
Survival Sex (Work) in Croatia

MARIJA ANTIĆ, RAŠELJKA KRNIĆ

Institute of Social Sciences Ivo Pilar

TIHANA ŠTOJS BRAJKOVIĆ

Faculty of Croatian Studies, University of Zagreb

Summary

This paper explores experiences of persons engaging in survival sex in Croatia. While research on commercial sex in Croatia is generally scarce, there is an absence of qualitative inquiries into the life stories and experiences of persons selling sexual services for subsistence needs. The study is grounded in a thematic analysis of interviews conducted with adult persons engaging in survival sex across the three largest Croatian cities. It examines their life stories marked by difficult childhood and drug use, and explores the conditions and risks associated with their engagement in survival sex. It also discusses agency in this specific setting, pointing at possible policy implications. In conclusion, the authors advocate for a more nuanced understanding of agency in this context and call for future research to be directed towards a more in-depth exploration of this issue.

Keywords: Survival Sex, Drug Use, Health Risks, Safety Risks, Agency

1. Introduction

Commercial sex is a complex social, gendered and economic phenomenon situated in a specific socio-cultural context. Hence, exchanging sex for money may have different meanings in different contexts, especially for persons engaging in it, adding to complexity in policy-making. Moreover, it is a value-laden and divisive topic that is usually discussed through the lenses of either of the two antagonistic feminist positions. For pro-sex work and pro-rights feminists, sex work represents legitimate work and sometimes a survival strategy, and the focus is on the structural constraints formed in patriarchal societies that impede recognition of sex work as

work.¹ On the other hand, for the radical feminists, the very notion of ‘sex work’ is problematic as they see commercial sex as the ultimate example of the exploitative nature of patriarchy (Kesler, 2002; Outshoorn, 2005; Scoular, 2015). Persons selling sexual services are here seen as victims, and the only way to ‘save’ them is to abolish prostitution through reversing the patriarchal logic of sexual responsabilisation by criminalising clients, mainly men. In the European context, current approaches to sex work regulation are mostly based on these understandings of commercial sex, with legalisation and client criminalisation as the two corresponding models of regulation (Radačić and Antić, 2022). There is a wealth of research discussing issues and problems in both understandings of commercial sex, and corresponding regulatory models, pointing that limited understandings inevitably result in inadequate and ineffective policy solutions (Dodillet and Ostergren, 2011; Pates, 2012; Danna, 2012; Levy and Jakobsson, 2014; Wagenaar, 2017).

The question of agency in the context of commercial sex is not only important for understanding how and why persons engage in selling sexual services, but also in terms of policy-making as its conceptualisation translated into policy documents directly impacts persons selling sexual services and their well-being, hence influencing the effectiveness of policies. The understanding of (sexual) agency that permeates sex work/prostitution debates is generally also polarised: sex workers are construed either as free and autonomous subjects in the sex market or as coerced and enslaved objects of men’s sexual desire. As Strega, Shumka and Hallgrimsdóttir (2021) noted, such conceptualisations of agency are limited because they either minimise the effects of structural constraints on agency (pro-sex work) or recognise sex workers’ agency solely in the context of exiting sex work (radical feminist). This critique goes in line with Weitzer’s which resulted in a proposal of polymorphous approach that sees sex workers as simultaneously agentic and structurally constrained (2013). While this approach enables a more nuanced understanding of agency, recognising that subjectification and objectification operate simultaneously, when discussing selling sex for subsistence needs (survival sex), the debate becomes even more complex.

The existing literature on survival sex is mostly focused on health and safety risks associated with this type of commercial sex, and various societal and individual factors that heighten those risks (Naramore *et al.*, 2017; Sanders, 2017; Thompson *et al.*, 2017; Koken, 2010; Goodyear and Cusick, 2007; Pyett and Warr, 1999; Spice, 2007). Hence, in this specific context of selling sexual services for subsistence needs, lack of agency is either problematised as another factor that heightens risks or is simply implied. Furthermore, there is a tendency to view drug users in

¹ It is important to note that, as Outshoorn (2005, p. 146) discusses, not all pro-sex work feminists “set prostitution within the same feminist framework”, but nevertheless advocate sex work as a work position.

this context as specifically disadvantaged, as there is an assumption that drug use, particularly heroin, obliterates their decision-making capacities. Such an assumption also translates, in the policy-making process, into programmes and services often blind to capacity-building efforts and empowerment.

Having in mind that the literature review conducted for this research showed that, across different regions and for over two decades, conditions and risks associated with survival sex stayed essentially the same, it seems that another approach to policy-making, oriented at capacity-building interventions, is called for. Hence, the aim of this paper is to explore the ways in which persons who sell sexual services for subsistence needs understand and manage their lives and needs, but also to discuss agency in this specific context. This twofold aim translates into (1) showing how our participants make sense of their own lives and experiences, and (2) discussing agency with a specific focus on possible policy implications. The paper starts with a literature overview on survival sex, following with the Croatian context and the methods section. We then present results through two main themes we developed: *Life Stories: Difficult Childhood, Drug Use and Entry Pathways* and *Survival Sex: (Working) Conditions, Clients and Risks*. We finish with a discussion and concluding remarks, focusing on agency and possible policy implications and calling for additional research in the specific context of survival sex.

2. Survival Sex

When discussing selling sex for subsistence needs, different studies employ different terms to describe it. Depending primarily on authors' understanding of notions of agency and work, and the role of a specific context, terms survival sex, (street) sex work and transactional sex are all used to signal selling sex by the most marginalised (McMillan, Worth and Rawstone, 2018). While both street sex work and transactional sex are used to denote commercial sex in various contexts, survival sex (work) exclusively refers to exchanging sexual services for subsistence needs, most often food, shelter, protection or drugs (Watson, 2011). The main reason why we have decided to use the term 'survival sex' is that the persons we interviewed did not consider themselves to be sex workers. Their stories depicted a more informal approach to selling sexual services, motivated exclusively by the extreme need they were in, most often heroin dependency.

Drug use and homelessness, particularly in Western studies, have been identified as the two most significant factors leading to engagement in survival sex (Shannon *et al.*, 2015; UNHCR, 2011; Shannon *et al.*, 2009; Spice, 2007). In the broader societal context, survival sex is associated with poverty, inequality, a lack of access to basic needs, escalating unemployment, and the impact of wars and conflicts (Greene *et al.*, 1999). These studies underscore the importance of policies and programmes that address the root causes of survival sex, highlighting that the sell-

ing of sexual services is often a consequence of dire circumstances where individuals find themselves with no (other) choice.

