

THE LESBIAN S/M SAFETY MANUAL



Edited by Pat Califia

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Some of the material in this booklet was gathered to use in the orientations for new members of the Lesbian Sex Mafia (LS/M). LS/M was founded in 1981 as a support and information group for lesbian and bisexual women interested in so-called “politically incorrect” sex—fantasy and role playing, bondage, discipline, S/M, fetishes, costumes, alternate gender identities, and so forth. I want to thank them for their assistance and support for making this information more widely available.

TABLE OF CONTENTS

TITLE	PAGE
Emotional Safety as a Bottom <i>by Dana Rosenfeld</i>	1
Channels of Cum-munication, or Emotional Safety: A View From The Top <i>by Karen Johanns</i>	5
Vaginal and Anal Penetration <i>by Dana Rosenfeld</i>	13
Condom Sense <i>by Dorothy Allison</i>	17
S/M First Aid <i>by Karen Johanns</i>	19
Sexually Transmitted Diseases in Lesbians <i>by Beth Brown, M.D.</i>	31
Dammit <i>by Dorothy Allison</i>	43
So You Wanna Be A Sadist? How To Make It Hurt So Good In One Easy Lesson <i>by Cynthia Astuto and Pat Califia</i>	45
A Little Night Music <i>by Dorothy Allison</i>	67
Nine Degrees of Submission <i>by Diane Vera</i>	69
Kinds of Masochism and/or Submission <i>by Diane Vera</i>	73
Temporary Consensual "Slave Contract" <i>by Diane Vera</i>	75
S/M Support Groups for Women	77

EMOTIONAL SAFETY AS A BOTTOM

by Dana Rosenfeld

The issue of emotional safety as a bottom (masochist, submissive, or both) exists in the realms of *self-image and actual S/M interaction*. Although these categories of experience can be made separate and distinct in concept, they do, in reality, overlap, and many of the forthcoming stipulations apply equally to both areas.

- RULE 1: Nobody has the right to make you feel bad about what you do, assuming what you do is safe. The S/M community, astonishingly enough, has its own taboos. For example, role-switching, heavy pain, incest fantasies, drawing blood, or piss scenes may provoke sarcastic comments to indicate you've "gone too far." This is not erotic humiliation; it's just judgmental and boring. Why be deviant if you aren't going to go for exactly what gets you hot?
- RULE 2: Nobody can make you feel bad about what you do unless you cooperate. Be proud—if you need help being proud, ask for it. Ask people in the scene. Talk to them.
- RULE 3: If you feel that bottoming is, at a particular time, something damaging to or emotionally negative for you, don't do it. There are other kinds of S/M and sex games that also involve control that you can do while you recoup. The use of S/M fantasy during masturbation and in dialogue during phone sex or fucking and the switching of roles are some ways of invoking S/M images and feelings outside the rubric of a classic "scene" and also a good way to test new ideas to see whether they resonate sexually within both parties. Everyone has a right to time out.
- RULE 4: As a bottom, you tend to feel safe if you act safely yourself. Take responsibility for yourself. A bottom who is aware of her physical and mental limits and knows what her own body responds to should not be a threat to a competent top. If you're into complete control on the part of your top and feel that you want to relinquish more control than you have before, ask yourself or your top the following questions before you begin the scene: Have I told my top everything she needs to know in terms of my limits? (For example, "I'm into humiliation, but can't handle comments about my physical appearance," or "my ethnicity," or "my intelligence." Or, "I'd really like to play with rape fantasies, but don't feel safe about

intergenerational themes, of “incest.”) Am I satisfied that we can communicate during a scene? Is my top satisfied about my answers to these questions?

- RULE 5: Never do something you don't want to do because of the alleged “scarcity of tops.” First of all, it's not true, and secondly, it's a good way to feel lousy. Anyone confronted with such statements as, “Whaddaya mean you wanna get plowed? Yer a *butch!*” knows how useful lesbian stereotypes can be. S/M stereotypes are equally liberating, and the presumption that tops have to be grim, humorless and muscle-bound has left many good tops who don't fit this type ignored, maligned, and under-utilized. An equally damaging precept is that bottoming precludes topping (and vice versa), while, in reality, many responsible and sexy people into S/M enjoy both roles. Don't let stereotypes blind you to a hot prospect or make you feel obligated to play with someone just because some people have allotted her the status of “top.”
- RULE 6: If you're confused or scared during a scene, say so. If you need help, say so. A good top will listen and try to help you. Similarly, if you simply cannot do something—behavioral or physical—say so. A good top will not take it the wrong way.
- RULE 7: Insist on your right to stop a scene if and when you feel it's necessary. Of course, a top has the right to know what you consider grounds for the termination of a scene before the scene begins. You have the right to terminate any scene that you consider physically or mentally unsafe. Do not feel guilty about not “having the skills” to save the scene. If you want to bail out, bail out. Also, remember that a top has the right to terminate a scene if and when she feels it's necessary, however unpleasant this news might be.
- RULE 8: Figure out a way to communicate problems and desires within a scene to your top honestly without making either one of you feel angry, insulted, guilty, deficient, or accused.
- RULE 9: Realize that some fantasies simply do not translate into reality. A rape fantasy can translate into the acting out of a rape fantasy, but not into rape itself. If you have a fantasy you're not sure of, you can, for example, test it out via verbal play when fucking.
- RULE 10: Think about what you're asking for. Don't request the impossible, then yell at your top for not being able to supply it.
- RULE 11: When bottoming, sometimes you go into a different headspace. Make sure your top knows what you need to come out of it safely. A scene does not have to have been extremely intense to send a bot-

tom into that otherwise elusive state of mental limbo which some describe as “going away.” Beta-endorphins, those marvelous chemicals kicked into action by intense jogging or flogging, can last quite a while (as well as eating up a lot of adrenaline) and a coming-down period is never a bad idea. Similarly, the power imbalance established through hours of sexual play does not simply reverse itself by virtue of a scene’s official termination. One cannot go from being a submissive and humiliated child to being a competent, self-reliant adult with the snap of a finger. Both top and bottom need time and interaction to regain their normal adult decision-making abilities before either the scene or the responsibilities of either party can be considered over. Sit down, chill out, have a cup of tea; take your time. Often, you don’t know how out of it you were until later.

RULE 12: Don’t feel guilty about what you want. I know it’s hard, but make a vow to yourself that being any kind of bottom (whether that’s a slave, a brat, a child, a masochist, a piss-slave, or a fetishist) is OK—then stick with it. Don’t cut yourself down.

RULE 13: Just as you should not allow anyone to make you feel bad about bottoming, nobody has the right to make you feel bad about switching. Feeling good about the one means feeling good about the other. Remember: Topping doesn’t make you a bad bottom; being a bad bottom makes you a bad bottom. Lying; not thinking of your top’s limits, desires, state of mind, etc.; not trying; and not taking care of yourself (this includes not letting your top take care of you) make somebody a bad bottom.

CHANNELS OF CUM-MUNICATION, OR EMOTIONAL SAFETY: A VIEW FROM THE TOP

by Karen Johanns

Have you ever gotten yourself involved in an S/M scene where all is going well, only to find yourself hurriedly bringing the evening to an abrupt end because of a misunderstanding between yourself and your partner? Have you ever, after a scene is over, felt somehow empty or dissatisfied because the communication didn't flow smoothly? Have you had to grope your way through a scene because you suddenly realized that you didn't really know your partner's needs, emotional hotspots, and frame of mind?

At this stage in the development of dialogue regarding S/M, enormous emphasis is placed on physical safety and disease prevention, and the huge amount of common-sense advice on everything from safe bondage to electro-torture scenes is the sign of a healthy, concerned community. However, sometimes many of us can make the simple mistake of placing less emphasis on emotional safety. But S/M is a powerful trip of the mind as well as body. To open the floodgates of our fantasies and desires and translate them into reality can be a scary thing, and it is important to insure that this process isn't made any more scary.

If you suspect that the bulk of this article is directed primarily towards potential play partners who don't know each other well, you're right. However, much of this information has great relevance even for couples who have been in relationships for some time. After all, how well can anyone really understand someone else? Even after two years, my lover and I still engage in a great deal of dialogue about fantasies, desires, and preferences, and of course our personal feelings and fantasies change all the time!

I am not making any guarantees that if you read and follow these guidelines for emotional safety you still won't have to sail through some bumpy waters, but you might find some potential rough spots a bit smoother. Since this article is written from a top's point of view, you will find a great deal of material directed toward dominants, but don't worry, there's plenty here for all you submissives and masochists out there.

NEGOTIATING A SCENE

You've found someone you would really like to play with. She's attractive, intriguing, and best of all, wears her hankie on the right. You've discreetly inquired about her availability, made your approach, and now the two of you are trying to communicate your needs to each other. As women reared in a society that has taught us not to talk about sex and desire, this can be a formidable task in itself. Unless you're lucky enough to run into someone who has managed to break these barriers and discuss her feelings forthrightly, how do you manage to collect the needed information about your potential bottom, not make her too uncomfortable, and keep things hot?

There are several ways to accomplish this, depending on the circumstances surrounding the scene you are trying to negotiate (whether you're planning to play now, setting it up for later, whether you're face to face or not, etc). At the very least, you should find out about any medical condition she may have, what her expectations are, and what (if any) activities she will not consent to under any condition.

The Dr. Kinsey Method: Sex surveys can be fun, especially once you realize that the outcome of the "survey" can be a hot fling in a dungeon, and not a compilation for some data file.

Try sitting her down, on the floor if you're into emphasizing power inequities, whipping out pen and pad, and adopting a professional demeanor: "Medical problems?" you inquire, "Asthma? Do you use an inhaler? Anything else? Are you sure?" and so on. The top well-versed in S/M Safety 101 can now decide which toys or other accouterment are not appropriate for this woman's health situation. (Obviously, in the case of an asthmatic, any gags should be put away, the inhaler should be in easy grabbing reach, and she should be untied and allowed to sit up if she needs to clear her lungs.) You can also find out a lot more about her with this technique. Below is a list of questions that can be asked of your potential partner:

1) Are you into pain? How much? (Use a scale if you want to narrow it down.)

2) What makes you really hot?

3) Is there anything that we could do that you're afraid of but also arouses your curiosity?

4) What turns you off, absolutely and unequivocally?

And so forth. Compile your own list of queries as they pertain to your need for information. Listen carefully to the responses you receive.

If you're not clear about what she means, ask for clarification.

Above all, don't forget to add your personal flair for dominance if you wish. You can require a certain posture, insist that she call you "Mistress" or "Ma'am" if that's your style, you can collar her, whatever. This approach doesn't have to be like a job interview unless you want it to be!

Tell Me A Story: Settle yourself in a comfortable chair and let her fantasies flow forth in the style of a dirty tale. Listen carefully to the points she emphasizes, which are usually clues to what excites her most. Find out the point of the scene: Is she being punished or rewarded? Is this a scene between the real you and the real her, or are you the Mother Superior of a convent of mendicant nuns disciplining a wayward novice? Interrupt occasionally if you have important questions ("And what were you being penetrated with, dearie?" or "What instrument were you being chastised with?") but let the fantasy flow on its own. If the poor dear becomes mired in embarrassment, a rap across the knuckles from Mother Superior's ruler can be a wonderful prod. Of course, you still must find out about her medical condition and her physical limitations. It goes without saying that you don't have to do this face-to-face; take a hint from the phonesex industry and sizzle Ma Bell's wires if you're so inclined.

Pornwriter: If you're not going to be doing a scene immediately and she's having real trouble talking about what she wants and what's off limits, have her commit her thrills to paper. You can also have her attach a separate list of any medical problems that she may have and a list of absolute no-nos. She can then hand the delicious documents over personally or send them by mail. If you know that being humiliated is part of her scene and you're feeling schoolmarmish, you can correct the papers for spelling, grammar, and penmanship with a red pencil and send it back with a comment worthy of your high school English teacher. Of course, anything written or taped should be treated with the utmost confidentiality, and if she asks for the story to be returned, you should do so.

These are only a few suggestions for negotiating and setting up an S/M scene. If none of these appeal to you, make up your own!

COMMUNICATING YOUR NEEDS

Now it's your turn. You've demanded a lot of personal information from this woman, and it's time for you to talk about what your needs and

expectations are, your attitude toward what you're doing, what turns you on, and what you will and will not consider doing during a scene. If what you really want is someone who is primarily interested in a good beating, make that clear. Women who are primarily submissive may not be right for you. If you want to play with fantasy scenes and the bottom wants to be a whore in a New Orleans brothel while you want to be an American field officer interrogating a captured Viet Cong guerilla, you should think twice about whether you can work this out. If you have any limitations, such as a no-fucking rule, be very clear so that she is not disappointed. If you have the style of a Prussian general, you can bark a list of rules for the scene ("No speaking unless spoken to," "Call me Mistress," etc.) while she waits patiently on her knees. If she decides that this won't work, don't be offended; rather, you should be grateful for her consideration in sparing both of you disappointment. You don't have to bare your soul, but try not to leave room for serious misunderstanding.

SAFECODES

The presence of a code word, mutually agreed on by all parties involved in the scene, serves a variety of purposes. For one thing, it assures the bottom that there is a control for her to fall back on if she should find herself in any physical or emotional distress beyond her limits. There is marvelous peace of mind in knowing that one can throw themselves into a scene with great theatrical flair ("Oh no! Oh Mistress, please don't," etc., etc.), but the scene will not stop unless a clearly defined signal is given to the other person(s). For the top, it reminds her that there are limits, and also relieves her of the responsibility of acquiring mind-reading skills as part of her repertoire. However, a skilled and sensitive top should be able to carry on a mutually satisfactory scene without forcing a bottom to use those codes.

It's best not to agree on words which may be used as common language during the scene itself, so words such as "no," "stop," "ouch," and so forth are not really appropriate. However, those of you who cringe at the very thought of a scene being interrupted by shouts of "PICKLE!!" should take heart; there is a middle ground.

In my own experience, I've found it best to use three words (or phrases) which tell me different things about a bottom's state of mind: one which means "lighten up the physical stuff," one for "this rap is not safe for me emotionally," and one for "stop everything, now." The

words I favor are "mercy" for easing up physically, "cruel" or "you're cruel" for the emotional issues, and my first name for a complete end to all activity.

At this point I want to caution you against forming bad feelings about any scene, for any reason, that is ended abruptly. There can be many reasons for it, and at any rate it is the bottom's absolute right. Need I add that any top who disregards safewords or who gives a bottom a hard time about ending a scene is not only insensitive, but dangerous? At the same time, a top also may find herself ending a scene for a variety of reasons, and she should be afforded the same consideration by the bottom.

It goes without saying that the presence of safewords does not excuse the top from the responsibility of ensuring her partner's physical and emotional well-being by constantly being aware of what's going on between them.

EMOTIONAL HOTSPOTS

Treading on the emotional wounds of anyone, even unintentionally, can ruin the hottest play. Try to get to know your partner well enough to be able to avoid these areas or, when appropriate, to approach them with great sensitivity. Many women have been traumatized by rape, battering, institutionalization, or other horrors that a misogynist society forces upon us. For example, if your potential partner was battered as a child or is a survivor of an incestuous relationship, you should not take it upon yourself to build a parent-child play fantasy. Many of us do use S/M play and fantasy for catharsis and healing, but the top should *never* take this upon herself without lengthy and serious discussion with the bottom involved. The potential top in a scene such as this should also realize that the energy in this kind of scene can be very heavy and may be accompanied by tears, struggle, and emotionally powerful dialogue. If you have any doubt as to whether you can handle this kind of scene, stay away! There can be few things more shattering than being a bottom trying to work out past trauma within the framework of S/M playacting, and having a top suddenly back out because she cannot handle the emotional issues involved. If you're playing and the bottom abruptly begins to weep or talk freely about how she's feeling, do be sensitive enough to listen, encourage her, and reassure her that she's safe. Tears almost never mean that a scene has gone bad; rather, it's just normal release from complicated emotional issues. While many bottoms feel

just fine about playing with emotionally volatile fantasies, tops who begin scenes like these and then are unwilling to finish them, refuse to share in what their partner is experiencing, or who wreak deliberate havoc with their partner's emotions should perhaps limit themselves to domination of stuffed animals or other inanimate objects.

CLOSURE

OK, you've had your fun, the fantasy is finished, the roles of dominant and submissive have given way to two women of equal worth and stature. Now what? How do you find the fine line between awkward silence and beating the encounter to death with too much process?

I've always found it pleasant and helpful to immediately tell my partner how much I've enjoyed the encounter between us, and if that is not entirely true, to emphasize the aspects of the scene which pleased me most. As sexual outlaws, it's important that we build each other up and give each other as much positive feedback on our sexual behavior as possible, considering that we cannot count on society in general or even our vanilla sisters to do that for us. I also ask her if there were any aspects of our play which particularly thrilled, repelled, or frightened her. This way, I can get some sense of what this woman is or is not into "for real." But bottoms beware: too much criticism, or feedback phrased with too much negative language, can erode the confidence of any dominant who has had to work very hard to please you and to feel good about what she's been doing in the face of societal stigma.

Try to not process the scene to pieces: it's important, and even fun, to talk with each other after the scene is done, but the major aspect of the scene is about *feelings*: physical, emotional and sexual. To subject what is intensely personal to too much dialectic reduces S/M play to something akin to discussing the latest movie you've seen.

