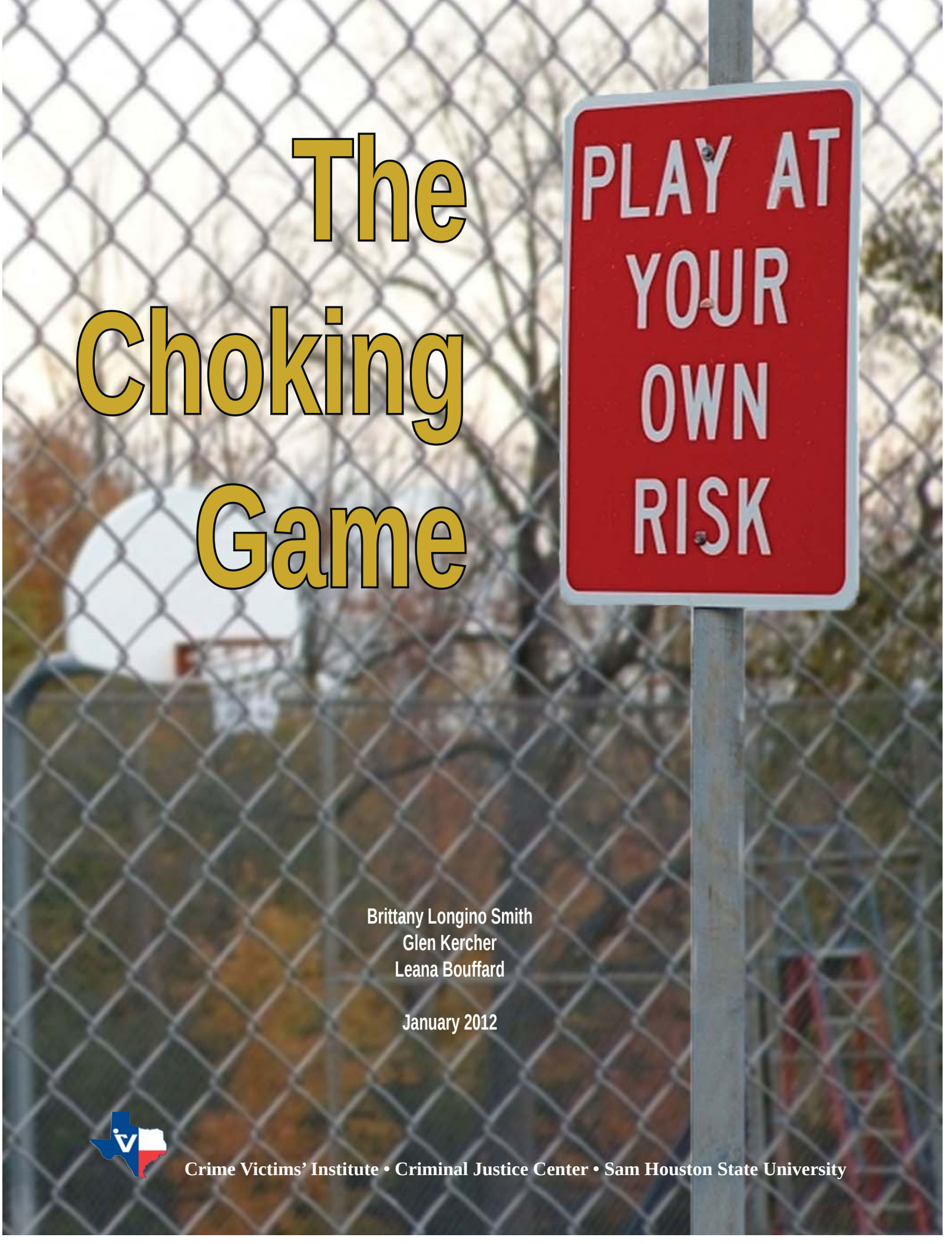

The Choking Game

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Crime Victims' Institute • Criminal Justice Center • Sam Houston State University

…from the Director

The Choking Game is a dangerous activity in which children starve their brain of oxygen to achieve a natural high. It involves applying pressure to the neck to stop the blood flow to the brain and then releasing the pressure to create a temporary sense of euphoria. Asphyxiation is very risky and has resulted in the deaths of many young people. Statistics on participating in the game are sketchy. Some of the resulting deaths may be classified as suicides or not reported at all.

This study was undertaken to determine who is playing the game, in what contexts, and how they learned about it. College students were asked about their familiarity with and participation in this game. The results have implications for prevention. It is our hope that these findings will inform efforts by parents, schools, and community agencies to warn young people about the dangers of participating in the Choking Game.

Glen Kercher
Crime Victims' Institute

Sam Houston State University
A Member of The Texas State University System

Mission Statement

The mission of the Crime Victims' Institute is to

- conduct research to examine the impact of crime on victims of all ages in order to promote a better understanding of victimization
- improve services to victims
- assist victims of crime by giving them a voice
- inform victim-related policymaking at the state and local levels.

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Executive Summary

What has come to be known as the Choking Game is an activity in which a person's blood flow to the brain is impeded. This game has been played in groups and individually. It came to the attention of the public through several news accounts of teenagers accidentally suffocating when playing the Choking Game by themselves.

College students were asked about their familiarity with this practice.

- Most of those who completed the survey had heard of the Choking Game;
- 16% percent of students reported having played the game;
- Males were more likely to have played than females;
- The average age when students first played the game was 14;
- Students who were primarily raised by one parent were more likely to have played the game;
- Students who were bisexual or unsure of their sexual orientation were more likely to have played the game than were heterosexuals or homosexuals;
- 90% of those who played the game first heard about it from peers;
- Most students reported that others were present when they first played the game;
- These activities most often took place in someone's home;
- Participation in this activity is related to impulsivity and the tendency to engage in a range of risky behaviors;
- Curiosity about the effects of the Choking Game was a primary motivation for playing the game;
- 72% of game participants played the game more than once;
- 63% of game participants indicated that they did not experience any negative effects from playing the game;
- Learning about the potential dangers in engaging in this activity served as a deterrent for the majority of nonparticipants.

The Choking Game

It is not uncommon for parents of adolescents to worry that their children may participate in unhealthy or risky activities, especially drug and/or alcohol consumption. While preventative programs have increased exponentially to help warn adolescents of the use of these illegal substances, another method of achieving similar effects has been introduced to this age group. This "game," as it is often called, does not require obtaining any drugs or alcohol, is free, and can go undetected by many parents, teachers, physicians, and other authority figures. Most importantly though, many of those who engage in this activity, along with older teens do not understand that the practice can indeed be just as deadly as the illegal substances youth have been warned against. In fact, it has been referred to as the "good kid's drug" due to the absence of illicit substances and the perception that it is a "safe high."[1]

What is the Choking Game?

Most often referred to as the "Choking Game," this practice has become a recreational activity for youth. Other names the "game" has been called are "Space Monkey," "Airplaning," "American Dream," "Fainting Game," "Pass out" and "California High," to name a few. While the practice may be called by many names, the intent is still the same. The effect of the game is to restrict blood flow or oxygen-rich blood to the brain. This can be achieved through a variety of methods. Many have an assistant use his or her hands to squeeze the neck of the "player." Other two-person methods include; having an assistant press his hands on the player's chest, placing the player's neck in the crook of his arm (sleeper hold), or "bear hugging" him. The game can also be played alone. The player may squat down, breath rapidly for a few seconds, then quickly stand up and hold his or her breath. Other ways include using one's hands to tightly squeeze the neck; placing heavy objects on the chest; placing a plastic bag over the head; or applying a ligature (belt, rope, tie, etc.) around the neck.