Besides being used to signal the lack of agency, ‘survival sex’ is also used to indicate that selling sexual services cannot be interpreted as work in every context (McMillan, Worth and Rawstorne, 2018). Although survival sex and sex work are both forms of exchanging sexual services for some form of compensation, sex work is often a chosen profession or a means of earning income (Sanders, 2010), while survival sex is driven by the need of meeting bare necessities (Brewis *et al.*, 2000). For drug users in this context, their dependency is a primary motivation for selling sexual services, where they often find themselves in a ‘work-score-use’ cycle (Jeal *et al.*, 2008). Hence, there is a significant difference between the two in motivation, and different studies also reported on differences in control, (working) conditions and stigma that persons involved face (Marshall *et al.*, 2010; Wechsberg *et al.*, 2005; Pyett and Warr, 1999).

Furthermore, studies have also shown that individuals who engage in survival sex are at increased risk of violence, HIV and other sexually transmitted infections and are more likely to suffer from depression, anxiety, and post-traumatic stress disorder (Marshall *et al.*, 2010; Roxburgh *et al.*, 2006). Health and safety risks are additionally exacerbated for drug users among this population (Pyett and Warr, 1999). The connection between survival sex and especially intravenous drug use raises additional concerns in terms of STIs, especially HIV, because it assumes a dual line of transmission, through sexual relations and sharing equipment for drug consumption (Shannon *et al.*, 2008a). In terms of safety risks, studies have shown that drug users who engage in selling sexual services are consistently exposed to high rates of violence, while the fear of future victimisation is associated with a decreased likelihood of insisting on condom use (Marshall *et al.*, 2010; Wechsberg *et al.*, 2005). Moreover, survival sex is mostly street-based which, in comparison to indoor sex work, entails heightened risks, especially of violence (May *et al.*, 1999, Koken, 2010). Finally, multiple studies highlight different and intersectional vulnerabilities affecting this population: poverty, addiction, mental illness, and exposure to frequent harassment, violence and health risks (Shannon *et al.*, 2008b; Spittal *et al.*, 2003; El-Bassel *et al.*, 2001).

3. Croatian Context

In addition to the aforementioned issues, legal framework in any given context influences the experiences of persons engaged in commercial sex (Benoit *et al.*, 2018a; Sanders, Conelly and King, 2016; Pinto *et al.*, 2015). Provision of sexual services is criminalised in Croatia by the Act on Misdemeanours against Public Order and Peace, adopted in 1977, when Croatia was a part of the Federal Socialist Republic of Yugoslavia. While the Act criminalises only the provision of sexual services, the

case-law analysis also showed that the primary target of the laws are (female) sex workers working in the street or independently in apartments, the majority of whom were in a difficult socio-economic situation (Radačić and Antić, 2022; Štulhofer *et al.*, 2016). In this context, studies have shown that criminalisation and systematic effort to eradicate street sex work have led to relocation to more remote and hidden places, thus increasing the risks of assault and violence by clients (Goodyear *et al.*, 2005), with lack of criminalisation of violent clients additionally undermining the sense of security among persons selling sexual services (Cler-Cunningham and Christensen, 2001). While in the Croatian context there is no reliable data on the number of persons engaging in commercial sex, especially in survival sex, research conducted in 2008 revealed that NGOs providing STI screening and HIV education served 280 persons selling sexual services in Zagreb and 300 in Split (Štulhofer *et al.*, 2010). Despite the valuable insights provided by existing research, the lack of reliable data on contexts and persons engaging in commercial sex in general and in survival sex in particular in Croatia remains a notable gap. Authors of mentioned studies acknowledge this as a significant limitation, hindering a more profound comprehension of the challenges confronted by persons selling sexual services in the context of pervasive stigmatisation and various forms of victimisation.

The analysis of relevant policy documents in the Croatian context has shown that sex work is a marginalised issue, with no sex work-specific policy documents adopted, and framing sex work primarily as a public order and public health issue (Šipić, Radačić and Baketa, 2022). There is no sex workers' community or organisation in the country and only four harm-reduction NGOs in the country have contact mostly with drug users engaged in street-based survival sex. However, their programmes are mostly directed at mitigating health risks associated with drug use, and they have little or no capacity for support in terms of other challenges associated with survival sex.

4. Methods and Sample Overview

This paper is based on interviews undertaken between 2022 and 2023 for the research project *Regulation of Prostitution in Croatia*. We conducted 10 in-depth, face-to-face and semi-structured interviews with persons engaging in survival sex in three largest Croatian cities – Zagreb, Split and Rijeka.² The interviews focused on a range

² A total of 20 interviews were conducted as a part of the project *Regulation of Prostitution in Croatia* (principal investigator dr.sc. Ivana Radačić, implemented by Institute of Social Sciences Ivo Pilar and financed by Croatian Science Foundation). Owing to the different recruitment methods (collaboration with harm reduction NGOs; informants; contacting potential participants through ads posted in 'personals' or on specialised websites), the realised sample was essentially consisting of two different groups of persons selling sexual services – those doing it for subsistence needs (survival sex) and those doing it as work (sex work). This paper focuses on experiences of persons engaged in survival sex.

of topics relating to experiences in selling sexual services; Croatian legal framework and different models of regulation; experiences with the police and other state actors.

Ethical approval for the research was granted by the Institute of Social Sciences Ivo Pilar Ethics committee. Owing to the sensitivity of the topic, privacy and confidentiality were prioritised throughout the project. All interviews were conducted by the researchers mainly in safe spaces of partner NGOs that helped with recruiting the participants, which affected our sample composition as their main activities are related to drug-use harm reduction. We acknowledge that not all persons engaging in survival sex in the Croatian context are drug users and discuss our findings in relation to our participants. All transcripts were anonymised and only researchers had access to them. During the analysis, we excluded all identifying information, as well as any potentially harmful information, such as usual locations for selling sex or the city each participant lives in. We also secured 30-euro vouchers for their participation, and offered assistance in connecting them with NGOs that provide legal, psychosocial or health-related services.