It's painful to be rejected, so if either of you has decided that you would rather not play again, don't say you'll call if you don't intend to, and don't announce right then that you think that the two of you are incompatible. If one party approaches the other for a repeat performance, at least a rejection is not being done while the two of you are lighting up your post-play cigs or having an after-scene snack.

A WORD TO SUBMISSIVES/MASOCHISTS/BOTTOMS

You didn't think you were going to escape, did you?

Seriously, there are some things I would like all of you to think about. A careful, considerate dominant has usually done a lot of homework in preparation for an encounter with you. In addition, she has to bear the primary responsibility for your physical and emotional well-being. Finally, any dominant/sadist carries the stigma of society's fear of the sex role she takes on. There are some things that you, dear bottom, can do to relieve Your Special Sadist of some of this baggage:

1) Communicate! Try to be clear as to what your needs are. What do you want from a scene, in particular what do you want from this woman? Be clear about your limits: don't say that you're into heavy pain if all you really want is bondage and a light spanking. The top, in her eagerness to be with someone who likes a good, hard whipping, will be crushed if you scream and use your code word at the first stroke of her cat. Lastly, if you begin to suffer some undesirable physical or emotional distress, let her know. If you try to "tough it out" and it just isn't working, it's far better to communicate this than to build resentment toward her afterward.

2) Be honest! If, after negotiating with a potential partner, you realize that your needs are too different, don't be afraid to be the one to say, "I don't think this will work." If you don't, you will probably be disappointed. Don't label yourself experienced if you're a novice; experienced tops usually deal with novice bottoms differently than experienced ones, and it just doesn't pay to create this type of misunderstanding.

When a scene comes to an end, talk about your feelings honestly. If you loved every second of it, tell her so. If there were problems, talk about them, but please don't tell everyone except the person involved how awful it was. It's not nice to hear a submissive's negative view of things fifthhand.

3) Be respectful of the ground rules! If a top clearly states that she is looking for someone who knows how to give service and take orders, and your trip is more that of a bratty kid who needs to be taken to the woodshed, are you really being fair? Some tops are into SAMs (Smart Ass Masochists), but some aren't. When a top says she requires certain behavior or cannot accommodate you in a certain way (such as genital contact), do be considerate and either acquiesce to her desires or don't enter the scene.

- 4) React! Most tops are into S/M not only for the things that they do, but also for the reaction it produces. I'm not saying you should shriek at the top of your lungs and beat your breast, but let's face it, it's no fun to beat a dead horse. The noises you make, the movement of your body, the look in your eyes are all powerful aphrodisiacs for many tops. Let her know how you feel, especially if it hurts!

Since any discussion on the issue of emotional safety is more subjective than one on physical concerns, which are usually grounded in medical fact, many of you are bound to disagree with all or part of this article. I can only speak from my own experience as a former bottom/now top/who still rolls over occasionally. My hope is that articles like this will provoke discussion among S/M-identified people in order to bring an even greater degree of security and trust into our communities.

VAGINAL AND ANAL PENETRATION

by Dana Rosenfeld

Delusions regarding the practice of vaginal and anal penetration abound, as do the painful results of unsafe fucking adventures. One of the most common delusions regarding penetration is that precautions need not be taken because fucking is, of course, natural. Well, fucking *is* natural, but when one does it "naturally," i.e., without using gloves and lube, it can be quite dangerous, resulting in any of the following unpleasanties: abrasion, bruising, contusions, tearing and cutting of vaginal walls (ditto the cervix), damage to the urethra, tearing of the perineum (that skin betwixt asshole and cunt), and vaginal infections. Of course, it's possible to have an allergic reaction to an artificial lubricant. All of these things can be traumatic and can make women scared of penetration, but they can also be avoided if one bears a few simple facts in mind.

Many things can be used for penetration: fingers and/or hand(s), tongue, dildo, butt plugs, penis, and a myriad of other appropriately shaped objects. Needless to say, anything with sharp edges must be avoided, as should dildoes with wire in them. Anything that can be vaginally or anally inserted can and should be protected. Hands can be protected by latex or rubber gloves, dildoes and penises with condoms, tongues with dental dams (latex squares used by dentists during surgery and available in dental surgical supply stores and some medical supply stores). These same stores will carry examination gloves (make sure they fit your hand). If you buy them by the box, they are cheap. I have found Tru-Touch Medical Gloves to be of good quality. All of these rubber coverings should be used as a means of preventing the transmission of disease as well as a means of preventing gouging and cutting. Of this, more later.

Although all women are the same in the dark, all cunts are not. The first rule of thumb (pardon the phrasing) is, therefore, to get to know your partner's cunt. What shape is it? How far back is the cervix, and how accessible? Is it sheltered or is there a clear and present danger of it being bumped or scraped? (A bruised cervix is no fun--take it from one who knows.) The same factors apply to the urethra. Cutting or scraping the peehole can result in uric acid getting into the wound.

How tight is the cunt under scrutiny? It is easy to bruise the tissues between the pubic bones and the penetrating object, be it hand, dildo, or

truncheon. Watch out for knuckles: if your fingers are not long enough and the fuckee is screaming for more (politely, one would hope), the fucker could be tempted to grind her knuckles against the sides and walls of the vagina, causing bruising, etcetera. If, on the other hand, the object you're using is *too* long, the cervix can get damaged. Find out what your partner's limit is and maintain a watchful eye. You might want to put a piece of tape on the object at hand to mark and keep track of the optimal depth of penetration.

Bear in mind that *cunts change shape according to points in the menstrual cycle and stages of excitement*. After an orgasm, for example, cunts can get smaller, and usually do. Keep checking the cunt's shape with your hand and don't assume you can put as much in it during one session as during another, or even at different points in the same session.

Never force too much in as a point of control or sadism. Pain indicates damage, and you can do damage to parts of the vagina or asshole where there are no receptors to transmit pain.

You'd have to be pretty stupid to do any forms of damage more serious than those enumerated in the opening paragraph of this essay. You'd have to have a pretty sharp fingernail, for example, to actually cut a vein, but it is easier to scratch and bruise than one would think. We therefore come quite logically to the issue of prevention, to wit:

Use gloves if you're doing heavy fucking. Foreplay and slow fucking is safe without gloves, but anything heavier than that calls for gloves. You can cut and scrape yourself while jerking off, too. Care of hands is crucial. Before any kind of hand/genital or hand/anal contact, check hands and make sure that nails are short, rounded and smooth--no edges. Gloves function to protect the fucker as much as the fuckee, preventing the transmission of body fluids into any cuts or scrapes that could exist on one's hands. Never--ever--put the same hand, with or without a glove, into the cunt after it has been in the ass without changing gloves or washing hands with soap and hot water (preferably a soap like Betadine). Putting something from the cunt into the ass is OK.

Now. Condoms on dildoes and similar objects serve the same function: they prevent the transmission of disease, make toys easier to clean and safe to use on different people, and cut down on the possibility of abrasion. Never use the same condom (or glove) twice. Nothing, however, cuts down on the possibility of something scraping or chafing the ass or the cunt as much as our good friend, *lube*.

Use lots of lube. Lots of it. Especially with assholes, which do not

provide natural lubrication. When fucking assholes, push lube in with fingers--get it up there. The reason you're using lube is to prevent tearing of skin and abrasion, so get it all over your hand, including the back of your hand. Make a mess. Have fun.

Oil-based lube can hang around inside the cunt and make a nest for all sorts of nasty creatures. Vaseline should never be used vaginally, but is OK in the ass. Crisco really is best for heavy fisting, and some women do not have a problem tolerating it. For those who do, douching after fucking sometimes helps. Bear in mind that Crisco comes in an open can--not ideal for good hygiene. So don't put your whole hand in the big can. Fill a few Dixie cups instead, and keep the main supply of lube clean. Experiment with other lubes as well. Look for lube that comes in a self-contained tube or squeeze-bottle. Beware of chemicals in lube which can cause allergic reactions. A lube that your body likes may cause a bad reaction in your girlfriend. KY Jelly is the least likely to cause reactions, but it does not have nonoxynol-9 in it, which kills the AIDS virus. ForPlay has nonoxynol-9, and is a good lube. You really should find a lube you like, otherwise you won't use it.

Anal penetration can be fun and educational, and does not have to be heavy or overly ambitious. A few quick pointers: first of all, the anal passage takes a bend, and dildoes cannot make the bend with it. Bumping against that wall can really hurt. As with cunts, find the limit and stick to it. Second point: be very careful of losing your grasp on an object when putting it in the ass, since it could get lost (unlike cunts, where the object really has no place to go). If you do lose an object in this most interesting of orifices, *don't try to get it out by using an enema*. Give it time. Relax. Sit on the john and read the article on first aid. You might have to go to your friendly neighborhood emergency room, but worse things have happened to people. Just be practical and you shouldn't have to worry.

You have to be especially careful of damaging the ass, since shit can get in the wound and cause peritonitis, which is, by the way, *fatal*. Very fatal. You might want to administer an enema (warm water only, please) before playing around. Most assholes, derided and neglected, have not had the fucking experience vaginas have, and are therefore more delicate and, at times, cranky. Be patient. The point is not how much goes in, but what it feels like to the lucky party. A small thing can feel very large indeed.

Be careful of the tender skin around the anus. Again, use lube. Remember: *Lube is your friend. Use it.*

If you're interested in learning more about assholes (and to be a true pervert, you really should), I recommend *Anal Pleasure and Health*, by Jack Morin (Yes Press, 1986).

As for fisting (wow) remember that some people just can't take it. By the same token, a lot of people can who never considered the possibility. Cunts come in all shapes and sizes, as do hands. Fisting is really a question of mix 'n match. Easy does it: for god's sake, don't rush. Anyone who fists anyone these days without using gloves and nonoxynol-9 is a fool.

Consider yourself warned. You do *not not not* fist by forming your hand into a fist and delving in: it is done with more delicacy and panache, working the orifice into a state of delirium and putting fingers in *one at a time*. Once inside (ah, sweet mystery of life . . .) your fingers *will naturally form into a fist*. If they don't, either you're dealing with a very large orifice or your hand just won't fit. This is very delicate stuff, mentally as well as physically. If you feel you're almost in and something's amiss, try changing the angle of your arm.

If you've done everything I told you to, you shouldn't have any problems. Sometimes, however, cunts and asses get hurt. Sometimes, in fact, you can't tell if you've been scratched or bruised until the cunt starts swelling. The ensuing pain is due to everything swelling and cramping together (the body sends blood to the scratched area to heal it). If this happens, see if there's any blood. If there's a lot, take a deep breath and see a doctor--don't hang around hoping things will get better on their own. You may need stitches. If there's only a little blood coming from the cunt, slam an ice pack on it, administer pain killers if necessary (other than aspirin, which will dilute the blood and prolong bleeding), and wait it out. Be supportive of each other, do not blame anybody, and don't freak out. *Wait at least a week before fucking again*. If there's any blood at all coming from the ass, see a doctor. Immediately.

That's it. Have fun.

"CONDOM SENSE"

"Look at you!" A.J. walked back and forth, slapping her gloves against her thighs with each perfectly paced step. "You're filthy!"

Jamie flinched but kept her eyes straight ahead and her arms rigid at her sides. It was true, she knew. If she heard that cold voice tell her, "Hit the dirt and give my fifty," one more time, she was gonna throw up. Her sides were streaked with sweat and her thighs sticky with accumulated secretions from her cunt. The game had been going on now for at least two hours and Jamie didn't know how much longer she could hold her pose. She was trembling with need, her mouth soft and ready to fall open for the bulge in A.J.'s pants, her cunt aching for the touch of A.J.'s fist and her ass crack itchy with the sweat that had run down her back. She wanted to fall on her knees and press her mouth to A.J.'s boots and to beg A.J. to fuck her.

"Fuck me, please, sir," Jamie heard herself whisper and froze in shock. A.J.'s face loomed directly in front of her own, the little silver pins on her collar tabs glinting in the harsh overhead light.

"What did you say?"

"I said. . . . please, sir. Fuck me, sir," Jamie wanted to wipe the sweat off her forehead, but she didn't dare break her stance. A.J.'s face, impassive and rigid, regarded her in silence. Jamie suppressed her moan only with a great effort, while A.J. stepped back a pace. For a moment Jamie thought she saw amusement in A.J.'s cool black eyes, but then A.J.'s fingers were tapping on her lips and she dared not look up again.

"You expect me to touch your filthy body? You expect me to dirty myself with your gushing saliva, your stinking sweat, your rancid cunt juice!"

Jamie trembled all over and involuntarily closed her eyes. Her cunt ached so and with every word out of A.J.'s mouth the ache increased. Her mouth fell open to the tapping fingers and she tasted rubber as A.J.'s hand inserted itself between her lips. At the taste her cunt gushed. If A.J. already had the gloves on then surely she was going to fuck her.

"Oh please!" Jamie begged, mumbling around the probing fingers. A.J. laughed and withdrew her hand, causing Jamie to sway forward dizzily.

"Assume the position," the officer commanded. Immediately Jamie fell to her knees, her short shock of red hair falling into her eyes until she could toss it back with a shaking hand.

"Open my trousers."

A.J. stood rigid with her legs spread. Jamie reached for the buttons to a sudden slap.

"I didn't say you could use your hands."

Jamie obediently put her hands behind her back and reached for the buttons with her teeth. Sweat ran into her eyes as she struggled. A blurred image of A.J.'s smile swam above her, and she was almost crying by the time she had tugged the buttons apart and the pants half down over the hips. A.J.'s perfectly proportioned rubber cock loomed above her chin but she knew that she was not to touch it without permission. Hungrily Jamie stared up and waited.

"You're not through with those teeth yet," A.J. whispered with a hiss in her voice that promised much. "In the right pocket. Get it out, punk."

Jamie pushed herself up and twisted. It seemed impossible to get her teeth into the jacket pocket. She had to use her chin to push the little package up so that she could catch it in her teeth. When she finally caught an edge and tugged, the foil strip unfolded as it came out, each dull orange package linked to the next by a tear-away strip, six in all. A.J. laughed and shook Jamie gently, gripping her head with a fist curled in her hair.

"Do you think you can get one open without using your hands?" A.J. laughed. Jamie moaned. She didn't see how she could. What would she pin it with while she tore it open, and then how would she ever work it over A.J.'s cock with her tongue? Almost crying, Jamie leaned over to pin the strip under one knee and try to tear one of them open. Abover her A.J.'s voice was a silken promise.

"By the time we use the last of them, I bet you'll be real good at this."

Jamie nodded but didn't pause in her struggle with the foil package. Her thighs burned where the wet skin was chafing as she moved. By the time she finally got fucked, she bet she would be good at this. And by the next time they played raw recruit, she probably wouldn't have any trouble at all, or at least no more trouble than A.J. liked her to have.

S/M FIRST AID

by Karen Johans

Sometimes things go wrong no matter how hard you try to prevent them. Let's face it: if one of you really gets hurt, not only will your scene be spoiled, but there will be more than enough guilt and bad feeling to make any future playing emotionally difficult. A little common sense will go a long way toward preventing disaster. But accidents do happen, so an understanding of basic first aid is essential. People with medical problems may have them act up during S/M play, just as this may happen at a baseball game or a picnic or during vanilla sex.

Listed below is an outline of possible physical problems which may arise during S/M play, and some advice on what to do if such problems occur. However, there's no replacement for "hands-on" training in the most up-to-date first aid techniques. It would be really beneficial if more people in the S/M community would learn how to do first aid, artificial respiration, and CPR by taking classes from the Red Cross. Naturally, injuries of a more severe nature such as heavy, continuous bleeding; high fevers, or prolonged loss of consciousness should be dealt with immediately by qualified medical personnel. Never, ever let your own embarrassment or fear prevent you from going to a local emergency room if you sustain an injury that warrants a doctor's care. (See the section on "When First Aid Is Not Enough.")

ANAL/RECTAL/VAGINAL PROBLEMS

These types of problems or injuries can arise from doing scenes such as fisting and use of dildoes or buttplugs. To prevent problems, never insert anything sharp, open-ended, or rough-edged into the anus or vagina. Never insert anything all the way into the anus. And clean any toy used for penetration with hot water and Betadine, rubbing alcohol, hydrogen peroxide, or bleach. Use condoms on your toys as added insurance against transmission of infection. When doing either vaginal or anal fisting, wear a disposable latex glove to protect both you and your partner. When fisting, apply a lot of water-based lubricant such as KY to your hand, and work slowly and patiently to expand the vaginal or anal walls. Follow natural anatomic contours. Don't force in a hand or toy that won't fit or you might tear the lining or damage other, adjacent structures like the urethra.

First Aid

If rectal or vaginal bleeding occurs, watch the situation carefully. Spotting or light bleeding will usually stop after a brief period. If the tear is external, applying an icepack will slow down the bleeding. If bleeding is steady and continues beyond a few minutes, seek medical help. High fever or stomach pain may be

symptoms of infection in the abdomen and must be evaluated immediately. A tear deep in the rectum can result in infection with no visible bleeding. If a problem like this is not treated immediately, it can be fatal.

If you “lose something” in the rectum, the object will probably come out on its own. Don’t take an enema. Sit on the toilet and bear down. If the object doesn’t come out in four to six hours, see a doctor.

If you develop vaginal irritation or discharge, see the article on lesbians and STDs.