The resulting restricted blood supply to the player's brain often leads to unconsciousness. Even if the participant does not pass out, it should not be assumed that damage has not occurred. Those who have participated in this activity report a pleasurable or euphoric feeling just before losing consciousness and then again when the oxygen deprived brain gets a sudden rush of blood once pressure is released.[2, 3, 4] In essence, the experience is supposed to mimic the effects of mind altering substances. Some describe experiencing hallucinations or a sense of flying.[5]

With the increase of recent media stories detailing the fatalities and other harmful side effects of this activity, it may be assumed that the Choking Game is a relatively new practice among youth. However, it has actually been played by adolescents for generations, possibly even centuries. The similar, though often unrelated practice of autoerotic asphyxiation has been documented as early as the 17th century. While it is true that today many engage in the Choking Game with no erotic experience in mind, it is conceivable that the game may have originated from its sexual variation. In fact, ancient Native and Eskimo tribes detailed the practice of autoerotic asphyxiation among children. [6,7] Supposedly, the act of suffocating oneself heightens sexual arousal.

What makes the game more deadly, is when youth play the game by themselves.[8] The practice of self-strangulation resulting in death may have been more common in the past than originally perceived, because many such deaths may have been misclassified as suicides.[9] For example, the Center for Disease Control and Prevention (CDC) reported that 82 individuals between the ages of six and 19 years old have died in a span of 12 years (from 1995 to 2007)

as a result of participating in the Choking Game.[10] Moreover, the Dylan Black Foundation, an awareness organization founded by a parent of a victim of the game, reported that in 2007 alone at least 45 deaths resulted from young people playing the game.[11] The website, Games Adolescents Shouldn't Play (GASP), states that in 2007, the total number of deaths that year was at least 86. Due to the rise in adolescent suicides more than doubling from the 1980's to today, it is speculated that Choking Game deaths may be reflected in the increase.[12, 13]

Figure 1 below highlights the number of deaths associated with the Choking Game as compared to suicides resulting from hanging/suffocation as compiled by the CDC from 1995 to 2007.[14] As the figure shows, more than double the number of deceased adolescents from the ages of 11 to 13 died due to the Choking Game as compared to suicide.

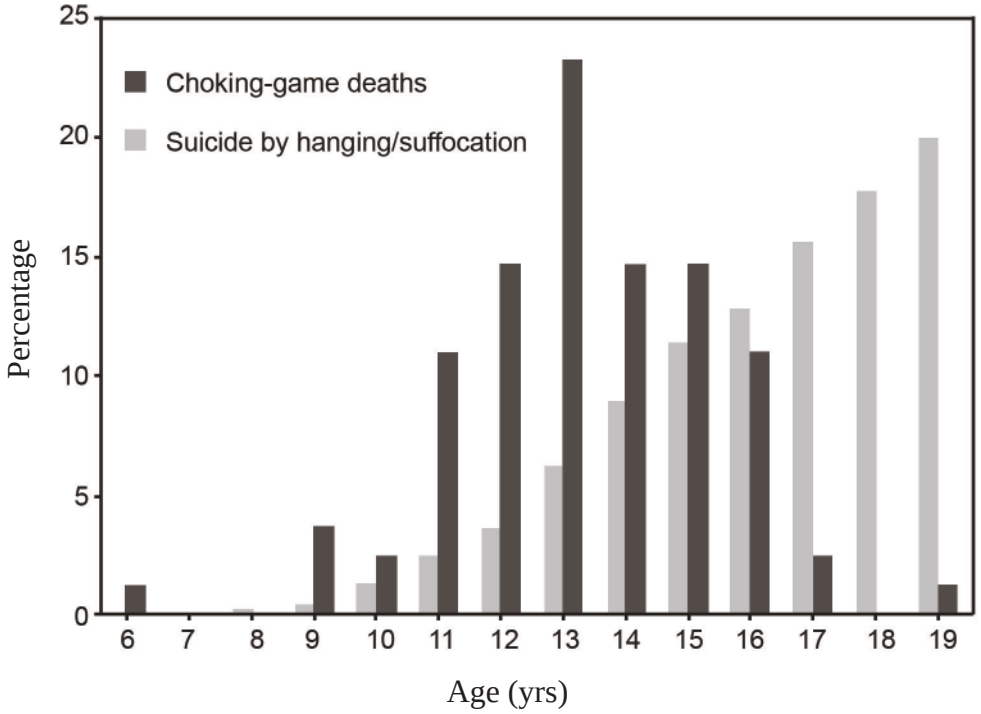

Figure 1. Age distribution of youths aged 6-19 years whose deaths were attributed to the "choking game" (n=82) during 1995-2007, compared with yourth whose deaths were attributed to suicide by hanging/suffocation (n=5,101) during 1999-2005 - United States*

*Figure Copied from CDC, 2008

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

Who is Playing the Choking Game?

In 2010 the Crime Victims' Institute surveyed undergraduate students at a state university in East Texas about their knowledge of and experience with the Choking Game. The survey was administered to approximately 15,000 students and had a completion rate of 5.5% (N=827).

Sex. Sixty percent of survey respondents identified themselves as female and 40% as male (Figure 2).

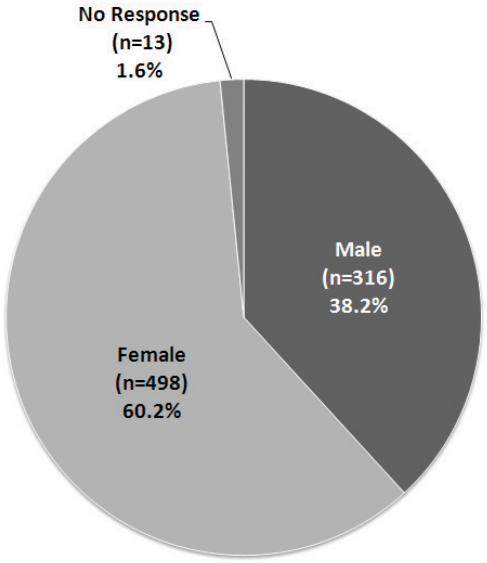

Figure 2. Sex of Survey Participants

Age. The participants were between the ages of 18 and 53 years old (M = 22.02, SD = 4.5).

Race. Most participants were Caucasian (76.7%). Just under 13% self-identified as Hispanic, 7.5% as African American, 1.3% as Asian American/Pacific Islander, and 0.6% as Native American/Alaska Native (Figure 3).