As Silverio *et al.* (2022) stated, qualitative researchers often engage challenging, tough and taboo topics, while simultaneously exposing themselves to the participants' narratives which may be emotionally difficult. Commercial sex is a tabooed and highly stigmatised activity, and those willing to participate were aware of the stigma attached to them, which made it difficult for them to openly speak about their experiences. Therefore, a major effort has been made to ensure the feeling of a 'safe place' and to encourage them to talk openly. Furthermore, although our sample consisted of persons with drug use experiences who greatly assisted in providing valuable insights, a notable communication challenge emerged throughout the entire interview process. Some participants had difficulties in communication, such as incoherent speech and/or losing focus while talking. Despite these challenges, the participants' valuable contributions shed light on the complex intersections of their lived experiences, and our field work experience in this setting corroborated the importance of creating a safe space for dialogue in a sensitive research context.

After transcripts were finalised, each transcript was read in depth for data familiarisation as the first step of a reflexive thematic analysis (Braun and Clarke, 2006; 2019). The interviews were coded using NVivo data analysis software, exploring how the participants constructed the impact that survival sex had in their lives. Later on, codes were revised and re-coded by all authors, using both deductive and inductive approaches. Orientation to coding was semantic, since we wanted to convey our participants' experiences in their own words and to understand how they make sense of their realities (Braun and Clarke, 2022). Following this process, broader themes were developed and reviewed.

We interviewed eight women and two men, aged from 31 to 66. Most of them were high school educated, with three finishing only primary school. Most of them

had partners they were living with, usually also drug users (Valerija, Nikolina, Ante, Petra, Josipa and Antonija), others lived with their parents (Pero and Jasmina) or were homeless at the time of the interview – Ksenia was living in a shelter, while Veronika was dwelling in the streets. Some of them also had children, most often living with a family member or being under the state's care (Valerija, Petra, Ante, Veronika). Only one participant was living with her children at the time of the interview (Nicolina). All participants had drug use issues, most often related to illicit drugs such as heroin, cocaine and amphetamines.

5. Results

5.1. Life Stories: Difficult Childhood, Drug Use and Entry Pathways

For all our participants, the important thing to emphasise was that there were some challenges in their childhood or youth that drove them to drug use and subsequently to selling sexual services. They were mostly talking about a difficult financial situation compounded by parental alcohol abuse and neglect, that for some ended in an early break from family life and an experience of living in a children's home. Some participants also spoke of the need to fend for themselves from an early age, which meant they stopped going to school, which in turn limited their options in the future. However, for some participants it was the "bad company" that they saw as the main influence in their life stories that ended up marked by drug use. For the great majority of them, drug use was the main factor influencing their life choices, and their personal histories of poverty, parental neglect and addiction, a proof that they didn't stand a chance. As Ksenia, who was in her sixties at the time of the interview and living in a shelter, commented: "My life was... you know what? My mother was a prostitute. Alcoholic father. Alcoholic mother." She further elaborated:

My parents neglected me, threw me into a children's home. Until the age of 18, I was there... I didn't go to school because there was no one to pay for it (...) I fell into a bad company and started to engage in prostitution.

Petra, who started selling sexual services at 16, had a similar story to tell:

I lived my life more in the streets than in a home, family home. I'm a street and children's home child. I've been fending for myself my whole life. At the age of 5 or 6, my mother was taking me with her to brothels where she worked. She did that in front of me, I watched everything.

For Ante, who also started selling sexual services between the ages of 16 and 17, his father's alcoholism and the difficult financial situation were the background of his childhood:

My dad was an alcoholic. I didn't go to school, I had to work. I finished elementary school and that's it.

Veronika, who was homeless and fending for herself in the streets, also felt that her childhood determined the rest of her life. When asked about the family, she stated:

I don't have [a family] – I mean, I do, but it's as if I didn't. Father and mother – my father abused my mother. Me and my two brothers ended up in a children's home until the age of 18. Then we ended up in the streets.

For all our participants, family was a difficult topic. While some grew up in broken families, others felt that their drug use broke the family ties. Jasmina explained how her parents tried to be supportive, but didn't understand how addiction works, and that there is a distance, even though they are living together:

I have some support: a roof over my head, and food. We love each other, but we don't talk too much. I told them about my addiction problem when I returned home. They tried to help me, but they don't understand it – like, during the rehab, I was on substitution therapy, and for them, it's still a drug because they saw me buying it once. So, there's no tension, no constant yelling, but there's also no true connection. Everyone lives their own life, you know.

They also problematised the lack of support in their lives in general, with some having only their partners, also drug users, to lean on. Valerija elaborated how it is difficult to even communicate with people, as the stigma attached to drug users is too strong:

I mean, if you need advice, any kind of help... they will just mock you, and that's it. Nobody will really help you. And here, they run from addicts as if we had AIDS; so, addicts – we're not [seen] like patients: we are (...) numbers – 1, 2, 3, 4, 5 – and that's it. So, they treat us like we're lowest of the low...

In this sense, Nikolina also commented how society is treating them like “trash”, explaining that “you can sense that, you are isolated, they are looking at you differently”. However, most of our participants used the services of NGOs specialised in harm reduction, acknowledging that with regards to their drug use problems they do feel supported in a way, but emphasising that when it comes to selling sexual services, they are lacking in support or even people they could talk to:

Sometimes a kind word would mean a lot... someone who would make you feel that you are not at the bottom, that you are not a bum, that you are not repulsive because you have given your body. (Valerija)

For most of our participants their everyday lives are structured around their heroin habit. Different stages of their heroin use were marked by different experiences related to acquiring heroin. Interesting, though, was that most of them started early with selling sexual services, in mid or late teens. However, for most of them that was not an ongoing practice – they mostly engaged in selling sexual services as a last resort, when no other options were available to secure their need. Other options included different things at different stages of their stories: they talked about “getting by” in various ways, including stealing from family members, dealing drugs, and robberies. In this sense, Pero commented that in a crisis:

You need the fucking money, you know. At that moment, you think you could kill someone. When you’re fucked up, you are ready to do anything. (...) Well, people are ready to do anything. You know, anything, anything.

They further explained how selling sexual services is, at the same time, the worst and the easiest option: while they hate that they have to sell sexual services, they also know that by doing it they won’t end up in prison. Hence, they did weigh all the options they had, against their experience, and at times decided that selling sexual services was the activity they chose to engage in, either because they didn’t want to steal and end up in prison or because it was the fastest way to get the money they needed. Valerija in this sense explained that while she hated “selling her body”, it was better than the alternatives:

But honestly: I ended up in jail several times, served several prison sentences and all. It’s easy to commit robbery, steal and everything, so I was thinking it’s hard to give your body, but by giving your body, you get money, you buy what you need, and otherwise, you go to jail. Yeah. So, it’s better this way.

