



The Choking Game: What *You* Should Know About The Game *Your* Kids Are Dying To Play.

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The views expressed in this presentation are Doug Masini's, and do not represent the policy or opinions of Armstrong Atlantic State University, or Mercer University College of Medicine. Dr. Masini states no conflict of interest in this presentation.



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GOALS AND OBJECTIVES:

At the conclusion of this presentation, the learner will be able to:

1. Discuss asphyxial games and their prevalence in the CONUS.
2. Describe techniques associated with variants of the choking game.
3. Identify the normal airway structures, and signs and symptoms indicating the need for a surgical or emergency airway.
4. Be prepared to do something useful in the community.



Actual 911 call; a young boy finds his twin brother, who has lost the Choking Game.

Father warns about deadly games (2012)

A South Carolina father and mother found their 15 year-old daughter hanging in her bedroom closet by a belt hooked to a coat hook. The daughter had been conversant with the parents, and had excused herself to get ready for supper... been in the bedroom for less than 15 minutes when she was found. The death was ruled a suicide. The anguished parents are attempting to pass legislation that requires a coroner evaluate the cause of death as a potential accidental death versus suicide and so state on the death certificate.

Parents warned of 'choking game' danger

Associated Press - March 29, 2010 10:35 AM ET

DAVID CITY, Neb. (AP) - Law enforcement and school officials in east-central Nebraska are warning parents to be on the lookout for signs that their children are engaging in a potentially deadly activity known as the "choking game."

Concerns arose after 11-year-old Drew Fiala (fee-AH-lah) of David City, NE was found dead in his bedroom March 12 with a belt around his neck. He died of suffocation and is suspected of having played the choking game...

<http://video.foxnews.com/v/4130057/choking-game-claims-boys-life>

Case Study 1:

Choking game results in assault charges against Daniel Boone student.

Published 08/31/2007 By [KRISTEN SWING](#)

A sophomore at Daniel Boone High School is facing assault charges after allegedly choking two fellow students to the point of unconsciousness.

The attacks reportedly happened Wednesday on a bus ride home from school.

“It was around 2:45 or so in the afternoon,” said Washington County Sheriff’s Office Deputy John Rupe. “There was a load of kids on a bus coming down Rockingham Road.”

According to authorities, the 15-year-old choked two other sophomores as part of what he called a “choking game.” “He said he was just playing around. He was saying to us that he was just playing a game with these guys,” Rupe said. “But the other kids said he wasn’t playing. He choked both of them until they passed out.” One of the victims reportedly told authorities the boy came up behind him and started choking him without ever saying a word. “Both victims had abrasions on their necks where he had put the chokehold on them,” Rupe said. “We’re definitely not looking at it as a game, and neither are the victims or their parents.”

(Appeared in court September 24, 2007, “...and action was taken,” said Washington County Director of Schools Grant Rowland. “The child has been suspended, that is my understanding.” <http://www.timesnews.net/article.php?id=9002789>



Hajikame or naked strangle used in a bullying situation.

Case Study 2:



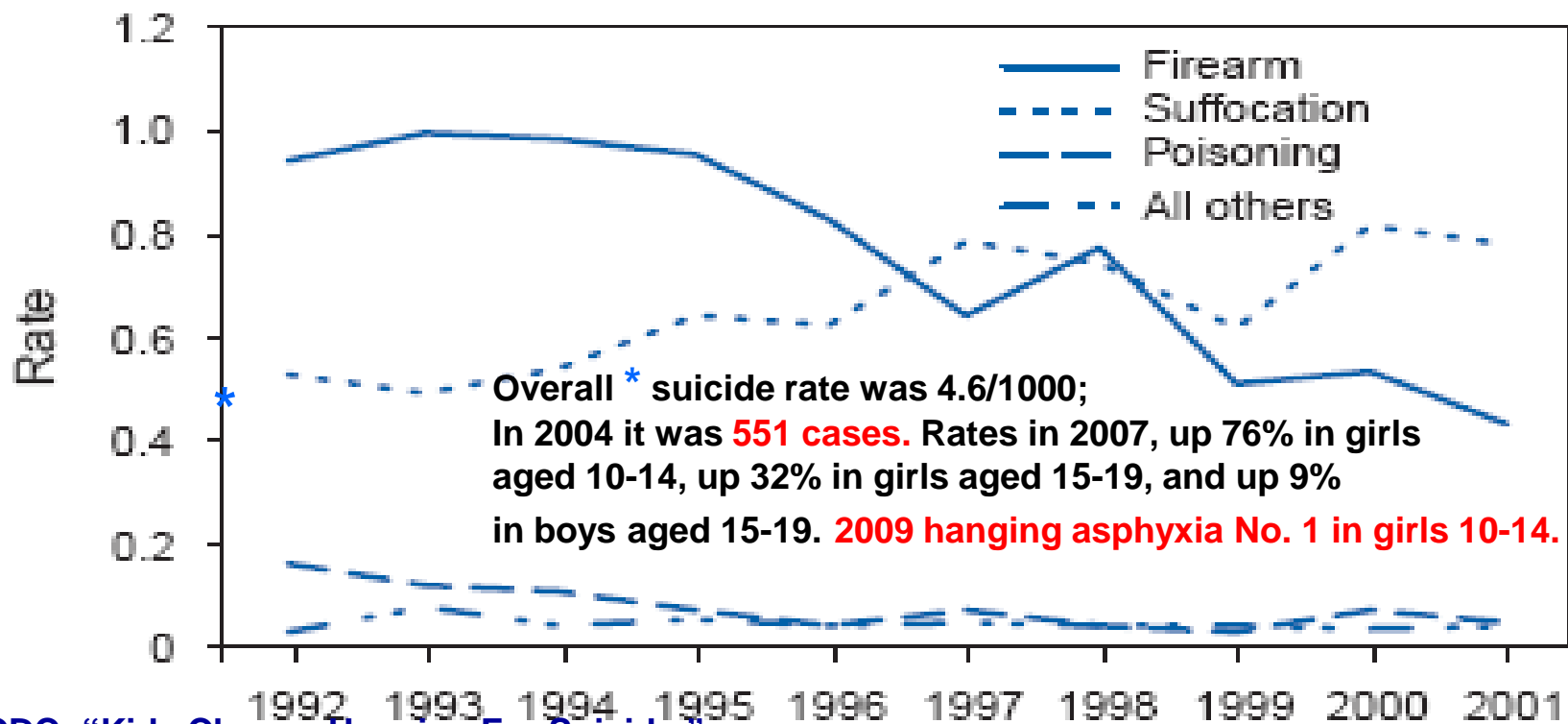
12 y.o. male admitted to the PICU with asphyxia after ‘playing a game’ with sibling with a chain-linked dog leash, sister (8 y.o) left for a drink, returned to find brother ‘slumped over’ with chain tight around neck, cyanotic, and pulseless. 911 activated, in PICU for 2 days, life support DC’d after determination of anoxic encephalopathy and brain dead status. Coroner called the case “suicide”, discussions revealed that children had played the ‘hangman’ game multiple times in past.

Prevalence of death by 'suffocation':

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FIGURE 1. Annual suicide rates* among persons aged 10–14 years, by year and method — United States, 1992–2001



Overall * suicide rate was 4.6/1000;
In 2004 it was **551 cases**. Rates in 2007, up 76% in girls aged 10-14, up 32% in girls aged 15-19, and up 9% in boys aged 15-19. **2009 hanging asphyxia No. 1 in girls 10-14.**

CDC- "Kids Choose Hanging For Suicide."

ATLANTA, June 10, 2004. Available at: <http://www.cbsnews.com/stories/2004/06/10/national/main622450.shtml>

2007 data from http://www.webmd.com/mental-health/news/20070906/dramatic-increase-in-teen-suicide?src=RSS_PUBLIC

* Per 100,000 population.

Source: MMWR © 2004 Centers for Disease Control and Prevention (CDC)

MMWR (06/22/04). Methods of Suicide Among Persons Aged 10 -19 Years – United States, 1992-2001 Available at: <http://www.medscape.com/viewarticle/481263>



MMWR™

Weekly

February 15, 2008 / 57(06);141-144

Feb. 15, 2008 CDC MMWR 57(06);141-144

Unintentional Strangulation Deaths from the "Choking Game" Among Youths Aged 6--19 Years --- United States, 1995--2007

The "choking game" is defined as self-strangulation or strangulation by another person with the hands or a noose to achieve a brief euphoric state caused by cerebral hypoxia. Participants in this activity typically are youths (*1*). Serious neurologic injury or death can result if strangulation is prolonged. In recent years, news media reports have described numerous deaths among youths attributed to the choking game. Because no traditional public health dataset collects mortality data on this practice, CDC used news media reports to estimate the incidence of deaths from the choking game. This report describes the results of that analysis, which identified 82 probable choking-game deaths among youths aged 6--19 years, during 1995--2007. Seventy-one (86.6%) of the decedents were male, and the mean age was 13.3 years. Parents, educators, and health-care providers should become familiar with warning signs that youths are playing the choking game (*2*).

Death certificates lack the detail necessary to distinguish choking-game deaths from other unintentional strangulation deaths. Therefore, CDC identified probable choking-game deaths from 1) a LexisNexis* search in November 2007 of newspaper reports since the 1970s and 2) reports on two choking-game--awareness websites,[†] which were created in 2005 and 2006. Deaths of children listed on the two websites but not matched by LexisNexis newspaper reports were included in the assessment only if subsequent Internet searches located news media reports (e.g., from television stations) of the incidents confirming that the deaths met the case definition. For consistency, case characteristics were obtained only from news media reports.

A case was defined as a death, described in a news report, resulting from self-strangulation or strangulation by another person as part of an activity with elements of the choking game (also known as the "blackout game," "pass-out game," "scarf game," "space monkey," and by other names). Deaths were excluded if reports included any mention of autoerotic asphyxiation, a practice of choking oneself during sexual stimulation that is usually engaged in by teen-aged or adult males (*1*). Deaths also were excluded if reports noted that the medical examiner ruled the death was a suicide or of undetermined intent coupled with no mention of elements of the choking game, or if the age of the decedent was missing from news reports. Cases were restricted to youths aged <20 years who were residents of the United States. Following are two examples of cases of choking-game deaths.

Case 1. In February 2006, an adolescent boy aged 13 years came home from school in a good mood and had dinner with his family. He then went to his bedroom to do his homework. Approximately 1 hour later, his mother went to check on him and discovered him slumped in a corner with a belt around his neck. His face was blue. The mother began cardiopulmonary resuscitation while one of the other children called an ambulance. The boy died at a local hospital 1 hour later. No suicide

The Choking Game: Physician

Perspectives

Pediatrics 125,1;82-87 (2009).

Julie L. McClave, MD^a, Patricia J. Russell, MD^b, Anne Lyren, MD, MSc^{c, d},

Mary Ann O'Riordan, MS^e, Nancy E. Bass, MD^f

+ Author Affiliations

ABSTRACT

OBJECTIVE: The goal was to assess awareness of the choking game among physicians who care for adolescents and to explore their opinions regarding its inclusion in anticipatory guidance.

METHODS: We surveyed 865 pediatricians and family practitioners. The survey was designed to assess physicians' awareness of the choking game and its warning signs, the suspected prevalence of patients' participation in the activity, and the willingness of physicians to include the choking game in adolescent anticipatory guidance. Information on the general use of anticipatory guidance also was collected.