BLEEDING, ABRASION, INFECTION, BRUISES

Piercing, cutting, flogging, and using clamps or weights can occasionally have unwanted results like those mentioned above. Here are some prevention tips: If you’re doing piercing or a cutting, try to always use sterile instruments such as surgical scalpels with disposable blades. If you use a knife, clean it before and after cutting with rubbing alcohol. Unless you own an autoclave, you cannot sterilize things, but you can make them very clean by putting them in a pressure cooker for half an hour. Before piercing or cutting, clean the skin thoroughly with Betadine or rubbing alcohol and don’t then touch the area with anything but the clean blade or a sterile marking pen. Use disposable latex gloves when playing with blood, since you may have tiny, unnoticed cuts on your own hands through which you could pick up infection. Clean your hands, the incised or pierced area, and your play space thoroughly when you’re finished.

When cutting, do not use the blades near any joints, the neck, the face, the scalp, the groin of the genitals. Be careful of tendons and ligaments. Do not go deep enough to expose muscle tissue or fat. Bone up on your anatomy before trying scenes like this on beloved flesh.

Use a whip only on well-cushioned body parts like the ass, thighs, and upper back. Tits and soles of feet can be lightly flogged. Never aim a whip at the abdomen or kidneys. Watch the skin of the person you’re flogging. Glowing, healthy pink and red is nice, (very dark skin becomes darker; run your hand over the area to check for hematomas), but whippings a la “Mutiny on the Bounty” that break the skin will require a cleaning of the abrasions or cuts with a disinfectant afterwards. The whip should be cleaned and then oiled (or, if it is a cane, re-varnished).

First Aid

Light bleeding can be treated by pressure. After washing the area and your hands with soap and water, apply an ice pack to lightly bleeding areas if the flow lasts beyond several minutes. Ice can also be used to reduce the swelling of hematomas and marks from a caning. Spurting blood is from an artery. Apply tight pressure and call 911. You need to get to an emergency room immediately.

If you've cut somebody and pus starts coming out or if it gets red and mushy, it is probably infected. See a doctor.

If you play with tit clamps that make cuts on the skin (for example, alligator clamps), clean the wound as described above. If you're going to apply weights to nipple or labia rings, start with a light weight and work your way up. Never drop a weight—you can tear the tissue (breast or labia) that supports the ring. Never hang weights on rings 14 gauge or thinner.

BURNS

If you like heat scenes such as hot wax, branding, or electricity, burns may occur. To prevent them, take the following precautions. For hot wax scenes, never use candles made with a high percentage of beeswax. They have a higher melting temperature. Avoid scented candles or wax that has been mixed with a lot of water. Plain wax candles are best. If you're going to be using a new candle, burn the wick down and allow some of the wax to drip off first. This decreases the possibility of loose embers coming off the wick. Apply wax a little at a time, starting with the candle high above the body and gradually working your way down. Using ice in conjunction with wax not only produces deliciously contrasting sensations, but can cool the wax right after it hits the skin, which will decrease the possibility of burns.

Don't put out a cigarette on the skin. That's asking for infection. Branding is very difficult to do safely since it is a third-degree burn. This kind of play should be done only by tops who are competent in the care and treatment of severe burns.

If you are using electrotorture devices, never pass current through the body anywhere above the waist in order to avoid heart rhythm problems. A static discharge toy like the ultraviolet wand is an exception to this rule. It can be used above the waist, but should be kept away from the eyes, mouth, nose, and ears. Do not use electrical toys anywhere on a person with heart disease. Increase shocks from a low level and gradually go higher. Check the skin under the conductor pads or other contact points regularly to make sure it is not being burned. If electrical contacts are hooked up to rings, the channel may be burned and you may see some bleeding after play. Soak the rings several times a day in hot water and Hibiclens, keep them clean with rubbing alcohol, and give them a break so they can heal.

First Aid

If you are dealing with a first degree burn (reddened skin), rinse with cold water and apply aloe vera or steeped tea bags that have been allowed to cool. Second degree burns involve blistering, and should also be bathed with cold water, then covered with sterile gauze. When the blister breaks, check the fluid. Cloudy fluid indicates infection, and medical attention should be sought. For third degree burns, cover with sterile gauze and go to the emergency room. A

third degree burn will be charred or white, and will be numb. The area around it will be very sensitive.

FAINTING, DIZZINESS, NAUSEA

These problems can occur in practically any scene, but are especially likely to happen if you have somebody in bondage, if you are using gags or blindfolds, or have been using alcohol or drugs.

If you are using hoods, gags, or blindfolds, always make sure that they aren't too tight. Hoods should not fit too snugly, and should have adequate ventilation. Gags should not be stuffed all the way into the mouth unless you're using a ball gag attached to a safety cord. Blindfolds shouldn't be so tight as to produce flashes of light behind the bottom's eyes. Don't apply a blindfold if your partner has contact lenses in her eyes. Never collar someone too tightly. A good rule is to check all neck collars by slipping two fingers underneath. If your fingers don't fit, the collar is too tight.

If you're in standing bondage, don't lock your knees. If you have someone strung up, she may begin to feel faint from both the excitement and blood rushing to her feet. Adjust the bondage enough to allow her to lie down, and offer water or fruit juices. Don't give poppers to anyone in standing bondage, and evaluate carefully any potential partner who has been using alcohol or drugs. If you believe that her judgment may be impaired, think twice about getting involved in play.

To insure against dizziness and fainting from breathing problems, always make sure that any bondage across the chest permits full expansion, and never restrain someone face down on a bed or other soft surface if you need to leave the room. If you are playing with someone who suffers from asthma, make sure her inhaler or other medication is nearby, and use quick-release bondage and collars. Velcro fasteners and panic snaps are two ways to make bondage quick to undo. You should keep a sharp knife or bandage scissors handy in a case you need to cut ropes. People with hay fever may develop trouble with nose breathing during a scene, so be especially vigilant for this when using a gag on them.

There isn't really any foolproof remedy against nausea, but take care of your needs by eating a nourishing meal before play, get enough rest, and avoid drinking too much. Remove any gags if your partner indicates stomach distress.

First Aid

Remove bonds and gags immediately; If your partner has fainted, lay her down with her legs propped up on a pillow or stool. Keep her quiet and resting for about a half hour. If there is more than a few minutes of listlessness or irrationality, or if she drifts in and out of consciousness, seek medical help, especially if she has been using drugs. For nausea and vomiting, have her rinse out her mouth, keep

her quiet and still, and make her some peppermint tea or hot water with lemon. If breathing problems occur and don't stop after a very short time, or if your partner complains of chest pain, go to the emergency room immediately.

MUSCLE STRAINS, NERVE IRRITATIONS

Bondage of various kinds is the chief culprit here. Always be very careful with bondage, as muscle and nerves tend to be quite delicate and take a long time to heal. If you're going to be pulling on the restraints, avoid metal ones such as handcuffs which can irritate the nerves in your wrist if they are too snug or left on too long. Use restraints made of leather or fabric for bondage if the bottom is going to struggle. If you insist on handcuffs, make sure they can be set so they will not continue to tighten on their own. For suspension, never hang the entire body weight from the wrists, never use handcuffs or rope directly on the wrists, and make sure restraints are well-padded and at least two inches wide. Suspension by the wrists or standing bondage with the arms up can damage major nerves in the armpits. Signs of this are numbness and tingling in the fourth and fifth fingers. The best suspension equipment to use is a harness especially designed for this purpose, which can be purchased at some S/M equipment supply stores, or a parachute harness, which can be found at some military surplus stores. For inverted suspension, a pair of boots can be bolted to a board to provide protection for the feet and ankles. Bolts and racks or hoisting equipment should be securely fastened and be tested periodically to make sure they can safely handle the weight.

If you decide to use rope for bondage without protective restraining cuffs, never use a knot that tightens over time or with resistance. Keep a knife or bandage scissors handy to cut the ropes if necessary. Extremely tight bonds can cut off circulation, irritate nerves, and strain muscles. Never use wire directly on the skin.

First Aid

Remove cuffs or bonds and massage extremities. Apply warmth as necessary to help restore circulation. You can't do much about pinched or stretched nerves. If they are going to heal, they will only do so over time. So prevention of nerve damage is essential! If a muscle has been torn, a large bruise will appear, and the area will generally be painful, especially with movement. Apply an ice pack and rest the limb. Aspirin or Motrin (Ibuprofen) would be helpful. Seek medical help to verify this is a sprain and not a broken bone or a dislocation. If your partner has fallen from suspension and you think there might have been any fractures, dislocated joints, or head trauma, go to the emergency room.

BROKEN BONES AND HEAD TRAUMA

Any time someone falls or is hit by a falling object (such as a piece of chain), you have to check for fractures. If someone hits their head, check for trauma. Are they awake? Do they know who they are, where they are, and what day it is? If someone seems to nod off and wake up, or if they start to throw up, or if their personality seems different from usual over the next 24 hours, see a doctor. If they are unconscious after taking a serious knock on the head, make sure they are breathing. Do not move them, and call an ambulance.

If someone has taken a fall or a blow to a limb, rib or other body part—especially if they fall on an outstretched arm—a bone may be broken. If you suspect a break, splint the arm by taking a board or rolled up magazine, put it across the area where you suspect a break (including the joint above and below, so as to immobilize it), and wrap it in place with an Ace bandage. Seek medical care.

LONG RANGE SCENE SIDE EFFECTS

These types of problems, as opposed to the others mentioned in this article, are not problems which are usually noticed right away. They tend to be more in the area of infection or illness due to complications from certain types of play such as scat (shit), watersports (urine or enemas), and catheters.

Nowadays the ingestion of another person's body fluids is discouraged! If you're going to play with piss, be sure to urinate only on unbroken skin. That means avoiding areas which have rashes, cuts, acne, and burns. Don't get urine in the eyes. The acid can irritate them. If you're going to include the ingestion of urine as part of your scene, be aware that while urine is probably bacterially sterile, it can transmit viral infections such as hepatitis. Have the bottom drink her own piss.

Feces can transmit a whole range of diseases, as well as parasites. Even eating your own shit can make you sick. Do it "on me, not in me."

Playing with enemas can be rich in ritual significance—the "emptying" or "cleansing" process before a scene begins. Be careful, though: always use clean equipment and warm (not hot) water. If you want to use soap, use something gentle like Castile or Ivory soap. Never use a detergent. If you want to mix liquor in the solution, you can use a very small amount of wine, but your partner will probably become intoxicated. Fill the bowel slowly, and stop the flow if there is any cramping.

First Aid

It is extremely difficult to play safely with catheters. Even trained medical people can cause infections or damage the urethra during catheterization. If you ignore my advice and use them anyway, there will most likely be some irritation of the urethra. If there is any blood in the urine, see a doctor if it does not stop in a

few minutes. If the person is unable to pee within six hours, see a doctor. Symptoms of a bladder infection include: stinging and burning during urination, frequent (every few minutes) urination, feeling that if you don't pee right now you will wet yourself, or pelvic pain at the end of urination. If you suspect a bladder infection, see a doctor.

For the symptoms of diseases that can result from being exposed to infected piss or shit, see the article on lesbians and STDs.

When using enemas, make sure there is no bloody discharge, beyond the spotting which can occur if hemorrhoids are aggravated. If this occurs, or if there is severe abdominal cramping more than an hour after the enema is given, medical attention may be required.

EMOTIONAL TRAUMA

Even the most experienced and self-assured bottoms can occasionally be seized with periods of self-doubt, panic, fear, and insecurity. A well-meaning novice may tell you everything she knows about her limits, but the fact is she may just not know enough to guide you through all the complications of her psyche. A competent top can often judge the mind set of bottoms that they are playing with, but things can go awry. Both bottoms and tops are responsible for not getting into scenes that they know they are not emotionally equipped to handle. If you are surprised and find yourself in deep water, let your partner know that things are getting too heavy or you are upset and need some TLC.

First Aid

Hugs! Cuddling! A cup of tea and some intense communication are vital to bringing another woman back to safety and sanity. Drop all pretense of roles. If soothing words and reassurances don't work, find out if there is anyone else she might want to talk to, and try to find out if that person can speak with her on the phone or come over for awhile. While professional psychiatric help might be warranted in some cases, I suggest that option only as a last resort, since many psychiatrists don't understand the dynamics of S/M.

THE HOME FIRST AID KIT

It's a good idea to have the following items on hand.

A new first aid manual	Aspirin
Triangular bandage (for a sling)	Acetaminophen
Assorted sizes of Band-aids	Smelling salts
Sterile cotton	Sugar
4" x 4" dressing pads	Table salt
Sanitary napkins	Bandage scissors
Butterfly bandages	Bolt cutter

Sterile bandage rolls (2" and 4" wide)	Marlinspike, yachting tool or knitting needle to loosen knots
Adhesive tape	Spare keys
Eye patches and dressing	Ice pack or Instant Ice
Soap	Splint
Betadine	Tweezers
Rubbing alcohol	Rectal thermometer
Hydrogen peroxide	KY Jelly
Aloe vera	Ace bandages
Antibiotic ointment	

WHEN ARE ACCIDENTS MOST LIKELY TO HAPPEN?

1. Novice tops and bottoms are more likely to have accidents than experienced players, for the following reasons: (a) fear of setting limits because the other person might want to stop the scene, (b) being so excited about being able to play that they don't realize how intense things are getting, (c) setting false high standards, (d) lying about one's experience level, medical conditions, state of health, or sobriety, (e) not being experienced enough to know your own limits or to understand how temporary emotional problems can mess things up.

2. Some people become non-verbal at a certain point in the scene, and are unable to tell a top when they have a problem or have reached their limit.

3. When you are playing in a strange dungeon, you may be unfamiliar with how to use the equipment or unaware of how well (or poorly) it was constructed. For complex scenes on foreign ground, dress rehearsals are a must.

4. Egos cause accidents! Don't be afraid to ask for advice or get an assistant to spot you.

5. Low, romantic lighting causes accidents if the top is doing something (heavy flogging, cutting, etc.) which requires a clear view of the bottom's body.

6. Drugs and alcohol are responsible not only for many physical accidents in the scene, but for fouled-up communication and bad emotional after-effects.

7. Wet, greasy, slippery floors are a hazard, especially to a top in brand new boots with smooth soles or high heels.

8. It is usually a mistake to play when you are depressed, needy, angry, contemptuous, or showing off.

9. Public play can be problematic. Beware of assholes who butt into a scene and disrupt the mood or the top's aim. Beware of exhibitionism, which can lead a top to attempt feats beyond their skill or a bottom to go so far that they will be sorry tomorrow.

10. Play with strangers is potentially dangerous. The less you know about them, their reactions, experience level, and preferences, the more risky such scenes are.

11. A “re-entry top or bottom”—someone who has been out of the scene for awhile and makes a comeback—may find themselves out of their depth if they try to resume play at their heaviest prior level.

12. The perception that there are very few opportunities to play; (whether it’s true or not) can lead people to ignore warning signals or put up with treatment they will regret when the scene is over.

WHEN FIRST AID IS NOT ENOUGH

Well, it happened. Something has come up that you can’t handle with the information in this booklet or your own first aid knowledge. What now?

If it is a minor problem like vaginal spotting, tingling in the fingers that doesn’t go away after a few minutes out of bondage, a burn you are not sure about, pain or redness around a cutting, a broken blood vessel in the white of the eye after inverted suspension, etc., and it is a reasonable hour, try calling a doctor. Try your partner’s doctor, your own, or one known to be favorable to the leather community in your area. No luck? See below.

Midway between minor problems and emergencies are things like a possible broken finger, foot or arm, a sprained ankle, a cutting that went a little too deep and might need stitches (i.e., all the way through skin and longer than one centimeter), cuttings or burns oozing pus, something stuck up the ass that won’t come out with gentle coaxing, etc. Many areas of the country have freestanding emergency clinics (“Doc in the Box”) or hospital walk-in clinics; this is good if you can’t get your doctor. It is less of a big deal, cheaper, and likely faster than the emergency room.

If it’s anything that doesn’t look like a quick fix, go to the emergency room. This includes:

(1) fever, confusion, or lethargy after cutting, burning, or especially anal fisting—symptoms most likely to occur one or two days after playing;

(2) vomiting, change in personality, or difficulty waking someone who has hit her head, most likely 12 to 24 hours later;

(3) suspected fractures of leg (not foot) bones;

(4) dull, aching belly pain—especially if it hurts if you tap the skin of the abdomen with a finger—or blood in the feces, vomiting blood, or other unusual abdominal symptoms, especially after anal fucking, fisting, or enemas; and

(5) medical crisis such as asthma that doesn’t get better with medicine, bad chest pain or pressure, loss of consciousness, etc.

Serious emergencies are easy to recognize. Profuse bleeding, especially spurting red blood; not breathing or serious difficulty breathing; sudden onset of really bad abdominal pain; crushing chest pain with nausea and sweating; etc. Don’t fuck around, call 911. So what if you’re wearing your leather chaps, a dildo

harness, a bright red moustache and nothing else? You can always grab a few things to put on in the bathroom of the waiting room at the hospital. The ambulance techs will have stories for days.

Many people have the impression that hospitals are staffed by seven foot, starched, white uniformed authority figures who hate lay people, especially perverts. At the triage desk, the nurse may indeed be a moral majority regional officer—or she may be the cute top you couldn't get it together to ask for a scene at the party last month. No telling. Whoever you talk to, if they have been working in the ER very long, they have probably already seen it before, whatever you are bringing them. Several times. Also, it is not necessary for you to tell them all the gory details of how the suspension broke and you think your girlfriend broke her ankle. Tell them she fell off a chair changing a light bulb in the kitchen. If she has gotten an object stuck up her ass, you do not need to tell them how it got there (they can figure this out) or who put it there. If the victim is sporting bruises and whip marks, she should not tell who put them there, and anyone with her should deny knowledge of this. If someone officious is prying and making references to an abuse investigation, consider giving fake names and addresses. What it is important to tell them is pertinent medical history, such as illnesses, medications, past operations, allergies, etc.