Ante elaborated similarly: he exchanged sex for money “for the drugs”, so he wouldn’t “have to steal and end up in prison”. However, later in the conversation, he also noted that:

It’s all good now, that’s all finished – it was when I was younger. Young in the streets. They would use me. Now I know how to get by, I don’t need to steal and do such things. I go and buy, sell – marijuana, I don’t know, anything. I sell all kinds of drugs and get the money. In a normal way.

The idea that dealing drugs is a normal way of earning money, in comparison to selling sexual services, together with the feelings of shame and disgust in most of our participants, indicated that selling sex was especially difficult for them – they were more open when talking about their experiences of being drug users, former inmates, or drug dealers. Their feelings of shame and disgust were especially visible in comments that selling sex is an act that you cannot “wash off afterwards”

(Pero, Nikolina, Valerija). Both Valerija and Nikolina, for example, stated that they are currently hiding what they do from their partners, because they are ashamed and apprehensive about their reaction. Valerija, however, explained that she met her partner in that context and that, for a while, he was protecting her “from that people”, but that “nowadays he knows nothing”. Hence, while they did feel the dual stigma that was attached to them, it was more difficult for them to cope with the ‘prostitution’ stigma, and it was something that they were actively hiding from people close to them.

Moreover, selling sex for most of our participants was additionally difficult because, as they explained, heroin in general ruined their libido and sex was the last thing on their mind. Their feelings of exploitation and violation were exacerbated by the necessity to engage in sexual intercourse even when they had no desire or were completely unwilling. Nikolina, in this sense, noted that on heroin “you need nothing, you want nothing”, similarly as Valerija, who said that on heroin you “lose desire for sex, for everything”. Pero explained in more detail:

You know, the moment when you reach a severe addiction, you can't. It's no longer on your mind... There were lots of drugs, you know, and then it, I don't know exactly, probably got a bit lost. The libido died; I think.

While most of our participants had difficult life stories, often with childhood experiences of poverty, for them the initial reason or primary motivation for selling sexual services was the need for securing the money for heroin. Petra, Ksenia and Veronika had somewhat different stories. While they all had substance use issues – in Ksenia's case it was alcohol, in Viktorija's different synthetic drugs, and in Petra's a combination thereof – they were not heroin users:

I have never used heroin; I've used pills, marijuana, and cocaine. In that setting, you can't function otherwise – no way. I would drink a whole bottle of whiskey (...) getting so drunk that I couldn't stand on my feet. (Petra)

Hence, they initially started selling sexual services for reasons different from the majority in our sample. Ksenia and Petra explained that while their early engagement in selling sexual services was related to difficult family situations and bad company, later they stopped, and then started again as life circumstances left them with no other choice. For Petra it was a difficult financial situation when she had her first child, and Ksenia, who initially stopped as she fell in love and got married, started again because:

We had no place to live – I will be short and clear – we had no place to live. I suggested it myself. He started stealing first, so in order not to lose him, I went into prostitution. We paid for the apartment, and we lived there for almost 2-3 years.

(...) Then it started to bother him, so I stopped it. He worked, bringing his salary home. Then he killed a man. (...) I started being a prostitute again. Unfortunately... Un-for-tu-na-tely.

Veronika didn't have the experience of an early entry; she got married at one point and, on her husband's insistence, started selling sexual services:

I was doing that for a long time because my husband demanded it. (...) I would massage them, and my husband collected the money. (...) He was no good: he was beating me, abusing me. And he forced me into prostitution.

Petra also talked about her experience of being forced to sell sexual services, but by a violent and powerful criminal group in the city she was living in at the time. She talked of how they forced her to work all the time, while taking everything she earned:

I had to give them everything. (...) Everything. Yes. I would earn up to 1500 euros, and they took it all from me.

In summary, most of our participants engaged in selling sex when they needed the money for heroin. At times, when they had other options, they would stop selling sexual services. Some of them, however, were not heroin users, but were also in some kind of extreme need: they had no other option to secure food or shelter. Some also had experience of being forced to sell sexual services. Nevertheless, their backgrounds shared a common narrative: a challenging childhood marked by absent or abusive parents, followed by an early adulthood devoid of support, rendering them vulnerable to exploitation.

5.2. Survival Sex: (Working) Conditions, Clients and Risks

As noted earlier, all our participants engaged in selling sexual services in times of desperation. Hence, none of them had a professional outlook on selling sexual services – they did not see themselves as sex workers and were not setting the (working) conditions. So, when talking about (working) hours, locations, pricing or clients, most of our participants described no-control situations they were constantly entering. This lack of control elevated health and safety risks they were exposed to, which in turn resulted in various physical and psychological harms.

In terms of (working) hours, most of them explained how their heroin habit is the primary factor determining their engagement in selling sexual services. In situations where they had no other options available, and when in a crisis, selling sexual services was the fastest way to get the money they needed. At times, and as their habit became more demanding, they were selling sexual services on a daily basis. Ante commented that there was a period when he was selling sexual services every day, and he

would buy drugs, go to the apartment, get high, and it went on like that day after day. Sometimes for food, sometimes – it depends...

Some participants shared their experiences of visiting street locations known for sex work, occasionally finding success in getting the money they needed relatively quickly. But there were instances when they spent hours waiting without getting the money. However, they were aware that certain periods offered better prospects for earnings. For instance, both Nikolina and Valerija noted that the 10th of the month is particularly lucrative due to the disbursement of paychecks and pensions. Nonetheless, the unpredictability of their income, coupled with specific, costly, and constant need, made it challenging for them to selectively engage in selling sexual services only on days when demand was expected to be high.

While most of them found clients on known street locations, sometimes locations were random and determined by the situations they were in. Antonija, for example, said that she often hitchhiked to and from the big city and, if there was an opportunity, she would engage in sex for money. Jasmina, who usually found clients in the street, also talked about the situation where she was hired by an elderly man to sort out his belongings but:

He started to feel me up. [He said] I'll touch you and give you 15 euros. [I said] Ah well, OK then.

Participants also mentioned how, when speaking about spaces where they provided services, it was essentially left to the client to decide: most of them had experiences of providing services outdoors, in dark and secluded areas, as well as in cars. Some of them, however, occasionally had clients that were willing to pay for a room (Valerija, Jasmina, Ksenia), with Petra being the only one who stated that she exclusively provided services indoors.