RESULTS: The survey was completed by 163 physicians (response rate: 21.8%). One-hundred eleven (68.1%) had heard of the choking game, 68 of them (61.3%) through sources in the popular media. General pediatricians were significantly more likely to report being aware of the choking game than were family practitioners or pediatric subspecialists ($P = .004$). Of physicians who were aware of the choking game, 75.7% identified ≥ 1 warning sign and 52.3% identified ≥ 3 . Only 7.6% of physicians who were aware of the choking game reported that they cared for a patient they suspected was participating in the activity, and 2 (1.9%) reported that they include the choking game in anticipatory guidance for adolescents. However, 64.9% of all respondents agreed that the choking game should be included in anticipatory guidance.

CONCLUSIONS: Close to one third of physicians surveyed were unaware of the choking game, a potentially life-threatening activity practiced by adolescents. Despite acknowledging that the choking game should be included in adolescent anticipatory guidance, few physicians reported actually discussing it. To

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“Different chokes for different folks...”

1. Asphyxial games, (AG) our focus today.

- The Choking Game.

2. Hypoxic Hypoxemia Agents – ‘Huffing’

- ‘Dust-off’, aerosol propellants, gasoline fumes, glue, etc. (12.4% of HS students tried to ‘get high’ inhaling agents).

Youth Risk Behavior Surveillance --- United States, 2005 Available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5505a1.htm>

- Helium and / or N₂O?

Ogden RD; Wooten RH. Asphyxial suicide with helium and a plastic bag. [Am J Forensic Med Pathol 2002; 23\(3\):234-7](#) Department of Criminology, Kwantlen University College, British Columbia, Canada.

3. Dangerous ‘approved’ games...

- Drinking games, ETOH overdose.

- Chubby bunny. Available at:

http://cbs2chicago.com/topstories/local_story_153111701.html 12 yo Casey Fish

<http://lfpres.ca/newsstand/News/Local/2006/09/15/1842947-sun.html> 32yo Janet Rudd

<http://cnews.canoe.ca/CNEWS/WeirdNews/2006/09/14/pf-1839411.html> 32yo Janet Rudd



- Any activity that risks airway obstruction.



Chubby bunny

THE STORIES

Sarah Pacatte: Still loving Gabriel

By Jason Wagon
Four Times

The loss of a child is a parent's worst nightmare. Paradise resident Sarah Pacatte understands this loss, which is now mirrored for so many other parents about the danger of the Choking Game. She writes every day to take her from the local papers to national talk shows and news programs. Her travels and travel for drawing national attention to a deadly teenage pastime is why The Post chose her as 2005's November of the Year.

"Daddy" lies curled up under a bear lamp in Sarah Pacatte's Paradise living room. Though Paradise is brightened by shades, the young ball python has a place of honor in the apartment — he once belonged to Pacatte's 13-year-old son, Gabriel (Mordcau), who died in May after engaging in self-aphysiation for a "buzz."

"Now he's my snake," Pacatte, who

Part of the problem in dealing with self-aphysiation, she said, is the lack of readily available information.

"The most shocking thing about this for me is that I'm 42 years old and I didn't see this was coming," she said. "Common sense tells you that lack of oxygen will kill you ... (but) I never knew a person could become self-harm in the rush."

Pacatte said medical authorities have told her the endorphin rush from the blood returning to the brain resembles a morphine high, and people can become addicted.

At first, she said, "there wasn't anything to find out. All I was finding out was things on autoerotic asphyxiation."

But when she probed in "hyper-ventilation guide" — the name used by children of her generation — she found the story of a young man's death in Britain. After that, Pacatte could not stop learning.

She said the signs parents should look for include bluish-gray lips and

changes in a child's behavior.

Pacatte said Gabriel's twin brother, Samuel, has appeared on five television shows and in several print articles talking about self-aphysiation, also known as Space Monkey or Choking Game. She has also worked with a police officer to develop a PowerPoint presentation deterring kids from playing these games.

Pacatte said filming can be stressful, but it's worth the anxiety.

"I think the most exhausting part of it is worrying about Samuel, because of how much energy it does take," she said. "And because I get stressed getting ready for it."

She added it hardly takes any preparation now, she knows the story so well. "For me it's a relief to get it out, because it's like those flashbacks Gabriel had that are documented."

Though she noted occasionally the media will present inaccuracies or misquote — some later reports said Samuel found his brother dead, Pacatte's experience has been positive.

been changed," she



MIKE DAVIS/THE POST

The tragic loss of Sarah Pacatte's son, Gabriel Mordcau, put the Paradise mother in national news, warning against the dangerous Choking Game.

said of the coverage. "Some things are edited out of course, thank God — but no, the media has been incredibly kind."

Now the family is struggling to recover from losing Gabriel. Some days are better than others for

See PACATTE, page A-4

The usual outcome is a preventable death

Top 10 stories from the Ridge in 2005

The 8th Day Foundation: On August 8th, 2005, our precious daughter, Kimberly "Kimber" Ruth Wilson, decided to participate in an activity that became popular with some of her friends. This activity involved a device; attaching it to a stable object and using it to choke oneself and then passed out. Unfortunately, she decided to do this alone. **Because there was no one with her to revive her if she died that evening. She was 15 years old. The device was "playing" (a game) called the "choking game".** We were completely by surprise. We had no idea what the choking game was or why anyone would participate in the activity.



Idaho Boy Dies in Apparent Choking Game by REBECCA BOONE, Associated Press Writer BOISE, Idaho - **A 10-year-old boy who died after hanging himself from a tree is apparently the second Idaho youth killed while playing a choking game.** The Fremont County sheriff's office said Dalton Eby apparently was playing a game known as the "pass-out game," trying to cut off the oxygen supply to his brain to achieve a type of "high." **Dalton was found with the rope looped around his neck,"** the sheriff's office said. **"There was no sign of a struggle, nor was there any physical evidence to indicate anyone else had been at the scene."** Three months ago 13-year-old Chelsea Dunn was found dead after apparently hanging herself in her closet.

Blacking out: 'It's like a dream world'

Local mother confronts a dangerous practice through her son's death

By Nick H. Demery
Staff Writer

Asphyxiation

The rush comes from blacking out, from cutting off the oxygen supply long enough to make your self pass out. And kids go about getting there a number of ways.

Sometimes they do it by hyperventilating, sometimes they push a certain spot in their necks; sometimes they put a glass bag over their heads to choke themselves as they masturbate.

When Sarah Pascale's 13-year-old son Gabriel choked himself last Thursday in her Paradise home, he used a length of rope. Pascale was observing in the house, assuming Gabriel was still doing

his laundry or spread out on his bed finishing up homework. When she heard Gabriel's twin brother Samuel, screaming from across the apartment, she came running.

After making himself pass out, Gabriel had fallen off the bed and choked to death on the rope.

It wasn't the first time Gabriel had choked himself. Though he was a smart child who received honors placement at school in both English and mathematics and would have graduated from eighth grade in just two weeks, Pascale said Gabriel was a bit "diffident," "shy on the edge" and she'd caught him and his twin brother Samuel choking themselves before.

"I had already warned him

because I found out what 'we're doing,' she said, adding the two children had promised to stop. Pascale said she also spoke with friends and family about it. That's when she learned about the previously mentioned technique kids use to black out and that "so many kids are doing what he did."

"Parents are clueless," she said. Parents said this sentiment was supported when a responsible Paradise police officer — whose name she has forgotten — told her this was the sixth report of teenagers intentionally choking themselves he had heard of in Paradise.

"When I heard that, I thought one of these in Paradise?" Pascale said.

Paradise Police Sgt. Chad Stuzard called the situation "true." See GABRIEL, page A-1

Ridge girl sings at Carnegie

By TRISH WATNER
Staff Writer

As the old saying goes, it takes practice, practice, practice to get to Carnegie Hall.

come home from school I would hear her singing as she walked up the driveway. I

As a dad, Campbell admitted he might be hearing his daughter's voice through her father's ear, "every parent thinks their children sound great," he said, but he still thought she had something special.



Acronyms and statements regarding asphyxial games...

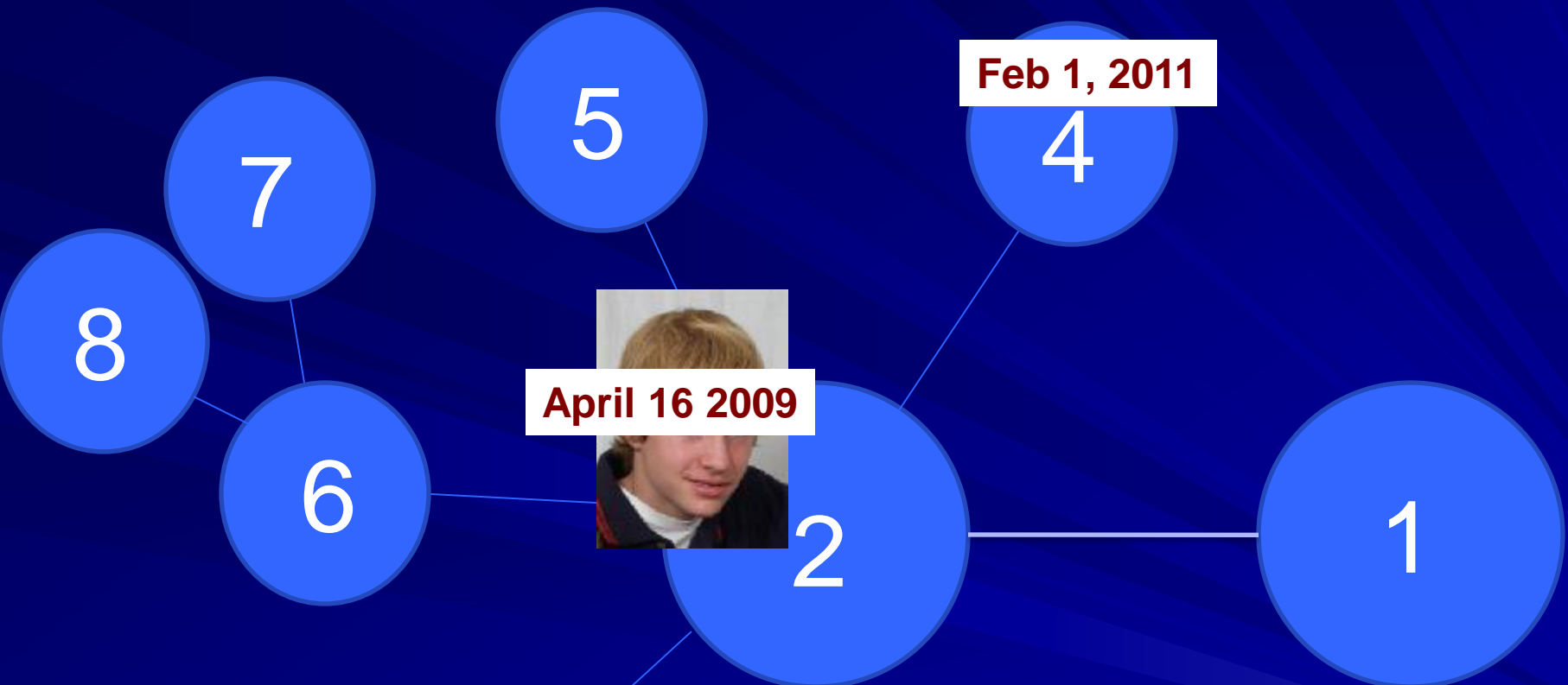
The Fainting Game, Airplaning, American dream game, Black out game, Breath Play, California Blackout, California Choke, California Dreaming, California High, Choke Out, Dream game, Dreaming game, Flatline game, Flat liner, Flatliner game, Funky Chicken, **Hangman**, Hyperventilation game, Knockout game, Pass-out game, Passing out game, Natural high, **Sleeper Hold**, Space cowboy, **Space monkey**, Suffocation game, Suffocation roulette, **TAP OUT**, Purple Monkey, Teen choking game, Rising sun, High riser, and Tingling game (Wikipedia, 2007).