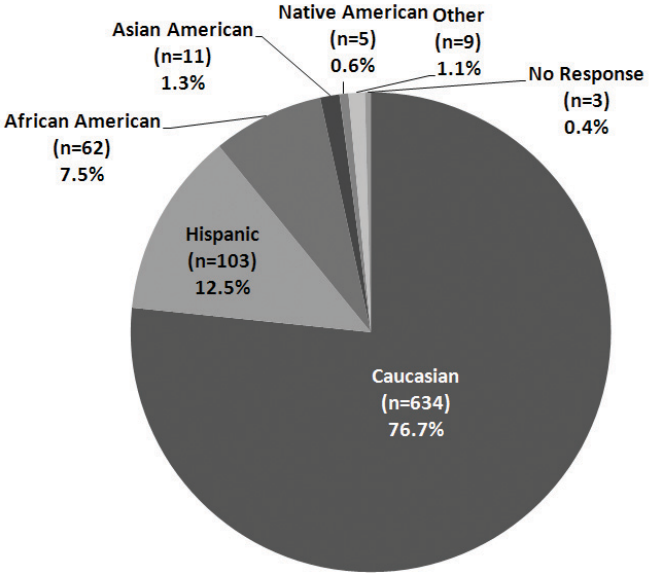

Figure 3. Race of Survey Participants

Sexual Orientation. Eighty-eight percent self-identified themselves as being heterosexual, 5.3% as homosexual, 4.8% as bisexual and 1.8% indicated that they were unsure of their sexual orientation (Figure 4).

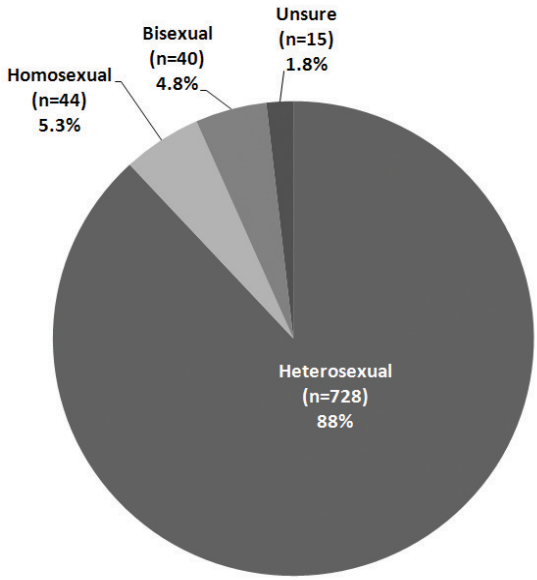

Figure 4. Sexual Orientation of Survey Participants

Most of the participants who completed the survey (81.5%) had heard of the choking game prior to this study (Figure 5). Approximately 16% of all survey participants reported having played the choking game at least once (Figure 6). Among those who had heard of the game, 19.9% of them played the choking game. Interestingly, the results of this study showed a much higher rate of participation than reported in the majority of other studies, which found rates to be approximately 6%, 7% and 9%.[15, 16, 17]

There could be several explanations to account for this difference. First of all, several studies focused on participants no older than middle school age,thus limiting the opportunity to engage in the game. [18, 19, 20] Also, the younger participants may have believed they would "get in trouble" for reporting their experiences.

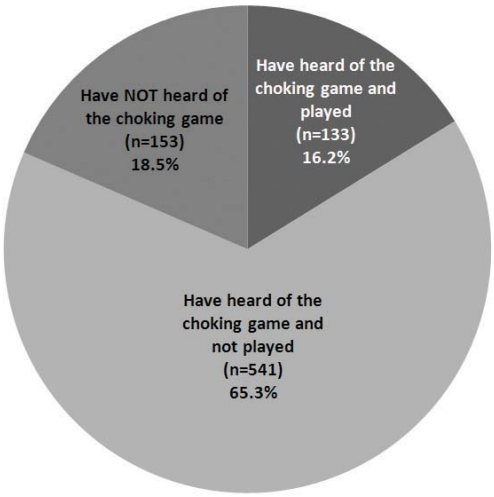

Figure 5. Awareness of the Choking Game

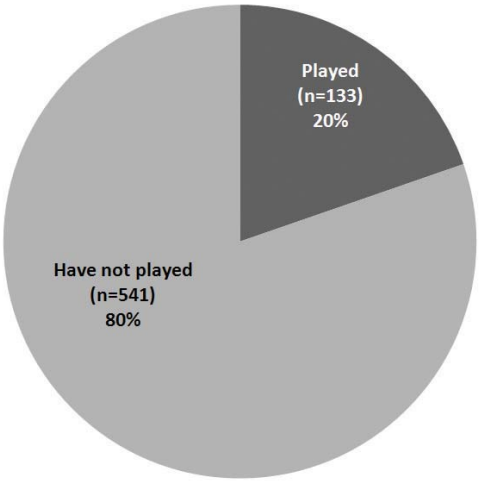

Figure 6. Participants who Heard of the Choking Game

Another possible explanation for the differences in participation rates may be that the current study focused on college students whose average age was 22 years old, 8 years older than the reported average age of first participating in the Choking Game. Since many of the participants had engaged in the activity well before public awareness efforts began, fewer participants may have known the risks before playing. In fact, only 26.3% of those who had participated in the Choking Game reported that they had been aware of the potential dangers before playing. The current study also included more participants who listed rural areas for their permanent addresses, while a previous study found higher rates of participation than urban areas.[21] It could also be that college students who had no experience with the game saw no reason to complete the survey.

Characteristics of Game Participants

Sex. Males were significantly more likely to have participated in the activity than females (20.6% versus 13%).

Age. The average age at which individuals first played the Choking Game was 14, with responses ranging from as young as 7 up to 22 years of age (Figure 7). This age range is consistent with other studies.[22]

Race. African-Americans were significantly less likely to have played the game than other racial groups (4.8% compared to 20%).

Family of Origin. Participants living with one parent families during most of their youth were more likely to have participated in the game (20.9%) versus those living with two parents (either both biological or one step-parent, 14.7%) These results are similar to that of Dake et al. (2010) who also found an increase in game participation among those who lived in one parent families (9%).[23]