If you are going to the ER for a drug-related problem, some serious legal issues may arise. Nevertheless, your priority has to be saving a life. The medical personnel will want to know exactly what somebody took and, if possible, how much of it so they can revive them. If you have this information, tell them. It is safe to tell ER people that someone has taken too much over-the-counter or prescription medication by accident or mixed it with alcohol. The symptoms of an overdose from the street drugs are sometimes clearcut; sometimes standard treatments are administered regardless of what you tell ER people it someone appears to be, for example, ODED on cocaine. Sometimes symptoms are confusing, especially if people have been combining large quantities of several exotic substances. The diagnosis will be entered into someone's chart regardless of what you tell ER people or try to conceal. It is better to have this information in your chart than it is to be dead.

Accidents do happen. Medical problems arise, equipment breaks even with the best of maintenance, and people make mistakes. Blaming the top or bottom does little good. Remember that medical clinics and hospitals are there to serve you, even if the people in them sometimes forget—and you can remind them! You have the right to be cared for. You also have the right to be treated respectfully and to have everything explained to you so that you can understand it. Note the names of any nurses or physicians who are directly involved in you or your partner's care.

If you are not getting what you need, ask for the supervisor, unit manager, or administrator. Ask for or demand what you need, and you will increase your chances of receiving it.

EPILOGUE

If you know of a competent physician or psychotherapist who is at least tolerant, if not supportive of, S/M people, share the information with others. Many of us have neglected our health needs because of fear of ridicule by doctors. Your doctor should take you as you are, nipple rings, cane marks, and all, but since many will not, you should let your community know who does.

Happy playing!

Acknowledgment

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SEXUALLY TRANSMITTED DISEASES IN LESBIANS

by Beth Brown, M.D.

Lesbians as a group are at lower risk for sexually transmitted diseases (STDs) than any other group of sexually active people, partly because of the relatively low number of multiple sex partners most lesbians have and partly because of the way most lesbians have sex. However, there are some STDs present in the lesbian community, and it is important to know about them. Some STDs can cause vaginal discharge or other problems, but others can be present with no symptoms at all. **Always** use these safe-sex precautions.

1. Wash your hands before putting them in any of your partner(s)' orifices. Wash them again before changing orifices, especially if they're in different partners or in yourself.
2. Many women have found rubber or latex exam gloves helpful to keep from spreading infections during sex. (They are also nice if you have a rubber fetish.) Gloves are especially important if the person about to put her hand somewhere interesting has an open cut or sore on her skin, or has just filed her nails for fisting.
3. With or without gloves, artificial lubricant has much to recommend it. Use a water-based lubricant like KY Jelly so it washes out. Oil-based lube like Crisco can weaken latex gloves or condoms. You might want to use a lubricant like ForPlay that contains nonoxynol-9, a substance that kills viruses, including the one believed to cause AIDS.
4. There is controversy about whether viruses can be spread in vaginal secretions. It is very likely that infections in the blood can be spread by mouth-to-menstrual blood contact. Viruses have been found in cervical secretions at all times of the month, whether the woman is menstruating or not. It is not known whether exposure to virus-containing fluids in the vagina can cause disease. A latex dental dam can be used for protection during oral sex. This is a wise thing to do whether or not your partner has her period.

5. Toys can spread infection. It is safest to have separate toys for each woman. If you share plastic or rubber toys, always clean them with 70% rubbing alcohol, boiling water, a solution of 1 part of household bleach to 10 parts of water, hydrogen peroxide or Betadine between uses, or use a condom. Leather dildoes are almost impossible to clean and should always be used with a condom, and **never** shared.

There are a number of different kinds of STDs found in women:

Infections Likely to Cause Vaginal Problems

Candida (yeast infections): This is an irritating infection with a cottage-cheese textured, whitish discharge that itches and/or burns. It is annoying but not dangerous. It is caused by a yeast overgrowth in the vagina brought on by stress or taking antibiotics and is treated with vaginal cream or suppositories such as Monistat or Gyne-Lotrimin or other products you can get from a doctor. Some women have had success with douching with two tablespoons of white, distilled vinegar in a quart of warm water, yogurt douches, or putting a peeled clove of garlic in the vagina (run a piece of thread through the end first so it's easy to get back out). If the infection is not very bad it is perfectly safe to try to wait it out. It frequently occurs right before a woman's period and goes away once her period starts. You can spread this to your partner if it is severe enough, and then she might need to get treated also.

Gardnerella is an infection with a fishy-smelling, watery discharge. We know that it can be spread sexually, woman to woman, but it may also be possible to catch it in nonsexual ways--on wet towels, hot tub seats, gym benches, etc. This is not yet known. It is another infection that is annoying but not dangerous. It is treated with Ampicillin or sometimes with Flagyl, so you need to see a doctor if you think you have this.

Trichomonas is caused by a swimming protozoan, *Trichomonas vaginalis*. It may cause anywhere from no symptoms to an intensely itchy discharge. The discharge is usually green and bubbly, and infected women may occasionally have slight vaginal spotting of blood due to irritation of the cervix. Female playmates may catch this by vaginal contact with infected vaginal discharge. This can be prevented by methods previously mentioned. It is diagnosed by having a health professional look at your discharge under a microscope. Treatment is

only necessary if symptoms are bothersome, or if infection is present during pregnancy. Most doctors treat *Trichomonas* with Flagyl, an antibiotic, but Monistat (also used for *Candida*) is sometimes effective. Female partners of women with *Trichomonas* do not need treatment unless they have symptoms, but if you have *Trichomonas* and are having unprotected vaginal intercourse with a man, he needs to be treated when you are, whether or not he has symptoms. The protozoan can exist in the male urethra, and chances are he will reinfect you.

Syphilis may or may not have noticeable symptoms, but it is dangerous. Before the advent of penicillin it had a protracted, ugly, and frequently fatal course. Now it is easily treated. If symptoms show up, they will appear about three weeks after you were exposed. The first sign is usually a painless, rubbery bump called a chancre, often associated with enlarged lymph nodes in the groin. You can get it on other parts of the body besides the genitals. Contact with the chancre is infectious. Syphilis is called "the great pretender" because it can mimic the symptoms of almost any other kind of illness. A woman can have syphilis with **no symptoms**. The chancre will go away by itself, but you will not be better. Syphilis is diagnosed with a blood test. If you have any lesions on your genitals that concern you, or if you find out you have caught another dangerous STD, be sure to get the blood test for syphilis.

If syphilis remains untreated for several months, the next stage involves a rash that starts with flat, red spots and then becomes more bumpy; any unidentified rash should also prompt you to seek a doctor's care and perhaps a test for syphilis. The rash will also disappear spontaneously.

After the rash has gone away, the person enters the state called latent syphilis and is no longer contagious through casual contact. However, direct contact with infected blood can still transmit syphilis. This stage may last 10 to 30 years, with no symptoms. If syphilis is still not treated, it may then progress to tertiary syphilis. One common form of tertiary syphilis is neurosyphilis, which may appear as progressive insanity, loss of intellectual ability, and/or physical incoordination. Tertiary syphilis may also appear as syphilitic aortitis, in which the aorta in the chest becomes weak and may burst suddenly, resulting in death.

Spreading syphilis can usually be prevented with safe-sex precautions. However, if you are diagnosed, this is such a dangerous disease that it is essential that you notify all your partners up to three weeks before diagnosis (if you had a rash, up to several months before

the rash showed up) so they can be checked, whether you've been having safe sex or not.

Gonorrhea may be associated with a yellowish discharge, painful and/or frequent urination, abnormal periods . . . or with no problems at all. Symptoms show up, if they're going to, 2-7 days after exposure. You can get gonorrhea in your cervix, urethra, anus, or throat, though there is no evidence that women can give it to each other with oral sex. Gonorrhea is sometimes annoying; always consider it dangerous. It can climb up the fallopian tubes and cause pelvic inflammatory disease, which can lead to sterility; it can also infect the covering on the liver, which is extremely painful. Occasionally it spreads through the blood to the joints or the skin. This is more likely to happen if you have your period. Gonorrhea used to be very easily treated with penicillin or other antibiotics. Now, thanks to the Vietnam war, penicillin-resistant and tetracycline-resistant strains are becoming more common in the U.S., but there are other drugs that still work well. It is important to have a cervical culture if you suspect you have been exposed, even if you have no symptoms, since this is the only way to diagnose gonorrhea. If a sexual partner of yours has gonorrhea, most doctors will assume you have it, too, and treat you. Unlike syphilis, there is no blood test for gonorrhea. The cervical culture is not all that accurate of a test, as it only reveals around 80% of infections. If the doctor or nurse you visit also examines your discharge under the microscope in the office, this will increase the chance of an accurate diagnosis. After treatment, it is essential to be rechecked to make sure it is really gone. Of course, all your playmates must get checked too.

Chlamydia (formerly called "*nonspecific cervicitis*") and gonorrhea frequently go hand in hand. Not all clinics are able to test for chlamydia and none of the tests is all that accurate yet anyway. Chlamydia causes the same problems as listed above for gonorrhea, including infection with **no symptoms**. Some studies indicate that it is the most common STD in the U.S. at this time. If you feel like you have a bladder infection and nothing grows out on the urine culture, you may have chlamydia in your urethra. Since it is not a true bacterium, it cannot be detected by normal culture methods. It is treated with tetracycline or similar antibiotics. If you are being treated for gonorrhea you should be being treated for chlamydia too. Penicillin is not effective. As with gonorrhea and syphilis, if you are treated for chlamydia, you need to tell your recent partner(s) for the preceding 3-4 weeks to be checked out.

Women may have vaginal discharges that are infectious but that do

not show up on diagnostic tests for any of the above infections. There will probably always be something called "*nonspecific cervicitis*" because there are always more types of infection in the world that haven't been discovered yet. Two bacteria that are currently suspected of causing infectious discharges are *Ureaplasma urealyticum* and *Mycoplasma genitalum*, but whether they actually do cause infection is not yet known. Infectious cervical discharges are diagnosed by obtaining a specimen of the discharge from the opening of the cervix and looking at it under the microscope to see if it contains pus cells. You will also be tested for gonorrhea and, at some clinics, chlamydia. If these tests are negative, you will likely be treated for chlamydia anyway, since it is so hard to detect. If you are treated for chlamydia, your partner(s) of either sex should be examined for signs of infection.

Miscellaneous, fairly unusual diseases characterized by genital bumps and lumps: *chancroid*, *granuloma inguinale*, and *lymphogranuloma venereum* are in between annoying and dangerous. If you find anything bumpy on your vulva or in your vagina, it doesn't belong there. See a doctor. Soon.

Skin Parasites

There are some STDs that don't cause vaginitis. *Pubic lice (crabs)* make your pubic area itch. They can conduct their entire reproductive cycle right there in your pubic hair. (Shaving enthusiasts take note: lice can't live where there's no hair, so shaving will cure this problem.) You can catch them from direct contact or from an infected person's clothes or bedding. You should be able to detect either the crawling adult louse or the tiny white nit at the base of hair shafts.

Scabies (or mites) is a skin rash that can occur anywhere below the neck, caused by a burrowing mite. It is spread by close contact with an affected person, especially if you spend the night in their bed. The mite burrows under the skin and leaves waste products behind it which cause overwhelming waves of intense itching, especially after bathing or just after you go to bed.

Both crabs and scabies are treated with Kwell, which is stronger than non-prescription products. They are not dangerous (unless you scratch so much you get a skin infection), but annoying is much too mild a word for them. If you get one of these, all your contacts that you are still seeing should be treated at the same time you are, to prevent "ping-pong" infection. With scabies, all the people in your household,

playmates or not, should be treated when you are. You also must wash your clothes and bed linen in very hot water on the same day you use the Kwell.

Diarrhea

Amoebas, *Giardia*, and *hepatitis A* are all primarily spread in non-sexual ways. However, once someone is infected, partners can catch these diseases by rimming or by oral contact with something contaminated with infected feces, like a finger or a toy that has been in an infected person's anus. In addition, amoebas and *Giardia* form cysts that can live for hours on clothes or bedding, where they may land after energetic play involving the anus, and from which they can be picked up and accidentally ingested. Amoebas and *Giardia* have become so prevalent as STDs in gay men that they are referred to as "gay bowel syndrome."

There are a number of different kinds of amoeba, but the one that causes disease is *Entamoeba histolytica*. You can catch it from food or water in areas of poor sanitation, as well as by oral-fecal contact or rimming an infectious person without a dental dam. Symptoms of infection are usually bouts of foul-smelling, watery diarrhea that may have blood in it. The diarrhea may come and go, and may last months. Other symptoms include nausea, gas and abdominal cramping, with or without diarrhea. The symptoms are caused by the active form of the amoeba. At least half of the people with amoebas in their body have them in the form of cysts. The cysts do not cause symptoms but are much more likely to infect other people than the active form, since the cysts can live for over a week out of the body.

Giardia lamblia is the other common cause of "gay bowel syndrome." It is often spread in contaminated water, and is the most common cause of waterborne disease in the U.S. In gay men in New York, about one-third of those infected will have sudden onset of watery, bad-smelling diarrhea that floats, with stomach cramping and a lot of gas, sometimes with vomiting and fever. The illness usually resolves in about a week, although it can come and go like amoebic diarrhea. About two-thirds of those infected will have no symptoms. Like amoebas, *Giardia*, especially in people with no symptoms, forms cysts which can live outside the body for over a week and are infectious.

Both *Giardia* and amoebas are diagnosed by examination of the stool. The most accurate tests are those done in a lab where you take a laxative on the premises and produce a "specimen" which is examined

immediately under a microscope to look for active parasites or cysts. The best tests pick up only about 75% of infections, unfortunately. Both Giardia and amoebas are treated with combinations of drugs that usually include Flagyl, a quinine-containing medicine such as diiodohydroxyquine, or various other anti-parasite medicines. All of the treatments have side effects which may be serious in susceptible people. The type of treatment changes frequently and varies depending on where you live. If you have abdominal pains or bowel complaints that are new for you, it is important to see a doctor or clinic and be tested for parasites. Preventive measures include using dental dams for rimming, gloves for fisting and condoms for toys that are used anally. Even if you are using gloves, remember to keep your fingers out of your mouth to prevent anal-oral contamination. It is also a good idea to cover your bed with a trick sheet that can be taken off and washed after activities that might have caused any microscopic specks of shit to get on them. Trick towels should also be washed. You can use Hexol if you want to be sure of killing microorganisms.

I am including *hepatitis A* here even though it does not usually cause diarrhea, since when it is spread sexually it is spread in the same ways as amoebas and Giardia. Other ways of catching it are from infected water or food, especially shellfish, where it usually shows up in late fall or early winter. It causes mild fever, a flu-like illness, and jaundice (yellow skin and eyeballs, light grey stool, brown urine). The illness may last up to 1-2 months, requires no specific treatment, and nearly always goes away completely. There have been two documented cases of lesbians catching it by rimming an infected woman. Preventive measures include use of dental dams, gloves and condoms as listed for parasites. Changing sheets after sex is not necessary.

Herpes is a virus that causes blisters, and usually appears either on the lips (fever blisters or cold sores) or on the genitals. However, you can get it anywhere, though other places are fairly rare. First outbreaks usually have more blisters than recurrent outbreaks, hurt a lot more, and can cause a fever and flu-like symptoms. Herpes is spread by direct contact with the blisters, and can also be acquired using a moist towel recently in contact with herpes sores, or sitting on a hot tub bench someone with herpes has just gotten off of.

However, transmission of herpes is not always a straightforward, simple process. There are two strains of herpesvirus, HSV-1 and HSV-2. HSV-1 prefers to infect the mouth and HSV-2 prefers to infect the genitals, but both viruses can infect either place. About one-third to

one-half of Americans are immune to each of the two strains, HSV-1 and HSV-2, and many of these cannot remember ever having had an outbreak; therefore, they have been exposed to the virus and may or may not be infectious. On the other hand, it is possible to have herpesvirus coming from the cervix or the urethra without the person ever knowing of an outbreak. So it's hard to tell who's contagious and who's susceptible. I once spent two years having unsafe sex with a known herpes sufferer and have never in my life had an outbreak. Was she contagious or not? Am I immune? Do I have it and don't know it? Who knows? My best advice is to use safe sex practices and avoid paranoia about herpes. It is not very common to get an outbreak without ever having been in contact with visible herpes sores.

If you have herpes, go to a drugstore and buy L-lysine, an amino acid, in 500 mg. tablets. During an outbreak, take two tablets three times a day, and at other times take one tablet twice a day. This helps prevent the herpesvirus from being able to reproduce. Other ways to prevent outbreaks are to avoid sunburns and cut your stress level. If you have a lot of outbreaks, find a doctor and discuss using acyclovir for either treatment or suppression.

