



Call for evidence: Statutory report on content harmful to children

Faculty of Public Health: Artificial Intelligence and Digital Public Health Special Interest Group

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:

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.

Evidence from UK polling and public health sources indicates high prevalence of exposure to content that would fall within Priority Content (PC) and Priority Primary Content (PPC) categories under the Act, particularly suicide/self-harm content, cyberbullying, and other psychologically harmful material on user-to-user services.

According to Ofcom's *From apps to AI search: how the UK goes online in 2025* report, seven in ten 11–17-year-olds reported seeing or heard harmful content online in the last four weeks, including cyberbullying (online harassment, threats and degrading communications).

<https://www.ofcom.org.uk/media-use-and-attitudes/online-habits/from-apps-to-ai-search-how-the-uk-go...>

Ofcom's *Children and Parents: Media Use and Attitudes Report 2025* notes that a substantial proportion of children aged 3–17 use social media, messaging and video platforms where regulated user-generated content is common.

<https://www.ofcom.org.uk/media-use-and-attitudes/media-habits-children/children-and-parents-media-u...>

Research into online bullying suggests that significant numbers of children have been exposed to online abuse. According to the Office for National Statistics, 19.1%

of children aged 10–15 years experienced online bullying behaviour in the year ending March 2023.

[Bullying and online experiences among children in England and Wales: year ending March 2023](#)

UK survey evidence also indicates that **70% of teenage children encountered real-life violent content online in the past year**, with platforms such as TikTok, YouTube and Instagram among the contexts where this content was seen.

<https://youthendowmentfund.org.uk/reports/children-violence-and-vulnerability-2024/social-media/>

Mental Health Foundation polling (May 2025) found that 98% of UK 16–21-year-olds access online communities daily, with 68% reporting exposure to disturbing or harmful content, and 65% reporting that social media made them feel unsafe. Policy perspective:

<https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/online-communities-online-safety-young...>

News release (12 May 2025):

<https://www.mentalhealth.org.uk/about-us/news/disturbing-online-content-one-biggest-looming-threats...>

These findings indicate frequent encounter rather than incidental exposure.

Coronial evidence also demonstrates real-world exposure. The inquest into the self-inflicted death of 16-year-old Leo Barber (2023) identified online content exposure as a relevant contextual factor, and subsequent Prevention of Future Deaths communications raised concerns regarding online platform safeguards.

Prevention of Future Deaths report (Judiciary):

<https://www.judiciary.uk/prevention-of-future-death-reports/leo-barber-prevention-of-future-deaths-...>

Google response (Judiciary):

<https://www.judiciary.uk/wp-content/uploads/2025/10/2025-0505-Response-from-Google.pdf>

Inquest summary (INQUEST):

<https://www.inquest.org.uk/leo-barber-inquest>

While causality in individual cases is multifactorial, such findings demonstrate that harmful online content is not theoretical but encountered by vulnerable children in practice.

Additionally, evidence concerning algorithmic recommender systems suggests that once a child interacts with self-harm-related content, recommendation feeds may amplify and increase the frequency of similar material, increasing cumulative exposure risk.

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.

Evidence suggests that certain groups are more likely to encounter harmful content:

Girls are disproportionately exposed to body image and self-harm related content.

- <https://www.mentalhealth.org.uk/about-us/news/millions-teenagers-worry-about-body-image>

Research commissioned by the Molly Rose Foundation found that 49% of girls aged 13–17 encountered high-risk suicide, self-harm, depression or eating-disorder content on major social media platforms within a single week, with girls being approximately **twice as likely as boys** to see this harmful content. This suggests that girls are disproportionately exposed to certain forms of harmful content linked to psychological distress.

<https://mollyrosefoundation.org/half-of-girls-saw-high-risk-suicide-self-harm-depression-or-eating-...>

Additionally, a British survey by the Mental Health Foundation reported that **40% of teenagers said social media images caused them to worry about their body image**, linking image-centred content to body dissatisfaction and related distress.