The mentor....

in every instance there is someone who initiates or teaches others how to play “the game” ... in our research we want to find out who is playing these ‘games’ and who is teaching whom.

Case study: Johnson City, TN Upper East region



April 16 2009

Feb 1, 2011

Aug 4 2009



The mentor....

in every instance there is someone who initiates or teaches others how to play “the game” or 1st in a line of potential victims... at one high school, a teacher who had been trained found students with ligature marks, reported them to administration / healthcare.

WHY ?

Media influence / references to choking / pleasure / re-animation after death...

"Hannibal Rising."

Oz on HBO

Books: HAUNTED and CHOKE

Movies:
FLATLINER

"Killing Me Softly."

Video games?

SONG LYRICS

"Coming Undone"

(paraphrased)

Keep holding on

When my brain's tickin' like a bomb

Guess the black thoughts have come

Again to get me

Wait....

I'm starting to suffocate

And soon I anticipate

Choke choke again

I thought my demons were my friends

Getting me in the end

They're out to get me

Since I was young

I'm trying to hold it together

Head is lighter than a feather

Looks like I'm not getting better

Not getting better

[Chorus] by KORN

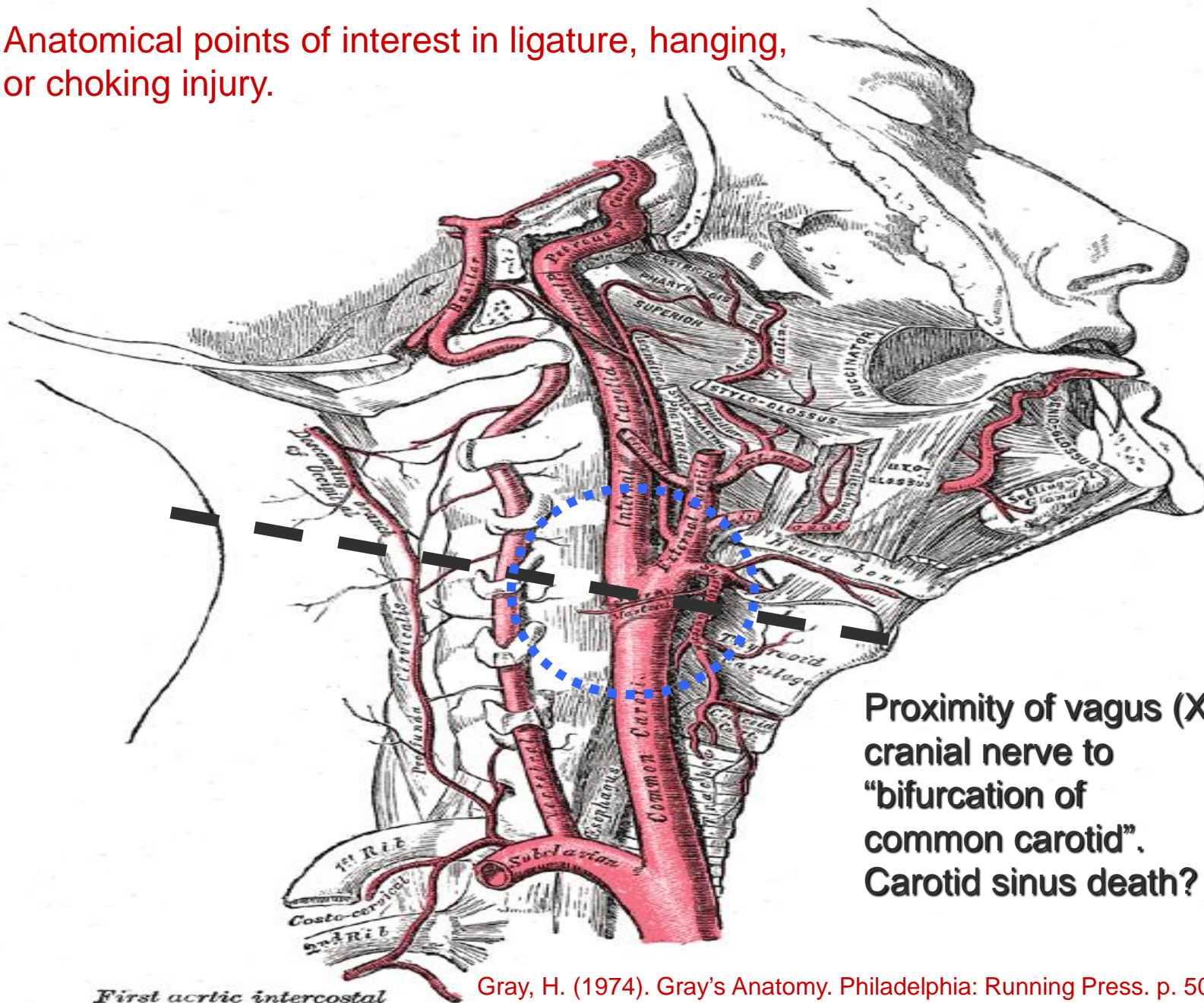
'Teen Choking Game Has Fatal Consequences'
By EMILY FRIEDMAN. June 28, 2006 — Michele Mansfield didn't think twice when her 16-year-old son, Nick, asked to borrow a belt....

Nick playing the game at his youth group church outing



HOW ?

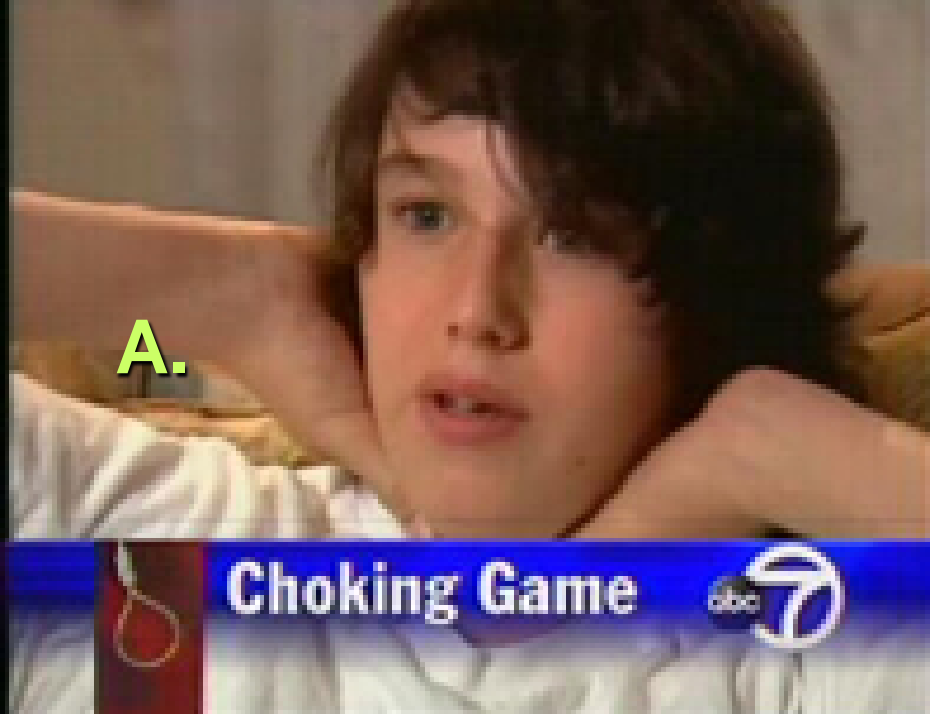
Anatomical points of interest in ligature, hanging, or choking injury.



Proximity of vagus (X)
cranial nerve to
“bifurcation of
common carotid”.
Carotid sinus death?



Hyperventilation with a breathhold, the Valsalva maneuver... note the fall taken by the 'player' when they are not restrained by the 'spotter.'



Mechanisms of injury, *no* ligature:

A. Hyperventilation and carotid pressure (at carotid body baroreceptors) causes cerebral vasoconstriction, diminished blood flow, cerebral hypoxemia. May have a myocardial response. Release of vessels 'rushes' blood to brain, increases ICP.

B. Choking and carotid pressure using hands or a ligature to diminish blood flow and air movement. Essentially strangulation, combined with pressure on carotids.



Carotid arterial constriction; note position of 'mentor' or 'spotter's' thumbs.

The 'spotter'



Frequent players of choking games have encouraged other players to adopt a 'safe' technique where the person playing 'TapOut' will employ a 'spotter'....you hold the spotters wrist...when the 'player' goes limp or the grip is lost the 'spotter' stops choking. A cursory review of the expert and peer-reviewed literature reveals that there is **NO** safe technique!



Survivor of the choking game

He will spend the rest of his life recovering.

2:24 / 5:5

VORS-THE CHOKING GAME



This young man developed seizures from "playing", fell into a deep coma & will remain in a vegetative state forever.

Is this life?

He will never know how his parents grieve, every day as they watch him hover between life and death.

