

| OLD-AGE SEX |

# ORGASMS, VIBRATORS AND THE NURSING HOME

As a sex worker and sexual assistant, **Stephanie Klee** visits elderly men and women in Berlin nursing homes to fulfil their sexual desires. She talked to us about abusive old men, orgasms without erections and the lack of sexual education among nursing home staff. *By Xenia Balzereit*

**Is it true that sexual assistance, unlike sex work, is less about giving clients an orgasm?** What sexual assistance is about depends on where the sexual assistant comes from and what their attitude is. The client has to ask about that beforehand. There are also sexual assistants who come from a tantric or therapeutic background and

hardly allow themselves to be touched. They often exclude orgasms from their service altogether.

**What is it like for you?** I come from a sex work background, I call myself a sex worker first and foremost. So for me, an orgasm isn't out of the question. My experience is that, of the

people I visit, they actually all want orgasms. But a lot of the time it's down to the question of whether that is physically possible. I have a lot of experience working in brothels, I have a lot of know-how and know about different practices. If someone wants an orgasm, I try to fulfil that wish. But, as studies also confirm, as people get older, intimacy and physical contact become more important than the sexual act itself.

**How did you go from sex work to sexual assistance?** It was a natural path. I got older and so did my clients. They stopped coming to the brothel, so I started visiting them at home, which at some point turned into the retirement home. I visited one particular gentleman in secret, like an old friend. We always had a good time together and went for coffee afterwards.

**Have you ever had a close relationship with a client?** I have more male than female clients in the nursing homes. I often notice that their needs are greater than just sexual contact for an hour. With one I regularly went out for ice cream afterwards. These are the

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moments that make not only them, but also me, happy. I had a client whose funeral I went to and for whom I was the last person at his deathbed. But this is how I deal with people: respectfully. In fact, there is one gentleman who has grown particularly close to my heart. Before the second lockdown, I visited him every fortnight. He was abusive towards the staff and other people, but after my first visit he was able to control his sexuality better and direct it towards me. I used to go to the ice cream parlour with him in the summer, sometimes even to the beer garden. I know a lot about him: he told me where he worked and what was going on with his family. But what we could do always depended on the state of his health. Although he is still quite fit mentally and physically, he can't have intercourse any more, but he can orgasm with a blowjob or a handjob. The last few times I saw him, he wanted to be satisfied relatively quickly, so I think that was a question of him wanting some social contact. Afterwards he also felt the need to cuddle, to be massaged. We always left the room arm in arm.

**Sex in a retirement home. Is there any atmosphere at all?** Most of the beds are single beds, 80-90cm wide, which, as you can imagine, isn't suitable for two people. Sometimes I feel like I have to do acrobatics. The rooms are also pretty loveless when it comes to the furnishing. Like in a hospital: ugly curtains, hardly any personal pictures, this disgusting little side table where the chamber pot sits at the bottom and the tablets are on top. Some facilities have a guest room for relatives, and they're often furnished like a nice hotel room. If I could use those, that would be a change for my clients, who are usually in their rooms the whole time.

**Those places don't seem to have a very stimulating atmosphere...** Most of the facilities are run on a strict schedule: 5:15am, get up; 6:30am, breakfast; 10am, gymnastics; 11am, lunch; 2pm, coffee and cake; 3pm, bingo; 6pm, dinner; 7pm, sleep. This doesn't help the body and the mind; the structure paralyzes people. On top of that, many think that people give up their needs, including their sexuality, at the gate when they move into a nursing home. Society thinks that too. Most people roll their eyes and say that

sex in old age doesn't exist anymore, that sex stops at some point. But we're all sexual beings, from the cradle to the grave, and we want to live it out to varying degrees.

But often the staff aren't very open to dealing with the sexuality of old people. The problem is also that the topic of sexuality and sexual services doesn't really play a role in their education. That's why I also offer various workshops on sexuality for the staff. For example, on how workers themselves feel about sexuality and whether they can recognise the warning signs. It has something to do with age, education, experience, but of course primarily with attitude. What is their attitude towards sexuality? To what extent are they ready to see sexual advances or lust and needs? Or do they look the other way, until it's too late?



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**Until what's "too late"?** For example, when the gentleman assaults staff while they are washing his intimate areas, saying: "You can rub harder down there!" or when he grabs their breasts. Another example would be a woman walking naked across the corridor, saying to visitors: "I want to fuck, I want to fuck." I think it's wrong to let it get to that stage, because there definitely would have been signals beforehand. Those responsible could have called me – and I could have done the person a lot of good. Situations like that only happen when unfulfilled desires become greater and greater. I know of a situation where the nursing staff found a candle, a banana and a knife in an older lady's anus and vagina. These are clear signs that someone wants to live sexually but obviously doesn't know how to.

**What happened to the lady?** The nursing staff couldn't cope with the

situation and called me. Of course, I was in a special position because I came from outside the nursing home and had nothing to do with the facility. I was then very quickly able to have an open conversation with the lady about her needs. She hadn't heard about aids like vibrators. On the second visit, I brought my own vibrators and a catalogue, and on the third visit I brought a vibrator for her, showed her how to use it and we both practised. After that, the issue was settled: the lady was happy, and all the nursing home had to do was make sure that the vibrator was washed regularly!

**How does it all work, do they call you?** Most of the time, someone from the home calls me because they've talked about sexual assistance within the team or heard about it in some way. I discuss the framework with the staff, then I visit the people in the homes. I don't want to know if there have been assaults or how the person has been suffering, I just want to know if there is a single or a double room. If it is a double room, something else needs to be organised for the other person. I also need a lockable door. If it's allowed, I also hang a "Do not disturb" note on the door. The staff will often write "physiotherapy" on it, because that's the least embarrassing thing to do. I also need a wet room for myself in the immediate vicinity. When the time's up, after about an hour, I return the key and tell them that everything was fine. I don't share any details.

**How much does such a visit cost?** I charge €220 for a first visit, including travel and VAT. For regular clients, I can reduce the price to €160 if necessary.

**What has the corona crisis done to the elderly?** That's the biggest worry that I carry around with me these days. Before the lockdown, I was with mostly male residents: most of them had no friends, no relatives and were quite isolated, even within the facility. For them, I brought a bit of normality to their lives, also a bit of a connection to the outside world. I really wonder what the isolation, the lockdown and also the restrictions in the facility have done to my clients. If someone has previously expressed their sexuality with a sexual assistant and can no longer do so, then the restrictions are of course going to be particularly difficult. ■