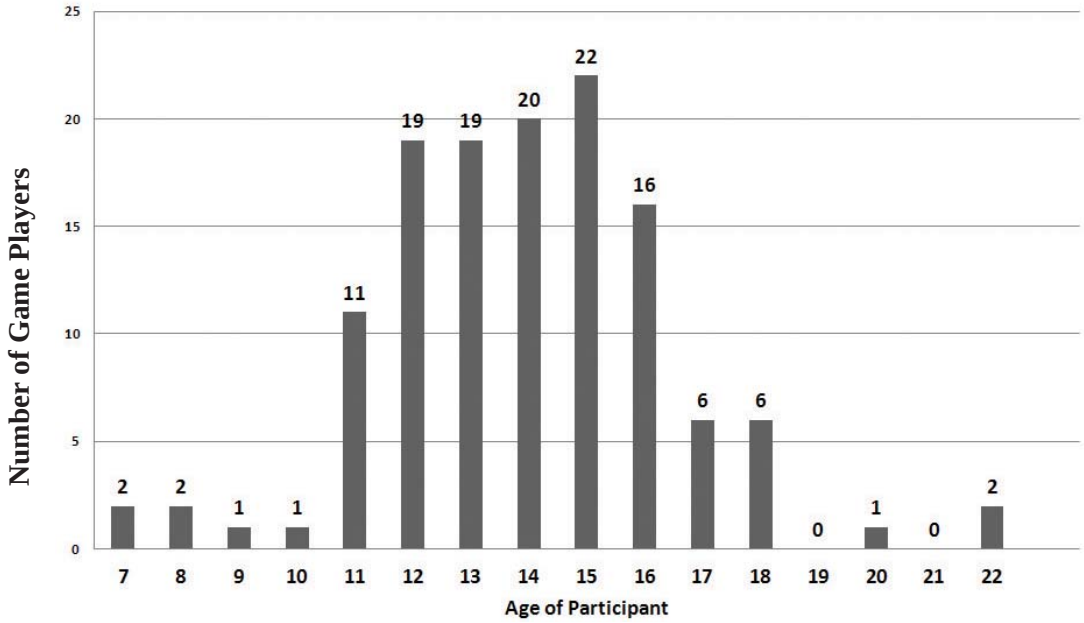

Figure 7. Age Participants Began Playing the Choking Game *

Sexual Orientation. Intriguingly, the results showed that a greater percent of those who reported being bisexual (35%) or unsure (20%) of their sexual orientation were more likely to have played the Choking Game than those who reported being heterosexual (15.1%) or homosexual (13.6%). Of the bisexual and unsure participants who played the game, 17.6% identified as being male, 70.6% as being female, and 11.8% did not identify their gender (Figure 8). It was found that participants who identified themselves as bisexual or unsure were not only more likely to have played the game (Figure 8), but those who did play, did so more frequently, with 50% of these participants reporting that they had played the Choking Game more than five times (compared to 24% of heterosexual game participants and 0% of homosexual game participants). They also played over a greater range of years, with 28.6% having played the game as late as their twenties compared to only 3.5% of heterosexuals and 0% of homosexuals. While the bisexual/unsure game participant sample had a similar average age at initially playing the game (14 years old), the average age at the last game experience was 17.5 years old. This is approximately three years older than that of their heterosexual and homosexual counterparts who averaged 14.8 years of age the last time they played.

Bisexual game participants were more likely to report having played the game by themselves (35.7%), desiring the feeling the game produced (71.4%), and admitting they plan to play the game again in the future (28.6%). However, overall this group engaged in less risky behaviors before playing the Choking Game (such as alcohol and substance abuse) than heterosexual and homosexual game participants.

*** Five respondents left this question unanswered.**

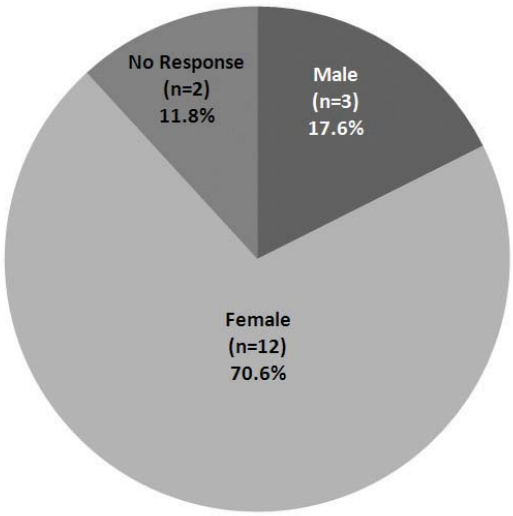

Figure 8. Bisexual Game Participants by Gender

Learning about the Choking Game

The popularity of the Choking Game may be due in part to depictions available through media outlets. Websites such as *YouTube* have allowed adolescents to post videos of dangerous or risky behaviors, which can increase curiosity about such activities. While the average age of participants in this study suggest they were teenagers before the advent of *YouTube*, this may nevertheless account for some participants' introduction to the game. The majority of those who reported playing the game learned of the practice through word of mouth from friends (90%) and/or siblings (11%), and over 8% reported they had learned of the game via the internet or TV.

Most game participants (94.7%) reported that others were present when they first played the game; however, surprisingly only approximately 80% reported having watched someone else play the game first, either in person, on TV, or on the internet. Those who played the game preferred to play in small groups. Slightly more than 62% reported that 1 to 4 other people were present when they first played while 13.5% percent indicated that a group of more than 8 persons were present during the activity.

The size of the groups may also be related to the setting for the activity. The majority of participants (91%) reported preferring to play at a friend's house or at their own houses. However, many also admitted to having played the game at various school locations including the school playground (11.3%), in a classroom (10.5%), a locker room (12.8%), or a school bathroom (6%). Regardless of location, 46.7% of those who had played, never did so while adults were present (within shouting distance) (Figure 9).

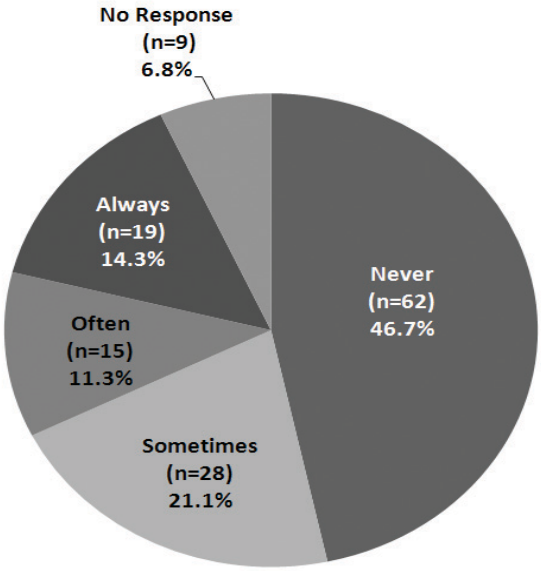

Figure 9. Presence of Adults When Playing the Game

Risk-Seeking Personality Traits

Involvement in the choking game appears to be related to general low self-control tendencies and specific kinds of risky behaviors such as:

- "I often act on the spur of the moment without stopping to think,"
- "I don't devote much thought and effort in preparing for the future,"
- "I often do what brings me pleasure here and now, even at the cost of some distant goal,"
- "I like to test myself by doing things that are risky,"
- "I like to take risks just for the fun of it,"
- "I find it exciting to do things I might get in trouble for," and
- "Excitement and adventure are more important to me than security."

Those who have played were more likely to endorse statements supportive of impulsivity (low self-control) (Figure 10).[24]

Other risk-seeking behaviors that game participants admitted to experiencing before playing the choking game included (7 survey participants did not respond to this question):

- smoking cigarettes before being of the appropriate age (40.6%),
- smoking marijuana (38.4%)
- illegal consumption of alcohol (46.6%),
- using illegal drugs (other than marijuana) (18.8%),
- engaging in sexual intercourse (30.1%),
- racing a bike or motorized vehicle (43.6%),
- being involved in a physical fight (41.4%), and
- carrying a weapon such as a knife, gun or club (15.0%).

