Despite the growth in evidence related to modern slavery, health and climate separately, a gap remains in addressing the nexus of all three. Across these areas the emphasis to date has been on large-scale prevalence studies and mapping incidence of risks and harms with little attention paid to the lived experience perspective, and how climate change impacts the everyday health of survivors.

This paper argues that practitioners and policymakers need to refocus the granularity of action from the macro- and meso-level, to the lived experience micro-level. Drawing on insights from stakeholder engagement events with survivors of modern slavery, we highlight three areas of critical concern at the heart of the health, climate change and modern slavery nexus – marginalisation, access to opportunities and healthy housing. Considered, actionable and grounded suggestions are provided to begin this intersectional discussion rooted in lived experience priorities (**Figure 1**).

Marginalisation describes both a process and an experience, based on unequal power dynamics between different societal groups (5,6). The process of othering leads to some

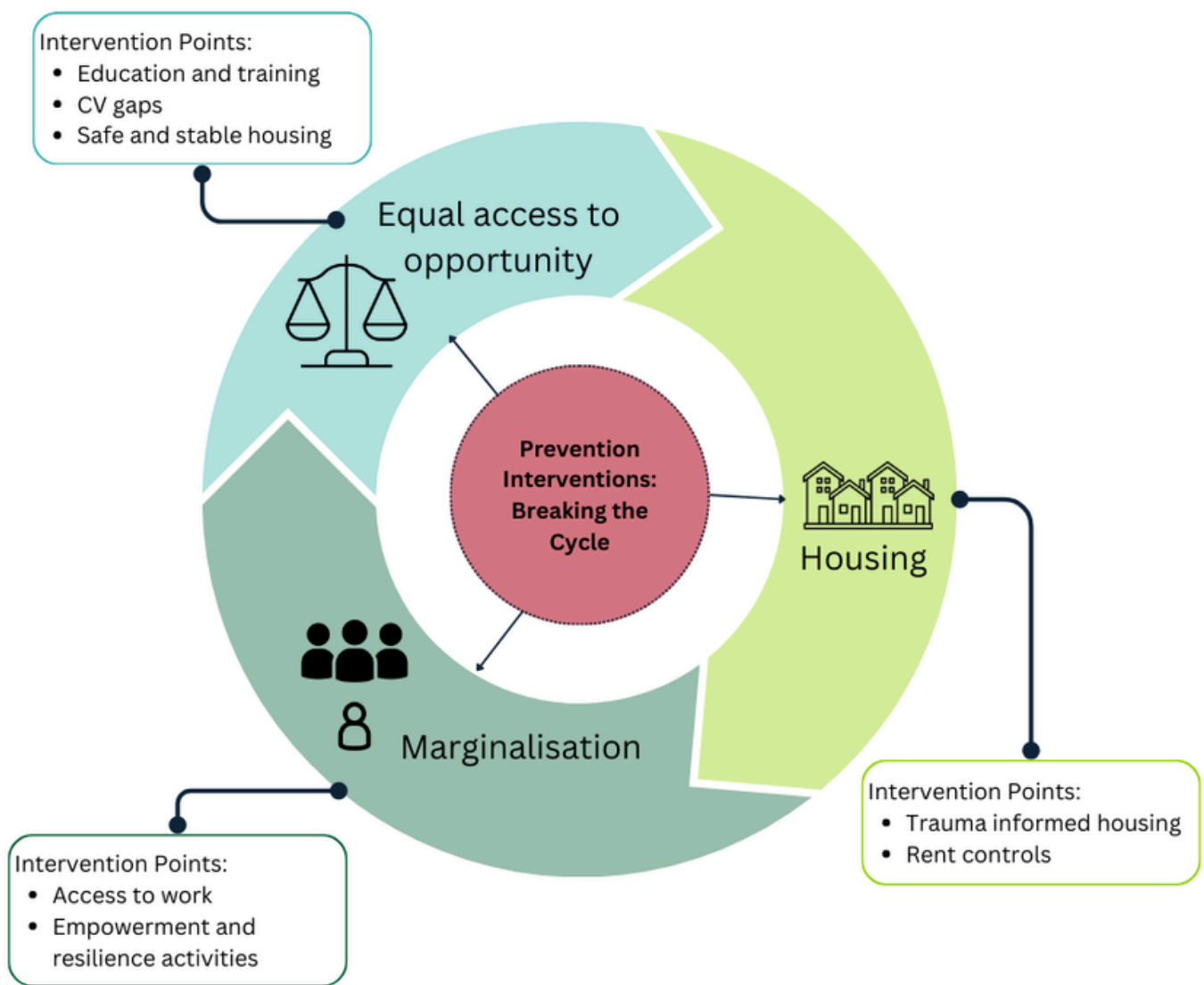


Figure 1: Linkages between work and health in the context of climate change, and the areas of intervention that could reduce risks to vulnerable populations.

individuals and groups existing on the periphery, and their voices being overlooked from the current discourse (5,6). McIntosh et al. (5) state that it can involve multiple forms of exclusion including reduced access to education, work and healthcare.

