

Blue Whale Challenge: Perceptions of First Responders in Medical Profession

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ABSTRACT

Context: Blue Whale Challenge is a phenomenon which gained its early foothold on the internet chatboards. It is a dare-based harmful game which has a list of fifty tasks which you perform culminating in one's death on the final task. The fatalities caused by individuals playing this game have been reported first in Russia and followed by at least twenty countries reporting it, including India. **Aims:** This study was conducted to assess perceptions and knowhow of the first responders in medical profession about online challenges. **Settings and Design:** This was a cross-sectional descriptive study. **Subjects and Methods:** Fifty-four medical professionals who practice either psychiatry, clinical psychology, or pediatrics were interviewed using a semi-structured open-ended survey was administered and data were obtained. **Statistical Analysis Used:** Descriptive statistics was used. **Results:** Thirty-five (65%) of the total participants have heard about the Blue Whale Challenge but lacked further knowledge about the game. Ten percent of total participants knew about other internet challenges. Only 26% of total participants were largely aware about the details and harmful nature of the game. Only 12 (22%) participants knew the signs to identify the children playing this game. None of the practitioners reported of having encountered any parent or child enquiring or reporting this in their practice at the time of conducting the survey. **Conclusions:** The medical fraternity is lagging behind in updating themselves of the online phenomena which are important for the better outcome of children presenting with participation in online challenges. The nature of the game has been discussed, and guidelines for identifying vulnerable population have been put forward.

Key words: Blue Whale Challenge, dare-based game, online challenges, online game, suicide

INTRODUCTION

Blue Whale Challenge is a phenomenon which gained its early foothold on the internet chatboards.^[1] It is gradually revealed to the physical world by the investigative media and the tragedy of adolescents entangled by participating in the challenge. It is spread

among the populace through social network and by word of mouth. The moniker of the challenge itself alludes to beaching of whales, thereby suggesting the phenomenon of self-harm. What started as a one person's private agenda is slowly percolating into the society at large.^[2]

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Online challenges are not a novel phenomenon but less known to the community who are not well-knit with the online community. Teenagers, being more tech-savvy and access the internet more frequently for social connections, are mostly aware of these challenges unlike the medical professional or the general population, who use the internet mainly for business and work purposes. Some of the challenges have caused bodily harm and either deliberately/purposefully or accidentally are often reported but dismissed as rare incidents.

Online challenges are found on various platforms. The design of these online challenges ranges from fun to dangerous or fatal. There are a variety of challenges on YouTube, Instagram, Facebook, and WhatsApp that are enticing the adolescents and children which they are unable to resist. These challenges can be classified in various ways. However, for this academic exercise, they are classified as mostly (i) harmless challenges, which does not involve the use of bodily parts to complete the challenge and (ii) harmful challenges, which involves one's body or body parts to which some force or injury is inflicted upon to complete the challenge. Harmless online challenges' motive can be silly, funny, or sometimes even helpful. Planking,^[3] mannequin challenge,^[4] and bottle-flipping challenge^[5] fall into this category. These are mostly harmless but may lead to injury or even death if performed in an unusual environment.^[6] Salt and ice challenge,^[7] the cinnamon challenge,^[8] and the choking game^[9] are some examples of harmful challenges.

The Blue Whale Challenge is a dare-based harmful game which has a list of fifty tasks which the participant has to perform. The Blue Whale Challenge is also known by epithets such as "A Silent House," "A Sea of Whales," and "Wake Me Up At 4:20 am." The "game" was conceived or rather ill-conceived, by Philipp Budeikin, in 2013, on his chat group "F57" on the social networking site VKontakte.^[1] He devised a list of challenges or a series of fifty tasks which were to be completed by participants in his chat group.^[1] The tasks revolve mainly on a theme of self-harm in terms of cutting oneself and finally culminating in one's death on the final task. The fatalities caused by individuals playing this game have been reported first in Russia and followed by at least twenty countries reporting it including India.^[10-12] The adolescents get hooked onto this challenge either by curiosity, or some vulnerable population themselves seek the administrators or curators on the social media. The administrators get in touch with the participant after those interested throw out postings on social media asking for a "curator" using hashtags #curatorfindme, #BlueWhaleChallenge. Curators or administrators for the game who monitor these hashtags contact these players through social

