ON STRIKING SAFELY

Anatomy, technique, and the signs that mean stop

For any two consenting adults, 18 and over, whatever they call their arrangement

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This page carries no philosophy and takes no position on who should hold authority in a household, or whether anyone should. It assumes only that two adults have agreed between themselves that one of them will strike the other, and that neither of them wants an injury. Everything below is anatomy and technique. It applies identically regardless of which of them is which, what the practice is called, or what it is understood to mean.

It is written because the reasoning behind these arrangements is usually well developed and the physical knowledge behind them usually is not. People arrive at this with an implement, an intention, and no idea that the kidneys sit just above where instinct aims. That gap is where the harm happens, and it is entirely closable in an afternoon's reading.

Almost everything that goes wrong here goes wrong in one of four ways: the wrong place, no warm-up, too soon after last time, or nobody looking.

I. WHERE — AND WHERE NEVER

The safe target

The fleshy lower curve of the buttocks: the rounded part, above where the buttock meets the thigh and below the upper slope. It is padded, built to absorb impact, and there is nothing beneath it that a hand or a properly used implement can damage. When in doubt, aim lower and more central than instinct suggests — instinct aims high, and high is where the danger is.

Never, under any circumstances

— The lower back, above the buttocks. The kidneys sit here with very little protecting them. This is the most dangerous common error, and it is made by aiming too high.

— The tailbone and the base of the spine — bone directly beneath skin, and a strike here can cause lasting injury.

— The hip bones at either side. Bone again, and the usual site of accidental injury through wrap.

— The spine at any point along its length.

— The joints, and the backs of the knees.

— The genitals, of either sex, with any implement. In a woman this tissue includes mucous membrane over the urethra and clitoral structures; blunt force there produces vulvar haematoma, which is a surgical emergency. In a man the testicles

are equally unprotected. Whatever a couple does in this region, it is not a place for implements swung with force, and no count makes it safe.

The upper thighs may be used by people with experience — the skin is thinner, marks more readily, and lasts longer — but not by anyone still learning to read skin.

Wrap

Wrap is what happens when an implement is too long for the target, or aimed too far across it: the tip travels past the buttock and curls around the hip, landing where there is no padding. It stings far more sharply than intended, bruises deeply, and is the commonest way a careful person injures someone. It is entirely preventable. Stand square to the target rather than off to one side; aim at the centre of the near buttock rather than across the whole width; and use nothing longer than the target is wide. If a mark ever appears at the side of the hip, the answer is not to strike more gently — the aim or the implement is wrong.

II. WARM-UP IS PHYSIOLOGY, NOT MANNERS

This is the section most often skipped and the one that prevents most injuries. Cold tissue bruises. Warmed tissue does not, or far less. Striking hard on cold skin causes deep bruising at a fraction of the force that warmed skin absorbs comfortably — which means warm-up is not a courteous preliminary to the real thing. It is what makes the real thing safe.

The method: begin with the open hand, light, spread across the whole target, in an easy rhythm. Continue until the skin has taken on an even warm pink and feels genuinely warm to the back of the hand. Two to five minutes, usually longer than expected. Nothing concentrated — nothing wooden, nothing narrow — happens before this is done, however short of time anyone is.

The secondary effect is not incidental: warmed skin receives everything better. Warm-up is not the tax on the session. It is most of what makes the session work.

III. READING SKIN

Colour tells you where you are far more reliably than any count, and learning to read it removes the need for a rulebook.

— Pale pink — warming, the beginning.

— Rose, evenly spread — warmed and ready. This is where most sessions should live.

— Deep red, still even — the sensible ceiling for anyone without long experience. Stop here for the night.

— Purple or blue tones appearing — bruising. Stop; that area rests for several days.

— White patches within a reddened area — blood has left the tissue. Stop at once.

— Any break in the skin, however small — stop entirely, clean it, and let it heal fully before anything touches it again.

Two rules that follow. Colour arrives gradually and then suddenly, so look every ten or twelve strokes rather than at the end; people discover they have gone too far by looking too late. And bruising often appears the following day rather than at the time, which is why the next section matters.

