

Content Warning:

This response contains references to harmful challenges

Consultation response form

Your response

Question	Your response
The incidence of content that is harmful to children on regulated services We invite stakeholders to provide evidence relating to the incidence of PPC, PC or NDC on regulated user-to-user, search or combined services. Please provide as much detail as you can. This could include but is not limited to evidence about:	RoSPA welcomes the opportunity to provide evidence regarding the incidence of content that may be harmful to children. Our response focuses on trends that involve physical risk through imitation, including 'viral challenges' and other risky behaviours widely circulated online.
The quantity, prevalence or presence of specific kind(s) of PPC, PC or NDC on regulated services and the frequency with which children are encountering this content.	There is evidence from the media, public health alerts and expert analysis that children are encountering content which could present a risk of physical harm. For example, a teenager in the United States died after participating in a viral trend known as 'dusting' or 'huffing', which involved inhaling aerosol products, leading to a cardiac arrest¹. In the UK, families have also reported

¹ LBC (2025) 'Teen dies after taking part in deadly viral 'dusting' challenge as parents issue stark warning'
https://www.lbc.co.uk/article/teen-dead-tiktok-trend-dusting-rpX4M_2/

Question	Your response
	similar fatal incidents linked to online challenges, including a 12-year-old boy² who died following participation in a social media challenge, and other cases where children have been severely harmed through inhalation challenges. These examples demonstrate that imitation-driven behaviours associated with trending content can result in serious harm, and even death. Children and young people may actively search for risky challenges online, including stunts involving breath restriction, impact, or controlled falls, and that content visibility is often increased through social modelling and engagement. Children may also encounter dangerous content passively, through routine interaction with 'recommended' and 'for you' feeds rather than through deliberate searching.
How demographic characteristics such as age, gender, race, sexual orientation and disability influence the likelihood that children will encounter specific kind(s) of PPC, PC or NDC.	Age appears to be an important factor in exposure and risk. The media reports available show that teenagers are seemingly susceptible to these incidents, perhaps in part due to peer influence, reward-seeking behaviour and social visibility, while younger children have also been affected, for example, in cases of ingestion of hazardous objects such as magnets³. Unfortunately, there is limited data on differences in exposure by race, gender, sexual orientation or disability.
The services or types of service where children are most likely to encounter specific kind(s) of PPC, PC or NDC.	Harmful behaviours are most often encountered on user-generated services that promote visual and trending content. Recommendation systems increase the visi-

² ITV News (2025) "Lovely" boy, 12, died after attempting 'TikTok challenge' in Manchester, inquest hears' <https://www.itv.com/news/granada/2025-10-24/lovely-boy-12-died-after-attempting-tiktok-challenge-inquest-hears>

³ NHS England (2021) 'Dangers of children swallowing magnets prompts NHS call for ban' <https://www.england.nhs.uk/2021/05/dangers-of-children-swallowing-magnets-prompts-nhs-call-for-ban/>

Question	Your response
	bility and spread of popular material, which can encourage imitation. Children may see this content through personalised feeds, by searching for it, or through sharing between peers. Services that promote short-form, highly engaging content are a common source of exposure to imitation-related physical risk behaviours.
The severity of harm that UK children suffer, or may suffer, as a result of content that is harmful to children We invite stakeholders to provide any evidence regarding the severity of harm that UK children suffer, or may suffer, as a result of encountering PPC, PC or NDC. Please provide as much detail as you can. This could include but is not limited to evidence about:	
The impact that specific kind(s) of PPC, PC or NDC can have on a child's wellbeing, behaviours, or other physical or psychological outcomes. This might include evidence concerning cumulative exposure to specific kind(s) or combinations of PPC, PC or NDC.	RoSPA's submission focuses on imitation-driven behaviours and hazardous trends and challenges that pose a risk of physical injury or death. Media reports document cases where children and teenagers have died following participation in 'viral challenges' such as 'chroming' and 'dusting', where aerosol products were inhaled, leading to cardiac arrest and death. Other reports describe deaths linked to breath-restriction challenges circulated online. These cases demonstrate that exposure to content that normalised or promotes hazardous behaviours can result in serious harm or death. Serious non-fatal harm has also been reported. This includes traumatic brain injuries sustained while attempting risky stunts observed online⁴, and significant internal