media channels such as Facebook, Twitter, Instagram, or WhatsApp. Then, the curator dispenses instructions for each day for the individual to perform. After each task, the participants share the updates to the curator directly or on social media using hashtags such as among others. The curators and administrators use technology to mask their identification and are difficult to trace unless the participants lead to them. They also collect personal information of the participants in the initial phase of "playing" the game by which they blackmail, threaten, and coerce them into continuing the fatal game. A casual search on the social platform Twitter for those hashtags returned thousands of messages where the individuals are seeking a curator. These messages were huge in number compared to messages educating the individuals about this game, tagged with the same hashtags. This study was conducted as there is a paucity of literature about this phenomenon and online challenges which pose a unique position where updating ourselves with novel phenomena will lead to early detection and providing care to the vulnerable population.

SUBJECTS AND METHODS

A convenient purposive sampling method was used to contact the participants who were contacted for a telephonic interview during the 2nd and 3rd week of August 2017. The sample comprised 54 medical professionals who practice either psychiatry, clinical psychology, or pediatrics were approached. After obtaining their consent, a semi-structured open-ended survey was administered and data were obtained. This approach was adopted to develop an initial understanding and sound base for further decision-making about appropriate treatment approach of this novel phenomenon. Descriptive statistics were applied to the data, and key findings from analysis of qualitative data are presented.

RESULTS

The results are summarized in Table 1. Fifty-four professionals were surveyed in this study. They were contacted in the 2nd and 3rd week of August 2017. Nineteen psychiatrists, 20 pediatricians, and 15 clinical psychologists were approached, and data were collected after their consent. Thirty-five (65%) of the total participants have heard about the Blue Whale Challenge. Seventy-eight percent of psychiatrists, 65% of pediatricians, and 47% of clinical psychologists were aware about the game. Only 10% of total participants knew about other internet challenges. Thirty-five (65%) have heard about incidents related to this game but lacked further knowledge about the game. Only 26% of total participants were largely aware about the

Table 1: Description of response by medical professionals

| Survey questions | Psychiatrists (n=19), n (%) | Paediatricians (n=20), n (%) | Clinical psychologists (n=15), n (%) | Total (n=54), n (%) |
|--|-----------------------------|------------------------------|--------------------------------------|---------------------|
| Have you heard of the Blue Whale Challenge? | 15 (78.94) | 13 (65.00) | 7 (46.66) | 35 (64.81) |
| Do you know of any other internet phenomena/challenges? | 2 (10.52) | 4 (20.00) | 4 (26.66) | 10 (18.51) |
| What is a Blue Whale Challenge? | 7 (36.84) | 5 (25.00) | 2 (13.33) | 14 (25.92) |
| Have you heard of any incidents related to this? | 15 (78.94) | 13 (65.00) | 7 (46.66) | 35 (64.81) |
| Are you aware of the signs to look for in the children who are playing this challenge? | 6 (31.57) | 4 (20.00) | 2 (13.33) | 12 (22.22) |
| Have you encountered any parent or child enquiring or reporting this in your practice? | 0 | 0 | 0 | 0 |

details and harmful nature of the game. Only 12 (22%) participants knew the signs to identify the children playing this game. None of the practitioners reported of having encountered any parent or child enquiring or reporting this in their practice at the time of conducting the survey.

DISCUSSION

The results of the survey revealed quite a grim picture in terms of our readiness in identifying new phenomena occurring on the social platform which can often significantly harm the children's physical and mental well-being. A total of 54 professionals, 19 psychiatrists, 20 pediatricians, and 15 clinical psychologists were approached, and data were collected after their consent. A third of the total participants were oblivious to this phenomenon. Seventy-eight percent of psychiatrists, 65% of pediatricians, and 47% of clinical psychologists who were aware about the game reported that they came about gaining information about the game from articles in the daily newspapers and few from WhatsApp messages. Ten percent of total participants who knew about other internet challenges reported of knowing the Ice Bucket Challenge. Although 35 (65%) have heard about incidents related to this game, they lacked further knowledge about the game. Only 26% of total participants were aware about the details and harmful nature of the game to a large extent. They mainly focused about the adolescents committing injuries to self like carving on their body parts with sharp objects and finally leading to death of the individual participating in the dare. No one commented on the sleep, nor waking up at odd hours, after midnight, to complete the day's dare or task nor the watching or horror movies or listening to objectionable music or content. This lack of information puts these professionals at the risk of missing to identify the child who might present to them with the signs and symptoms of participating