In terms of pricing, most of them stated how they often were in no position to determine the price or even to secure the payment in advance. They further elaborated how their habit left them with no possibility to negotiate – even if they set the price and asked the money in advance, they often settled for less:

You'll tell him, for example, that a blowjob is 30 euros, you'll tell him if he wants everything, it's 45 EUR. But sometimes I would even go with someone for 7 EUR (...). I did that on several occasions, because that was the only way I could get the money to buy myself heroin. (Nicolina)

At times they were even left without any money, completely desperate and having to solicit another client so they could get the money they needed:

It happened to me, oh, how many times I was thrown out – four or five times I was thrown out of a car, without a cent, with nothing (...) no one will give you the

money in advance, they usually give you afterwards. So, it happened at least four times, that I'd be returning crying and, in a crisis, (...) back again looking for new johns so I could buy myself heroin. (Valerija)

It was especially difficult for women in our sample to control all these conditions, as they felt extremely vulnerable in the process and often talked about feelings of exploitation and violation. That was especially visible in their comments on clients where they spoke with disgust and contempt, emphasising that they had no desire to establish a closer relationship with any of them. They mostly described them as aggressive men who think they can get or do whatever they want for the money they pay:

It's awful because they're awful (...) because they think that if they've paid, they can do whatever they want – turn this way, turn that way, stand this way, stand that way, spread this way, spread that way (...) it's so pathetic, so miserable. But a person survives everything just to get there. Unfortunately. (Valerija)

Similarly, Nikolina also felt that she had no control over the type of services she provided, and noted that wealthier and more polished clients are often more demanding and aggressive:

They demand so much from you (...) the worst thing is (...) he can't do that to his wife at home, so he comes to you (...) mostly anal sex, which hurts a lot (...) he thinks if he pays, he can do anything.

She added: "we are the ones being the worst bitches and whores, and they are like classy men", showing contempt for dual moral standards and stigmatisation that affects only those selling sexual services in this context.

The men in our sample felt more in control in terms of what services they provided, and were less concerned about payment, but they were still engaged in an activity they found undesirable. Their stories also conveyed a sense of disgust when referring to their clients. Pero articulated this sentiment by saying, "you do it, but you'd rather kill him".

Since most of our participants are long-term heroin users who exchange sexual services for money in a context where they have limited control over the circumstances, they are exposed to various health and safety risks. In terms of health, HIV/STIs risks are especially pronounced, since their exposure is twofold: most of them simultaneously use heroin intravenously and often engage in unprotected sexual intercours with different partners:

To tell you the truth, I've been in a situation more than once where he didn't have a condom, and nor did I. I cared about nothing, so the condom didn't matter to me at all (...) I was (...) just waiting for it to pass, for it all to be over. I prayed to

God for it to be over, for him to leave, and for me to forget everything. (Nikolina)

Several participants commented that at different periods they did suffer from various sexually transmitted infections, with some of them having untreated hepatitis C. One participant stated that she is HIV positive, but on medication and feeling well. Some women also spoke of frequent bleeding and bruising caused by rough sexual intercourses, especially in the context of anal sex. Their health is additionally at risk since they often provide sexual services outdoors, sometimes at extremely unhygienic places like a produce market:

It's much easier (to work) in the apartment than behind the stall where daily goods are sold. Everything is peed on in the evening, and you must take off your clothes there. It's not pleasant. And to have a place, you need to have the money. (Valerija)

Most women in our sample talked about permanent stress caused by the fear of potentially very threatening situations in which they may find themselves. Several participants have experienced extremely dangerous situations, where they were exposed to physical, emotional and sexual abuse by clients. They mentioned being kicked out of cars in remote places, being raped and forced to provide sexual services, threatened, or physically attacked. Veronika commented how clients on multiple occasions became "aggressive and violent" and that selling sex is "not a game or a joke". Josipa, for example, described one situation that was extremely stressful for her:

At one point he just turned off the road and continued driving up to the hills. I was panicking. I realized that the situation was dangerous, and I could not just jump out of the car. I decided to indulge him. I hoped that if I indulged him, I would somehow get away from that situation. He's a man, if he attacks me, I'm done.

Most women explained how they are apprehensive every time they engage in selling sex, as they often deal with drunk and aggressive men. While men in our sample did talk about feeling exploited, especially at a younger age, they have not experienced violence and did not feel threatened in this context.

In summary, our participants did not perceive the act of selling sexual services as a form of work. Instead, they characterised it as an unwanted activity undertaken when no other options were available to meet their needs. Consequently, they did not employ any strategies or tactics to control the conditions under which they engage in selling sex or to ensure their health and safety. This lack of control heightened the risks they faced in terms of their overall well-being. Although both men and women in our sample shared a similar perspective, emphasising their unwillingness to engage in selling sexual services, men reported no instances of violence and abuse, in contrast to the experiences reported by women.

6. Discussion and Conclusions

Many of our findings mirror those already found in multiple studies on survival sex, suggesting that certain contextual factors contributing to engagement in survival sex are enduring. The life stories of our participants started with elaboration on challenging childhood in line with studies that found that experiencing more types of childhood adversity, such as abuse, neglect and household dysfunction, was associated with a higher likelihood of engaging in survival sex (Naramore *et al.*, 2017; Thompson *et al.*, 2017). Lacking support during childhood and young adulthood limited their options in the future: their levels of education did not equip them for the labour market, and some of them experienced homelessness. In such a context, large majority of them started using drugs, mostly heroin, but some were also talking about amphetamine, cocaine and alcohol use. Drug use and homelessness, together with poverty and lack of access to basic needs, have been identified, especially in Western studies, as the most significant factors which lead to engagement in survival sex (Spice, 2007; Greene *et al.*, 1999).

All our participants engaged in survival sex as an act of desperation, a way to meet their immediate needs for food or drugs. While it was not an ongoing practice for most of them, and they stopped when circumstances allowed it, they usually started again when they had no other viable options to meet their needs. For most, it was heroin use that primarily motivated their engagement in survival sex, and their stories at times depicted a 'work-score-use' cycle (Jeal *et al.*, 2008). At the same time, they loathed selling sexual services and found nothing positive in it. They were often talking about feeling exploited and violated, which was possibly exacerbated by the fact that heroin use negatively affected their sex drive.