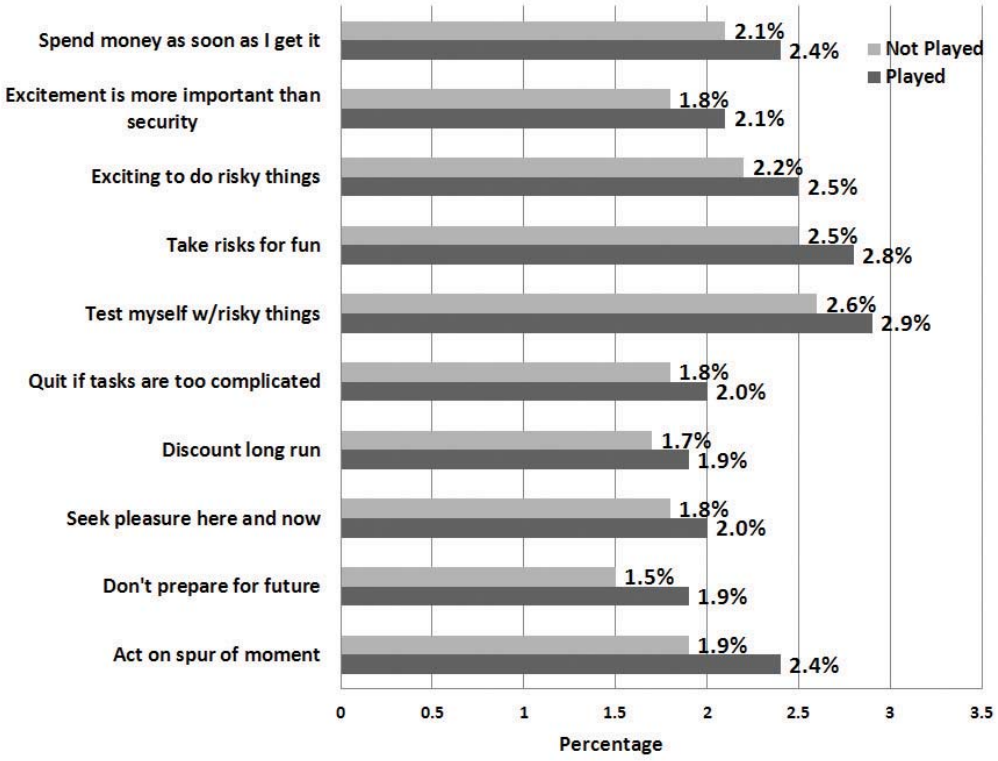

Figure 10. Low Self-Control Traits

Other studies have also reported a relationship between game participation and risky behaviors. Similar to this study's results, Dake et al. (2010) and Ramowski et al. (2008), reported substance use as a significant factor in Choking Game participation.[25, 26] Additionally, similar studies have found that students:

- who make lower grades in school[27,28]
- experience violence by others,[29]
- have had mental health difficulties,[30, 31, 32]
- have had 4 or more sexual partners, [33] and
- engage in non-suicidal self-injurious behavior, such as "cutting"[34]

are more likely to participate in the Choking Game.

Contrary to the above findings, Andrew and Fallon (2007), who studied the cases of 24 deceased victims of the Choking Game, found that the majority of victims showed no prior use of alcohol or drugs.[35] There could be several explanations for this inconsistency. First of all, since all of the cases reviewed in the Andrew and Fallon study involved participants who had died, accounts of their substance use were not self-reported. Most likely the information was gathered from the parents who may not have been aware of substance use by their children. Another plausible explanation is that the subset of younger adolescents with mental health problems might have turned to drugs or alcohol but had limited access to them. Thus, participation in the Choking Game may have been a way to self medicate.

This may explain the public perception of the Choking Game as the "good kid's drug," based on media coverage of "straight arrow" children participating in the activity. However the results of this study do not support that view. Rather, those who engage in a number of risky behaviors appear to have a higher rate of participation in the Choking Game than adolescents who do not.

Motivations for Playing the Game

Both male and female participants in this study reported similar motivations for wanting to try the game. The three most common reasons given were:

- wanting to know what the experience felt like,
- being curious, and
- enjoying participation in risky behaviors.

Unlike other risky behaviors, this study did not find that peer pressure influenced the decision to play the game. In fact, peer pressure motivations such as "avoiding being made fun of," "being dared," "avoiding being left out," or "looking cool," were not frequently reported as influential factors (Figure 11). When specifically asked, only 10% of participants indicated that they had ever felt pushed into playing by someone making them feel guilty, begging, challenging, or tricking them. However, 14.7% of non-players reported peer pressure to play.

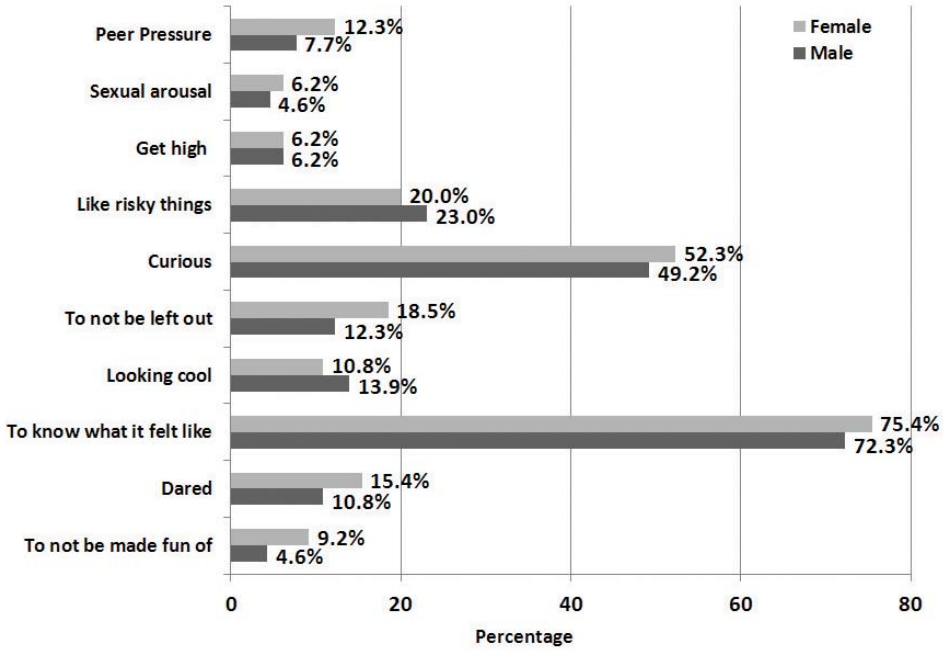

Figure 11 . Motivations for Participating in the Choking Game

Twenty percent of this survey's participants stated that they had witnessed the game being played but had not played themselves. Fifty-four percent of that group reported feeling pushed, pressured, or challenged to play.

Brausch et al. (2011) proposed that many adolescents who lack appropriate coping mechanisms may turn to the Choking Game in order to experience a "euphoric high" similar to that of substance use and adrenaline producing activities.[36] Specifically, their study found that adolescents who had engaged in both non-suicidal self-injury and the Choking Game, may have been willing to use self-harm in order to gain a sense of "relief."

Approximately 40% of participants in the current study reported feeling excited after playing the game, 25.6% felt confused, and 12% reported that they were eager to try the game again. One female participant stated that she played because she was stressed and "needed relief." Additionally, about one-third of those who had played (33.1%) reported that after their

first experience with the game, they wanted to re-experience the way the game made them feel. Almost 72% of game participants admitted to playing the game multiple times (Figure 12). Over 18% of those who had first played the game with at least one other person present played the game alone subsequently.

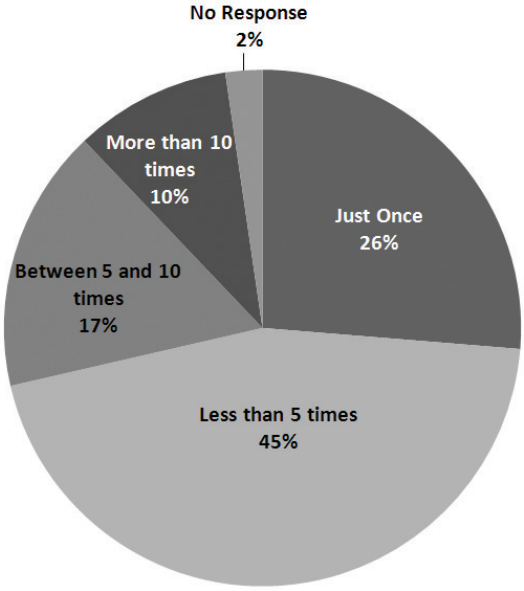

Figure 12. Frequency of Choking Game Play

Motivations for Not Playing the Game

The experiences and personality traits of study participants who had never engaged in the Choking Game were examined to further understand their decision not to play. The average age of these survey participants was 16 at the time they first heard of the activity, two years older than the average age of those who reportedly played the game. Many of these participants stated that upon first learning of the Choking Game, the information they received also included warnings about potential dangers that could result from attempting this activity. Nearly 80% of these survey participants were made aware of the potential adverse consequences, such as seizures or death due to participation, compared to only 26.3% of those who actually played the game. With that said, 90% of game participants reported that they are now aware of the dangers, and 88.7% of these participants stated they would not engage in the game in the future.