Venereal warts (condylomata acuminata) are caused by a virus called HPV (human papilloma virus). If they are external, they look like little pointed skin-colored bumps on the labia, perineum, or anus. You can also get them in the rectum or vagina or on the cervix, where you can't see them without a speculum. They are contagious and spread by direct contact. They are both annoying and dangerous. The annoyance comes from the fact that they are very difficult to get rid of. There are several different kinds of treatment, all of which sometimes work and sometimes don't. These include podophyllin (a caustic chemical which burns them off--not used in the treatment of cervical warts), cryotherapy (freezing), electrocautery (burning them off with an electric needle), and surgery. The danger comes from the fact that there are five strains of the wart virus, and two strains have been associated with cancer of the vulva, cervix, and rectum, although it has not been proven that any strains of the wart virus actually cause cancer. If you have warts on the outside, your doctor or nurse should check for them on the inside too. A Pap smear can detect abnormal cervical cells caused by an infection of the wart virus. You owe it to yourself to get Pap smears every single year, and check-ups also any other places you have warts. Don't fuck around with your health.

Hepatitis B is mostly an STD of gay men, but certain lesbians are

at risk as well: health care workers, workers with the mentally retarded, women who shoot drugs with shared needles or street needles, women who play unsafely with gay men, and first-generation Southeast Asian immigrants. If your sex partners are members of any of these risk groups, you are also at an increased risk for contracting hepatitis B. Symptoms include generally feeling yucky, yellow skin, chartreuse eyeballs, pale grey stool and brown urine. However, a fairly large proportion of people who get hepatitis feel like they just have the flu, or don't get sick. The virus is secreted in all body fluids of infected people including saliva, vaginal secretions, and urine (but not in feces, according to what I read). You can avoid getting it by observing safe-sex precautions and not sharing needles or works.

There is an effective vaccine available for hepatitis B. Despite rumors, the vaccine does not cause AIDS. If you are in a risk group, you should get checked to see if you need the vaccine, or if you are already immune, and to make sure you do not have hepatitis and are not a carrier of the virus.

Why is hepatitis B dangerous? Getting it is like playing the odds. You may not get sick at all. If you do get sick, you will probably be fine after a few months, although you will also probably miss a lot of work and have high medical bills. However, about 1-3% of people who get it develop chronic active hepatitis, which doesn't go away, and a very small number develop fulminant hepatitis, which can kill you. If you are in a risk group or play with someone who is, find out if you need the vaccine. In New York City, the Community Health Project will check you for a very small fee. Their telephone number is (212) 691-8282. If you are not immune, get the vaccine.

Acquired Immune Deficiency Syndrome (AIDS). This is the ultimate STD. Just saying the word raises the blood pressure and makes the heart race. AIDS has caused more scientists to make more unsupported, premature pronouncements than any other disease in the last century.

It is believed to be caused by a virus known as human immunodeficiency virus, or HIV (formerly known as HTLV-III), one of the most versatile viruses ever discovered. It can vary the proteins it displays on its surface fast enough to avoid (so far) effective vaccine use. It is very good at perverting the internal processes of human immune system cells and nerve cells. It is also extremely delicate. It is so far known to die soon after contact with Betadine, boiling water, 70% rubbing alcohol, hydrogen peroxide, bleach, and nonoxynol-9. It cannot

pass through rubbers and dental dams.

In order to catch the AIDS virus, an infected person's blood or body fluid has to get into your blood. Touching someone with AIDS, kissing them on the mouth, or even spilling their blood on your skin as long as you wash it off soon is not known to cause AIDS. Avoid unprotected intercourse, penetration with contaminated toys, and IV drug injection with contaminated syringes and needles (especially for booting cocaine, which involves repeatedly drawing blood into the syringe and ejecting it). Simply being stuck with a needle contaminated with blood from a person with AIDS, as in hospitals, has not been shown to be effective at transmitting AIDS. Fisting may cause microscopic cuts in the the vagina or rectum, which could make it easier for any viruses in semen to get into the body. It is a very bad idea to have unprotected intercourse after fisting. Some people suspect that poppers increase the risk of catching AIDS, but we don't know why this might be so. IV drug use with sterile needles from a hospital or drugstore does not cause AIDS. The AIDS virus has been found in saliva but there is no good evidence that AIDS can be spread by deep kissing.

Use safe sex practices. If you get something on you that you think is contaminated with the virus, clean it off with one of the above-listed chemicals. Avoid paranoia!

IV drug users are at a unique risk for AIDS because of the difficulty of obtaining sterile works. Street merchants have capitalized on the AIDS epidemic by repackaging used needles and selling them as sterile. To avoid catching AIDS from shooting, get your own works and never share them or leave them around where someone else could get them. Works should be sterilized before each use, even if you think they are new. You can use rubbing alcohol, bleach that has been diluted as much as 1:10, or boiling water. If you are using alcohol or bleach, first draw the liquid up into the syringe and squirt it out several times. Then take the spike off and soak it for 15 minutes. Put them back together, squirt the liquid out, then rinse by drawing up and squirting out water (preferably boiled and cooled) several times. If you are using boiling water, take the needle off and the plunger out, boil all three parts for 15 minutes, cool and reassemble. Over time, boiling water will make plastic syringes get sticky inside, but it works well for glass syringes.

There is no test for AIDS. The famous HIV antibody test is a test for past exposure. If it is positive, you have been exposed to the virus. There is a small chance that the test result is a false positive. Does it mean you are going to get sick? At this point, the Centers for Disease

Control (CDC) estimate that about 50% of people with a positive test will develop AIDS or AIDS-related complex (ARC) within 10 years. However, not enough is known yet about the disease to be sure what the test means to any individual. The test was developed to protect the blood supply, and for that it does an okay job. The government and various companies such as insurance companies are increasingly finding it useful as a political tool to support discrimination against oppressed groups of people. In addition, if the widespread screening that the government and major business interests are currently clamoring for comes to pass, the percentage of people who test positive but who have actually never been exposed at all will drastically increase.

I do not recommend the test for anyone in good health unless they are planning a pregnancy, or if they are low-risk and the psychological trauma of AIDS paranoia overbalances the risk of their test being positive. In a person who has already been diagnosed as having AIDS, the test can be a valuable diagnostic tool. If you get tested, make sure your confidentiality is absolutely protected, and be sure you can handle the information you may receive. Make sure the place you go for the test offers counseling about the ramifications of the test result. If a person receives a positive HIV antibody test result, the effects can be psychologically devastating, and people have committed suicide simply because their test was positive. Remember, a positive test result doesn't mean you will get sick, and a negative test doesn't mean you won't.

ADDENDUM

Pregnancy is not an STD, but I have never seen anything about S/M safety in pregnancy so here is a little information.

It is okay to do scenes with a pregnant woman as long as you use common sense. You can hit her any of the usual safe places. Breasts are off limits. Avoid hitting varicose veins on the legs. As always, the abdomen is off limits. Penetration is okay as long as the bag of waters is not leaking. Oral sex is safe but blowing into the vagina is never safe, pregnant or not, as it can cause an air embolism. Avoid traumatizing hemorrhoids. Avoid tying somebody up who is lying on her back for longer than 10 or 15 minutes after the sixth month.

Women at risk for premature labor who have been told "no sex" should interpret this as "no orgasms." (It's OK for other pregnant women to have orgasms.) It is the uterine contractions associated with orgasm that can set off the hypersensitive uterus. This means no

masturbation; if you are someone who can come from nongenital sensations such as flogging, none of that either. Sorry.

It is extremely important to be sensitive to a pregnant woman's emotional state, whether she is a top or a bottom. Emotional trauma is the chief cause of trauma-induced miscarriage. All those hormones can change a pregnant woman's emotional state frequently and in unusual ways so it is essential to communicate frequently and openly about what is going on with each of you. Which you should be doing anyway.

Following these guidelines, any pregnant woman and her partner(s) can enjoy a kinky and fun pregnancy.

“DAMMIT!”

“Oh, OH! Please!” Allie almost screamed.

Didi's teeth raked Allie's shoulders. Her fingers slipped along Allie's waist and hips, digging in and gripping as her belly rocked against the smaller woman's pubic mound.

“Oh god. You're so hot. So hot!” Allie gasped and struggled briefly as Didi pushed her legs open with one knee and shoved strong thick fingers between the dark swollen labia there.

“Oh!”

Didi's teeth nipped her again and then the mouth was gone, sliding down Allie's torso, the teeth catching on her nipple, her navel and her mons as the tongue seemed to trail liquid fire on her skin.

“Wait! Wait!” Allie was struggling up, one arm extended toward the night stand. Didi pulled her back down again with a growl and bit her thigh.

“Oh shit! No. Wait,” Allie protested. She flipped over on her belly and finally reached the nightstand with the fingertips of her right hand, pulled the drawer open and grabbed the square flat box lying beside the tube of lubricant.

“Here. Here...”

Both of Didi's hands slapped Allie's sweaty rump and pulled her back down on the mattress. Skillfully the big girl turned Allie over and parted her legs again. “Forget that shit!” Didi cursed and dropped her weight on Allie's legs, her face nuzzling down into Allie's damp pubic hair.

With a shout, Allie clamped her left fist into Didi's white blond curls and pulled the wet face up and away from her cunt. Didi's hiss of surprise became a howl of pain as Allie's hard knee slapped against her ribs and the smaller girl deftly flipped the bigger over on her back.

“What do you think you're doing?” Allie's voice was shrill with indignation, while her fingers pinched Didi's thighs painfully. “Didn't anybody ever teach you any manners, you big bully?”

Those hands slapped Didi's thighs open and then pulled away to open the little box. A thin green square flipped through the air to slap down on Didi's sweaty breast. Another followed, landing on her neck, while the third smacked her in the face. Allie flattened her hand on that one and rubbed it fiercely all over Didi's mouth and caught the big girl's tongue.

“Muff!” Didi tried to shout, to bite down but Allie just pushed rubber cushioned knuckles past her teeth while using her other hand to slap the wet and tender labia between Didi's thighs. Didi shrieked, bit down and shrieked again. Her mouth was full of the taste of rubber and her own saliva. Her cunt throbbed to

the rhythm of Allie's slapping hand. Her eyes filled with tears.

"Bite me? Will you!" Allie spread her own wiry thighs, forcibly holding Didi's open. The cunt spanking went on cushioned only by one of the dams wrapped around Allie's fingers. Gradually Didi's mouth went loose and Allie's knuckles rocked back and forth implacably, while her free hand went on spanking Didi's cunt steadily, relentlessly. Didi bit down again suddenly when she came, groaning around Allie's fingers and hiccuping with surprise when the smaller woman relaxed and pulled her fingers free.

"Teach you," Allie muttered and reached for the lube. Generously she coated one side of a fresh dam and plopped it against her own cunt. Holding Didi by the hair, she pulled the limp girl's face down between her own thighs.

"You do it right," Allie growled almost playfully. Obediently Didi extended her tongue to cover the swollen bud of Allie's clitoris where it protruded under the dam. She sucked the thin rubber up into her mouth and used her cheeks to keep it tight while her tongue began to rub steadily at the hood of Allie's clit.

"Oh god!" Allie breathed out, relaxing and tensing as Didi set a rhythm. "It's so sensitive under there. Oh! That's so nice." She pushed up with her hips while Didi flexed her shoulders to follow. "You're so hot, girl." She wiggled her hands, curling and extending her fingers among Didi's damp locks while her feet swung down and clamped down on Didi's hips.

"So hot!"

SO YOU WANNA BE A SADIST? HOW TO MAKE IT HURT SO GOOD IN ONE EASY LESSON

by Cynthia Astuto and Pat Califia

We realize that some of the safety information presented here is also included in other articles in this booklet. However, we are repeating it here so that potential bottoms will not think we don't know how to engage in those interminable, pompous and self-serving conversations about the niceties and minutiae of "playing safe" that all the other tops in the world love to have, and decide we are misfits, losers and psychopaths and refuse to play with us.

But seriously, folks--this information is so important that it bears repetition. And there really is some new stuff in here, too. What this article is *really* about is how to make S/M feel good and get 'em coming back for more, more, more! If you don't want them to come back for more, information about how to change your phone number is readily available from Ma Bell.

Negotiation

Negotiation is the first part of a scene, and if care is taken to make it erotic, it can begin the process of getting and keeping both of you turned on. You might find it more interesting to conduct the negotiation in your top persona, or make an abrupt switch from the concerned and considerate interviewer to the bitchy and demanding dominant, or cold and cruel sadist, or whatever.

Careful and complete negotiation can make the difference between a scene that is safe and hot, and one that you will shudder to remember. It is also an excellent way for the top to begin to take control. The bottom should be asked about her vanilla sex history; any medical problems (asthma, back problems, poor circulation, diabetes, hemophilia, etc.) which may affect her flexibility, pain tolerance or limits; prior experience with S/M; a list of things she absolutely will not do, might do, and wants to do; fantasies; if she has used a safe word (a word that is not likely to be used accidentally during sex which means "I'm having trouble, let's get out of role and talk about the scene") in the past (since this will be easier for her to remember than a new one); and her reason for wanting to play with the person who is asking her all

these rude, personal questions.

A top should also supply the bottom with any relevant information about her physical and emotional limits and what she expects to get out of the scene. A top has as much right as a bottom to say no, use a safeword, or make demands to ensure the scene will be satisfying for her.

Usually, two women who are turned on to each other can find enough in common to devise a scene that they will both find erotic. However, if a bottom's central fantasy is something which the top does not feel skilled enough to perform (or does not enjoy doing), or if the bottom feels she cannot meet the top's demands for a particular type of attitude or service, it may be better to forego playing.

There are many different kinds of tops and bottoms. The fact that both of you are kinky doesn't guarantee a good fit. A bottom (the person in a scene who prefers a passive, subordinate or receptive role) can fall into several broad categories--for instance, submissives, masochists, and fetishists.

Submissives are primarily interested in being subject to or overpowered by another person's will. They may accept this role willingly, and attempt to carry out your orders or instructions flawlessly, or they may be rebellious and require you to "force" them to obey, or they may have eroticized incompetence as a ploy or signal that they wish to be punished for their failure. Submissives may or may not enjoy some pain, but it will usually have to be provided in the context of dominance ("I am doing this to you to demonstrate that you belong to me," for example) rather than sadism ("I am doing this to you because you like it.").

Masochists have eroticized discomfort or pain, and may be very specific about what types of implements or sensations they will and will not endure. A successful scene depends on your ability to understand what they have eroticized and replicate that experience. There are different types of masochists. Some may endure the pain you dish out stoically, others may dare you to exceed their pain threshold, some may also fall between the category of submissive and masochist and want intense pain as a symbol of ownership or as punishment. Some masochists have little or no need for dominant/submissive roles, and may enjoy self-inflicted or mutual pain more than pain inflicted by an untouchable figure. Some masochists are also looking for a transcendental experience which may be described as leaving the body or intense euphoria. These altered states of consciousness are the result of the endorphins the body secretes when it is under stress.

Fetishists may also be submissives or masochists, or have no interest in S/M role-playing. They may be in the S/M community simply because they are looking for compatible people they can play dress-up with. Common fetishes include shoes or boots, rubber, leather, corsets, cross-dressing, religious figures, uniforms, motorcycles, weapons, or parts of the body like feet or breasts. If someone has a fetish, it is crucial for the top to discover and exploit it. If a fetishized object, body part or substance is not present during a scene, the bottom may be unable to sustain erotic interest. Even if the fetish does not particularly turn you on, you may be able to use it to keep the bottom turned on enough to respond to other aspects of S/M. The fetish can be withheld as punishment, or promised as a reward, until it becomes a training device like Pavlov's bell.

How to Make a Public Scene Hot

A public scene can be one that involves more than two people in your home, or it can take place in S/M space like a leather bar or a sex party, or it can take place in non-S/M space like a restaurant or an alley.

If a scene is going to include more than two people, or take place in a public setting, the negotiation gets a little more complex. Here are some things that it might be a good idea to discuss. Should the scene be kept confidential? What happens when the scene is over? Is a third party supposed to sleep over or go home? Is it okay for the participants to split up and play with other women at the party? Does a third party understand any limits the couple has set between them? For example, they may have any kind of sex with each other but only safe sex with others, or they may reserve certain kinds of S/M play only for each other. How do participants feel about inviting others to join their scene or allowing others to watch? If voyeurizing or bringing others into the scene is not okay, one of the tops should take responsibility for deflecting unwanted requests to join in, or dispersing the audience. Do the women involved want a special safeword for feeling jealous or insecure?

If possible, familiarize yourself with the location of a public scene beforehand. See how well-built the equipment is. Can the lighting be adjusted if it is not adequate? Who hangs out there? Are they going to be a rewarding audience or a nuisance? What are you going to need to bring--for example, do they supply stirrups for the slings, double-ended clips, lube, gloves, rubbers, or towels, or do you need to pack some in

your kit?

If the scene takes place in any other context than a private party with a carefully selected guest list, the top(s) should be prepared to handle the possibility of interference from poorly socialized, ill-mannered, or merely curious bystanders. An S/M scene in non-S/M space has to be either very discreet, brief, or ingenious to be pulled off without interruption.

For example, one of us recently took a bottom to a fancy French restaurant and conducted a very intense scene while there. The content of the scene involved the bottom having a freshly shaved cunt and being dressed in a very slinky evening gown which was slit up the front to *just* below the crotch with garters, stockings and no panties underneath it. The bottom was certain throughout the dinner that everyone in the restaurant could see beneath the dress and knew of her condition. This paranoia was enhanced by whispered threats and teasing and an occasional grope under the table. If anyone noticed something amiss, they did not dare comment. It was the public, elegant context as well as the interaction which made this scene hot.

