



ERIK'S CAUSE

***Kids like Erik are dying every week –
YOU CAN HELP!***

Help Stop the Choking Game

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QUESTIONS TO HELP DISCERN PARTICIPATION IN PASS-OUT ACTIVITIES

We urge all health care and mental health providers who care for children to be educated about this deadly game and to be prepared to discuss it with their patients and parents.

Pass-out activities (commonly known in the media as “the Choking Game”) have been around for generations. Studies indicate that kids experiment with this for non-sexual reasons (e.g., curiosity, peer pressure, the mistaken belief that it is safer than drugs) because they are unaware of the dangers. Easy access to hundreds of thousands of “how to play” videos on YouTube and other sites allow this activity to flourish, letting kids believe it is safe, without adequate education of its dangers.

Kids have Many Names for this “Game” Including but Not Limited to

Airplaning	Knockout Challenge	Pass-Out Challenge
Blackout	Fainting Game	Tap Out
Choking Game	Scarf Game	Space Monkey

This list continues to grow as kids come up with new names!

Ways Kids “Play”

The physical goal of this activity is to restrict cerebral blood flow to the point of nearly or actually passing out for a variety of reasons including curiosity, competition, dare, and/or to experience an altered state. This is accomplished by a variety of methods, the most popular being:

- compression of the carotid arteries using hands or a ligature;
- compression to the chest after hyperventilation;
- competition or dare to see who can resist passing out the longest under a choke hold (e.g., tap-out or submission holds typically used in mixed martial arts).

The Choking Game Differs from Other Risk Activities

- Is not illegal and has no deterrent or legal consequence
- Does not require acquisition of a product
- Can be “played” alone
- Difficulty in knowing when the damage occurs since it interrupts basic brain function

Data is Limited

- No public health databases currently monitor pass-out activities.
- Youth are rarely forthcoming about the activity when injured. Thus practitioners may not be aware that pass out games are a possible cause for unexplained falls and other injuries.
- Injuries are rarely attributed correctly and *many deaths are misclassified as suicide*.

Signs and Symptoms Include

- The child is “off” – just not “right” – perhaps flu-like symptoms but without any fever or chills
- Bloodshot eyes
- Petechiae (facial, neck and/or chest)

- Headaches
- Bruising or marks on the neck
- Unusual demands for privacy
- Disorientation after spending time alone
- Personality changes such as becoming overly aggressive or agitated
- Any questions about effects, sensations or dangers of strangulation
- Unexplained injuries

Warning Signs in the Home Include

- Locked doors
- Knots tied in the room
- Wear marks on bedposts, closet rods, etc.
- Any kind of strap, rope or belt lying by your child without reason/explanation
- “Thud” sounds, such as from falling from playing the game alone
- Internet use history (website, chat rooms, blogs, etc.)

A Physical Examination of the Child Should Include

- Examine the eyes for redness, complaints of blurred vision and/or vision changes
- Face examination for facial ptechieae
- Examine the throat for any signs of ligature marks or ptechieae
- Examine the chest for ptechieae
- Examine the body for any unexplained bruising

A Subjective Examination of the Child Should Include

- Inquire about social interaction with peers and family
- Ask questions such as:
 - How have you been feeling lately?
 - Any headaches, abdominal pain, nausea/vomiting?
 - How are you doing in school?
 - How are you sleeping?
 - What do you normally do for fun or entertainment?

Also Conduct an Interview with the Parents

- How has your child been lately?
- Any recent changes in mood, behavior, activity?
 - Any flu-like symptoms?
 - Missing any school?
 - Any change in demeanor, attitude, behavior?
 - Where they this moody before – any recent changes?

If you Suspect Pass-Out Game Activity

Continue asking questions to parents such as:

- Have they been more withdrawn?
- More secretive?
- More aggressive?
- Do they lock the door to their room? Is this recent?
- Overall appearance?
- Are they bathing, grooming?
- Ask the parents if they’ve noticed any of the “in the home” warning signs listed above. If unsure, encourage the parent to look carefully and then call back with updates.

Prevention Information

- The child may not always admit to an adult to playing the game.
- There can be no warning signs at all:
 - Children have died the first or second time.
- Medical professionals should look for signs and symptoms
 - Educate the child and parents about the potential dangers of the game.
 - Encourage parents to reach out for help if they notice any associated behaviors and/or symptoms.

TREATMENT

- Requires a **TEAM APPROACH**:
 - Physicians
 - Mental Health Professional
 - Parents – educational program for parents
 - School – educational program for students
 - if it's happening with 1 student, assume 50 – 100 more are playing this “game”
- Treat this as an **Addiction**:
 - The child continues the behavior because of the dissociation they experience.
 - They like that nothing is bothering them because they're just not “present” (as a result of this activity).
 - Without help, playing the game will likely escalate to serious injury and/or death.
- Recommend Mental Health Services
 - Ensure the therapist is trained to address the problem
- Must encourage the parent to reach out for help
 - A team approach including the medical professional and a therapist with whom both the parent and the child can talk.

Even Smart, strong kids can make dumb choices with deadly consequences ...



Some kids tried it only once. They didn't know they were gambling with their lives ...

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