

# Bondage Safety

## By Jeff

### Circulation

- Don't tie any rope too tightly; you should be able to fit one or two fingers under the ropes. You should generally distribute the pressure over a coil of several ropes.
  - Keep checking with the person tied; ensure they still have feeling and movement in the extremities. A very simple check-in is to squeeze the tied person's hand, allowing them to squeeze back. Loss of strength = time to change position.
- Temperature = use your judgment.
- Almost any bondage will restrict circulation at least a little. Some tingling and numbness is not immediately unsafe; everyone has had a foot fall asleep. Loss of circulation will produce bad pain long before actual tissue damage.

### Nerve Compression

- Nerve compression is not a large risk with most basic/intermediate bondage positions, but nerve damage is permanent and cumulative. 'Recovery' consists of re-routing pathways through nerve cells that are still alive, and can often be incomplete recovery.
- Nerves can be compressed by the body's position, as the joints may impinge on a nerve. (flexibility helps)
- Nerve compression caused directly by the rope's pressure is most frequently to the radial nerve, which runs along the thumb side of the wrist, and the outside of the upper arm above the elbow
- Biggest risks: hanging from the wrists, elbows tied strictly together, and pressure on chest harnesses that include the upper arms
- Nerve damage may occur with no symptoms whatsoever, and what symptoms there are often mimic a simple lack of circulation. Solution: learn each new partner's limitations cautiously.

### Asphyxia / Fainting

- Positional asphyxia: breath restricted by the body's position. Positions with weight on the abdomen, or arms stretched overhead, will eventually fatigue the diaphragm over time.
- Tight ropes around the ribcage, or particularly the waist/abdomen, can provide a direct resistance to inhalation.
- Exercise extreme caution with any rope tied around the neck, and only when you're fully competent. Pressure on the side of the neck can result in unconsciousness in seconds, and brain damage shortly thereafter.
- Fainting is typically a defensive response to low blood pressure, low levels of oxygen in the blood, or low blood sugar. It usually results from a combination of factors:
  - restricted breathing, as mentioned above
  - challenges to general circulation: positional (arms overhead, inverted), immobility (especially locked legs), ropes tied tightly around major muscle groups
  - exhaustion, exertion, low blood sugar, body temperature
- If a faint occurs, remove the person from bondage immediately and bring them to a prone position (ideally with the feet elevated slightly)

### **Muscle Strains**

- Any prolonged position, even if natural, can be stressful. Build up durations gradually. Release muscles from stretched positions gradually.
- Nobody actually does this, but warming up and stretching can be quite helpful.
- Everyone has different limitations; discuss ahead of time.

### **Injuries from falls**

- *The large majority of bondage accidents are caused by someone losing their balance and taking a fall.*
- Especially in standing positions, make sure the person is supported before you begin tying their legs.
- Generally, pay attention - it only takes a moment to fall.

### **Panic**

- Even those who are comfortable with the *idea* of bondage may be considerably less comfortable with it once completely vulnerable.
- Start small if necessary - say, just the wrists tied together. For many people, gags and blindfolds increase the sense of vulnerability greatly.
- Keep in constant communication; keep checking in. The 'hand-squeeze' mentioned above is a good way to check in without breaking the flow of the scene.
- Undoing the hands first can help to calm someone quickly.

### **Don't leave your partner unattended!**

- More than 99% of bondage fatalities have, in the forensic reports, the words 'alone' or 'unattended'.
- The complications discussed so far, are generally easy to deal with - if you are present and paying attention. With no one present to help, they can lead to permanent or fatal damage.
- If you insist on this kind of play, recognize that it is *\*very\** serious edge play.

### **Useful Tools**

- EMT Shears: Sharp scissors with a blunt tip; can dig underneath tight ropes without cutting the person tied. For less than ten dollars, this is cheap insurance. Available at medical supply stores, Mountain Equipment Co-op.
- Test your EMT shears! They vary *\*widely\** in quality; the last thing you want in an emergency is to be sawing ineffectually through the rope.
- Seatbelt cutters / Safety Hooks - a recessed blade under a plastic hook. Those that have a wide enough jaw for rope tend to function extremely well.
- Marlinespike: A specialized tool for prying open seized knots - very useful if you work with ropes that tend to hold very tight knots, like cotton. Available from marine supply stores.

### **More Advanced Stuff**

There are a few subjects beyond the scope of this simple 101 that contain their own specialized risks. Be sure to do your research appropriately if you head down these paths:

- breast bondage / cock-and-ball bondage
- long-term bondage (over an hour or two)
- bondage with narrow rope/twine, intentionally designed to be painful
- full suspension (this is edge play; on par with electrical- and breath-play)

**And One Final Note:**

Just because you see it in a photograph, does \*not\* mean that it's safe to do. Much of bondage photography fits into the category of '60th-of-a-second' bondage, that is maintained just long enough for the opening and closing of a shutter, and there are a few producers with notoriously poor reputations, or who are facing lawsuits.

**Do your research.**

*Reprinted with permission for use on the Black & blue Ball website*

*Found at [www.blackandblueball.ca](http://www.blackandblueball.ca)*