[Mental Health Foundation](#)

Emerging evidence indicates that LGBTQ+ children and young people are disproportionately likely to encounter harmful content online, including hate speech, self-harm/suicide-related material, inappropriate sexual requests, and content promoting dangerous eating behaviours. According to UK risk snapshot data, **58% of LGBTQ+ youth experienced online hate speech** compared with **41% of heterosexual peers**, and **39% saw content promoting self-harm or suicide**(vs 24%). LGBTQ+ young people were also more likely to be asked for inappropriate images and to encounter content promoting unhealthy eating habits. These patterns are consistent with research showing that young people who identify as LGBT are

more likely to have suicide-related online experiences than their heterosexual peers. There is comparatively limited UK research disaggregating exposure by race, disability and neurodivergence in relation to specific PPC/PC categories. Absence of stratified data should not be interpreted as absence of disproportionate exposure.

<https://digitalyouthindex.uk/data-snapshots/risks-and-online-support/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10388316/>

Children with pre-existing mental health vulnerabilities may actively seek or be algorithmically directed toward self-harm content.

Mental Health Foundation reporting highlights young people's safety concerns in online spaces (see links above).

The services or types of service where children are most likely to encounter specific kind(s) of PPC, PC or NDC.

Evidence indicates that exposure most commonly occurs on:

- Large user-to-user social media platforms
- Video-sharing services with algorithmic recommendation feeds
- Online forums and community spaces
- Search engines where autocomplete and suggested results may direct users toward harmful material
- Online forums where age checks are absent or easily bypassed
- The Leo Barber PFD report (see link above) highlights concerns regarding platform processes and content surfacing mechanisms..

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:

Suicide remains one of the leading causes of death among young people aged 10–19 in England and Wales (ONS latest data):

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths>

Peer-reviewed evidence identifies associations between exposure to online self-harm content and increased suicidal ideation and behaviours in adolescents (Hawton

et al., The Lancet Child & Adolescent Health, 2020):

<https://pubmed.ncbi.nlm.nih.gov/31924367/>

Children experiencing online bullying behaviours report emotional impacts, with **22.7% of those experiencing online bullying saying they were emotionally affected “a lot”**.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/bullyingandonlineexpe...>

Identified harms include:

- Increased anxiety and depressive symptoms
- Normalisation of self-harm behaviours
- Reinforcement of hopelessness and cognitive distortions
- Sleep disruption
- Heightened suicide risk in vulnerable individuals

Mental Health Foundation commentary (May 2025) further links disturbing online content to psychological distress:

<https://www.mentalhealth.org.uk/explore-mental-health/blogs/online-safety-and-mental-health-are-mor...>

Coronial findings in the Leo Barber case (links above) demonstrate how online exposure may form part of a constellation of contributory factors in youth suicide, alongside offline mental health system factors.

Violence exposure: Surveys suggest that **70% of teenagers have seen real-life violent content online**, which can contribute to desensitisation and distress, particularly for vulnerable children.

<https://youthendowmentfund.org.uk/news/70-of-teens-see-real-life-violence-on-social-media-reveals-n...>

Eating disorder and body-stigma exposure: Ofcom’s research indicates children encounter content relating to self-harm and eating disorders on social platforms, with high familiarity and proliferation described by children themselves.

<https://www.ofcom.org.uk/online-safety/protecting-children/eating-disorders-self-harm-and-suicide?>

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.

Evidence indicates that exposure to PPC and PC (particularly suicide/self-harm content and bullying/harassment) can be associated with significant psychological harms for children and young people, including increased distress, anxiety, depressive symptoms, and feelings of unsafety in online environments.

Mental Health Foundation polling (May 2025) reports that 68% of UK 16–21-year-olds had seen disturbing or harmful content online and 65% said social media made them feel unsafe. This suggests that exposure is common and may contribute to sustained psychological distress rather than isolated harm.

<https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/online-communities-online-safety-young...>

<https://www.mentalhealth.org.uk/about-us/news/disturbing-online-content-one-biggest-looming-threats...>

In relation to PPC suicide and self-harm content, peer-reviewed evidence indicates associations between exposure to online self-harm material and increased suicidal ideation and self-harm behaviours in adolescents. Such exposure can influence wellbeing and behaviours via social contagion, behavioural modelling, and reinforcement of harmful cognitions.