2:53 / 5:53

watch in l

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VORS-THE CHOKING GAME



Tragic outcome of asphyxial game



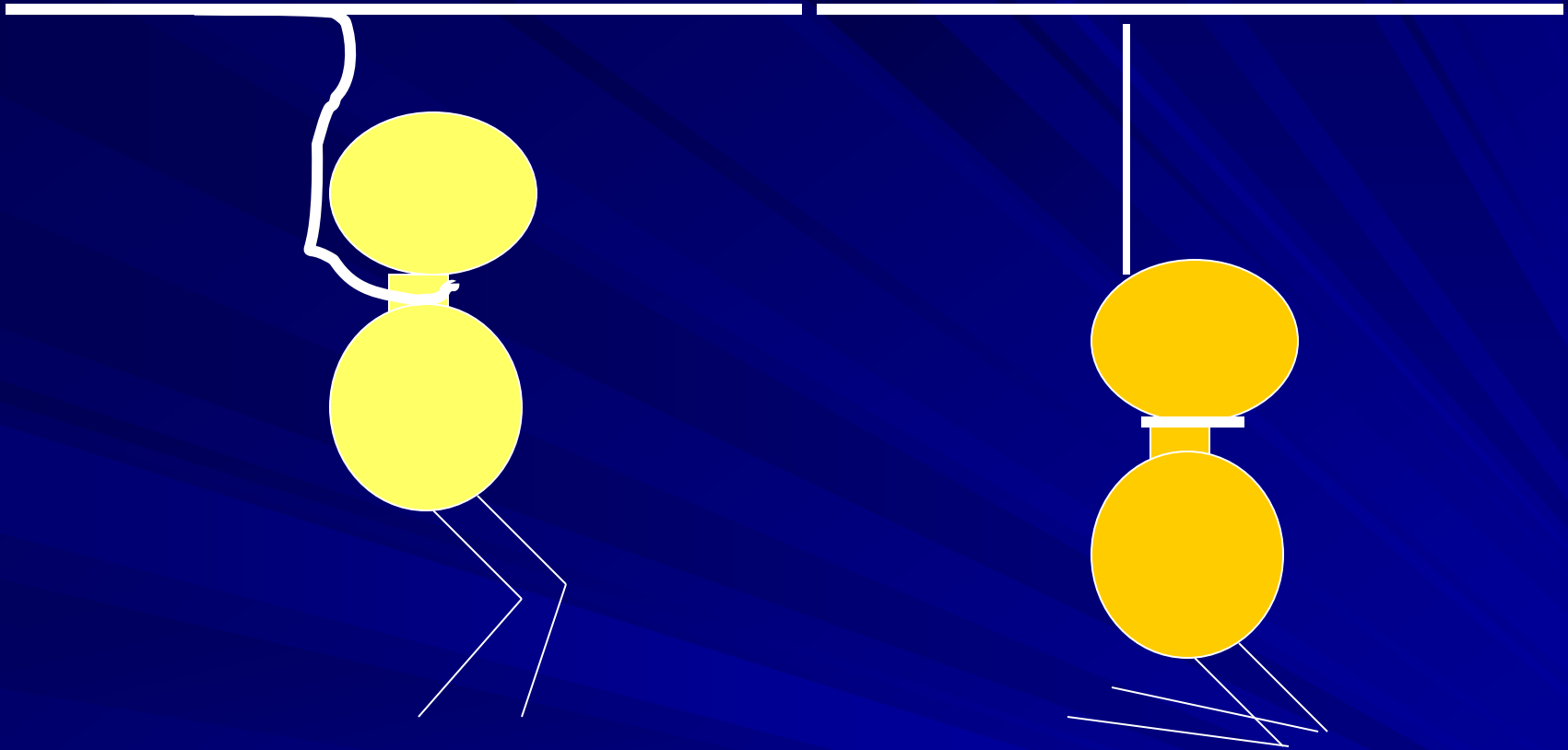
One of hundreds of videos on You Tube.

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THE CHOKING GAME



Bullying or peer pressure may be the cause of this 8 year-olds death



Mechanism of injury with a ligature....

Ligature is loose, participant leans into the belt or cord, planning to 'loosen' the noose and get the 'rush' from blood returning to carotids BEFORE they pass out. Unfortunately, when 'playing' alone, loss of consciousness, and death, are common.

**IS THERE A
RELATIONSHIP TO
ASPHYXIOPHILIA
(Auto-erotic asphyxia or
AEA)**

SEX BY DEATH?

Asphyxial Games in Children and Adolescents

Thomas A. Andrew, MD, and Kim K. Fallon, BS

Abstract: Asphyxial games, as played by young adolescents, and going by various names, are not new phenomena. What seems to be different at present is an increase in lethality introduced by the increasing use of ligatures and "playing" the game alone. The authors present a properly certified but insufficiently appreciated case followed 2 years later by 2 closely spaced but unrelated deaths in young adolescent males that made known this practice in New Hampshire youth. Other cases presented to the author from other jurisdictions are reviewed in aggregate. Presented are characteristics of victims of this practice that may help distinguish these deaths from suicidal asphyxia. A relative paucity of literature regarding asphyxial games outside the realm of autoerotic asphyxia gives rise to certification difficulties given the high prevalence of youth suicide.

Key Words: asphyxial games, hanging, youth suicide, manner of death

(*Am J Forensic Med Pathol* 2007;28: 303–307)

Asphyxial games among children and young adolescents have been played for generations. Readers of this report may well remember games of their own youth when one child applied pressure to the neck, chest, or abdomen of another until the latter child felt woozy or lightheaded whereupon the pressure would be released. This activity rarely, if ever, resulted in documented fatalities. Recently, there has been a great deal of media attention directed at fatalities and alleged brain damage related to what has been dubbed "the choking game,"^{1–8} with many articles reporting this as a "new trend" in youth high-risk behaviors.^{9–12} The following case reports and the author's experience since these 3 cases suggest that rather than a new trend, this activity simply represents a new face on an old game, albeit one with potentially lethal complications.

CASE 1

A 9-year-old male was found by his mother with a thin rope looped twice about his neck, suspended from a bedpost. Emergency medical services were summoned and the child was transported to the local emergency department, then

airlifted to a regional trauma center. His initial Glasgow Coma Scale was 3. There was a ligature mark over the thyroid cartilage, and petechiae noted of the face and eyelids. He was declared brain dead 26 hours after admission. At autopsy there was a 1/4-inch ligature mark, sloping gently upward and left toward the occipital notch. There was no hemorrhage of strap muscles and no injury of cartilage or hyoid bone. Florid facial petechiae were evident; however there were no conjunctival petechiae, consistent with what has been reported in the literature regarding these types of hangings.¹³ Neuropathologic examination revealed cerebral edema with flattened gyri, narrowed sulci, uncus grooving and herniation of the cerebellar tonsils. There was also an incidental, patchy, acute bronchopneumonia.

Further investigation by police revealed a moderately chaotic social situation with divorced parents and the deceased and his 7-year-old female sibling living with their mother and her fiancé. The children had been sent to their room the day in question for jumping on a couch. The female sibling describes the deceased as playing with the rope about his neck on this and on previous occasions. The cause of death was certified as hanging and the manner as accident.

CASE 2

Two years after case number 1, a 13-year-old male was found in the basement of his home in a kneeling position with a 1-inch-wide nylon dog leash looped about his neck. Also at the scene were a set of weightlifting barbells and a broken plywood board. (Fig. 1) The deceased had had an argument with his mother the previous evening, left the house but returned, and all seemed well at bedtime. There had been no history of behavioral disturbances, school failure, substance abuse, or police contact. At autopsy there was a 3/4- to 1-inch-wide ligature mark directly over the laryngeal cartilage, sloping gently upward bilaterally to the occipital notch. There was no hemorrhage of strap muscles and no injury of underlying cartilage or hyoid bone. Facial petechiae were quite numerous but conjunctival petechiae were sparse. The tongue had been bitten. Elsewhere on the body, there were pressure marks on the knees and abrasions of the feet consistent with position in which the body was found. A blood alcohol concentration of 24 mg/dL was detected, and there were no other toxicologic findings of note. The cause of death was certified as hanging and the manner as suicide.

After this ruling, the mother of the deceased contacted the medical examiner to discuss her concerns regarding the circumstances of her child's death. She sent a package of information to the Office of Chief Medical Examiner

Manuscript received April 1, 2006; accepted April 26, 2006.

From the Office of Chief Medical Examiner, Concord, New Hampshire.
Reprints: Thomas A. Andrew, MD, Chief Medical Examiner, 246 Pleasant Street, Suite 218, Concord, NH 03301. E-mail: thomasandrew@dcj.nh.gov.

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Sex by death...an asphyxiophilic link?

“Choking games are not AEA....”

This case study revealed an elaborate noose and release mechanism that failed. In many cases of AEA or asphyxiophilia using a ligature device, the feet are flat on the floor.

Available at : [JPMA](#)

The choking games are **not** asphyxiophilic activity or auto-erotic asphyxiation (AEA).

While the late demographics may mimic age / gender, missing are the important details.

See [Hucker](#) on this important topic.



Figure 1. A view of the deceased as found hanging by a towrope controlled voluntarily by a shower apparatus at the kitchen. His undershirt was banded as a brassiere over his nipples and underpants was slipped on his head.



Figure 2. The polished toenails

WHO?

Approximated sociodemographics:

Wide distribution in states, focus **OH, PA, CA, FL, TX.**

- ❖ Difficult in some cases to rule out suicide.
- ❖ May have common community; i.e., Tacoma, WA.
- ❖ A game of adolescents (7-14 years old).
- ❖ Few adult participants possibly more than we know.
- ❖ No identified racial propensity.
- ❖ 3:1 ratio Male:female, primary male gender all ages.
- ❖ Indicator is 'high risk' behavior, typical adolescents.
- ❖ **NOT** auto-erotic asphyxia (AEA) or suicide.
- ❖ Missing are the 'paraphernalia' associated with AEA.
- ❖ Missing forensic details associated with self-harm.
- ❖ Raises issues with death certificate, 'cause of death' statistics; redemption of insurance policy.
- ❖ Adult cases may be more prevalent than we now know.

“Temper flare after sentencing for choking death.”

King 5 news Seattle WA. Available at: http://www.king5.com/localnews/stories/NW_081106WABchokingsentenceEL.6fe77c3.html



SEATTLE - Fists flew in a Seattle courtroom after a man heard his fate in a choking game death. In fact, two separate incidents erupted after the man responsible for applying the deadly grip was sentenced to just 30 days for assault.

...Twenty-six-year-old Robert Burke of Kirkland choked his friend Donnie Cole, 29, to death eight months ago. **They had been drinking and were playing "tap out," a dangerous game in which players choke each other to**

unconsciousness. The judge sentenced Burke to just 30 days in jail for assault, the most serious charge prosecutors said they could bring because both men voluntarily played the game. "I'm not going to let my son rot in a grave while he's out running around drinking, doing drugs. He's not going to get away with it," said Marilyn Cole, mother of the victim. **Cole's family**

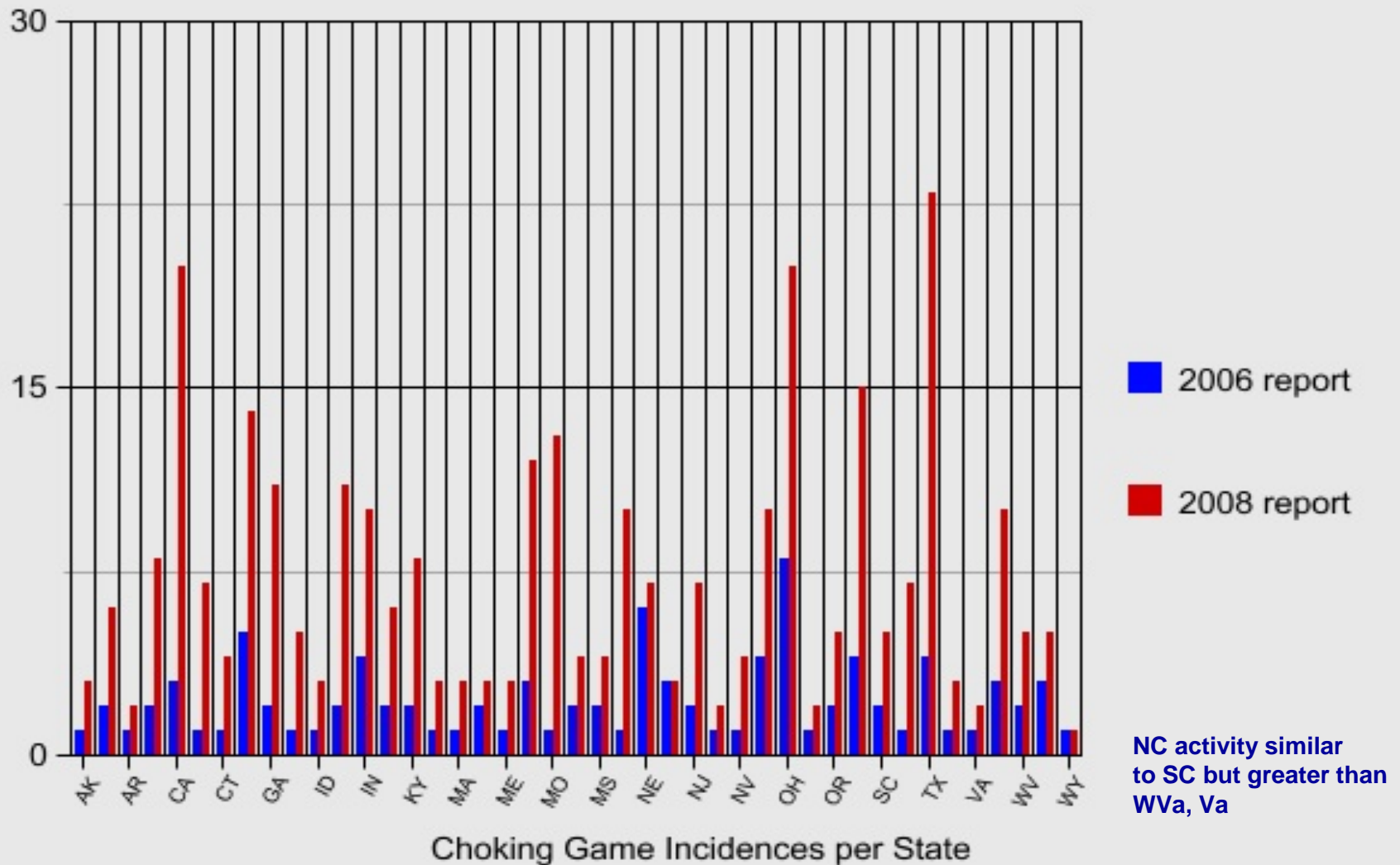
demanded an apology from Burke and got it. "I'm really sorry, I think of him everyday," Burke said. **"There's not a day I don't think about it."**