Overwhelmingly, participants who have heard of the game but have never participated in the activity stated that one of their major motivations for not playing the game was because the game looks "dumb" to them (82%). Additional motivations expressed by non-players may suggest awareness and prevention efforts have been effective. For example, 56% of non-players stated the game was too risky, 30% admitted the game scared them, 15% reported that warnings by a parent or teacher influenced their decision, and 24.7% stated that none of their friends had ever played the game (which may or may not be related to prevention efforts) (Figure 13).

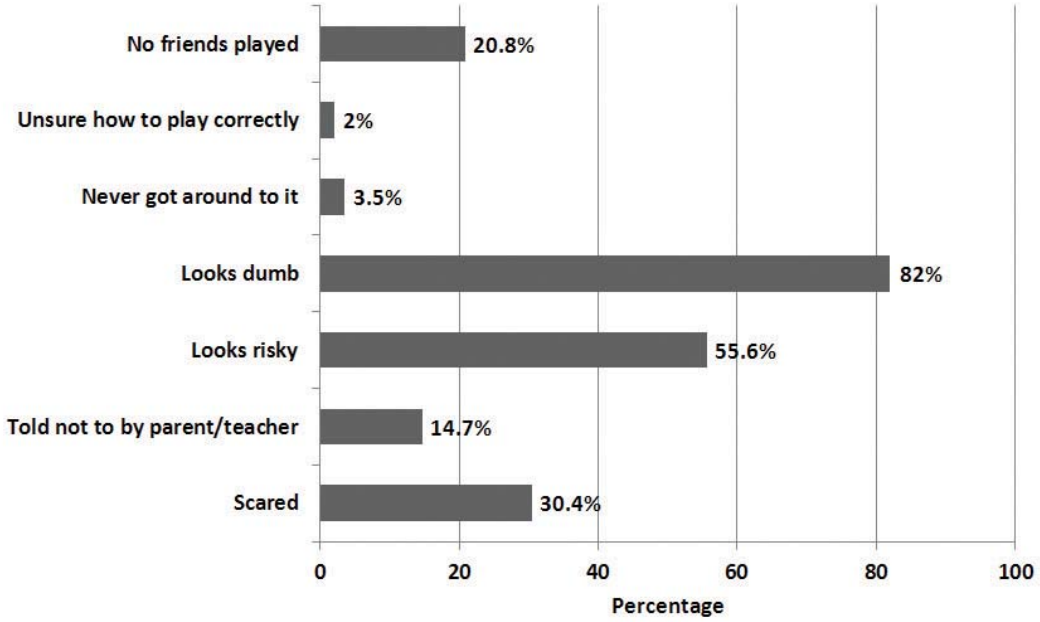

Figure 13. Motivations for Not Playing the Choking Game

Consequences of Playing the Game

The main concern with the Choking Game has long been the health risks associated with this activity. The media have reported cases of fatalities due to the Choking Game as the following example shows:

Case 1

> *In 2009 a 13 year old boy was found by his twin brother with a rope looped around his neck. The brother of the victim reported that he at first was unaware of the severity of the situation, but upon failed attempts to "wake" the deceased, he ran to his mother. The mother of the victim reports first assuming the victim had committed suicide. It was only when the victim's brother informed officials about the game, that the victim's mother became aware of its existence. The deceased's brother reported that they had played the game numerous times, and attempted to describe the reason for the game play, stating "It's hard to describe how it feels. It's kinda like, just, like, somewhere not on earth, but your just dreaming, kind of. But then it only lasts for a few seconds and when you wake up you just don't know where you are or what's going on." The victim's mother reports regret for not knowing the potential warning signs of the "game", stating "I knew something was wrong." The day before, she had asked him about marks on his neck and the week prior she had noted his eyes to be blood shot.*[37]

The increase in "solo play" of the Choking Game has inevitably increased the number of fatalities. Far too often those who use ligatures or other forms of participating by themselves lose consciousness before being able to remove the strangulation device. Unfortunately, severe brain injury or death can occur before consciousness is regained. This tragedy can occur so quickly that others, such as parents or teachers, may not even realize that the child is gone. Such was the case of a healthy 12 year old Canadian boy who asked to be excused from class to go to the restroom. He was later discovered hanging from a towel dispenser in the washroom.[38] It has been reported that loss of consciousness due to cutting off blood supply to the brain can occur within 13 to 18 seconds with convulsions beginning within 14 to 19 seconds, indicating that there is very little time to intervene.[39]

While consequences similar to those in Case 2 may not receive as much media attention, they still pose serious risks. At the very least, seizures or loss of consciousness can cause serious physical injuries from falling. It has been reported that "association of some type of seizure activity is the rule rather than the exception in most syncopal (fainting) episodes."[41,42]

Case 2

A 14-year-old boy was admitted for monitoring due to several seizure-like events. Some of these events include classic tonic-clonic characteristics such as convulsions, rolling eyes, and back arching. The rest were reported as episodes of confusion lasting approximately two to three minutes. His medical history reported a prior concussion from sports two years earlier, but no other seizure risk factors were present. He received normal results on his EEG and MRI. It was noted that his academic performances were declining and his parents were separated and going through a divorce.

During a continuous bedside video/EEG monitoring, the patient was recorded placing his hands on his neck and compressing his carotid arteries while holding his breath. Within seconds the EEG monitoring system would report "electrographic events characterized by bursts of generalized polymorphic delta-theta slowing". Normal brain and breathing patterns would return after the patient removed his hands from his neck. One of these episodes did produce an arm tremor, though responsiveness testing was not performed.

The patient was later questioned about the episodes and reported he engaged in similar behaviors at home, claiming the behavior produced a "pleasurable sensation." His seizure-like activities were conduced to this behavior and his epileptic medications were discontinued.[40]

In 2009, a group of medical doctors studied the effects of the Choking Game by observing videos uploaded to *YouTube*. Out of the 65 videos located on the internet site, they observed 110 participants. Seizures brought on by oxygen deprivation were witnessed in 55% of the videos, with 7% of the videos reporting inconclusive seizure activity due to the video ending abruptly or an observer blocking the view of the camera.[43] It should be noted, that seizures were most likely to occur in instances where the "Sleeper hold" was used as the primary technique in achieving the "game's" desired effects. Eighty-eight percent of the videos that demonstrated this technique resulted in seizure activity. Disturbingly, throughout the course of the Linkletter et al. (2009) study, the 65 videos were viewed 279,240 times collectively and were marked as a "favorite" 721 times.[44]

In the present study, two-thirds of college student participants reported experiencing no negative physical or neurological injuries. Injuries most commonly self-reported in this study were headaches and blurred vision. Participants of the game more often reported witnessing adverse reactions to the game in others (Figure 14).