Sex and the Single-Minded Sadomasochist

It may not occur to novices that genital sex is something which also must be mentioned and negotiated. *Never assume anything.* Always ask.

Some S/M people do not include genital sex in all of their scenes. In our experience, relatively few tops welcome sexual service from bottoms during casual play. Sometimes, the bottom is also expected to get herself off if she wants to cum. Of course, there are tops who enjoy (even require) the bottom to be available for sexual use, or demand that the bottom stimulate them to orgasm.

Some bottoms have funny ideas about how tops should come. Often, it's considered inappropriate for female dominants to come from being fucked, or this is perceived as bottoming. We think this is unfair and a conspiracy on the part of lazy bottoms who would like to keep their hands welded to their own clits. There are ways for tops to enjoy penetration without relinquishing control--for example, a strap-on dildo can be attached to the bottom's hips or face, and she can be restrained and made helpless while the top rides her.

There is no one right way to handle sex in a scene. You may feel differently about different people. Sometimes it's erotic to put somebody in a diaper or whip them, but it isn't erotic to sit on their face or make

them cum. Even if you have orgasms during oral sex, a bottom may not be very good at it, or you may not find the concept of "body worship" very alluring. What a sexual act means to someone else is at least as important as their skill at performing it.

While giving a bottom sex can be a useful way to keep their attention and build up their pain threshold, denying sexual stimulation or release can be every bit as effective.

There is a shortage of role-models for powerful women in our culture. Since sex is perceived as degrading to women, it can be difficult for a top to construct a modus operandi that includes orgasms. When the lesbian S/M community derides a top for receiving direct, physical gratification, it contributes to this larger problem. Being a "stone top" can be a difficult, resentful, frustrating, and punitive state. And it is not a problem that tops alone can solve. The entire community needs to stop viewing female pleasure as something that lowers or diminishes a woman's individual power. Remember, a top who is not getting off has very little incentive to make sure her bottom does.

Emotional Safety

It is much easier to quantify rules for physical safety than it is to define the parameters of acts which may have unpleasant emotional or psychological fallout. Even if you are careful to check out one another's limits and desires, something upsetting can happen in a scene. It is more constructive to talk this over after playing than it is to blame one another, unless there was a conscious attempt to keep a secret, ignore a clearly stated limit or hurt someone's feelings. Give each other reassurance and comfort, then file the scene for future reference.

Check in with each other after a scene to process any reactions you might have, even if they are all positive. Tops can be as insecure about the impact of a scene as bottoms.

In general, it's a good idea to leave them wanting more. Fantasies are hungrier than bodies. A bottom (or a novice top) who knows she could have done more is more likely to ask for a repeat engagement than someone who is freaked out about how heavy she got. This doesn't mean it's not okay to experiment with new techniques or play at a more intense level; it does mean that S/M should not be treated as if it were a race or a contest.

Emotional safety is especially important during all head games and verbal games (especially humiliation), gender play such as

cross-dressing, and submission. When you play with subjects that people have bad or ambivalent feelings about, there is potential for a really hot scene leading to catharsis of those negative feelings. However, there is also a greater potential to leave someone feeling devastated and wounded. It is important that the players have genuine respect and affection for one another, and that they handle volatile issues with sensitivity. Although the side-effects of S/M play may feel therapeutic for some of us, it is not wise to substitute S/M for therapy.

Roles

There is a perception in some parts of our community that there are more bottoms than tops, and that bottoms are not quite as important or valued as tops. This creates a feeling of sexual scarcity that may lead a bottom to make unwise choices about who she plays with and to fixate upon any top who seems even marginally available--whether or not she is compatible with her. This attitude is known as "bottom's disease," and it is very unattractive. Going home with another bottom or going home to be your own top is always better than going home with a top who is unsafe, does not enjoy doing the things you like, or is not really attracted to you. A top is not a public utility and should not be treated as if she were obligated to provide entertainment (or lifetime commitment) to any bottom who feels needy.

Not all role-connected abuses are committed by bottoms. A top who feels that she is worth more than any bottom just because she hangs her keys on the left may develop a syndrome known as "top's disease." She may feel entitled to services that no one has a right to demand from other people, she may become rigid and egotistical, she may feel that the bottom is always in her debt, and she may develop a phobia about bottoming.

Seasoned sadomasochists know that experienced bottoms have a status and a mystique which is equal to that of a well-respected top. (And as much leadership potential.) During their "deviant careers," most people eventually experience both the bottom and the top roles. Although being a switchable is certainly not the only way to be a healthy sadomasochist, we could all make S/M a safer and more enjoyable experience for each other if we would validate any role choice our peers make.

When you are coming out into S/M, it is often confusing to answer the standard pick-up questions, "Are you a top or a bottom?" and "What

are you into?" It is better to say, "I'm new to all this and I don't really know" than to bluff. If you meet someone you are interested in, be willing to talk about your fantasies and be honest about your lack of experience. If someone is going to reject you for being a novice, chances are you wouldn't have a good time with her anyway. Give yourself plenty of time before you hang labels all over yourself. Some people never commit to one role.

Incest and Rape

Many people have fantasies about non-consensual sex. These scenarios can be sexy because they relieve the bottom of all responsibility, or because they signify a power imbalance in a very intimate realm, or because the "victim" gets to feel overwhelmingly attractive, or because they offer an opportunity to get adrenaline going by resisting, or because the rapist or abuser may represent a figure with ultimate and irresistible power.

Acting out these fantasies is often more problematic for people who have had experience with the real thing, but they are still entitled to use this material if it is erotic or cathartic for them. Women who choose to enact fantasies about non-consensual acts can be motivated by a desire for empowerment, rather than complicity in abuse.

It may be a good idea to test out a trip like this by using verbal fantasy during vanilla sex, to find out where the sore spots and hot spots are. Also, it's good to know if the fantasy is going to trigger so much emotional response that it can't be done safely, for fun.

If resistance is an integral part of the fantasy, some care should be taken to insure that no one loses her temper, and that a bottom who cannot be literally overpowered by her top is prepared to help. The top could also bring in assistants, or control the environment in such a way as to make help unnecessary.

Sometimes the point of such a scene will be that the bottom is successful in repelling the "attack" or "abuse." Someone who has survived rape or incest may feel the need to take back their power this way. Since this plot runs contrary to what most tops would expect, it needs to be spelled out in advance.

Humiliation

Humiliation is a deliberate lowering of the bottom's status to an

eroticized, yet stigmatized, identity. This may include turning the bottom into: (1) an object or a machine, (2) an animal, (3) a child or baby, (4) a member of the opposite sex, (5) a sexual object or genital, or (6) a servant or slave. Humiliation can also involve treating the bottom as a member of a racial or ethnic group, sexual orientation, or socioeconomic class which the top pretends to resent, dislike, etc. The groups chosen may not be minorities. It is at least as common to humiliate, for example, a straight girl for eating pussy as it is to humiliate a gay man for sucking cock. A milder version of humiliation is sexual embarrassment or shame. It is the mental equivalent of physical pain, and there are people who have an appetite or an aversion for humiliation just as there are bottoms who are masochists or non-algolagniacs.

Most people do not like to be humiliated in a scene about things that genuinely make them feel bad. However, there are exceptions to this rule.

The erotic charge of humiliation is often based on fear. The bottom may fear to be overwhelmed and overcome by their sexual impulses--in which case, the humiliation of being talked about and treated like a sex-slave or orifice is highly charged.

You have to be intuitive to use humiliation effectively. It does not work very well on people who have little imagination or poor verbal skills, or on the few people who literally have no shame.

It is an excellent antidote to the psuedoliberated attitude that in matters of sex and nudity, anything goes. By reviving the notion that sex is dirty, naughty, and disgusting, you can profoundly thrill some lucky, jaded lesbian by transforming her into a public toilet or bitch in heat.

Gender Play

Some girls like to be boys who get turned into girls who take it up the ass while pretending they are boys, who are discovered to be boys who like to suck off other boys who think they are girls. All this is to say that gender play can be incredibly twisted and layered. Gender scenes range from simple butch-femme, a popular standard, to putting femme clothes on women who usually identify as butch, to cross-dressing as male and possibly having sex with another woman cross-dressed as male. In S/M play, you cannot assume that the most masculine party is the top. Any of you butch girls who have read *Harriet Marwood*, *Governess* and wanted to be Richard, her sissy-boy submissive, know what we mean.

The choice of gender identity is a loaded one, particularly for those of us who have been made to feel unattractive or abnormal. Although femme apparel may appear to be normative, it can be as important (and as healing) for a lesbian to construct a beautiful femme persona as it can be for a woman to finally reach a point in her life where she can always wear male attire. A woman who is made aware of her "difference" from an early age may have as much difficulty learning about makeup, lingerie and women's fashions as she would learning how to tie a tie.

Some of us want to have the option to be either butch or femme (or male or female); others opt for a role on either side of the scale, and want to perfect that one image. Both are valid coping strategies in a hostile and irrational world where gender identities are harshly polarized.

The successful assumption of an unfamiliar gender role involves manipulating visual signals such as clothing, makeup, posture and walk, voice, and facial and body hair (or its absence). Theater people are good sources of information on dressing up and making up to fit certain gender roles. Fashion magazines, publications for transvestites and transsexuals, and your fellow deviants should also be consulted. Prosthetic devices (a breast-binder, a strap-on dildo, facial hair and wigs, a push-up bra and falsies or tape) can help create any illusion you desire.

Penetration

See the articles on "Vaginal and Anal Penetration," "First Aid and S/M," and "Sexually Transmitted Diseases in Lesbians" for health and safety information about penetration.

Perhaps because it can so easily symbolize possession and control, this is one type of vanilla sex which is often employed in S/M scenes. There are two types of penetration: that done with parts of the body, and that done with objects. Some lesbians do not like to use dildoes or other objects, and some lesbians do not like penetration at all. For those who do, we offer the following suggestions.

The considerate hostess keeps a good selection of dildoes in assorted sizes, shapes and colors on hand. Everybody is shaped differently, and a dildo that is a good fit really does feel better (and is less trouble to use) than one that is too long, too short, too wide, too skinny, etc.

Some women have trouble tolerating rubber or latex, and we recommend silicone dildoes for them. Even women who are not allergic to rubber goods sometimes prefer a silicone dildo's texture, degree of firmness, and how quickly it warms to body temperature.

Also bear in mind that some women object to using a dildo that looks like a penis or is worn in a harness. Of course, there are also women who don't see the point in using an object that is not clearly phallic.

If you are going to use a dildo, you might be interested in learning to use a harness. It leaves your hands free for other activities, and lets you achieve full body contact. Some women also report it gives them a sense of power to fuck with their whole bodies, which they have never sensed from using their hands or hand-held objects.

It can be difficult to use a harness if you and your partner are different sizes. You may need to change positions, angles, use pillows, etc. It's also common for the dildo to come out without your noticing. A considerate bottom will say something sweet like, "Oh, please, fill me up again with your monstrous, throbbing love-meat!" instead of something crushing like, "Can't you keep it up, wimpo?" Bottoms who make crushing remarks at such delicate and tender moments should be sent out to play in traffic.

A good harness is stable enough to hold the dildo snugly against your body while you move it in and out. A cheap elastic harness will not last very long, and could cause the dildo to rebound and injure your tender parts. It should be adjustable enough for you to either tuck the dildo between your legs (if you want to pack in public) or move it into position for use. Some women find that they can cum from the pressure of the base of the dildo, moving against their clit as they fuck.

Vibrating dildoes can be useful in soothing the novice asshole. The muscles in the rectum are accustomed to bearing down and contracting when there is pressure in the bowel. Putting something in the asshole goes against the grain, as it were, and takes time to get used to. Bearing down will open the asshole. Rectal tissue is very sensitive to friction. In the beginning, it is easier to accommodate objects like butt-plugs which can be inserted and left in place for a full feeling, than it is to tolerate actual fucking.

Bondage

Although tying somebody up with silk scarves sounds much lighter

than using leather bondage cuffs, you are more likely to pinch nerves in the wrists and ankles with scarves (or plain rope). Nerve damage can occur (especially along the thumb) long before a limb feels numb--and can result in a permanent loss of feeling or even impede motion. Learn how to tie a few basic knots. Do not use junk knots that will get tighter if the bottom struggles. Get a pair of soft, wide, leather bondage cuffs. They provide essential protection. A clip called a panic snap, available at leather shops, mountain climbing stores and livestock suppliers, should be made the centerpiece of any standing bondage. A panic snap can be released even if weight is hanging from it, so you do not have to lift someone who is unconscious up and over the edge of the clip, as you would with a normal, double-ended snap.

More complete safety precautions for bondage can be found elsewhere in this booklet.

One way to keep bondage erotic is to ask yourself the question, "Why is this person being tied up?" Is it because you want to make them helpless for torture? Make their sex completely accessible? Show off your skill in tying knots? If you are costuming them, make sure it is appropriate. A puppy should wear a dog collar and a leash, not a straitjacket and a hood. Is the bondage intended to make them look pretty? If so, it should suit their body type. Is it intended to be concealed under clothing and worn during an outing? Decide if you want that person to be able to do things like go to the bathroom without you and feed themselves. Is the bondage being done as a pain trip, or as sensory deprivation? Is the bondage itself the entire scene?

If you know the purpose of the bondage, you can select the proper materials, and it also gives you something to talk dirty about so the bottom's attention does not wander while you are sorting out your rope, unbuckling the leather mummy suit, finding the right length of chain, looking for the keys to the antique handcuffs, stacking up your boxes of Saranwrap, etc.

Sensory Deprivation

Sensory deprivation is a kind of bondage which involves controlling the bottom's internal environment by denying her the use of one or more of her senses. Blindfolds, ear plugs, hoods, gags, suspension, body suits, plastic wrap and tape or other forms of mummification, immersion in water, or simply keeping someone in total darkness can all be used.

Someone who is gagged cannot use a safeword. Another signal has

to be devised. The bottom can be given a marble or a small bell to hold, which she can drop if she is in trouble. The top must be unusually vigilant to safeguard the bottom's life if they are completely helpless.

The experience of sensory deprivation can be very sensual, and create a feeling of floating or flying. Some people report achieving blissful and tranquil states of mind. It can also be a form of torture. The senses constantly transmit information to the brain. When this flow of information is interrupted, the brain gets hungry for input. If someone has been kept in a state of sensory deprivation for 20 minutes or more, the brain is so starved that it will enhance any sensation. Some women report coming merely from having the backs of their knees stroked after a long session of deprivation.

If someone is kept in this state for too long, the brain begins to manufacture input, and they will hallucinate. The amount of time necessary to produce hallucinations will vary from person to person and also depends on how complete the deprivation is.

Someone coming out of sensory deprivation is in a vulnerable head space. The first thing they see or hear is liable to be magnified and leave a lasting impression. This is a time for the top to pick and choose her actions and words with care.

Breath Control

Suffocation is a potential danger in bondage. A bottom who is tied up should not be left alone face-down on a soft surface. Bondage which can tighten around the neck is unsafe.

During masturbation, some people tie themselves up in such a way that their breathing is impeded. This can be *very* dangerous. It only takes a few seconds of pressure on either of the carotid arteries (located in the sides of the throat below and in front of the ears) to cause unconsciousness. If you pass out while you have yourself in strangling bondage, you can remain unconscious long enough to choke to death if no one is there to untie you.

For those of you who are attracted to the feeling of restricted breathing, it is much safer to have an experienced top control your breath during a scene than it is for you to strangle yourself. The safest way to choke someone is to use your hands, but you can't get the experience of being out of control doing this to yourself.

One way to learn about strangleholds is to take some classes in judo or have someone versed in judo show them to you. A gas mask can

be adapted by gluing a straw into one side of the nose flap and gluing the other side shut. If a piece of latex sheet is placed behind the air filter (or a piece of plastic wrap taped over it), it forms an air-tight seal. The bottom will be breathing through the straw. By flipping up the rubber nose piece or covering the end of the straw, you can deny them air. The clear plastic eye coverings will allow you to keep track of their condition. Some hoods are also designed to facilitate breath control. You should be able to remove any mask or hood used for this sort of play in a matter of seconds.

Avoid bruising the trachea or throat. You do not have to make someone lose consciousness (or even cut off their air completely) for this to be a very heavy scene. Someone who can't draw a deep breath loses track of time. They will not know if they have been gasping for air for five seconds or five minutes. If someone does lose consciousness, you should be prepared to administer artificial respiration if necessary. You should also be aware that if you close down either of the carotid arteries for even a few seconds, brain damage will ensue. Do not use pressure on the carotid arteries to make someone pass out.

Be aware that playing with someone's breath can be an extremely dangerous activity. It should not be engaged in casually or without adequate information, equipment, and training. Never, never combine breath control games and drugs of any sort, including alcohol. You are playing with someone's life when you restrict their breathing. It has to be done right. If you make a mistake, you will not get a second chance.

Infantilism

Age is one of the biggest barriers in our culture. People are rigidly separated by age, to the point that children from different grades in school are not allowed to play with one another.

The helpless state of the infant, and the permission babies have to lose control over their orifices, be greedy, dirty themselves, grab for whatever they want, get fed, get cleaned up, be fondled, be loved unconditionally, be safe, and generally be polymorphously perverse has an attraction for many adults. There is a commensurate attraction for many tops in having that much control over another person. It can be difficult for an adult to relinquish all their inhibitions and privileges. For example, it can be very hard (and embarrassing) for an adult to wet their "diadee." The sense of power a top gets from knowing she has

reduced someone to this state can be quite intoxicating.