WHERE ?

Asphyxia and “hanging deaths less than 16 years old” in Canada and U.S.... 933 ‘documented suicides’ and 184 ‘accidental deaths by hanging’ with 58 ‘hanging, undetermined’ fatalities since 1994.



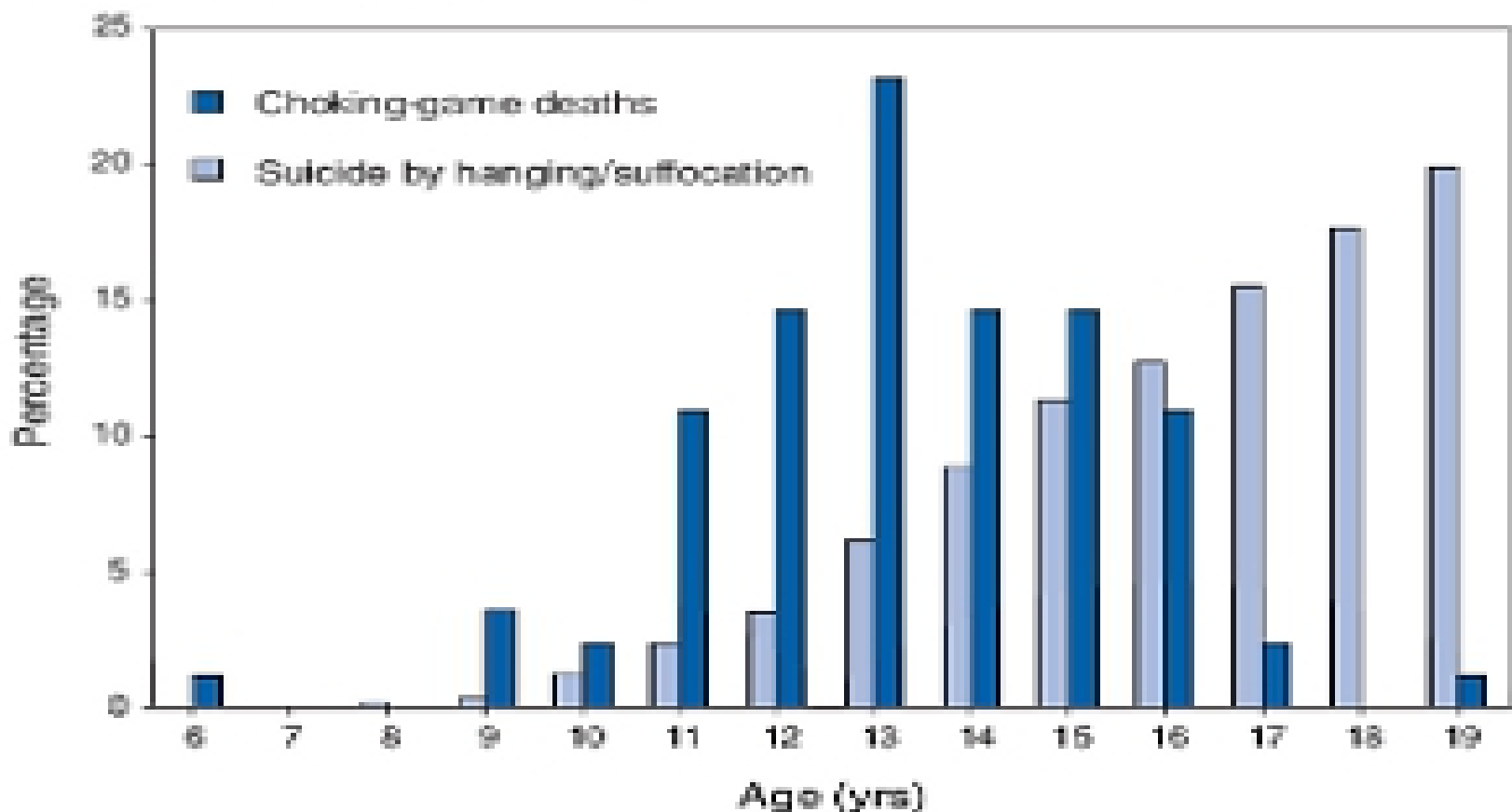
Choking game Activity by State (2006 vs.2008 reporting)



www.ChokingGame.net

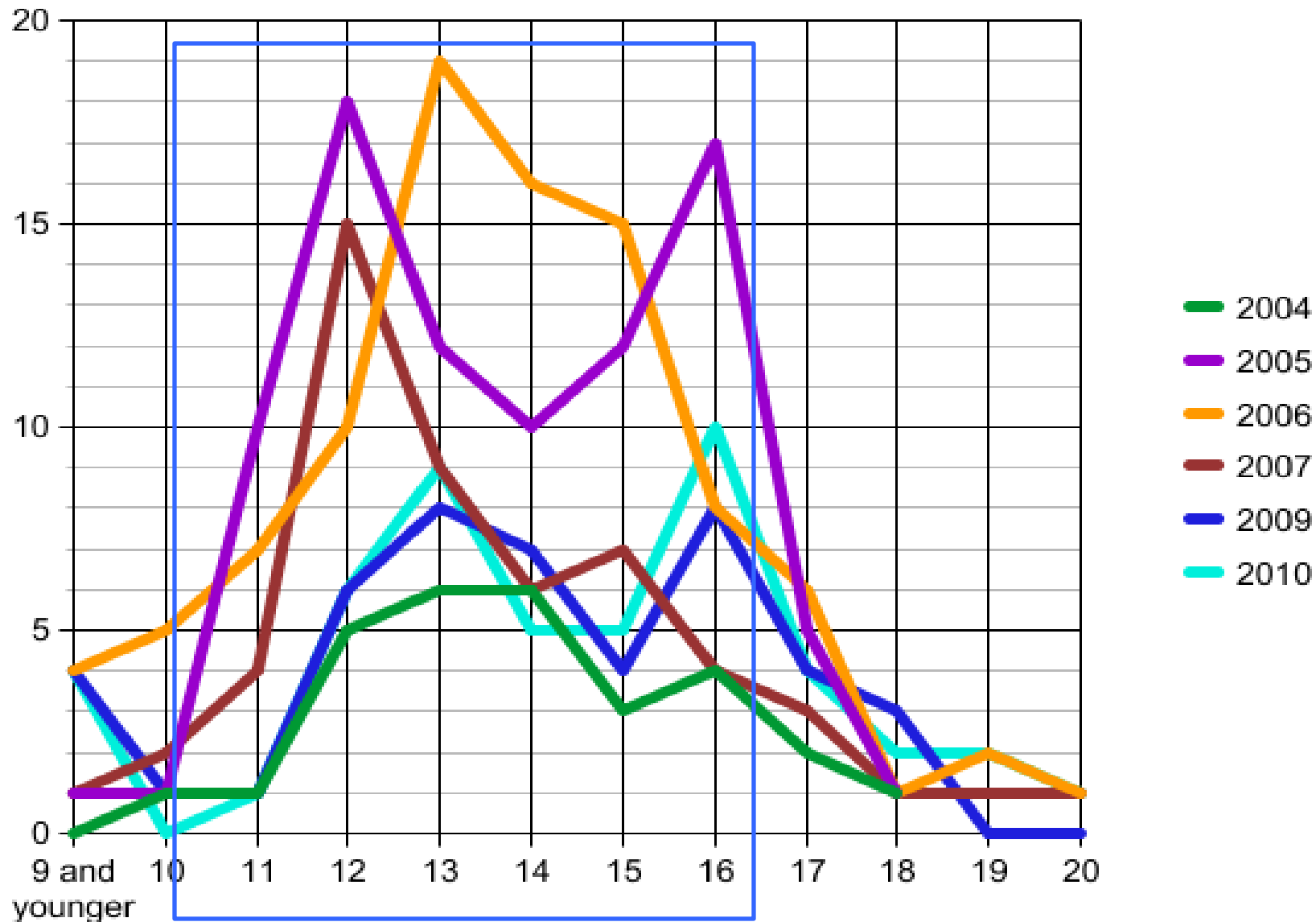
Southeast is now in top 10 states reporting injury/fatality; 12 cases, 25% female

FIGURE. Age distribution of youths aged 6–19 years whose deaths were attributed to the “choking game” (n = 82) during 1995–2007, compared with youths whose deaths were attributed to suicide by hanging/suffocation (n = 5,101) during 1999–2005 — United States