⁴ Devon Live (2025) 'My son suffered brain injury and nearly severed tongue trying out new viral trend' <https://www.devonlive.com/news/uk-world-news/my-son-suffered-brain-injury-10503283>

Question	Your response
	injuries resulting from the ingestion of magnets⁵. NHS England issued a safety warning in response to a rise in cases resulting in serious harm such as bowel perforation following magnet ingestion associated with online trends. These examples illustrate that the consequences are not minor or short-term but may involve life-changing injury.
Any causal links between a child encountering specific kind(s) of PPC, PC or NDC and subsequently suffering physical or psychological harm.	In many cases reported by the media, it appears that children undertook specific risk behaviours after viewing or becoming aware of viral challenges circulating online. In the case of magnet ingestion, NHS England linked a proportion of hospital admissions to trends circulating online, and a study⁶ identified that 6% of magnet ingestion cases explored were linked to a viral social media trend, where the children, mainly girls, were trying to imitate tongue piercings by placing small magnets in their mouth. Inquests and family testimony in cases involving inhalation challenges have similarly linked behaviour directly to the awareness of online challenges. While it is recognised that individual decisions are influenced by multiple factors, these cases suggest that exposure to such content can act as a catalyst for behaviours that can result in serious harm or death.
How demographic characteristics such as age, gender, race, sexual orientation and disability can influence the severity of harm that UK children suffer, or may suffer, as a result of	Age appears to be a significant factor in the susceptibility and severity of harm. Younger children may lack the cognitive maturity to understand risk fully and may imitate behaviours without understand consequences. Teenagers may also be vulnerable to peer influence and reward-

⁵ BBC (2025) 'Viral magnetic toy trend leads to doctors' warning'
<https://www.bbc.co.uk/news/articles/cwy7wy54wyxo>

⁶ Neville JJ, Lyttle MD, Messahel S Paediatric Emergency Research in the UK and Ireland (PERUKI) Group, et al Magnet ingestion in children in the United Kingdom: a national prospective observational surveillance study *Archives of Disease in Childhood* 2025;110:778-785.

Question	Your response
encountering specific kind(s) of PPC, PC or NDC.	seeking behaviour. They may, as a result, be more likely to undertake these high-risk behaviours. There is limited publicly available data disaggregated by gender, race, sexual orientation or disability in relation to these specific trends.
Whether it is appropriate to make changes to the kinds of PPC and PC in the Act We invite stakeholders to provide evidence that suggests any kind(s) of PPC and/or PC in the Act are inappropriate or incorrectly categorised. This could include but is not limited to evidence indicating that:	RoSPA is not in a position to comment.
Any kind of PPC or PC in the Act should cease to be categorised as content harmful to children.	RoSPA is not in a position to comment.
Any kind of PPC would be more appropriately categorised as PC.	RoSPA is not in a position to comment.
Any kind of PC would be more appropriately categorised as PPC.	RoSPA is not in a position to comment.
We invite stakeholders to provide evidence in support of additional kind(s) of content being added to the PPC or PC categories in the Act. This should include, but is not limited to:	RoSPA is not in a position to comment.
Evidence that the kind(s) of content pose a material risk to an appreciable number of children.	RoSPA is not in a position to comment.

Question	Your response
Evidence that the kind(s) of content pose a risk of significant harm to children.	RoSPA is not in a position to comment.
Evidence to support each kind of content being categorised as either PPC or PC.	RoSPA is not in a position to comment.

Please tell us how you came across about this call for evidence.

- ☐ Email from Ofcom
- ☐ Saw it on social media
- ☐ Found it on Ofcom's website
- ☐ Found it on another website
- ☐ Heard about it on TV or radio
- ☐ Read about it in a newspaper or magazine
- ☐ Heard about it at an event
- ☒ Somebody told me or shared it with me
- ☐ Other (please specify)

Please complete this form in full and return to ContentHarmfultoChildren@ofcom.org.uk.