in the game. Only 12 (22%) participants could articulate the signs to look for in children who are playing this game. This is of paramount significance since this game culminates in the fatality of the participant children and adults. None of the practitioners reported of having encountered any parent or child enquiring or reporting the Blue Whale Challenge in their practice at the time of conducting the survey. This could be due to the veiled nature of participation in the game and fear to report it to anyone else. The limited knowhow could have further contributed for missing to identify if the child had presented to them.

There are some specific pointers which help in identifying children and adolescents participating in this challenge. The school teachers and staff should be made aware of this challenge and they should be on the lookout for any cuts inflicted on their body, concealed or openly visible. One should be forewarned about any significant change in the behavior of the child, sleep cycle variations, new found social withdrawal or isolation, and absenteeism. Many children may exhibit fearfulness or anxiety more than their usual self. The knowledge that this challenge is played over 50 consecutive days gives the practitioner and the authorities at school ample time and should be used to our advantage to rescue/help as many children.

Challenges in stopping the propagation of this game are multitude. This is not available as a game or an app which can be downloaded, so it cannot be blocked from downloading onto participants' phones though it can very well be made into an app with relative ease. The curator or the game administrator dispenses instructions or tasks which the participants follow and complete. The participants along the way realizing the danger they have got into might want to get out of the loop realizing the danger. In such instances, it is more likely that cyberbullying, coercion, and threatening by

the moderator induce fear which might compel them into taking grave steps forward toward fatal completion.

The authors are of the opinion that game is perpetuated to completion more by coercion and bullying rather than willful participation. Hence, education about safety of self on the online platform, protection of oneself from bullying, and its perpetuation is paramount in stopping children falling prey to this game. Adolescents are to be adequately equipped by making them aware and forewarned of such games and do not hesitate to seek help from friends and elders/family in the least if they are contacted by admins or fellow friends to play the game.

Possibility of the game moving offline and its propagation among a closely knit online or a social group is high. Changing of the rules/tasks to make it less identifiable and more alluring to children is a possibility too. The codes used to contact administrators are also liable to keep changing. Hence, suppressing information might not be much help in protecting the vulnerable population.

Proper information and education and attention to details and active monitoring of vulnerable individuals are the key in getting the much-needed help and support to the children. Identifying early on and providing counseling for the children will prevent them from continuing the game and thereby preventing the grievous outcome. Promotion of positive mental health among children and proper education about such harmful games to them and the school administration will go a long way in stemming this dreadful game.

CONCLUSIONS

The medical fraternity is excruciatingly lagging behind in updating themselves of the novel online phenomena which are important for the better outcome of children and adolescents presenting with themselves partaking in dangerous online challenges. Guidelines have been laid out to equip the medical fraternity with the information necessary for identifying vulnerable population and to thwart further indulgence which leads to fatal consequences.

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Conflicts of interest

There are no conflicts of interest.

Guidelines to identify children playing the Blue Whale Challenge or similar dare-based games

- Appearance of new cuts or scratches on the body or of bodily harm (openly visible or concealed, especially on arms and legs)
- Carving of 'f57' or of a whale shape with sharp objects on limbs
- Sleep cycle variations, getting up very early in the morning than usual pattern of the individual
- Performing dangerous stunts such as climbing up to high places and on top of bridges
- Taking photos of oneself performing dangerous stunts or of injuries to self and sharing it with friends or on social media
- Status messages on their social media inferring to the Blue Whale Challenge, like "#IamWhale"
- Watching horror movies or clips each day or listening to music which is unusual choice for the individual
- New-found social withdrawal or isolation and absenteeism from school
- Children exhibiting fearfulness or anxiety more than their usual self
- Sudden and drastic change in the behavior of the individual.

The presence of one feature on this list should warrant investigation, and if there is a combination of these features, it needs immediate evaluation and should be provided counseling and medical treatment.

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