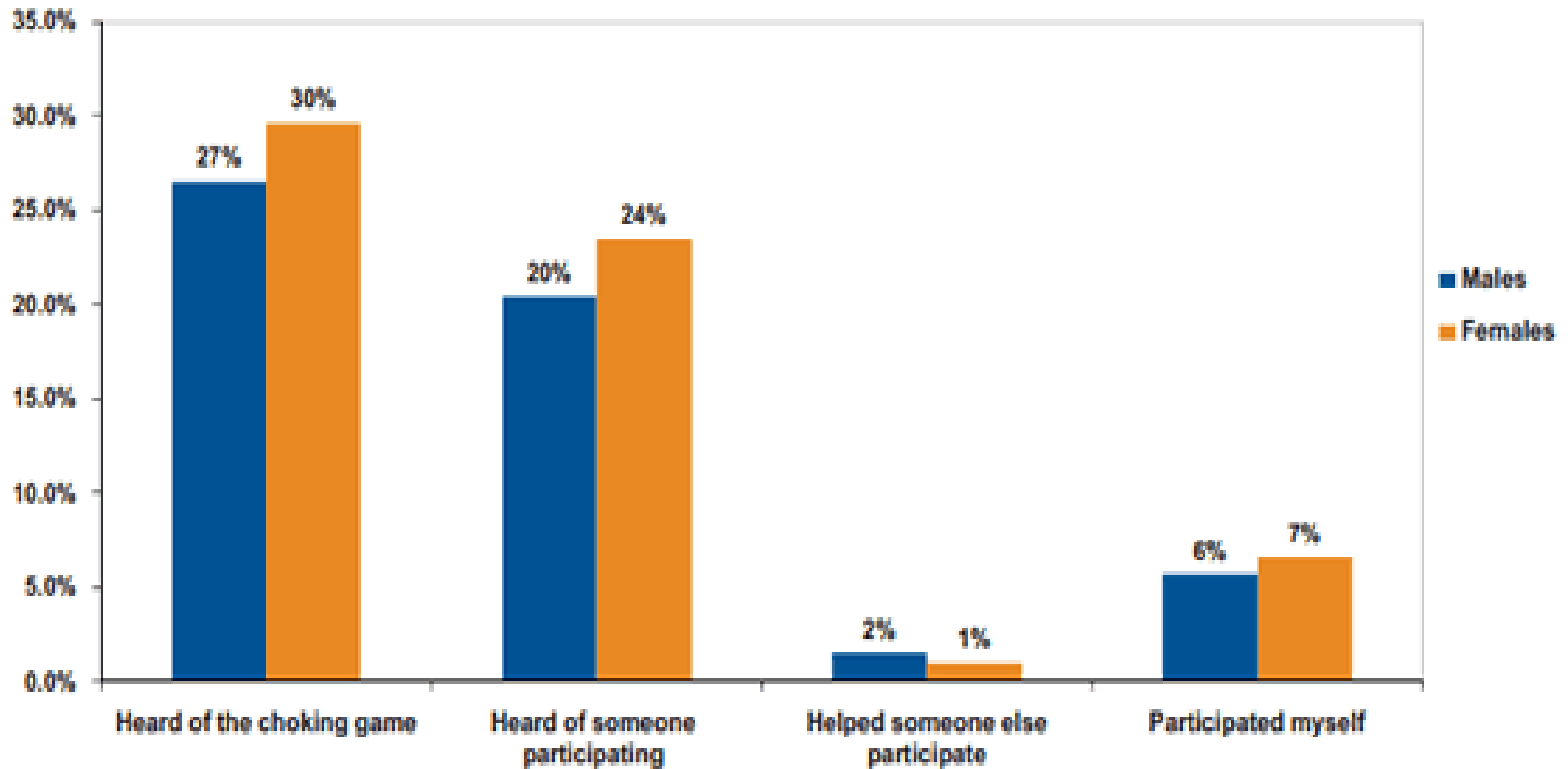
SOURCES: Choking-game deaths, news media reports; suicide by hanging/suffocation, National Vital Statistics System.

U.S. Choking Game Fatality Incidents Yearly



Reflects the reported incidence 2004 – 2010, may be artificially low numbers

Choking game awareness and participation 2009 Oregon Healthy Teens Survey - 8th-graders



2009 self-report data from 8th grade students in Oregon; most likely to know were males rural, white, prone to high-risk behavior. A rising trend is female involvement.

“Choking Game” Awareness and Participation Among 8th Graders — Oregon, 2008

The “choking game” is an activity in which persons strangle themselves to achieve euphoria through brief hypoxia (1). It is differentiated from autoerotic asphyxiation (2,3). The activity can cause long-term disability and death among youths (4). In 2008, CDC reported 82 deaths attributed to the choking game and other strangulation activities during the period 1995–2007; most victims were adolescent males aged 11–16 years (4). To assess the awareness and prevalence of this behavior among 8th graders in Oregon, the Oregon Public Health Division added a question to the 2008 Oregon Healthy Teens survey concerning familiarity with and participation in this activity. This report describes the results of that survey, which indicated that 36.2% of 8th-grade respondents had heard of the choking game, 30.4% had heard of someone participating, and 5.7% had participated themselves. Youths in rural areas were significantly more likely (6.7%) to have participated than youths in urban areas (4.9%). Choking game participation was higher among 8th graders who reported mental health risk factors (4.0%), substance use (7.9%), or both (15.8%), compared with those who reported neither (1.7%). Public health surveillance of these strangulation activities among youths should be expanded to better quantify the risks and understand the motives and circumstances surrounding participation. Parents, educators, counselors, and others who work with youths should be aware of strangulation activities and their serious health effects; they should watch for signs of participation in strangulation activities, especially among youths with suspected substance use or mental health risk factors.

The Oregon Healthy Teens survey, an annual population-based anonymous survey* of 8th and 11th graders† designed to monitor and measure adolescent health and well-being, is

based on the CDC’s Youth Risk Behavior Survey (YRBS) and includes questions on physical and mental health, sexual activity, substance use, physical activity/nutrition, and community characteristics. In 2008, all 647 Oregon public middle and high schools were part of the sampling frame, which was stratified into eight regions. Schools were sampled randomly from within each region, with a total of 114 schools being sampled. The data were weighted to achieve a statewide representative sample. Weighting was based on the probability of school and student selection, and a post-stratification adjustment for county participation. Schools use an active notification/passive consent model with parents, who may decline their child’s participation. In 2008, the survey contained a total of 188 questions, which were designed to be completed in the course of a class period. Overall, 77.0% of sampled schools agreed to administer the survey, and 83.7% of the 8th graders in those schools participated. In 2008, a single question about the choking game was added to the 8th-grade survey. Students were asked whether they had ever heard of the choking game, had heard of some-

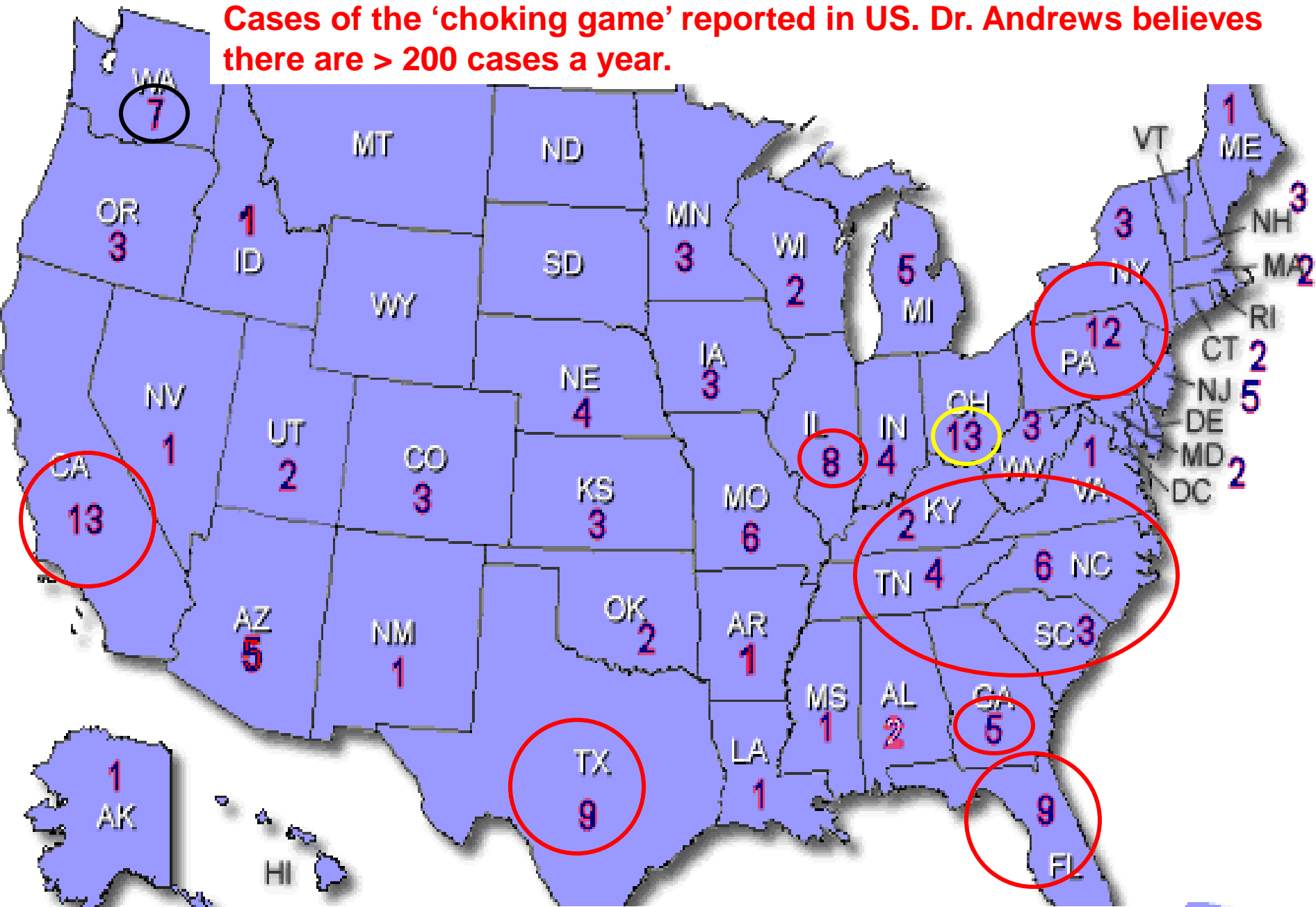


Recommended Adult Immunization
Schedule — United States, 2010

INSIDE

- 6 Outbreak of Adenovirus 14 Respiratory Illness — Prince of Wales Island, Alaska, 2008

Cases of the 'choking game' reported in US. Dr. Andrews believes there are > 200 cases a year.



US phenomenon, rare **except** in Western Europe / Aus / NZ / Africa.

* Posited that 33% of ligature 'suicides' may be 'choking game' related.

Puerto Rico

PEER-
REVIEWED
and SURVEY
RESEARCH

A Survey was given to 1000 schoolchildren, 500 boys and 500 girls ages 10-14 to assess their knowledge and participation the “Choking Game”.

Of the boys surveyed:

- 53% admitted to playing the game.**

Of those who had played:

- 86% admitted to playing at least 2x/week.**
- 64% admitted to having played alone.**

When asked where they had learned of the game and where they played: church, camp, scouts, sports....the number one answer for both the boys and girls was “at school”.

Peer-reviewed medical references on asphyxial games (AG) and outcomes...



