



Hundreds of children just like these are tragically killed by playing a 'game'.

**The Choking Game needs to STOP!**



**For more information visit:**

**ChokingGame.net**

Awareness Campaign

T-Shirts

Bumper Stickers

Educational Speakers

Community Outreach

Victim Family Support

**Also visit:**

[TheDBFoundation.com](http://TheDBFoundation.com)

**THE DB  
FOUNDATION**

*Education of Dangerous Adolescent Behaviors*

A NOT FOR PROFIT FOUNDATION  
100% of donations applied toward Raising Awareness and Educational Programs for Risky Adolescent Behaviors.  
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**A 'Game'  
Injuring and Killing  
Teens & Preteens**

***The Choking  
Game***

Elevator PASS  
OUT  
Natural High h  
Airplaning a  
Rush n  
Hyperventilating g  
m  
WallBanger Black  
Hole Twitching  
Game  
Knock Out

**By any name,  
it's never a  
game!**

## 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.

73% 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, permanent brain damage, retinal hemorrhaging, heart attack or death. Any of these could happen the very FIRST time a child 'plays'.

### 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 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

### 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<sup>7</sup> 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 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.**