
Our Mission

The Mission of The DB Foundation:

Our mission is to promote awareness and educational programs regarding dangerous adolescent behaviors (specifically but not limited to the Choking Game) parents, schools, law enforcement, Health Care Professionals and children for the purpose of injury prevention and risk reduction. This will be achieved through changing legislation, providing seminars, school assemblies, community presentations, a website presence, an availability to the media and a quarterly newsletter and providing, free of charge, educational materials such as brochures to those seeking this information.

If you wish to join us in this mission, please contact us!

Has this information helped you or someone you know?

Please pay-it-forward. Copy this brochure* and distribute it to those you feel will find it informational. If you wish to make a monetary pay-it-forward contribution, we sincerely appreciate your kindness! Please mail your check or money order to address on the back of this brochure.



THE DB
FOUNDATION
Dangerous Adolescent Behavior Education

We Provide:

Awareness Campaign
Educational Speakers available Nationwide
Accurate, current statistics
Community Outreach
Victim Family Grief Support

.....and more

THE DB FOUNDATION

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a Non Profit Organization

100% of all donations are applied to promoting education and awareness of dangerous adolescent behaviors.

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THE CHOKING GAME

A 'GAME'

Injuring and killing Teens and Preteens.

Also known as....

Passout Game

Flatliner

something
dreaming

Rush

Airplaning

GASP

Twitching
Game

ELEVATOR

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IT IS NOT A GAME!

It's a generations old activity passed on through whispers of youth on playgrounds, the internet, at school, slumber parties, at camp, and from friends.

The goal is a desired 'floaty', 'tingling', 'high' sensation. This is accomplished through depriving the brain of oxygen.

Not all participants are seeking a high, some play as a pass time, out of curiosity, or as a result of peer pressure.

WHO IS 'PLAYING'?

Unlike other risk-taking behaviors, self-choking occurs across the spectrum of adolescents, Those not typically at risk in addition to those looking for a alternate 'high' sensation. Ages 9 -16 is the common age, males are more likely to participate alone and therefore have a higher fatality rate. It often begins with a group of teens and then is taken home by a solo player.

CONSEQUENCES

Falling upon unconsciousness can result in brain injury and broken bones. Brain cells die when deprived of oxygen and do not regenerate. The lack of oxygen also causes short term memory loss, seizures, strokes, heart attack and retinal damage. If the pressure is not released, certain death will ensue.

The First Time could be Fatal.

WARNING SIGNS & SYMPTOMS

MAY NOT ALWAYS BE PRESENT

Signs in the Youth

- Frequent often severe headaches
- Inexplicable bruising or red linear marks around the neck
- Bloodshot eyes and/or Petechiae (tiny red dots) on face.
- Changes in attitude (overly aggressive)
- Disorientation and/or grogginess after being alone
- Unusual demands for privacy
- Curiosity about asphyxiation (i.e "how's it feel", "what happens if") and/or knots

In the Home

- Locked bedroom/bathroom doors
- Ligatures (bed sheets, belts, tee-shirts, ties, ropes) tied in strange knots and/or found in unusual places
- Internet history of websites or chat rooms mentioning Choking Game / asphyxiation
- Wear marks on furniture (ex: bunk beds, closet rods) or broken wall hooks.
- A thud from a bedroom may indicate a fall

Is This AeA (Auto Erotic Asphyxia)?

Although similar in method, the intent is different. There is not a sexual component for participants of the Choking Game.

THE COLD HARD FACTS

After 3 minutes without oxygen a child will suffer brain damage

4-5 minutes and a child will suffer severe brain damage and/or death

25% of reported victims were found in under 15 minutes. It was already too late.

PREVENTION

Education—is the single most effective key in prevention. Studies show adolescents do not perceive this as a risk.

Monitor—school bathrooms, playgrounds, children's bedrooms and bathrooms. Anywhere children congregate unsupervised.

Safe alternative risk-taking activities should be suggested and encouraged.

INTERVENTION

Have the child examined by their primary Physician.

Increase supervision while removing any potential ligature paraphernalia,

Alert School Administration, Church Youth Group Officials, and other parents

**IF ONE CHILD IS INVOLVED,
THERE ARE OTHERS!**