

I4 Self-Cutting and Suicide Risk Among Adolescents: The Case of the “Blue-Whales”

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After attending this presentation, attendees will understand the importance of training healthcare staff to promptly recognize suicidal risk behaviors among adolescents.

This presentation will impact the forensic science community by providing information regarding the media phenomenon known as the “Blue-Whale-Challenge,” which includes self-cutting; this carries a high potential risk of suicide.

The Blue-Whale-Challenge is a dangerous internet phenomenon that consists of a series of duties, imposed by an administrator to players who must complete a list of actions involving self-mutilation. The game lasts 50 days, with players usually completing one duty per day, and ends with the suicide of the player.¹ The term “Blue-Whale” results from the similarity of suicidal behavior among beached whales. The phenomenon began in 2013, in Russia, on the “VKontakte” social network, with the first case of suicide in 2015. The inventor was a psychology student, expelled from his university. The student said that his purpose was to clean society of people of no value.² The phenomenon spread among teenagers in Russia, then in other areas, due to the media resonance caused by television broadcasts and newspaper articles that featured information regarding the game. After a wave of panic caused by an article concerning the many suicides related to the Blue-Whale phenomenon in Russia, the inventor was arrested in 2016.

Around the world, the phenomenon accounts for many cases, some of which have often turned out to be hoaxes or emulators. In Italy, the first news about the Blue-Whale appeared in June 2016 in a national newspaper, but only in May 2017 did a well-known television program deal with the subject, using reports that did not quote official sources. From that moment on, the police began receiving calls and newspapers published alarming news concerning Blue-Whale incidents, which were often quickly denied. Between May and June 2017, five suspected cases of Blue-Whale have been managed by the officers of the unit. The officers were dedicated to the evaluation of suspected abused children (“Bambi”) of the “Ospedale Infantile Regina Margherita” (Turin).

The data collected during the multidisciplinary evaluation of these cases was reported: all patients were female; one case involved a 17-year-old girl, while the other four cases involved 14-year-old girls; all families experienced critical economic, social, or psychological issues; in two cases, the girls’ parents were separated; in one case the father had been sent away from home as he beat his wife and daughter; and the last girl described her father as extremely aggressive and oppressive. During the psychological evaluation, all girls recounted difficulties in integration at school and anxiety. One girl confessed to having purposely taken an excessive dose of alprazolam. In three cases, the medical examiners identified scars related to previous self-cutting. In one case, this activity was recent and the lesions on the forearm were thought to resemble a whale. There was no evidence to sustain an involvement in the Blue-Whale-Challenge or the influences of an administrator in any of these cases, but rather emulative behavior caused by psychological issues. Only one of these girls was hospitalized, while psychological help programs were prescribed for the other girls.

Self-harm is the strongest predictor of suicide among young people. Between 40% and 80% of suicide victims had self-harmed in the past.^{3,4} In particular, longitudinal data indicated that self-cutting is a significant risk factor for complete suicide in children and adolescents.⁵ Young people who self-harm report that it is difficult to talk about their suicidal feelings and they do not really feel “listened to” when they do.⁶ Indeed, clinical staff often has a negative attitude toward self-harm and may not possess the ability to deal with it effectively. In this series of cases, there was a strong demand for attention, illustrated through self-cutting and simulation of participation in a life-threatening game. In accordance with the literature, all of these young people experienced negative life events and had difficulties in relationships with families and friends.⁷ Given these premises, it is crucial that frontline medical staff receive training about self-harm and suicidal behaviors to reduce suicide rates. It has been demonstrated that even short-term training can significantly improve staff attitudes.⁸ This presentation provides attendees with a better knowledge of behavioral and psychological factors that highly increase the risk of suicide among adolescents.

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Self-Cutting, Self-Harm, Suicidal Behaviors

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