Hawton et al. (2020), *The Lancet Child & Adolescent Health*:

<https://pubmed.ncbi.nlm.nih.gov/31924367/>

Cumulative exposure: The Online Safety Act framework recognises that harm may arise through cumulative exposure and the manner of dissemination. In practice, children may encounter repeated or clustered harmful content through platform recommender systems, search suggestions, and peer-to-peer sharing in online communities. Cumulative exposure may increase the intensity and persistence of psychological harm by repeatedly reinforcing distressing themes (e.g., self-harm normalisation, hopelessness), particularly for vulnerable children already experiencing mental health difficulties.

Coronial evidence also demonstrates real-world relevance. The Prevention of Future Deaths report in the Leo Barber case raises concerns relevant to online exposure and platform safeguards in the context of a young person's self-inflicted death. While causation is multifactorial, such findings illustrate that online content exposure can form part of the wider constellation of risks that affect young people's wellbeing and behaviours.

<https://www.judiciary.uk/prevention-of-future-death-reports/leo-barber-prevention-of-future-deaths-...>

<https://www.judiciary.uk/wp-content/uploads/2025/10/2025-0505-Response-from-Google.pdf>

<https://www.inquest.org.uk/leo-barber-inquest>

Physical outcomes: While the strongest evidence base relates to psychological outcomes, exposure to harmful content may also contribute indirectly to physical harms (e.g., self-harm injury, suicide attempts). National data indicate that suicide remains a leading cause of death among young people aged 10–19 in England and Wales, underscoring the severity of outcomes associated with self-harm/suicide risk pathways.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths>

Overall, the evidence supports that specific PPC/PC can negatively affect children’s psychological wellbeing and behaviour, and that cumulative exposure — particularly when amplified by platform systems — may increase severity of harm for vulnerable groups.

Any causal links between a child encountering specific kind(s) of PPC, PC or NDC and subsequently suffering physical or psychological harm.

Direct causality is complex and multifactorial. However:

Observational research identifies associations between online self-harm content exposure and subsequent self-harm behaviours (Hawton et al., 2020 – link above).

Mechanisms may include social contagion, behavioural modelling, and cognitive reinforcement.

Cyberbullying and online abuse correlate with increased emotional distress and behavioural difficulties in children.

<https://learning.nspcc.org.uk/news/2024/january/online-harms-protecting-children-and-young-people>

Algorithmic recommender systems may intensify cumulative exposure especially amongst vulnerable children.

The regulatory question is therefore whether such content poses a material risk of significant psychological harm. Current UK and peer-reviewed evidence indicates that it does.

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 encountering specific kind(s) of PPC, PC or NDC.

Evidence indicates:

Girls and young women and older adolescents show higher rates of self-harm presentation.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/bullyingandonlineexpe...>

<https://mollyrosefoundation.org/half-of-girls-saw-high-risk-suicide-self-harm-depression-or-eating-...>

LGBTQ+ youth experience elevated baseline suicide risk, potentially compounding harm from exposure. While some evidence indicates gender and sexual orientation differentials in exposure and harm, there is comparatively limited UK research disaggregating outcomes by race, disability and neurodivergence in relation to specific PPC/PC categories. Absence of stratified data should not be interpreted as absence of disproportionate impact. Improved demographic transparency and reporting from regulated services would strengthen the evidence base for assessing differential exposure and harm across protected characteristics.

<https://digitalyouthindex.uk/data-snapshots/risks-and-online-support/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10388316/>

<https://arxiv.org/abs/2402.08974>

Children with neuro-developmental conditions or pre-existing mental health disorders may experience heightened vulnerability to harmful content.

<https://learning.nspcc.org.uk/news/2024/january/online-harms-protecting-children-and-young-people>

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:

Any kind of PPC or PC in the Act should cease to be categorised as content harmful to children.

At present, we do not propose that any existing kinds of PPC or PC cease to be categorised as content harmful to children.