This scene may involve a mother (or daddy) bathing, powdering, diapering, and feeding a pretend infant, giving them toys to play with, putting them down for a nap, and punishing them if they are noisy or engaged in dangerous play. It may also involve pretending to be older children, or children playing with each other. A rather rare, but not unheard of, variation is the child acting as a dominant figure.

Adult-sized baby clothes, diapers, playpens, dishes, rattles, and other accessories may make this fantasy more rewarding.

Corporal Punishment

Whether you are using an object or your bare hand to strike someone, there are certain areas of the body that should never take a blow: the head, throat and neck (excepting the cheeks, which can be slapped, preferably while you are holding the head still--and a slap should never be hard enough to forcefully jerk the neck or jaw); the stomach; the spine and kidneys; the backs of the knees or any other joint; the lower calf; the shins. Confine corporal punishment to the shoulders, the ass, the thighs, upper arms--areas that are well-padded.

Centrifugal force works to ensure that the maximum force of any blow will be at the tip of the instrument. Cats and other tailed whips have a tendency to wrap around the ass and hit the hip-bone. If you are not sure of your aim, put a pillow on the other side of your bottom to protect her side.

Even though the entire ass is safe to hit, the higher up and further toward the side you go, the thinner the padding and the more a blow will hurt. Getting the ass wet will make a blow sting more. It is not a bad idea to cover her tailbone with your hand or a rolled-up towel if you are not sure you can avoid hitting it.

Stiff, short implements (paddles, riding crops, doubled-up belts) are easier to control than longer, more flexible implements (cat-of-nine tails, canes, blacksnakes).

Some people want a whipping that involves more noise and threat than actual pain. The more turned on someone is, the more pain they will be able to tolerate. The slower a whipping is paced, the less likely the bottom is to panic and turn off to what is happening. There are also different kinds of pain, and a bottom may prefer a deep, thudding sensation to a stinging sensation, or vice versa.

The fact that pain is erotic for some people is well-nigh

indigestible to non-S/Mers. They just don't get it. But the high that comes from enduring a good whipping is not that different from the high that comes from running a marathon or playing an intense game of rugby. The body secretes powerful chemicals, chiefly adrenaline and endorphins, when it is under stress, and these chemicals create euphoria and change the way the brain interprets stimuli which would ordinarily be perceived as painful. The ability to make this changeover is probably greater in some individuals than in others. Thus, some people have a higher "pain threshold."

Pain also functions in contrast to other sensations the top applies during the scene. A prolonged bout of pain can make subsequent pleasure (light stroking of the skin, clitoral stimulation, a kiss, vaginal or anal penetration) that much more intense. Even the absence of stimulation can be pleasurable when pain fades.

The emotional context, as always, has a great deal to do with whether or not someone will enjoy a whipping. Flagellation can be done for many reasons--to punish the bottom, to test her, to turn her on, as an ordeal that she will be rewarded for completing, to create "out of body" experiences, to get someone out of their head and into their body, to make them cry, to get the attention of a bottom who is wool-gathering, or just to mark the skin.

The implement selected should be appropriate for carrying out the top's intentions, and the bottom should either know what those intentions are or be put in a state of anxiety and tension by being informed that something dreadful is about to happen to them, and they are not going to be told what or why.

An implement may be preferred because of the sensation it creates, or because of its connection to a particular historical period or type of scene. Flat, broad implements (a doubled-up belt, the palm of the hand, a paddle, a slapper, a wide-tailed whip or a crop with a wide keeper) create a stinging sensation and spread the sensation over a wide area of skin. Thick, round implements (a truncheon, a substantial and inflexible cane, a schooling stick, a rubber hose) create a deeper, crushing pain. Thin, round implements (the shaft of a crop, a cane, or a tightly braided cat) can cut and burn, or can be used more lightly to create a more subtle effect. Single-tailed whips (bullwhips, some dog whips, blacksnakes) when used by an expert bite and burn, and leave deep marks. These whips can do so much damage in amateur hands that you should practice on pillows and well-padded pillars or posts before using them on a person. For your first efforts, the person you are working on should

wear a weight-lifter's belt to protect their kidneys. If available, she should probably wear leather pants and a jacket as well, and keep her arms wrapped around her head.

Erotic Torture

We have grouped miscellaneous ways of causing pleasurable (but intense) sensations under this heading. There are probably dozens of other ways to stimulate the body. The best way to learn how to use a new technique safely is to consult a responsible top or bottom who likes it and is experienced.

Clips and Clamps: Anything that will compress flesh falls under this category. The same clamps that will cost you \$20 in a leather shop will cost you \$2 in a hardware store, stationery store, etc. Eroticize your local Five & Dime! Women with cystic breasts should avoid heavy breast play. You can test a new clamp on the skin between your thumb and first finger to get an idea of how painful it is. Unless a clamp is so tight that it should not be used at all (i.e., it crushes tissue), there is no fixed time limit for leaving it in one place. Remember that as a clip cuts off blood flow, feeling fades, and removing it is one way to get feeling to return quickly--and unpleasantly! The longer a clip is left on, the more it will hurt when it comes off.

Hot Wax: Use a candle that melts at a low temperature. Avoid beeswax candles. Keep them away from flammable objects (like the top's hair and poppers). The higher you hold the candle, the cooler the wax will be when it hits the skin. Trailing an ice cube after a stream of falling hot wax can be delicious.

Mentholated Ointments: Unless the bottom is allergic to them, Tiger Balm, Vicks VapoRub, and other ointments can be used in small quantities on sensitive areas to produce heat and squirming. Test a small patch of skin before using a new substance. Since most of these things are oil-based and hard to remove, keep Witch Hazel around to take them off quickly.

Abrasion: Emery boards, dog grooming brushes, scalp massagers, and anything else with a rough texture can be used to abrade the skin. Avoid using things that might leave grit embedded in the skin. See "Blood Sports," below.

Tickling: This can be done as a sensual and pleasurable break from heavy action, or it can be a form of torture which is surprisingly painful. You can use many things (other than your own fingertips, of

course) to tickle someone--feathers, rabbit fur, a sharp bamboo skewer, paint brushes, etc. One of our favorite tickling toys is a tiny brush made out of kitty whiskers. Skin that has been whipped is especially sensitive, and tickling can be so delicious it is almost unbearable. Tickling that is done with such intensity that the person laughs and squirms to get away can be agonizing. Beware--they may lose control over their bladder or choke. Stop at once if they seem to be having trouble breathing (or too much fun).

Electricity: There are two basic types of electrical toys. One uses static electricity, the other uses a stepped-down version of house current. Ultraviolet wands or high frequency generators look like vibrators and shed purple sparks. They use static electricity and are safe to use on any part of the body (except the eyes). Other electrical toys should not be used to pass current through the chest cavity or heart. A simple way to guarantee this is to never use them above the waist. A further safety precaution is to only use electrical toys which operate on a battery current. If they plug into the wall, there is a transformer inside them which steps down the house current. A malfunction of the transformer could result in someone getting a very nasty shock.

Contrary to the stereotype, a properly constructed electrical device can be as titillating as a vibrator--or agonizing. Most have rheostats which will allow you to control the intensity. When you are using a device that has two electrodes which attach to the skin, you will get better results if you lubricate the contacts. You can use KY Jelly, Probe, or contact lens solution. Saline solution and oil-based lubes will rot rubber and some metal contacts. You can buy electrogel from some medical supply houses. Be aware that the current will sometimes follow everywhere the lubricant spreads since it decreases the resistance on the skin, and the bottom will wind up feeling the electricity someplace other than where the contacts are attached. It is not uncommon for someone to feel electrical stimulation at the site of one contact, but not the other. The smaller the point of contact, the more intense the sensation.

Some people are attracted to electrical play, but are extremely frightened of it. One way to get a bottom past her fear of electricity is to give her the control box, and let her control the amount of current running into her body. (She will usually turn it up way past the point where you would have stopped.)

Watersports

This term can refer either to playing with piss, or playing with enemas.

Playing with piss does not have to be humiliating. It can be done just to make you feel very close and loving. It is, after all, a vulnerable state, and something that most people have been traumatized about as children. Yet it is also a basic human need, and feels really good. Without all the cultural baggage, piss is just warm water with a slight odor that is not unpleasant when it is fresh and comes from a healthy person.

Pissing on someone or controlling whether or not they get to piss can be a way to claim them and mark them as your territory. You can do this in the shower, so the piss goes away as soon as you are done playing with it, or you can sit on someone's lap while she sits on the toilet and piss on her stomach and genitals. Allowing someone to piss in her clothing or a diaper and then cleaning her up can be a way to infantilize someone and take care of her.

Very few people experience a painful enema as erotic. What someone usually wants is an enema of plain, warm water that is administered slowly, to create a glowing feeling of fullness. An enema can dilate the rectum a great deal even in someone whose asshole will not open up enough to accommodate a dildo. Take the time to get the bathroom warm and put a clean rug on the floor. Make sure your equipment is clean. In order to maintain an electrolyte balance, some people believe a little salt should be added to the enema water. Lubricate the nozzle, and run some water out of it to make sure no air is forced into the rectum, where it will cause cramping. Insert the nozzle with care, and do not hold the bag higher than your waist. Stop the flow whenever there is cramping. Massage the person's belly or allow them to evacuate. You can hold them while they shit, or leave the room, whichever makes them (or you) more turned on.

Blood Sports

Any time you break the skin, there is the risk of disease transmission and infection. This can be minimized by cleaning the area and your hands, and by using sterile implements. A blooded implement should never be re-used on another person unless it is sterilized. This includes razors used for shaving, since they may cause nicks which go unnoticed. Straight-edge razors are very sexy, but difficult to learn how

to use. Practice on an inflated balloon sprayed with shaving cream. If you can shave the balloon without breaking it, you can graduate to skin. You can obtain straight-edge razors with disposable blades from beauty supply houses.

If you are going to cut someone, select the site carefully. Avoid joints, nerves, or blood vessels. Safe areas include the front of the thigh, the shoulder, and the upper arm. Have the subject wash the area with Betadine or green surgical soap. Then clean it again with alcohol prep pads. Do not cut impulsively--any mark made on skin may be permanent. Some people want you to cut only a single line, but you can also make cutting a decorative body art. You can use a special pencil available from tattoo supply houses to draw your design (or trace it) on tracing paper. Wet the skin slightly or run a dry deodorant stick such as Mennen over it, and position the paper over the prepared skin. Press down. When you peel it off, you should have an outline of the design on her skin to guide you as you cut.

Keep the blade perpendicular to the skin. Use a sharp implement, since it will make a clean cut that will heal much better than the ragged edges of a cut made with a dull blade. You can get disposable, pre-sterilized scalpels from medical supply companies. However, remember that these are the sharpest objects you will ever hold in your hand, and treat them with utter respect. Let the bottom tell you when to begin cutting. Have her in very secure bondage, or know her well enough to know she will not jump and cut herself or you. Begin with light pressure, and allow at least 30 seconds before cutting again, since it may take that long for the wound to bleed. It takes practice to know how deeply you have cut. Remember that a little blood goes a long way. If you are making an elaborate cutting, you may need to clean the blade periodically with alcohol prep pads. After you have finished, clean the wound with alcohol.

You can make a cutting permanent by putting different substances in the wound immediately after it has been cut and swabbed with alcohol. Vinegar, red wine, and tattoo ink have been used successfully to do this. However, some people tend to "heal out" pigment, and it doesn't always take evenly. So a design that you would like to be permanent may need to be cut and treated with pigment a second or third time.

Some people have skin that will keloid (scar heavily), and you should check for this before cutting, as it will result in a permanent mark every time you cut.

If your hand should slip, first aid for bleeding is direct pressure on

the wound. If there is spurting blood, and something absorbent is at hand, use it--if not, simply put your hand on the bleeding immediately and press down. Continue pressure until bleeding stops. Do not try to apply a tourniquet--see a doctor if bleeding continues or if you have spurting blood.

Piercing can be done using pre-sterilized, disposable hypodermic needles or sewing needles that have been autoclaved. Thirty minutes in a pressure-cooker will not sterilize something, but it is better than just using alcohol. Permanent piercings should be done by someone who is trained by an expert, and jewelry should be autoclaved before it is inserted. Temporary piercings can be made in loose folds of skin, provided you do not go through nerves, glands or major blood vessels. Small weights can be hung from temporary piercings.

Reality Checking

Communities tend to create norms for their members. Depending on the community, people who play at the light end of the spectrum may be taken less seriously than heavier players, or vice versa. Although it is probably less dangerous for a community to stigmatize heavy play than it is for a community to ridicule people who do not take those kinds of risks, it is just as unfair and equally damaging to the people who are made outsiders.

In any community, there tends to be at least one top who is demonized to the extent that newcomers are warned away from them, even though they may be safe to play with. And unsafe tops often get canonized if they are good-looking, charming, or friendly with community leaders. A community which is drug-dependent may also be rife with unreliable, if not dangerous, players whose reputations are based more on their ability to procure or ingest mind-altering substances than their ability to show you a good time.

Sloppy and irresponsible bottoms can be as dangerous as incompetent tops, but a community that devalues bottoms may simply shrug this off, assuming that's "just the way they (bottoms) are." This is insulting to all honest bottoms who try to give 100%, and can create a hazard for well-meaning but naive tops.

Beware of the gossip that creates this situation. Do not pass on a story about someone else if you do not personally know it is true. Ask questions about the people you are interested in, and check out rumors about them from more than one source. Do not ignore all rumors that you

hear--after all, they may be true--but do your own research and use some independent judgment. If you have any doubts about somebody's qualifications, don't play with them until you have good reason to trust them. If possible, observe them playing with other people.

Fads can often sweep through a community and make people who are not engaging in "the latest thing" feel bad about themselves. We've described a wide variety of S/M techniques in this article, but we also want to emphasize that you don't need to do everything we've mentioned, or the heaviest things, or **not** do the heaviest things, to be an interesting, safe, hot, or satisfied sadomasochist. If something sounds dangerous to you, it may be dangerous for you, even if another person could do it safely and enjoyably. Trust your own instincts.

There is no point to dressing up in all these funny clothes, buying all this expensive gear, and putting up with all the bullshit to find each other if we're not going to have fun. And nobody else can tell you what a good time looks like for you.

Play safe and have fun. That's an order.

Portions of this article were taken from our article, "Being Weird Is Not Enough: How to Stay Healthy and Play Safe," Coming to Power (Third Edition, Alyson Publications, forthcoming), and are included here with the permission of Alyson Publications.

"A LITTLE NIGHT MUSIC"

It was a formal scene, formal and exacting. The cane in Mistress Anne's small hand was long and slender. Denise's corset was russet and laced tight, her white four-inch-heels locked shut at the ankles with delicate little silver chains and her short brown hair hung loose from her hair ribbon as she bent over the Barkley Bench. Denise had whimpered through six of the best, moaned, "Please Ma'am, please Ma'am," through the second set and just given it up and screamed through the last six. But she had not kicked. She had barely moved.

Mistress Anne paused with the cane drawn up near her cheek. The girl was good. Denise always admitted her faults readily, begged pardon sincerely, and kissed the cane so prettily when it was all over. Sometimes it was hard to find sufficient cause to extend the scene, though of course she could always be punished for flinching or screaming. Perhaps... Anne leaned forward slightly to look more closely at the trembling, pink striped and sweating ass before her.

The cane marks stood out in sets of parallel lines, purple and thick in several places, pink and fine in others. In two separate spots the tip had struck and left deep purple bruises already showing dark. One of those gleamed with a ruby drop of blood. Above it where one cane cut had crossed another, there was a fine line of red showing, a streak of blood ready to well and run down the thigh.

"You wicked girl!" Mistress Anne exclaimed clamping firm fingers on the back of Denise's neck. "See what you've done!"

She drew the cane along the ass, catching a streak of blood from both cuts. Stepping around she brought the cane up before Denise's startled face, bringing the rattan close so that there was no mistaking the blood on the gleaming blond instrument.

"Oh, I'm sorry, Ma'am!" Denise's voice was completely sincere. Anne smiled above her where Denise could not see and pushed the cane up against the young girl's mouth. "Well?" she commanded, and obediently Denise tongued the cane's length until it was pristine again.

"You don't imagine that is sufficient, do you?" Mistress Anne let go of Denise's neck and stepped back. She surveyed her cane as if it had become a contaminated object. Tears welled up in Denise's eyes and she whimpered in apology.

"I've ruined it, I know," she wailed.

Anne pressed her lips together and frowned at her charge. She ran her fingers along the cane to its red leather handle. She rubbed the braided grip on Denise's tear-streaked cheek.

"Perhaps not," she whispered, "perhaps not. I suppose I could clean it up with hydrogen peroxide or alcohol or bleach, and then renew the shellac. I sup-

pose." She tapped the handle against Denise's face almost kindly, pushing it close to the girl's mouth until the lips parted. Gently she insinuated the leather-woven grip into Denise's mouth and between her teeth.

"Or I could just recognize the obvious fact that you will always be in need of instruction, and therefore should have an instrument reserved for your use alone." She wiggled the cane against Denise's teeth, smiling at the girl's attempt to nod and the half smile that fleetingly appeared around the leather.

"Bite down," Mistress Anne commanded. "Mark it with your teeth. You'll have to make me a needlepoint wrapper for it with your name in script, I think. But now I think this occasion deserves another six. Don't you?"

