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 State University or Mercer University College of Medicine. Dr. Masini states no conflict of interest in this presentation.

**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.
Case Study 1:
Actual 911 call; a young boy finds his twin brother, who has lost the Choking Game.

Hajikame or naked strangle used in a bullying situation.

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.

Case Study 2:
Prevalence of death by ‘suffocation’:

CDC: “Kids Choose Hanging For Suicide.”


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% asphyxia No. 1 in girls 10-14. In 10 to 24-year-olds, suicide rates by hanging increased, on average, 6.7 percent for females and 2.2 percent for males between 1994 and 2013.


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

"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).
3. Dangerous ‘approved’ games...
- Drinking games, ETOH overdose.
- Chubby bunny.
- Any activity that risks airway obstruction.

1. * Per 100,000 population.
The usual outcome is a preventable death.
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).

Acronyms and statements regarding asphyxial games...

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.
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." Books: HAUNTED and CHOKE "Killing Me Softly.", "Teen Choking Game Has Fatal Consequences.", "Oz on HBO"

Video games?

SONG LYRICS

"Coming Undone"
(paraphrased)
Keep holding on
When my brain's ticking like a bomb
Games to black thoughts have come
Again to get me
Well...
I'm starting to suffocate
And wait with panic
Choke choke again
I thought my demons were my friends
Getting me in the end
They're out to get me
I'm trying to hold it together
But it's tighter than a noose
Looks like I'm not getting better
Not getting better

[chorus] by KORN

http://abcnews.go.com/Health/story?id=2106272&page=1&CMP=OTC-RSSFeeds0312 'Teen Choking Game Has Fatal Consequences.' By EMILY FRIEDMAN. June 26, 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
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.

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 spotter's 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

Ryan Tucker-14

Tragic outcome of asphyxial game

One of hundreds of videos on YouTube.
Bullying or peer pressure may be the cause of this 8 year-old's 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?
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.

Available at: JPMA

"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.

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.
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 ‘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 more prevalent than we now know.

WHERE?

Asphyxia and ‘hanging deaths less than 16 years old’ in U.S.: 933 ‘documented suicides’ and 184 ‘accidental deaths by hanging, with 98 ‘hanging, undetermined’ fatalities since 1994. Assumed to be underreported or erroneously reported.
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 30% of ligature 'suicides' may be 'choking game' related.
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 (AQ) and outcomes...


   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. Department of Pediatrics, Dana Children’s Hospital, Tel Aviv Sourasky Medical Center, Ramat Aviv, Israel.


The 2008 survey included 10,642 respondents. 7,757 (73%) answered the choking game question.

Mean age of kids 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, 2.8% had helped someone participate, and 5.7% had never 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 (2.9%) 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 and also reported mental health risk factors...
**DEADLY GAMES CHILDREN PLAY.COM POLL**

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’ (38 people).
Have you shown or told anyone how to play? 18.5% said ‘Yes’

**DEADLY CHOKING GAME** Survey

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 (10%) 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, 2010)…
14/18 (78%) had ‘knowledge’ on asphyxial games and/or ‘chubby bunny’.
9/18 (50%) had directly observed the choking game.

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**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.

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Some of the signs that indicate participation in asphyxial games:

- Ligature marks
- Red, bloodshot eyes
- Bruising or marks
- Petechial hemorrhage

What can we or should we do as health professionals?
Normal cords… can you name the parts? Put down the laryngoscope till you can.

Corniculate
Cuneiform
False cords or arytenoids
Vallate papillae
Epiglottis
Vallecula (under epiglottis in this view)

Rima or true glottis

In this view, the chin would be here.

In this view, the esophagus would be posterior to trachea.

True cords
False cords or arytenoids
Cricothyroid notch (subglottic view)

Tracheal rings

Subglottic view

Opportunity to revisit airway anatomy.

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

Epiglottis
Hyoid bone
Cricovocal cartilage
Arytenoid cartilage
Thyroid cartilage
Cricothyroid ligament
Cricoid cartilage

Trachea

ANTERIOR VIEW POSTERIOR VIEW

Cricothyrotomy skills laboratory

Quik-trach

Cook

NuTrake

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

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.

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.