In line with other studies on survival sex, our participants also did not develop any strategies to control conditions under which they engage in selling sex (Marshall *et al.*, 2010; Wechsberg *et al.*, 2005; Pyett and Warr, 1999). In terms of (working) hours, locations, prices or types of services provided, most participants described no-control situations. They were often engaging in survival sex in a crisis and with diminished capacity to negotiate conditions with clients. This lack of control heightened the risks in terms of their health and safety in particular. High rates of assault and violence among street-level sex workers, and consequently the fear of becoming a victim of violence in such a context, have been reported in different studies (Koken, 2010; Goodyear and Cusick, 2007; Pyett and Warr, 1999). The majority of women in our sample talked about extremely traumatic experiences where they were exposed to mental, physical, and sexual abuse, and stated that they are in permanent fear of future "bad dates". The men in our sample did not feel threatened in this context. In terms of health risks, HIV/STIs risks are especially pronounced

in this population, since their exposure is twofold: most of them simultaneously use heroin intravenously and often engage in unprotected sexual intercourse with different partners (Shannon *et al.*, 2008b; Spittal *et al.*, 2003; El-Bassel *et al.*, 2001). Several participants in this study stated that they have some form of untreated sexually transmitted infection, with the risk of transmission heightened by not insisting on condom use.

The experiences within the realm of commercial sex are significantly influenced by the relevant laws and policies (Pinto *et al.*, 2015; Sanders, Conelly and King, 2016; Benoit *et al.*, 2018a). The Croatian context is characterised by the criminalisation of the provision of sexual services, with no specific sex work/prostitution policies in place (Šipić, Radačić and Baketa, 2022; Radačić and Antić, 2022). In such a context, individuals predominantly involved in street-based survival sex are at a higher risk of violence compared to indoor sex workers (Koken, 2010; Goodyear *et al.*, 2005). Furthermore, while being more targeted by the laws and policing, the absence of legal consequences for violent clients compounds their vulnerabilities, particularly concerning their health and safety (Cler-Cunningham and Christensen, 2001; Koken, 2010). As mentioned earlier, most women in our sample were in a constant state of stress and fear when engaging in survival sex, which was also related to the social and legal framework where stigmatisation and repression primarily affect those selling sexual services, making it difficult for them to seek social and legal protection (Radačić and Antić, 2022). Moreover, as most of them were heroin users, they felt the dual stigma attached to them, which led to further marginalisation and social isolation.

However, our analysis has also shown that despite multiple constraints, primarily shaped or influenced by heroin use or homelessness, our participants exercised (constrained) agency through both resistance and contextual/situational decision-making, despite the extremely precarious position they were in. Their narratives conveyed a sense of resistance to the stigmatisation, dehumanisation and discrimination to which they were exposed. For example, the women in our sample perceived the existence of dual moral standards in society, alongside discrimination embedded in law that criminalises only the provision of sexual services. They also shared their experiences of being treated like “numbers” or “trash” in institutional settings, but also by wider society. Furthermore, their stories depicted intricate decision-making processes in situations where they pragmatically chose to engage in survival sex. They weighed their options and concluded that it was either the fastest way to meet their needs or a means to avoid imprisonment. While they did exercise agency in a setting where their options were extremely limited, it seems important to acknowledge that our participants were making and are capable of making rational decisions.

Most studies on survival sex are oriented towards the study of risks and with similar findings: persons engaging in survival sex are exposed to particular health and safety risks due to their lifestyle, lack of control and agency. Similar circumstances and personal stories across different contexts suggest that interventions focused on risk and harm reduction, while disregarding the voices of persons engaging in survival sex, have little effect. Understanding agency as simply choice/no-choice ability, while enabling interpretation of our participants as victims of different structural constraints and personal weaknesses, obscures the complexities in their stories and possibly impedes future interventions that could increase their capacities and effect change (Macmillan, Worth and Rawstorne, 2018). While multidisciplinary and multisectoral approaches in both policy-making and implementation are called for; highlighting inter alia intersectional vulnerabilities especially for women drug users in the context of commercial sex, there is a notable gap in survival sex specific policy recommendations, as it is only marginally discussed in both drug related and sex work/prostitution policy documents at international and EU levels.³ We find that it is important to emphasise that commercial sex is not a homogeneous phenomenon, and that specific context in which commercial sex takes place must be considered in the policy-making processes. While agency is a prominent topic in discussions on commercial sex in general, with notable advances in terms of its policy impact (i.e. sex work policies developed in collaboration with sex workers' organisations in New Zealand and Belgium), when discussing survival sex, it is not the case. As mentioned earlier, most of our findings mirrored those from different regions and time periods, indicating that not much has changed in the last quarter of century. It seems that research focusing on agency and decision-making in this specific context would be beneficial in terms of discerning context and situations conducive for them, and subsequently pave the way for policy-making approaches focused on capacity-building. It is also essential to include persons engaging in survival sex in the policy-making processes, while developing policies based on the human rights approach and aligned with inter-

³ See e.g. United Nations Office on Drugs and Crime (2023) *World Drug Report*. Available at: <https://www.unodc.org/res/WDR-2023/WDR23>; Council of the European Union (2021) *EU Drugs Strategy 2021-2025*. Available at: <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>; European Parliament (2023) *Regulation of prostitution in the EU: its cross-border implications and impact on gender equality and women's rights*. Available at: https://www.europarl.europa.eu/doceo/document/TA-9-2023-0328_EN.html; United Nations Working Group on Discrimination against Women and Girls (2023) *Eliminating discrimination against sex workers and securing their human rights*. Available at <https://www.ohchr.org/en/special-procedures/wg-women-and-girls/eliminating-discrimination-against-sex-workers-and-securing-their-human-rights>.

national human rights bodies' recommendations to decriminalise the provision of sexual services.⁴

In conclusion, this study provides new insights into survival sex in a specific Croatian context and includes a discussion on agency in a specific constrained context of selling sexual services for subsistence needs. While we do acknowledge serious physical and psychological harms that persons engaging in survival sex are exposed to, we also find that an absolute victim perspective in this context is potentially harmful, as it renders them invisible especially in the policy-making process. Moreover, it seems important to note that the assumption that heroin users selling sexual services are devoid of decision-making capacity or agency essentially strips them of their humanity. The narratives of our participants conveyed a different message: while at times demonstrating a readiness to resort to any measures in times of crisis, they also elaborated on a cognitive process infused with apprehension about the potential repercussions of their actions. We hence call for future research that will delve more deeply into the issue of agency within the realm of survival sex. Understanding agency as varying and contextual seems a good starting point in this context, as it allows for the analysis to go beyond the given dichotomies of choice/no-choice, and possibly to understand better how both structural and personal factors influencing that variation operate (Strega, Shumka and Hallgrímsdóttir, 2021).