IV. THE MORNING AFTER, AND CUMULATIVE LOADING

Look at the skin the next day, in daylight, every time. This is the feedback loop that teaches more than any document. Warm pink fading by morning means the session was well judged. Deep colour still present after a day means it was too much, whatever it felt like at the time. Any bruising means the force or the implement was wrong.

Nothing is struck twice before it has recovered. This is the part almost nobody accounts for: cumulative loading, rather than any single session, is how lasting harm actually occurs. Tissue must be allowed to rebuild between sessions, and a body worked repeatedly without recovery will eventually fail rather than harden. Where a practice is frequent, at least one day in every week should carry no impact at all, and more where marks are slow to fade.

V. IMPLEMENTS

Which implement carries the count matters as much as the count, and this is rarely considered. Wood delivers a sharp, concentrated sting with little spread. Leather distributes the same force across a wider area, building heat rather than bite. A long count served entirely on wood is a different and far heavier event than the same number served on leather, whatever any tally says.

Within a session, the proven order is sharp first and broad after: the wooden implement while skin is fresh and can take concentrated work, the leather for the bulk of the count once warmth is established. Across a week, rotate — different implements load tissue differently, and alternating them lets one kind of loading recover while another carries the work. That single habit is the greatest factor in whether a practice survives years rather than months.

Anyone beginning should start with leather and stay there for months. It is broad, flexible, and forgiving, and it punishes a beginner's misjudgement far less severely than wood does.

The cane sits outside all of this

The cane is not part of any rotation and does not belong to anyone's first year. It is an instrument of a different order: it is designed to hurt greatly, it marks readily, and it breaks skin more easily than anything else in common use. It should not run on consecutive occasions, and it should never fall on skin still marked from the last time.

Where skin is broken, everything stops for that night; broken skin also carries an infection risk that a bruise does not, and it must be cleaned, left uncovered by anything tight, and given days rather than hours. Anyone intending to use one is better served by instruction from an experienced person than by any written description, including this one.

VI. THE STOP SIGNS

These end a session immediately, whatever was planned, and the remainder is not owed:

— The agreed stop word, from either person, at any moment including mid-count. Its use is never punished and never held against anyone. A practice without one is not a practice this page can make safe.

— Broken skin, bruising, white patches, or any colour beyond even redness.

— Numbness anywhere in the area.

— Sharp or radiating pain, as distinct from the ordinary sting.

— Nausea, faintness, shaking that is not settling, or breathing that causes concern.

— Anything the person striking does not like the look of. No reason is needed and none has to be justified afterwards.

And nobody strikes while angry, while unsteady, or after drinking — and nobody receives while impaired either, because a person who cannot judge their own condition cannot report it. A session postponed costs nothing. A session run in temper or in drink is where the injuries and the regrets both come from.

VII. AFTERWARD

Care closes what it opens, and it is not optional. Warmth, water, hands over the area, and time — no rushing away and no immediate return to ordinary conversation. The person who received it is told plainly that it is finished and that nothing is held against them. The person who administered it is allowed to say if they found it difficult; that is common, particularly early on, and there is no shame in it.

Where anything was chilled, it is patted dry and allowed to warm slowly at room temperature — never with anything hot on skin that has been struck or cooled.

And the following day, two questions asked honestly by both: how does it look this morning, and was anything about it more than either of us wanted. Answered truthfully, every time, that pair of questions will prevent more harm than any rule on this page.

VIII. WHEN TO STOP ALTOGETHER

Three situations in which technique is not the issue and better technique will not help.

— Where one person is agreeing rather than choosing. Reluctance managed into compliance is not consent, and no amount of care in the execution repairs it.

— Where this is being used to answer something it cannot answer — a drinking problem, a depression, grief, an illness nobody has looked at. Correction addresses conduct. It has nothing to say to illness, and treating illness this way lets both people feel the matter is handled while nothing is handled.

— Where the person striking finds they want the occasions to happen, or notices more of them than there are. That discovery is not a failure, but it must be said aloud rather than managed privately, and it means stopping until it is understood.

And if either person is ever frightened of the other, outside anything agreed — that is not this. That is something else, and it needs someone outside the relationship rather than a better set of rules.

Learn the anatomy, warm the skin, look often, and let the body recover. Almost everything else is preference.