



**The Choking
Game needs to
STOP!**

These dreams died.

Their lives

were cut short

because of a "GAME".



For more information visit:

Choking Game.net

Awareness Campaign

Educational Speakers

Community Outreach

Victim Family Support

Also visit:

Deadly Games Children Play.com

Still Loving My Gabriel.com

G.A.S.P info.com

The DB Foundation.com

**THE DB
FOUNDATION**

Education of Dangerous Adolescent Behaviors

A Not for Profit Educational Foundation
100% of donations applied toward
Raising Awareness and Educational Programs for
Dangerous Adolescent Behaviors.

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**A 'Game'
Injuring and Killing
Teens & Preteens**

The Choking Game

Flatliner
Airplaning
Pass Out
Something
Black Dreaming
Hole
Elevator
Natural
High
Rush
Knock
Out
Hyperventilating

IT IS NOT A GAME!

There are many names and variations, essentially, it's cutting off blood and oxygen flow to the brain by choking, hyperventilating, compressing the chest or hanging using a ligature such as a belt, towel, rope, etc. in a group or by a lone child. The first sensation (perceived "high") is lightheadedness from reducing blood and oxygen to the brain by compression or pressure. The second sensation occurs when the pressure is released sending a powerful surge of blood through the carotid arteries to the brain. This sensation can become addictive. You may have experienced a similar feeling by spinning in circles until dizzy, hanging upside down, sky diving and other thrill seeking activities. If you've ever fainted—it's similar to the 'fuzzy' blackout prior to unconsciousness.

TYPICAL PARTICIPANT

Primarily boys and girls between 9 and 16 years old but it has occurred in all age groups. Unlike other risk-taking behaviors, self-choking often occurs among well-adjusted, high achieving students simply looking to have a sensational experience. They see this as a safe pass time and a drug-free way to get a rush or thrill. The Choking Game is often learned from peers on playgrounds, at camp and on the internet.

75% of 9– 16 year olds
know the Choking Game
But not the DANGERS

WHY WOULD A CHILD DO THIS?

Curiosity, a brief sense of euphoria, an altered state of consciousness, peer pressure or entertainment from watching a peer faint and twitch as recovering are explanations given by teens. Children do not understand the risk involved - they think it's 'cool'.

CONSEQUENCES

Falling when rendered unconscious could cause bruises, concussions and broken bones. When the brain is deprived of oxygen CELLS DIE causing short term memory loss, seizures, strokes, heart attacks, permanent brain damage, retinal hemorrhaging, or death. Any of these could happen the very FIRST time.

SIGNS & SYMPTOMS

In the Child:

- Frequent often severe headaches
- Bruising or red marks around the neck
- Bloodshot eyes
- Changes in attitude
- Disorientation or groggy after being alone
- Unusual demands for privacy
- Curiosity about asphyxiation or knots

At Home:

- Locked or blocked doors
- Ligatures (belts, tee-shirts, ties, ropes) in strange knots or in unusual places
- Internet history of websites or chat rooms about asphyxiation or the Choking Game
- Wear marks on furniture (beds, closet rods)
- A thud from a bedroom may indicate a fall

A child participating may not show warning signs

IS THIS AEA (AUTO EROTIC ASPHYXIATION)?

Although similar in technique, the choking game doesn't have a sexual component.

THE CHOKING GAME IS GENERATIONS OLD.
CHILDREN ALONE WITH LIGATURES—IS NEW
AND IT'S DEADLY.

THE COLD HARD FACTS

After 3 minutes without oxygen a child will suffer brain damage.

After 4 to 5 minutes, a child will suffer severe brain damage and/ or death.

Many children found dead were alone in their bedroom for less than 30 minutes. Often there was an adult within the home. This 'game' can claim a child's life the very first time.

PREVENTION

- ✓ **Education** is the single most effective key in prevention. Teaching children the dangers of the Choking Game should be approached by parents, schools, and officials in the same manner as other risk taking behaviors. Stressing there is NO safe way to play.
- ✓ **Monitor** school bathrooms, playgrounds, and anywhere children tend to congregate without supervision. Monitor children's bedrooms when at home.
- ✓ **Safer alternative risk-taking activities** should be suggested and provided

INTERVENTION

1. Have the child examined by their primary care physician
2. Increase supervision
3. Remove any potential ligature paraphernalia
4. Alert school personnel, they should then notify all district parents.

If one child is involved, there are others.