Funding

This work was supported by the Croatian Science Foundation [grant number IP-2018-01-3878].

⁴ See e.g. United Nations Working Group on Discrimination against Women and Girls (2016) *Report on discrimination against women with regard to health and safety (A/HRC/32/44)*; United Nations Working Group on Discrimination against Women and Girls (2018) *Report on reasserting equality, countering rollbacks (A/HRC/38/46)*; United Nations Committee on the Elimination of All Forms of Discrimination against Women (2017) *General Recommendation No. 35 on Gender-based Violence Against Women, Updating General Recommendation No. 19*; United Nations Working Group on Discrimination against Women and Girls (2023) *Eliminating discrimination against sex workers and securing their human rights*.

REFERENCES

- Benoit, C., Jansson, S. M., Smith, M. and Flagg, J. (2018) 'Prostitution Stigma and Its Effect on the Working Conditions, Personal Lives, and Health of Sex Workers', *The Journal of Sex Research*, 55(4-5), pp. 457-471. <https://doi.org/10.1080/00224499.2017.1393652>
- Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77-101.
- Braun, V. and Clarke, V. (2019) 'Reflecting on reflexive thematic analysis', *Qualitative Research in Sport, Exercise and Health*, 11(4), pp. 589-597.
- Braun, V. and Clarke, V. (2022) *Thematic Analysis: A practical guide*. London: SAGE Publishing.
- Brewis, J. and Linstead, S. (2000) *Sex, Work and Sex Work: Eroticizing Organization* (1st ed.). London and New York: Routledge. <https://doi.org/10.4324/9780203360965>
- Cler-Cunningham, L. and Christensen, C. (2001) *Violence against women in Vancouver's street level sex trade and the police response*. Written for PACE Society. Retrieved January 29, 2007.
- Dodillet, S. and Ostergren, P. (2011) The Swedish Sex Purchase Act: Claimed Success and Documented Effects. *Conference proceedings: Decriminalizing Prostitution and Beyond: Practical Experiences and Challenges*. The Hague.
- El-Bassel, N., Gilbert, L., Frye, V., Wu, E., Go, H., Hill, J. and Richman, B. L. (2004) 'Physical and Sexual Intimate Partner Violence Among Women in Methadone Maintenance Treatment', *Psychology of Addictive Behaviors*, 18(2), pp. 180-183. <https://doi.org/10.1037/0893-164X.18.2.180>
- El-Bassel, N., Witte, S. S., Wada, T., Gilbert, L. and Wallace, J. (2001) 'Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risks', *AIDS patient care and STDs*, 15(1), pp. 41-51. <https://doi.org/10.1089/108729101460092>
- Goodyear, M. D. and Cusick, L. (2007) 'Protection of sex workers', *BMJ (Clinical research ed.)*, 334(7584), pp. 52-53. <https://doi.org/10.1136/bmj.39087.642801.BE>
- Goodyear, M., Lowman, J., Fischer, B. and Green, M. (2005) 'Prostitutes are people too', *Lancet* (London, England), 366(9493), pp. 1264-1265. [https://doi.org/10.1016/S0140-6736\(05\)67523-X](https://doi.org/10.1016/S0140-6736(05)67523-X)
- Greene, J. M., Ennett, S. T. and Ringwalt, C. L. (1999) 'Prevalence and correlates of survival sex among runaway and homeless youth', *American Journal of Public Health*, 89(9), pp. 1406-1409. <https://doi.org/10.2105/ajph.89.9.1406>
- Jeal, N., Salisbury, C. and Turner, K. (2008) 'The multiplicity and interdependency of factors influencing the health of street-based sex workers: a qualitative study', *Sexually Transmitted Infections*, 84(5), pp. 381-385. <https://doi.org/10.1136/sti.2008.030841>

- Kesler, K. (2002) 'Is a Feminist Stance in Support of Prostitution Possible? An Exploration of Current Trends', *Sexualities*, 5(2), pp. 219-235.
- Koken, J. A. (2010) 'The Meaning of the "Whore": How Feminist Theories on Prostitution Shape Research on Female Sex Workers' in Ditmore, M. H., Levy, A. and Willman A. (eds.) *Sex Work Matters: Exploring Money, Power, and Intimacy in the Sex Industry*. London: Zed Books, pp. 28-64. <https://doi.org/10.5040/9781350222526.ch-003>
- Levy, J. and Jacobsson, P. (2014) 'Sweden's abolitionist discourse and law: Effects on the dynamics of Swedish sex work and on the lives of Sweden's sex workers', *Criminology & Criminal Justice*, 14(5), pp. 593-607.
- Marshall, B. D. L., Shannon, K., Kerr, T., Zhang, R. and Wood, E. (2010) 'Survival Sex Work and Increased HIV Risk Among Sexual Minority Street-Involved Youth', *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 53(5), pp. 661-664. <https://doi.org/10.1097/QAI.0b013e3181c300d7>
- May, T., Edmunds, M. and Hough, M. (1999) *Street Business: The Links between Sex and Drug Markets*. Crime Detection and Prevention Series. London: HMSO.
- McMillan, K., Worth, H. and Rawstorne, P. (2018) 'Usage of the Terms Prostitution, Sex Work, Transactional Sex, and Survival Sex: Their Utility in HIV Prevention Research', *Archives of Sexual Behavior*, 47(5), pp. 1517-1527. <https://doi.org/10.1007/s10508-017-1140-0>
- Naramore, R., Bright, M. A., Epps, N. and Hardt, N. S. (2017) 'Youth Arrested for Trading Sex Have the Highest Rates of Childhood Adversity: A Statewide Study of Juvenile Offenders', *Sexual Abuse*, 29(4), pp. 396-410. <https://doi.org/10.1177/1079063215603064>
- Outshoorn, J. (2005) 'The Political Debates on Prostitution and Trafficking of Women', *Social Politics: International Studies in Gender, State and Society*, 12(1), pp. 141-155.
- Pates, R. (2012) 'Liberal Laws Juxtaposed with Rigid Control: An Analysis of the Logics of Governing Sex Work in Germany', *Sex Res Soc Policy*, 9, pp. 212-222.
- Pinto, A. M., Santos, C. and Fontes, A. (2015) 'Working conditions, legal status and health services among sex workers in Portugal', *Culture, Health & Sexuality*, 17(3), pp. 282-295.
- Pyett, P. and Warr, D. (1999) 'Women at risk in sex work: Strategies for survival', *Journal of Sociology*, 35(2), pp. 183-197.
- Radačić, I. and Antić, M. (2022) 'Criminalisation of sex workers: rethinking the public order', *The International Journal of Human Rights*, 26(8), pp. 1374-1393. <https://doi.org/10.1080/13642987.2021.2023132>
- Roxburgh, A., Degenhardt, L. and Copeland, J. (2006) 'Posttraumatic stress disorder among female street-based sex workers in the greater Sydney area, Australia', *BMC Psychiatry*, 6(1), p. 6-24. <https://doi.org/10.1186/1471-244X-6-24>