"Oh yes, Ma'am. Yes!" Denise's eyes were shining. Happily she followed the motion of the cane in Anne's hand as it was whipped through the air to make that characteristic whistle of determination. She had marked it with her blood. It was hers now, hers in her Mistress's hand. She drew a deep breath and shivered, carefully stilled herself for chastisement.

"One, Ma'am, thank you, Ma'am."

They were both completely happy.

NINE DEGREES OF SUBMISSION

by Diane Vera

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Within the S/M subculture, different people use the words "submissive" and "slave" to mean many different things. When submissives say "I want to be your slave", sometimes they mean only that they want to be tied up and whipped. Many professional dominants routinely refer to their (usually *not* very genuinely submissive) clients as "slaves". At the other extreme, there are people who want to be full-time personal servants, and who truly want to exist solely for their Mistress's use, pleasure, and convenience. And there are many shades in between these two extremes.

To help sort out the confusion caused by differing uses of the words "submissive" and "slave", I have made the following list of nine degrees of submission, arranged in order from least submissive to most submissive.

(Since I'm a bisexual dominant woman, I will refer to dominants as "she" and submissives as "she/he", but the following categorization can also be applied to S/M people of other gender-role orientation.)

1. *The outright non-submissive masochist or kinky sensualist.* Not into servitude, humiliation, or giving up of control; just pain and/or spiced-up sensuality, on the masochist's own terms and for the masochist's own *direct* pleasure (i.e. being turned on solely or mainly by one's own bodily sensations, rather than being turned on by being "used" to gratify one's partner's sadism.)

2. *Pseudo-submissive non-slave.* Not into even *playing* "slave", but into other "submissive" role-playing, e.g. schoolteacher scenes, infantilism, "forced" transvestism. Usually into humiliation, but NOT into servitude, even in play. Dictates the scene to a large degree.

3. *Pseudo-submissive PLAY slave.* Likes to play at being a slave; likes to *feel* subservient; may in some cases like to *feel* that one is being "used" to gratify one's partner's sadism; and may even really serve the dominant in some ways, but only on the "slave's" own terms. Dictates the scene to a large degree; often fetishistic (e.g. foot worshippers).

4. *True submissive non-slave.* Really gives up control (through only temporarily and within agreed-upon limits), but gets her/his main satisfaction from aspects of submission *other than* serving or being used by the dominant. Usually turned on by suspense, vulnerability, and/or giving up of responsibility. Doesn't dictate the scene except in very general terms, but still seek mainly her/his own *direct* pleasure (rather than getting one's pleasure mainly from pleasing the dominant).

5. *True submissive PLAY slave*. Really gives up control (though only temporarily; only during brief “scenes” and within limits) and gets her/his main satisfaction from serving and being used by the dominant—but only for FUN purposes, usually erotic. (may or may not be into pain, but if so, is turned on by pain *indirectly*, i.e. enjoys being the object of one’s partner’s sadism, on which the submissive places very few requirements or restrictions.

6. *Uncommitted short-term but more-than-play semi-slave*. Really gives up control (though usually within limits); wants to serve and be used by the dominant; wants to provide *practical/nonerotic* as well as fun/erotic services; but only when the “slave” is in the mood. May even act as a full-time slave for, say, several days at a time, but is free to quit at any time (or at the end of the agreed-upon several days). May or may not have long-term relationship with one’s Mistress, but, either way, the “slave” has the final say over *when* she/he will serve.

7. *Part-time consensual-but-REAL slave*. Has an ongoing commitment to an owner/slave relationship and regards oneself as the Mistress’s “property” at all times. Wants to obey and please her in all aspects of life—practical/nonerotic as well as fun/erotic. Devotes most of one’s time to other commitments (e.g. job), but the Mistress has first pick of the slave’s free time.

8. *Full-time live-in consensual slave*. Within no more than a few broad limits/requirements, the slave regards herself/himself as existing solely for the Mistress’s use, pleasure, and well-being. The slave in turn expects to be regarded as a prized possession. Not much different from the situation of the traditional housewife, except that within the S/M world the slave’s position is more likely to be fully consensual, especially if the slave is male (since men certainly aren’t socially pressured into this kind of lifestyle). Within the S/M world, a full-time “slave” arrangement is entered into with an explicit awareness of the magnitude of power that is being given up, and hence is usually entered into much more carefully, with more awareness of the possible dangers, and with much clearer and more specific agreements than usually precede the traditional marriage.

9. *Consensual total slave with no limits*. A common fantasy ideal which probably doesn’t exist in real life (except in authoritarian religious cults and other situations where the “consent” is induced by brainwashing and/or social or economic pressures, and hence isn’t fully consensual). A few S/M purists will insist that you aren’t really a slave unless you’re willing to do absolutely *anything* for your Mistress, with no limits at all. I’ve met a few people who claimed to be no-limits slaves, but in all cases I had reason to doubt the claim.

The above list isn’t intended as a rigid classification. Most submissives don’t fall neatly into one of my categories; there are still further shades in between. (For example, a live-in slave with an outside paying job would be category 7½.) Also,

the same submissive may attain different degrees of submission with different dominants. My list is intended simply to show the wide range of different possible meanings of the words "submissive" and "slave".

In the S/M subculture, the majority of "submissives" seek scenes in categories 1 through 3, whereas most of the dominants I know (including myself) seek slaves in categories 6 and 7. If you're a "submissive" in categories 1 through 3, you are probably best off seeking a relationship *not* with a dominant, but rather with a fellow "submissive", or with a switchable (a person into both roles). She and you can take turns acting out each other's "submissive" or masochistic fantasies.

When a submissive says to a dominant, "I want to be your slave", it's often hard to tell exactly what is meant. Lots of people *fantasize* a much greater degree of submission than they are able or willing to attain in real life, and lots of "slaves", especially inexperienced ones, over-estimate their own desire for real-life servitude. A dominant must *carefully* find out how far the "slave" *really* wants to go. *Caveat emptor.*

Revised May 1988.

KINDS OF MASOCHISM AND/OR SUBMISSION

(All of the following can occur in varying degrees of reality; in scenes involving varying degrees of actual servitude and/or giving up of control, ranging from scripted play-acting to at least temporary genuine surrender. The following categories can overlap and do not include all possible types.)

1. *ADVERSARIAL* masochism/submission, in which powerlessness (real or pretended) is eroticized but still fundamentally disliked. NOT based on a genuine positive regard for the dominant or for serving the dominant. Adversarial masochism is to eroticism as satire is to humor—a way of extracting pleasure from resentment or fear.

a. *DIRECTLY* adversarial: eroticized resentment, fear, mock-reverence, or back-handed contempt for the dominant, for what the dominant is doing (or making the submissive do), or for the class of people represented by the dominant (e.g. all women). Includes, among other things, (i) the anti-female implications of “forced TV” and other forms of “emasculatation”, (ii) male “worship” of “femininity” when accompanied by a belying smirk, and (iii) much though not all “smart-ass masochism”.

b. *INDIRECTLY* adversarial: non-resentful enjoyment of eroticized watered-down versions of situations one would hate or fear in real life, e.g. “rape” games and enjoyment of sensual “whipping” but not real whipping. The indirect adversarial masochist or submissive may or may not respect the person to whom he/she is submitting (or pretending to submit), but would intensely dislike the persona being mimicked by the “dominant”.

2. *REVERENTIAL* submission/masochism, based on a genuine positive regard either for the dominant or for a persona assumed by the dominant, and for serving the dominant and/or persona.

a. *IMAGE-FOCUSED*: adoring not the whole person, but a fetish, persona, or character trait.

i. *EMULATORY*, e.g. standard butch-on-butch gay male S/M, wherein the bottom man both admires and seeks to incorporate the top man’s “masculinity”.

ii. *POLARIZED*, e.g. standard hetero male-dominant S/M, wherein the woman admires but does NOT seek to incorporate the man’s “masculinity”. May also include medieval-chivalry-style hetero male submissive “worship” of “femininity”, but only when such “worship” is sincere.

b. *PERSON-FOCUSED*: appreciating the dominant as a human being; empathizing with the dominant’s multifarious human needs and desires and wanting to satisfy them. (Probably what most lifestyle mistresses—and certainly I

myself—want from a slave. However, PURE person-focused reverential submission is probably non-existent, since a would-be slave must have some criteria for deciding to whom to submit—and these criteria, however vague, constitute an image.)

3. *MACABRE-HUMOR MASOCHISM*: a nonhostile variety of masochism that thrives on a mixture of fear and amusement. May or may not involve resistance. Necessarily involves at least some degree of submission in the sense of giving up control (otherwise, there would be nothing to fear), though may also involve some manipulation of the dominant (as in “Oh! You wouldn’t do THAT to me, Mistress, WOULD you?”—said in a scared but eager whine). Often accompanies by a fondness for exotic torture devices. In and of itself, macabre-humor masochism need not involve adoration or servitude, yet it often occurs together with reverential submission. Both macabre humor masochism and reverential submission are often accompanied by a preference for mysterious or “other-worldly” ambiances (e.g. a fondness for black clothing and scenes in spooky castles).

—Diane Vera

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TEMPORARY CONSENSUAL "SLAVE CONTRACT"

by *Diane Vera*

Of my own free will, as of _____ (date), I, _____
_____ (name), hereby grant you, _____ (name),
full ownership and use of my body and mind from now until _____
(date).

I will obey you at all times and will wholeheartedly seek your pleasure and well-being above all other considerations.

I renounce all rights to my own pleasure, comfort, or gratification except insofar as you desire or permit them.

I will strive diligently to re-mold my body, my habits, and my attitudes in accordance with you desires. I will seek always to learn how to please you better, and will gracefully accept criticism.

I renounce all rights to privacy or concealment from you.

I will answer truthfully and completely, to the best of my knowledge, any and all questions you may ask me.

I understand and agree that any failure by me to comply fully with your desires shall be regarded as sufficient cause for possibly severe punishment.

Within the limits of physical safety and my ability to earn a livelihood, I otherwise unconditionally accept as your prerogative anything you may choose to do with me, whether as punishment, for your amusement, or for whatever purpose, no matter how painful or humiliating to myself.

(name)
(date)
(place)

When I decide to accept someone as my slave, he or she copies and signs the above "contract". The exact wording is open to negotiation—the slave is, after all, writing a statement "Of my own free will. . . ."

Usually, a new slave signs a "contract" to be my slave for 3 months. After the 3 months, if he/she still wants to be my slave, we might then have a "contract" for a longer period of time, perhaps six months to a year.

Of course, any prospective slave in his/her right mind will want to get to know me before signing even the three-month "contract".

"Slave contracts" aren't legally enforceable. However, anyone who signs one without intent to keep it will get a very bad reputation very fast within the

tiny but growing female-dominant lifestyle subculture.

I don't believe it's a good idea to sign a "slave contract" for more than a year at a time, and I definitely don't believe in *lifelong* "slave contracts". People do change. Among the people I've known, the longest-lasting female-dominant S/M relationships typically go through an intense, total (or nearly total) Mistress/slave phase for maybe a couple of years, after which they settle back into a less rigorously defined relationship in which the dominant woman is still the leader and the submissive is still eager to please her in all aspects of life, but the submissive also has rights of his/her own. Except in authoritarian religious cults, I doubt that anyone can totally surrender his/her autonomy *forever*, though doing so *temporarily* can be an exciting and emotionally rewarding experience for some people.

And for however long they do remain totally subservient, such people are *not* to be despised as weak, subhuman, or worthless. On the contrary, a good slave is very valuable to have around. And such a total gift of self requires a kind of strength and courage.

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SM Dykes
c/o BM SM Gays
London WC1N 3XX
England

SOW

(Sexually Outrageous Women)
P.O. Box 236
Strawberry Hill 2012 NSW,
Australia

MIXED S/M SUPPORT GROUPS

Eulenspiegel

P.O. Box 2783, Grand Central Sta.
New York, NY 10163

The National Leather
Association

P.O. Box 17463
Seattle, WA 98107
Sponsors annual Living in
Leather conferences

SLUG

(South Bay Leather/Uniform
Group)
1465 Hester Avenue
San Jose, CA 95126

Society of Janus

P.O. Box 6794
San Francisco, CA 94101

Threshold

2554 Lincoln Blvd., Suite 381
Marina del Ray, CA 90291

If you'd like more information about any of these groups, enclose a stamped, self-addressed envelope for more information. If the group's name is listed as an acronym, then spelled out, please address mail to the acronym. These groups run on volunteer energy, so they are often slow to answer their mail. Sometimes they aren't able to provide services or referrals on a national scale.

Two magazines publish resource lists of leather and S/M organizations, *Drummer* and *The Sandmutopia Guardian: A Dungeon Journal*. *Drummer* also features gay male S/M fiction and safe S/M technique for men and women of all sexual orientations. The subscription price is the same for each magazine — \$24.00 for four issues from Desmodus, P.O. Box 11314, San Francisco, CA 94101.

If you still can't find something in your area, you can always do what the folks who started these groups did — rent a post office box, place some ads, and become a S/M community organizer.

Other books of interest from

ALYSON & LACE PUBLICATIONS

MACHO SLUTS, by Pat Califia, \$10.00. Pat Califia, the prolific lesbian author, has put together a stunning collection of her best erotic short fiction. She explores sexual fantasy and adventure in previously taboo territory — incest, sex with a thirteen-year-old girl, a lesbian's encounter with two cops, a gay man who loves to dominate dominant men, as well as various S/M and "vanilla" scenes.

MELTING POINT, by Pat Califia, \$10.00. No other writer can match Pat Califia's ability to break through the walls that would limit lesbian sexuality. With her crisp and skillful prose, Califia uses these erotic stories to flirt with taboos, bend genders till they're almost unrecognizable, and to create images that will linger in the imagination long after the book is finished.

COMING TO POWER, edited by Samois, \$10.00. A collection of writings and graphics on lesbian sadomasochism, *Coming to Power* helped break the silence surrounding the issue of S/M in the lesbian and feminist movements. This groundbreaking book includes advice and political analysis as well as erotic fiction and poetry.

THE LESBIAN SEX BOOK, by Wendy Caster, \$15.00. Informative, entertaining, and attractively illustrated, this handbook is the lesbian sex guide for the nineties. Dealing with such sex practices as cunnilingus, masturbation, and penetration, as well as related topics such as intimacy, nonmonogamy, health, and political correctness, *The Lesbian Sex Book* offers the reader a potpourri of helpful advice. Never judgmental, this guide is perfect for the newly out and the eternally curious.

BUSHFIRE, edited by Karen Barber, \$9.00. Amidst many differences, all lesbians share one thing: a desire for women. Sometimes intensely sexual, other times subtly romantic, this emotion is always powerful. These short stories celebrate lesbian desire in all its forms. The authors portray a lazy affair set against the backdrop of Venice; a small-town stone butch being "flipped" by a stranger with painted fingernails; an intense but destructive relationship between a reporter and a mysterious dancer; and a holy encounter between a birthday girl, a call girl, and her rosary beads.

AFTERGLOW, edited by Karen Barber, \$9.00. With the excitement of new love, the remembrances of past lovers, *Afterglow* offers more well-crafted, imaginative, sexy stories of lesbian desire in the best-selling tradition of

Bushfire. New writers mingle with familiar names in this eclectic collection that joyously captures the diversity of the lesbian experience.

LEATHERFOLK, edited by Mark Thompson, \$13.00. There's a new leather community in America today. It's politically aware and socially active. This groundbreaking anthology is the first nonfiction, cogender work to focus on this large and often controversial subculture. The diverse contributors look at the history of the leather and S/M movement, how radical sex practice relates to their spirituality, and what S/M means to them personally.

I ONCE HAD A MASTER, by John Preston, \$9.00. In these intensely erotic stories, John Preston outlines the story of one man's journey through the world of S/M sexuality, beginning as a novice, soon becoming a sought-after master.

SUPPORT YOUR LOCAL BOOKSTORE

Most of the books described here are available at your nearest gay or feminist bookstore, and many of them will be available at other bookstores. If you can't get these books locally, order by mail using this form.

Enclosed is \$_____ for the following books. (Add \$1.00 postage if ordering just one book. If you order two or more, we'll pay the postage.)

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ALYSON PUBLICATIONS

Dept. J-54, 40 Plympton St., Boston, MA 02118

After December 31, 1995, please write for current catalog.

THE LESBIAN S/M SAFETY MANUAL

Edited by Pat Califia

This handy guide is an essential item for the leather dyke who wants to be well-informed about how to play safe and stay healthy. The slim size of this volume (like the demure look of many a cruel woman) is deceiving. There is more information in here than you can shake a whip at, so you ought to read, absorb, memorize, familiarize, and otherwise saturate yourself in it before you go off to get saturated in sweat, hung up in chains, or slathered with a water-based, personal, adult lubricant. Learn why you need latex gloves as much as you need tit-clamps. Find out what to do if somebody finds you so stunning that they literally pass out. Read about the tricks lady wrestlers do with dental dams. Get a list of all the *other* things that could be making your cunt itch, burn, and tingle. Are you sure you are mean enough — or afraid you might be too mean? Read this book and calibrate your sadism. Sized discreetly to fit inconspicuously in breast pocket, dungeon toy drawer, or the box your enema bag came in, just in case you need to consult it quickly before torrid passion sweeps all judgment and good taste aside. Some of it's pretty funny, too. And if we get enough thoughtful comments from discerning and totally twisted readers like you, we can update the next edition.

— Pat Califia

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