1. Le D; Macnab AJ. **“Self strangulation by hanging from cloth towel dispensers in Canadian schools.”** [Inj Prev. 2001; 7\(3\):231-3](http://www.medscape.com/medline/abstract/12548272?queryText=choking%20games) Department of Pediatrics, University of British Columbia, Vancouver, Canada. <http://www.medscape.com/medline/abstract/12548272?queryText=choking%20games>
RESULTS: There were four deaths, and one near-death, all males age 7 to 12. Two cases were attributed to a "choking game" that provides a sensation (impending loss of consciousness) described as "cool". In three cases, the child was alone at the time. All deaths were due to strangulation from hanging and all occurred in school washrooms. One child (playing with two friends) recovered after admission to an intensive care unit.
2. Shlamovitz GZ; Assia A; Ben-Sira L; Rachmel A. **“Suffocation roulette”: a case of recurrent syncope in an adolescent boy.”** [Ann Emerg Med. 2003; 41\(2\):223-6](http://www.telecomassociation.com/pubs/chokinggamereport/files/suffocation_roulette1.pdf)
http://www.telecomassociation.com/pubs/chokinggamereport/files/suffocation_roulette1.pdf
Department of Pediatrics, Dana Children's Hospital, Tel Aviv Sourasky Medical Center, Ramat Aviv, Israel. Available at: <http://www.medscape.com/medline/abstract/11565991?queryText=choking%20games>
3. Byard RW; Williams D; James RA; Gilbert JD. **“Diagnostic issues in unusual asphyxial deaths.”** [J Clin Forensic Med. 2001; 8\(4\):214-7](#) Forensic Science Ctr Adelaide, SA
4. Sauvageau A; Racette S. **“Autoerotic deaths in the literature from 1954 to 2004: a review.”** [J Forensic Sci. 2006; 51\(1\):140-6](#) Laboratoire de Sciences Judiciaires et de Médecine Légale, Edifice Wilfrid-Derome, Montreal, Quebec, Canada H2K 3S7.

Peer-reviewed medical references on asphyxial games (AG) and outcomes...



5. Thomas A. Andrew, MD, FCAP, FAAP* on '20/20' asphyxial games...this isn't suicide or autoerotic asphyxia." at: <http://abcnews.go.com/2020/Health/story?id=989844>

Andrew, T.A., & Fallon, K.K. **Asphyxial games in Children and adolescents.** *Am J Forensic Med Pathol* 2007;28: 303–307. 3 cases reviewed. Available at: <http://www.charlydmiller.com/LIB13/2007Dec>
"Child's Play", Available at: <http://twteensandteensnews.com/archives/2006/jan/ChildPlay.php>

6. Gainer and Mason " **Traumatic Brain Injury (from the Choking Game).**" in NeuroNotes. Available at: <http://www.traumaticbraininjury.net/2005/12/choking-game-real-nightmare.html>

7. Gicquel J. J., Bouhamida K. &, Dighiero P. **[Ophthalmological complications of the asphyxiophilic "scarf game" in a 12-year-old child]** *J Fr Ophtalmol.* 2004 Dec;27(10):1153-5.

8. Banks, S. "Sasha is Dead....But Why?" Chicago Daily news analysis of a case. http://www.oddlotsirregulars.com/images/temp_file_choking.pdf

9. Perlstein, S. (2003). **Teens see asphyxial game as drug-free high. (Explain Dangers to our Young Patients).** *Family Practice News* - March 15, 2003

Available at: http://www.telecomassociation.com/pubs/chokinggamereport/files/asphyxial_game0.pdf

*

Dr. Andrew at: <http://www.whitemountainforensic.com/contact.aspx>

2008-2010 research on asphyxial games:

◆ **Oregon Healthy Teens survey, an annual population-based anonymous survey* of 8th and 11th graders† designed to monitor and measure adolescent health and well-being, is based on the CDC's Youth Risk Behavior Survey (YRBS)**

◆ **Williams County Youth Safety Study, 2007: 357 youths aged 12–18 years in Williams County, Ohio. 11% of youth played the choking game, increasing to 14% of females and 19% of those over 17 years of age.**

◆ **Survey of 2,504 youths aged 9–18 years in Texas and Ontario, Canada.[9] Reported lifetime participation in strangulation activities was 11% in the Ohio study and 6.6% in the Texas/Canada study.**

◆ **2008 Oregon Healthy Teens survey: 33% of 8th-grade students were aware of someone who participated in the choking game, 6% acknowledged trying it.**

◆ **42% of Williams County youth talked to their best friend about personal problems, 35% talked to their parents, 19% talked to a girlfriend/boyfriend, 18% did not talk to anyone. 11% talked to a brother/sister, 3% talked to their pastor/priest, 2% talked to their teacher, and 1% talked to their youth minister.**

The 2008 survey included 10,642 respondents. Of these, 7,757 (73%) answered the choking game question. The mean age of respondents to this question was 13.7 years (standard deviation = 0.5). Those who did not answer this question were more likely to be male and nonwhite and more likely to report higher levels of sexual activity, substance use, and mental health risk factors. Among the respondents, 36.2% had heard of the choking game, and 30.4% had heard of someone participating in it. Additionally, 2.6% had helped someone participate, and 5.7% had ever participated themselves. A similar percentage of females reported participating compared with males (5.3% versus 6.1%, $p = 0.13$). Hispanic (7.7%) and American Indian/Alaska Native (7.6%) youths had the highest participation rates, followed by white (5.4%), black (4.5%), Native Hawaiian (3.4%), and Asian (2.8%) youths.¶ Youths living in rural areas had a significantly higher participation rate than those in urban areas (6.7% rural versus 4.9% urban, $p = 0.01$) (Table). Youths who participated in the choking game were significantly more likely to also report other unhealthy behaviors and mental health risk factors. In particular, youths who had used substances**

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*** 'DEADLY GAMES CHILDREN PLAY'.COM POLL -**

Is available at: <http://www.deadlygameschildrenplay.com/en/contact-poll-stats.asp>

Respondents, N = 623 people, primarily adolescents.

Have you heard of the choking game? 75.0% said 'Yes'

Did you know of the game by any other name? 35.3% said 'Yes'

Do you know of someone that has played? 58.6% said 'Yes'

Have you played? 25.4% said 'Yes'

Do you still play? 6.3% said 'Yes' (39 people).

Have you shown or told anyone how to play? 18.5% said 'Yes'



*** 'DEADLY CHOKING GAME' Survey -**

available at: <http://forums.officer.com/forums/archive/index.php/t-36410.html>

Discussion forum. All police or law enforcement related postings.

Informal IM or 'chat' format, "Anyone have experiences with (choking games) such as deaths, or calls for assistance? N = 19 responses.

4 (21%) had responded to a case.

2 (50%) had been to fatal adult autoerotic asphyxia calls.

9 (47%) observed this behavior directly in friends, kids, and adults.

1 (5%) reported seeing this in training to be police officers.



*** 18 Southeastern US university students - (observational, 2009)...**

14/18 (78%) had 'knowledge' on asphyxial games and/or 'chubby bunny'.

9/18 (50%) had directly observed the choking game.

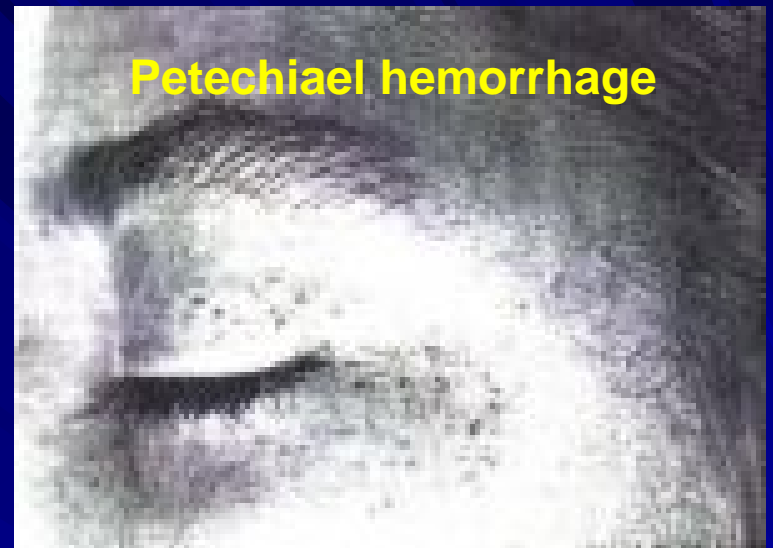


Signs and Symptoms, be on the look-out for:

- Use of terminology, child/friends describing the 'games'
- Reports of severe headaches;**
- Marks on the neck, wearing collars, turtleneck in Summer;
- Bloodshot or red eyes;**
- Raspy breath or unusual hoarseness (VCD?);
- Belts, bags, ties (ligatures) lying around the house;**
- Closed doors or an unusual need for privacy;
- Belts, leashes, ropes, shoelaces tied in strange knots or in unusual locations; bent closet hooks, shower curtain bar.**
- Unexplained cuts or bruises from falling, thumps heard from child's room from falling when they are alone;
- Disorientation after spending time alone;**
- Locked bedroom doors.



Bruising or marks



Petechiae hemorrhage

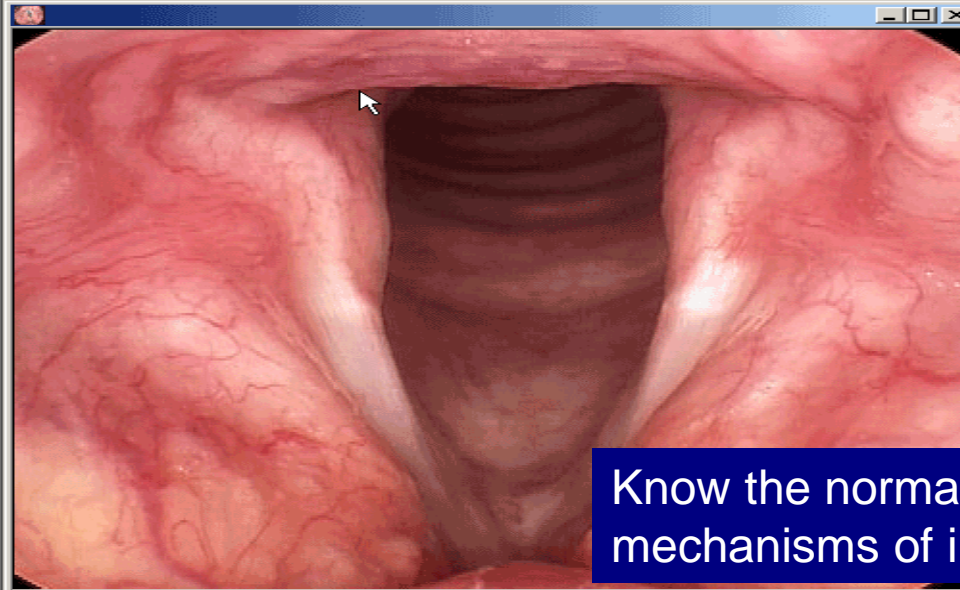
Some of the signs that indicate participation in asphyxial games