- Sanders, T. (2010) 'It's just acting: Sex workers' strategies for capitalizing on sexuality', *Gender, Work & Organization*, 17(3), pp. 280-299.
- Sanders, T. (2017) 'The risks of street prostitution: Punters, police and protesters' in Chesney-Lind, M. and Morash, M. (eds.) *Feminist Theories of Crime*. London: Routledge, pp. 97-111.
- Sanders, T., Connelly, L. and King, L. J. (2016) 'On Our Own Terms: The Working Conditions of Internet-Based Sex Workers in the UK', *Sociological Research Online*, 21(4), pp. 133-146. <https://doi.org/10.5153/sro.4152>
- Scoular, J. (2015) *The Subject of Prostitution: Sex Work, Law and Social Theory*. Abingdon: Routledge.
- Shannon, K. E., Kerr, T., Bright, V., Gibson, K. and Tyndall, M. W. (2008a) 'Drug sharing with clients as a risk marker for increased violence and sexual and drug-related harms among survival sex workers', *AIDS Care*, 20(2), pp. 228-234.
- Shannon, K., Kerr, T., Allinott, S., Chettiar, J., Shoveller, J. and Tyndall, M. W. (2008b) 'Social and structural violence and power relations in mitigating HIV risk of drug-using women in survival sex work', *Social Science & Medicine*, 66(4), pp. 911-921.
- Shannon, K., Kerr, T., Strathdee, S. A., Shoveller, J., Montaner, J. S. and Tyndall, M. W. (2009) 'Prevalence and structural correlates of gender based violence among a prospective cohort of female sex workers', *BMJ*, 339(b2939-b2939). <https://doi.org/10.1136/bmj.b2939>
- Shannon, K., Strathdee, S. A., Goldenberg, S. M., Duff, P., Mwangi, P., Rusakova, M. and Reza-Paul, S. (2015) 'Global epidemiology of HIV among female sex workers: influence of structural determinants', *The Lancet*, 385(9962), pp. 55-71.
- Silveiro, S. A. et al. (2021) 'Sensitive, Challenging, and Difficult Topics: Experiences and Practical Considerations for Qualitative Researchers', *International Journal of Qualitative Methods*, 21, pp. 1-16.
- Spice, W. (2007) 'Management of sex workers and other high-risk groups', *Occupational Medicine*, 57(5), pp. 322-328. <https://doi.org/10.1093/occmed/kqm045>
- Spittal, P. M., Bruneau, J., Craib, K. J., Miller, C., Lamothe, F., Weber, A. E. ... and Schechter, M. T. (2003) 'Surviving the sex trade: a comparison of HIV risk behaviours among street-involved women in two Canadian cities who inject drugs', *AIDS Care*, 15(2), pp. 187-195.
- Strega, S., Shumka, L. and Hallgrímsdóttir, H. K. (2021) 'The "Sociological Equation": Intersections Between Street Sex Workers' Agency and Their Theories about Their Customers', *Journal of Sex Research*, 58(6), pp. 694-705. <https://doi.org/10.1080/00224499.2020.1830260>
- Šipić, J., Radačić, I. and Baketa, N. (2022) 'Prostitution Policies in Croatia: A Critical Frame Analysis', *Društvena istraživanja*, 31(2), pp. 213-234. <https://doi.org/10.5559/di.31.2.02>

- Štulhofer, A., Landripet, I., Božić, J. and Božičević, I. (2015) 'HIV risks and HIV prevention among female sex workers in two largest urban settings in Croatia, 2008–2014', *AIDS Care*, 27(6), pp. 767-771. <https://doi.org/10.1080/09540121.2014.996519>
- Štulhofer, A., Laušević, D., Božičević, I., Baćak, V., Mugoba, B., Terzić, N. and Drglin, T. (2010) 'HIV risks among female sex workers in Croatia and Montenegro', *Collegium antropologicum*, 34(3), pp. 881-886.
- Thompson, R., Lewis, T., Neilson, E. C., English, D. J., Litrownik, A. J., Margolis, B., Proctor, L. and Dubowitz, H. (2017) 'Child Maltreatment and Risky Sexual Behavior', *Child Maltreatment*, 22(1), pp. 69-78. <https://doi.org/10.1177/1077559516674595>
- United Nations High Commissioner for Refugees (2011) *Driven by Desperation: Transactional Sex as a Survival Strategy in Port-au-Prince IDP Camps*. New York.
- Wagenaar, H. (2017) 'Why Prostitution Policy (Usually) Fails and What to Do about It?', *Soc. Sci.*, 6(43), pp. 1-15.
- Watson, J. (2011) 'Understanding survival sex: young women, homelessness and intimate relationships', *Journal of Youth Studies*, 14(6), pp. 639-655. <https://doi.org/10.1080/13676261.2011.588945>
- Wechsberg, W. M., Luseno, W. K. and Lam, W. K. (2005) 'Violence against substance-abusing South African sex workers: intersection with culture and HIV risk', *AIDS Care*, 17(sup1), pp. 55-64. <https://doi.org/10.1080/09540120500120419>
- Weitzer, R. (2013) 'Researching Sex Work in the Twenty-First Century', *Contemporary Sociology*, 42(5), pp. 713-722. <https://doi.org/10.1177/0094306113499536b>

Marija Antić is a research assistant at the Institute of Social Sciences Ivo Pilar and a PhD candidate at the Faculty of Humanities and Social Sciences, University of Zagreb. *E-mail*: marija.antic@pilar.hr

Rašeljka Krnić is a senior research associate at the Institute of Social Sciences Ivo Pilar. *E-mail*: raseljka.krnic@pilar.hr

Tihana Štojs Brajković is an external associate at the Faculty of Croatian Studies, University of Zagreb, and a PhD candidate at the Faculty of Humanities and Social Sciences, University of Zagreb. *E-mail*: tstojs@hrstud.hr