Available UK evidence continues to demonstrate that suicide and self-harm content, bullying and abusive content, and other psychologically harmful material pose material risks to children's wellbeing. For example, suicide remains one of the leading causes of death among young people aged 10–19 in England and Wales (ONS):

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths>

Coronial findings, such as the Prevention of Future Deaths report in the Leo Barber case, further illustrate that harmful online content may form part of a constellation of contributory factors in youth suicide:

<https://www.judiciary.uk/prevention-of-future-death-reports/leo-barber-prevention-of-future-deaths-...>

On this basis, no existing PPC or PC categories should cease to be treated as harmful to children.

Any kind of PPC would be more appropriately categorised as PC.

We do not propose that any existing PPC categories be downgraded to PC.

Evidence relating to suicide and self-harm content indicates potential for significant psychological harm and, in extreme cases, fatal outcomes. The severity and irreversibility of such harms support continued classification at the highest priority level.

Peer-reviewed evidence (Hawton et al., 2020) identifies associations between exposure to online self-harm content and increased suicidal ideation and behaviours in adolescents:

<https://pubmed.ncbi.nlm.nih.gov/31924367/>

Given the gravity of outcomes, retaining suicide and self-harm content within PPC is appropriate.

Any kind of PC would be more appropriately categorised as PPC.

While suicide and self-harm content is already categorised as PPC, the manner of dissemination — particularly via recommender systems — may intensify cumulative exposure and harm.

Coronial materials (Leo Barber PFD report – link above) indicate real-world concerns regarding platform surfacing mechanisms. Where algorithmic amplification materially increases exposure frequency to harmful content for vulnerable children, this may justify regulatory consideration.

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:

Evidence that the kind(s) of content pose a material risk to an appreciable number of children.

We propose that Ofcom consider clarifying regulatory treatment of:

- Algorithmically amplified self-harm/suicide content
- Generative AI conversational responses relating to suicide or self-harm
- AI-generated synthetic or deepfake content with psychologically harmful impact

Mental Health Foundation polling (May 2025) indicates that 68% of young people report exposure to disturbing or harmful content online:

<https://www.mentalhealth.org.uk/our-work/policy-and-advocacy/online-communities-online-safety-young...>

This demonstrates that harmful exposure is not rare or isolated.

Emerging research on AI-generated media environments highlights growing concern regarding synthetic content and misinformation:

<https://arxiv.org/abs/2407.05529>

While not child-specific, it signals an evolving ecosystem requiring child-safety consideration.

Evidence that the kind(s) of content pose a risk of significant harm to children.

Suicide and self-harm remain leading causes of death in young people (ONS – link above). Exposure to online self-harm content is associated with increased suicidal ideation and behaviours (Hawton et al., 2020 – link above).

Algorithmic systems may intensify cumulative exposure once engagement begins, potentially increasing psychological harm in vulnerable users.

Coronial evidence (Leo Barber PFD – link above) illustrates that online content exposure may be relevant in fatal outcomes, alongside other factors.

Given the severity of potential outcomes, algorithmically amplified suicide/self-harm content and unsafe generative AI responses relating to self-harm may pose significant harm risk.

Evidence to support each kind of content being categorised as either PPC or PC.

Algorithmically amplified suicide/self-harm content — Treated as PPC in practice, given risk of significant psychological harm and potential fatal outcomes (ONS; Hawton et al.; Leo Barber PFD).

Generative AI conversational outputs that provide unsafe or normalising responses to suicide/self-harm prompts — Considered within PPC scope where they materially increase suicide risk.

AI-generated synthetic content that directly encourages self-harm or suicide — PPC.

Violent content with psychological impact — PC

Eating disorder/body image content with behavioural reinforcement — PC

AI-generated harmful but non-lethal psychological distress content (e.g. harassment /cyberbullying via synthetic media) — PC, depending on severity and harm profile.

These recommendations are based on:

- Evidence of significant psychological harm (Hawton et al., 2020 – link above)
- National mortality data (ONS – link above)
- Coronial findings (Leo Barber PFD – link above)
- Evidence of high exposure prevalence (Mental Health Foundation – link above)