Climate change impacts on health, and their impact on the work of individuals, are gendered. Women are more likely to experience economic and social vulnerabilities resulting from climate change hazards; this can affect both the health choices and outcomes made when responding to climatic variability (7). Where women face greater climate burdens, they are also more likely to experience predictors of modern slavery such as less access to education, increased poverty rates, and changes to behavioural patterns that can leave women/girls at risk of criminal actors (4). Men are also exposed to climatic changes but face different challenges – including cultural barriers around accessing services and actively undermining their own health to ensure economic security in precarious work environments (8). Migrant populations of all genders are particularly at risk of health-work dualities in the context of climate change as they commonly work in sectors (e.g., agriculture, fishing) that are subjected to climatic extremes and hazards harmful to health, alongside little access to support and risk of threats related to their migratory

or employment status (4,8,9). Such responses to marginalisation and economic hardship at the expense of health are why holistic action on the three nexus elements is required.

The economic precarity that leads to marginalisation is associated with a lack of access to support mechanisms in both the health and labour environments. Increased access to healthcare would enable support for those subjected to modern slavery through public health measures (10). Being aware of access to support is often linked to education availability. Training and support to upskill survivors of modern slavery post-exploitation is necessary to ensure people have the means and stability to respond to climate change. Skills development supports job opportunities and gaining more secure and stable work, which offers economic security and access to mechanisms to support during periods of climate extremes (e.g., being able to afford insurance). Part of this development should include recognising and reclaiming the skills that survivors may have learnt pre-, during and post-exploitation, thus building resilience. Flexibility is vital as the skills and needs of survivors will shift because of climate change, as will capacity of services – ensuring this reflects the needs and wants of survivors is vital.

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Research related to climate change and health has focused on the health impacts of extreme weather events such as heat, flooding and storms (11). These macro debates often ignore the impacts that occur within the ‘safe’ space of individuals’ homes. In the UK, those who have experienced modern slavery describe living in unhealthy environments during- and post-exploitation (e.g., safehouse accommodation). Unstable housing can also act as a vulnerability factor for exploitation. “Unhealthy” not only refers to physical health impacts but also the psychological effects of poor-quality living conditions. For those who have experienced modern slavery, paying extortionate rents for poor quality accommodation can re-trigger feelings of exploitation and without the right to work, survivors may have no choice but to accept substandard housing in areas with high pollution or with damp and mould problems. Combined with climate change, housing is a significant public health problem. However, in terms of improving survivors’ quality of life, both climate change and housing offer opportunities for both upstream and downstream prevention interventions.

We suggest three key policy actions to support survivors of modern slavery in the context of the nexus.



1. Persons who are/have been exposed to climate risks in the context of exploitation receive tailored healthcare (mental and physical), skills development (e.g., addressing CV gaps without requiring disclosure), and financial support to ensure stability in a healthy environment post-exploitation.



2. All survivors of modern slavery – regardless of migration status – should have the right to work, ensuring economic stability and the ability to respond to climate hazards.



3. Rent controls should be enacted and additional inspections and penalties applied to landlords who are flouting environmental regulations to the detriment of tenants.

Overall, addressing the combined risks of modern slavery, health and climate change through the lived experience of survivors will provide positive benefits to society. To achieve this, collective action to tackle the triple threats will be vital.

References

1. ILO, Walk Free, and IOM. Global Estimates of Modern Slavery: Forced Labour and Forced Marriage . Report, International Labour Organization, Switzerland, September 2022
2. Ottisova L, Hemmings S, Howard LM, et al. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: An updated systematic review. *Epidemiol and Psychiatr Sci* 2016; 25(4): 317-341.
3. Oram S, Abas M, Bick D, et al. Human trafficking and health: A survey of male and female survivors in England. *Am J Public Health* 2016; 106(6), 1073-1078.
4. Decker Sparks JL, Boyd DS, Jackson B, et al. Growing evidence of the interconnections between modern slavery, environmental degradation, and climate change. *One Earth* 2021; 4(2): 181-191.
5. Robards F, Kang M, Luscombe G, et al. Intersectionality: Social marginalization and self-reported health status in young people. *Int J Environ Res and Public Health* 2020; 17(21): 8104.
6. McIntosh, T. Theorising marginality and the processes of marginalization. *AlterNative: An International Journal of Indigenous Peoples* 2006; 2(1); 44-65.
7. Bharadwaj R, Karthikeyan N, Deulgaonkar I, et al. Women paying the cost of the climate crisis with their wombs: quantifying loss and damage faced by women battling drought, debt and migration. Report, IIED, London, March 2024.
8. Lam M, Krenz J., Palmández P, et al. Identification of barriers to the prevention and treatment of heat-related illness in Latino farmworkers using activity-oriented, participatory rural appraisal focus group methods. *BMC Public Health* 2013; 13: 1004.
9. IOM. Labour Migration and Climate Change: Regular Migration as Adaptation Strategy. Report, International Organization for Migration, Switzerland, January 2024.
10. Such E, Campos-Matos I, Hayes K, et al. A public health approach to modern slavery in the United Kingdom: a codeveloped framework. *Public Health* 2024; 232: 146-152.
11. National Institute of Environmental Health Sciences. Human Health Impacts of Climate Change, https://www.niehs.nih.gov/research/programs/climatechange/health_impacts (2022, accessed 22 November 2024).

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