Red, bloodshot eyes

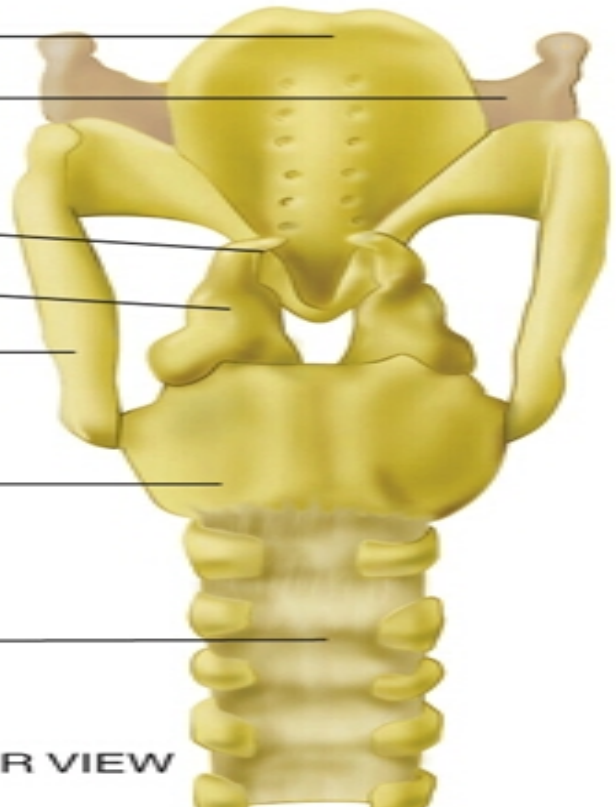
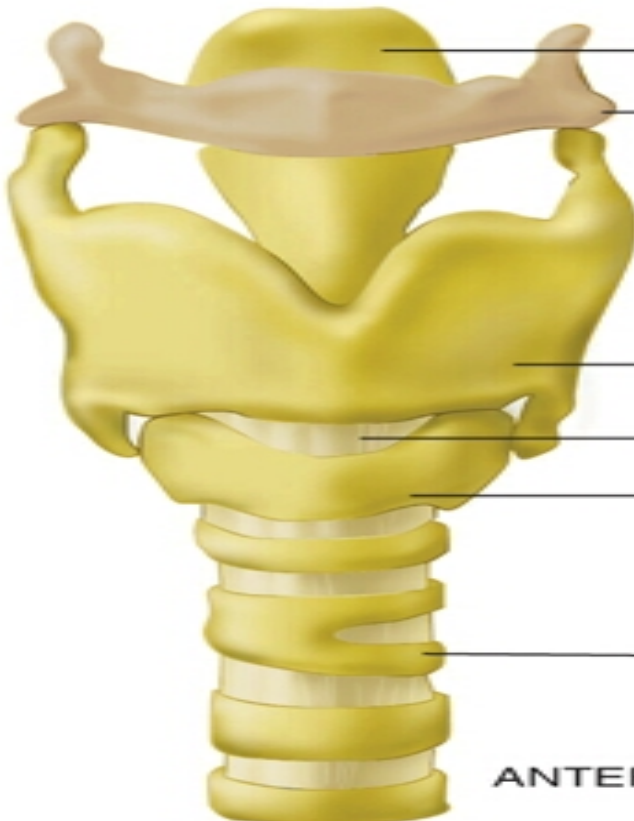


Ligature marks



Know the normal structure and the mechanisms of injury from ligature.

Courtesy Dr. Chris McRae, ETSU CommDis



Epiglottis
Hyoid bone

Corniculate cartilage
Arytenoid cartilage
Thyroid cartilage
Cricothyroid ligament
Cricoid cartilage

Trachea

ANTERIOR VIEW

POSTERIOR VIEW

Cricothyrotomy skills laboratory



Cook



NuTrake



Mini-trach II

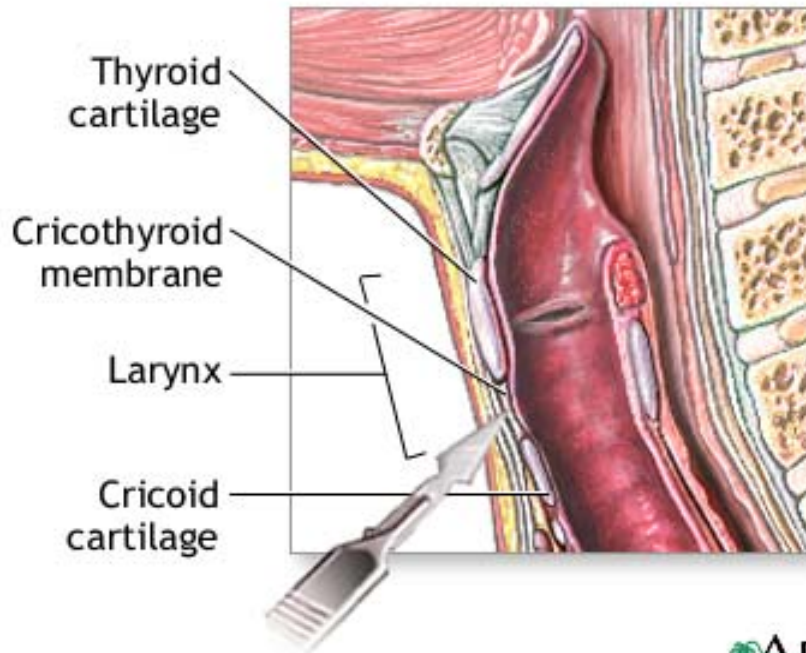


Cricothyrotomy laboratory



Cric insertion laboratory on a bovine trachea. Author is using a standard 10 gtt/ml IV tubing set and cut in middle of the drip chamber; he is inserting the spike end into the cricothyroid notch.

<http://heds.org/dave.html>



NuTrake in place



Concerns for those who may survive

“The Choking Game”:

- ✓ Neuro and C-spine injury.
- ✓ Asphyxial seizure / CVA.
- ✓ Damage to vocal cords or cartilaginous structures.
- ✓ Retinal vascular damage.
- ✓ Thyroid cartilage collapse / tear in trachea.
- ✓ Carotid vascular damage / aneurysm.
- ✓ ‘Trachea’ damage during intubation / resuscitation.
- ✓ Consider availability and need for Nu-Trake® or emergency ‘needle crich’, Quik Trach®, Mini, Nu-Trake® / jet ventilator / bagging and O2.
- ✓ Training opportunity, assess your staff’s ability to insert cricothyroidotomy adjuncts.
- ✓ Aspiration in the field, transport, or in the ED.

Preventing tragedy



During a presentation on "The Choking Game" by Upper Merionid police Officer Scott Metzger, Trina Alcott counts how her 13-year-old son, Kadee, died from choking. He is in the picture (in bold). The slide on the screen



How can I say, "No"?

- Use Humor- "No, I need all the brain cells I've got"
- Walk Away- Leave if people ask you to do it
- Give a reason- "No, it's stupid and it can kill you"

WHAT WE CAN WE DO IN THE COMMUNITY?

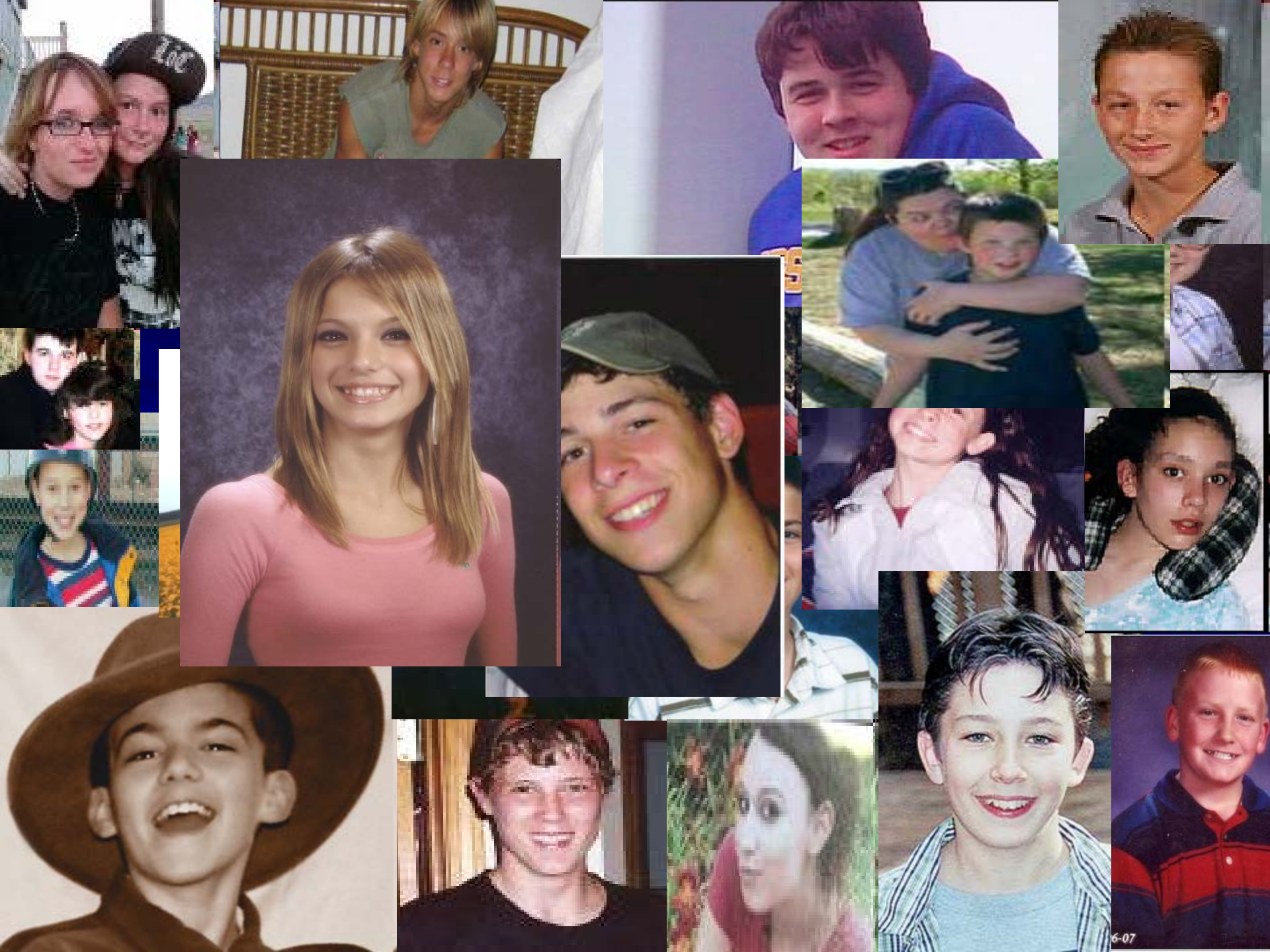
ASK: Is there a local issue? Do we need education or training?

LEARN: About the problem of games and outcomes in your region, and what to do if a survivor presents in your emergency department.

INFORM: Collaborate and get the word out.

ACT: Align with public health and police, i.e. "On Wednesday, students sat in amazement while listening to real 911 calls from school age victims. This was an effort to spread awareness of the addictive trend... (of asphyxial games)."

WORK: Prevent further cases, and treat those we may be able to save.



QUESTIONS, DISCUSSION?



Selected references

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- Macnab A, Deevska M, Gagnon G, et al. Asphyxial game or "the choking game": a potentially fatal risk behaviour. Inj Prev 2009;15:45–9.
- McClave JL, Russell PJ, Lyren A, O'Riordan MA, Bass NE. The choking game: physician perspectives. Pediatrics 2010;125:82–7 [E-pub ahead of print December 14, 2009].

Links to references from web and popular media:

'Teen Choking Game Has Fatal Consequences'

<http://abcnews.go.com/Health/story?id=2106272&page=1&CMP=OTC-RSSFeeds0312>

Kids Choose Hanging For Suicide. ATLANTA, June 10, 2004. Available at:

<http://www.cbsnews.com/stories/2004/06/10/national/main622450.shtml>

MMWR (06/22/04). Methods of Suicide Among Persons Aged 10-19 Years –

United States, 1992-2001 Available at: <http://www.medscape.com/viewarticle/481263>

Anti-ChG video on YouTube

<http://www.youtube.com/watch?v=cWgEaBVVuRI>

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