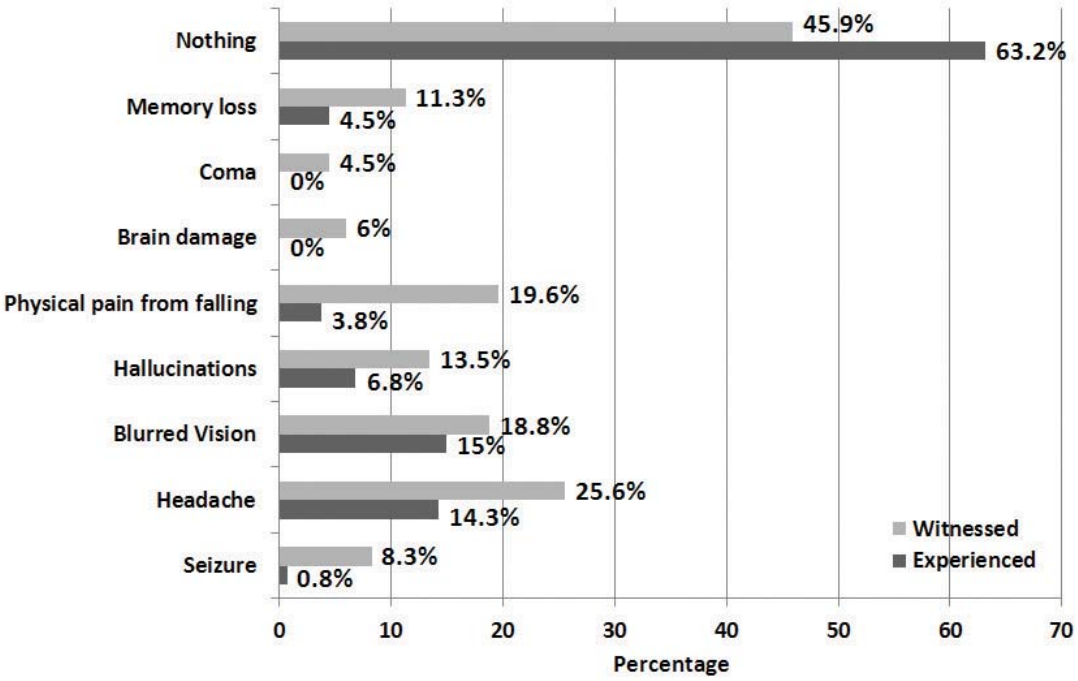

Figure 14 . Adverse Reactions Reported by Choking Game Participants

Those who had not played the Choking Game still reported either witnessing or hearing about a range of physical injuries (Figure 15). One large difference betweeen participants and non-participants is the substantially higher number of non-participants who reported knowing or having heard of individuals who died while playing.

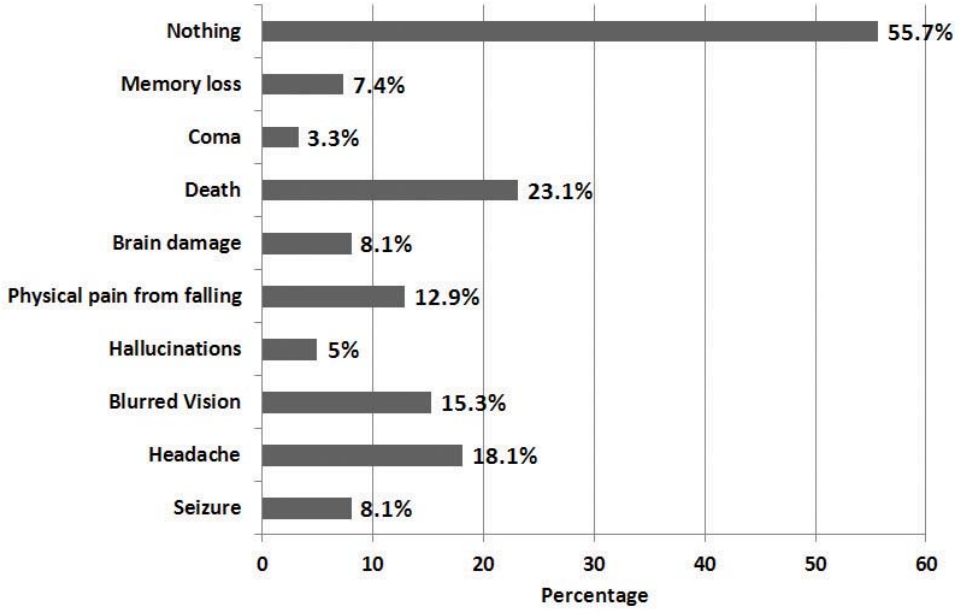

Figure 15. Adverse Reactions Observed by Non-Participants

Prevention

Adolescents learn about the potential dangers of this practice from a variety of sources including parents, doctors, teachers, friends, and others (Figure 16). Both those who have played and those who have not are unlikely to report hearing about the dangers of the choking game from doctors. More common sources of this information were from parents, teachers, friends, and the TV/internet. Those who have played the game more commonly reported that they had not heard about the dangers from anyone (51.2%).

The lack of physicians' involvement has been somewhat of a concern in the Choking Game awareness community. In a 2009 study conducted by McClave et al., nearly one-third of the physicians surveyed reported that they had never heard of the Choking Game.[53] Of those who were aware of this practice, over 60% stated they had learned of the game through popular media. Only 32.4% stated they had been made aware by professional sources (including conferences, professional experiences, or literature). Over twelve percent reported learning of the game from personal sources, and interestingly, 7.2% remembered the game from their own childhoods.

The majority of physicians surveyed were unable to identify more than three warning signs in game participants.[45] Only 1.9% of the physicians aware of the game stated that they included mention of the practice in their discussions with patients and parents; however, close to 65% of physicians surveyed agreed it should be. There have been some concerns about discussing the Choking Game with adolescents out of fear that it would stimulate their curiosity about playing the game. However, there is no evidence to support this claim.[46]

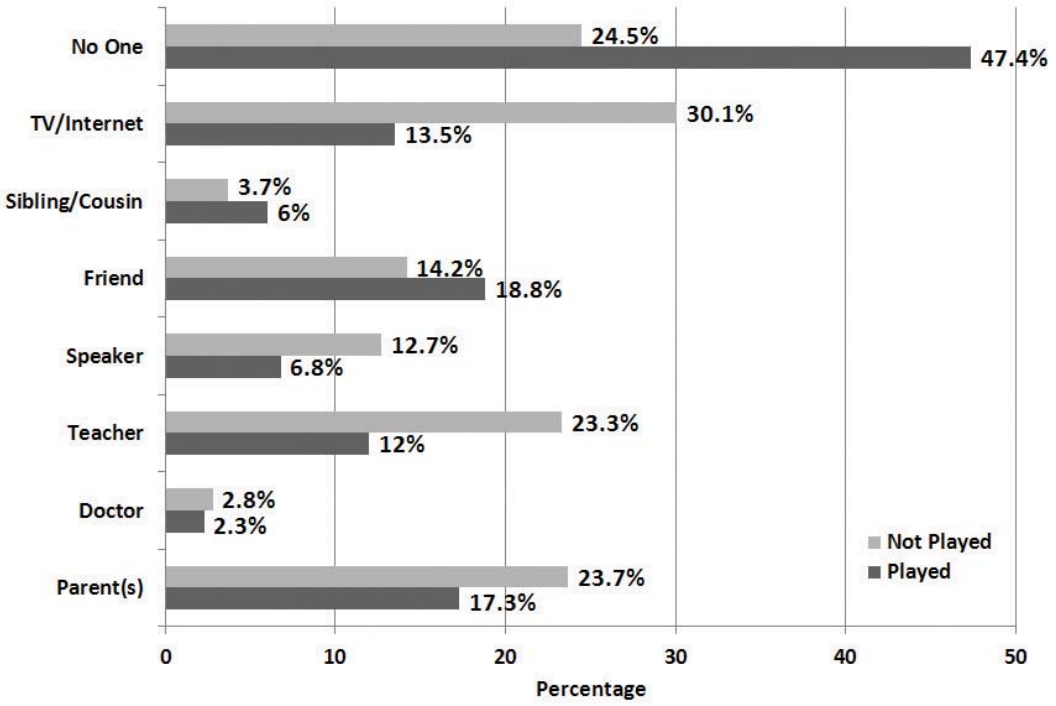

Figure 16. Risk Awareness Sources

Pediatricians have a unique opportunity to spread awareness of the Chocking Game in their discussions with parents and adolescents. While it is important for children and adolescents to understand the risks of playing the choking game, it is equally important for parents/guardians and other authoritative adults to recognize the warning signs. In fact, many parents of Choking Game victims have said that had they been aware of the warning signs, they would have tried to intervene.[47]

The most recognizable warning signs that someone is playing the game include:[48]

- Bruising or red marks around the neck
- Consistent wearing of clothes that cover the neck
- Bloodshot eyes
- Small flat round spots under the skin or on the face
- Ligatures, including rope, sheets, belts, leashes, ties, tee shirts, etc. tied in knots and/or found in unusual places.
- Internet history of visiting websites or chat rooms mentioning asphyxiation or the Choking Game (or similar game names).
- Curiosity about asphyxiation (i.e., "how does it feel?" or "what happens if?")
- Disorientation and/or grogginess after being alone
- Unusual demands for privacy
- Locked or blocked bedroom/bathroom doors
- Frequent and sometimes severe headaches
- Changes in attitude (overly aggressive)
- Wear marks on furniture (e.g., bunk beds or closet rods).

Helping parents recognize that the game is being played by their children is of paramount importance. While the use of ligatures is commonly indicated when the participant dies while playing the game, it is not the most common method. The most frequent techniques reported in this study were others squeezing their necks with their hands, squeezing their necks with their own hands, others pressing on their chests, squatting and standing up several times and then holding one's breath, or having someone hold one's neck in the crook of the arm and squeezing (sleeper hold) (Figure 17). Techniques that have been identified but not used by participants of this survey include piling heavy objects on the chests or placing a plastic bag over the head.

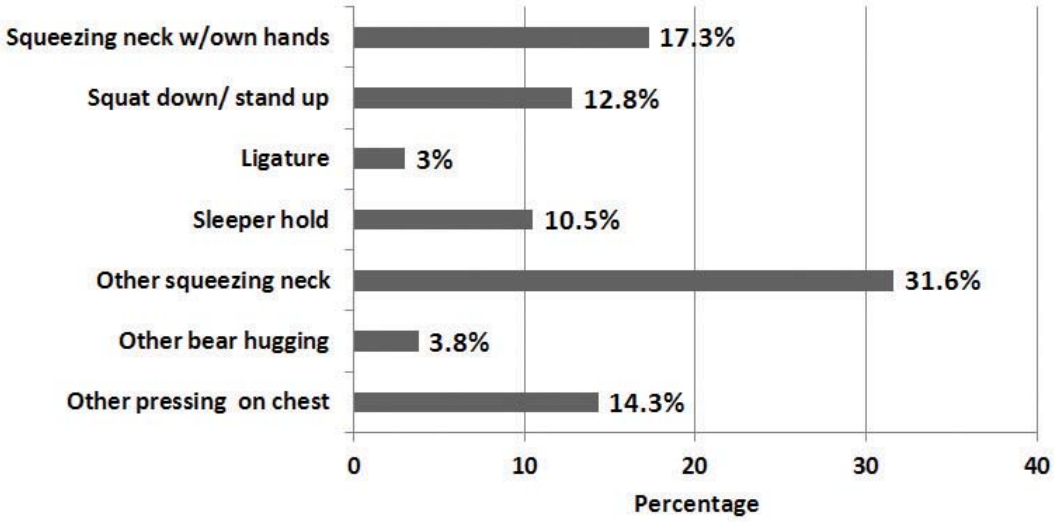

Figure 17. Choking Game Techniques

It is also important that adults understand different names used for the Choking Game. Being able to recognize these names can help identify the game when it is being discussed by young people. The following are names given to this practice.

The Choking Game	The Scarf Game	Pass-Out Game
Fainting Game	Black Out	Trip to Heaven
Rush	California High/Choke	Space Monkey
Airplaning	Speed Dreaming	American Dream
Suffocation Roulette	Purple Dragon	Flat Liner
Space Cowboy	Knockout Game	Tingling Game
Gasp	Funky Chicken	Natural High
Rising Sun	Breath Play	Choke Out
Ghost Play	Cloud Nine	Dream Game
Purple Hazing	Havey Wallbanger	Riding a Rocket
Bum Rushing	Elevator	Indian Headrush
High Riser	5 Second High	Black Hole

Discussion

It is uncertain how, when and where the Choking Game originated; however, awareness of the practice is growing. While more and more prevention programs have arisen to alert parents and warn young people, such efforts may be undermined by information available on the internet and that spread by word of mouth. Despite the increased attention to this activity, very little research has been conducted to understand why some youth participate and others do not.

The results of this study are largely consistent with previous research. Males, approximately 14 years old who display impulsive personality traits and who have engaged in risk-taking activities such as smoking, drinking, illegal drug use and sexual experiences are more likely to participate. This study's data also indicated that prevention efforts, specifically when delivered by authority figures, appear to reduce the probability of participation.

Bisexuality. The finding of a disproportional involvement by those who reported being bisexual or unsure of their sexuality warrants further study, since this group was not only more likely to play the game but do so more than once and play it alone. While previous research has also noted this elevated rate of involvement in risky behaviors among people in the sexual minority, it is not entirely understood why.[49, 50, 51] Is it related to relatively low levels of self-control, feeling less bound by conventions and non-conformity in thought and behavior? Some have speculated that stressors, such as harassment due to sexual orientation, may contribute to these young people being more willing to engage in risky activities, such as substance use (self-medication) and self-harm.[52, 53, 54]

Conclusion

Even though awareness of the Choking Game is growing and more parents have reported understanding the risks of this activity, it should be noted that encouragement for parents to discuss this activity with their children should still be stressed. Only eighteen percent of participants in this study had discussed the Choking Game with either their mothers or fathers. This is consistent with the findings of a similar study conducted early this year.[55] That research found that approximately 72% of parents had heard of the choking game and the consequences that may occur; however, disturbingly, only one-fifth of the parents aware of the Choking Game actually discussed the dangers of this activity with their children.[56] In the same study parents overwhelmingly (90%) supported the incorporation of the Choking Game into their children's school health and/or drug prevention programs, such as D.A.R.E.[57] However, in addition to formal awareness programs the role of parents to discuss this issue with their children directly could increase the understanding that the game should never be played.

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NOTES

NOTES

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