

Children's exposure to suicide, self-harm, depression, and eating disorder content online



Survey findings report
October 2025



REVEALING REALITY

Foreword from Molly Rose Foundation

It is now almost 8 years since Molly Russell died after being algorithmically bombarded with harmful suicide, self-harm and depression content.

This report reveals that, immediately before the Online Safety Act took effect, far too little had changed. Using a nuanced and in-depth approach to understand the true scale of children's exposure to different types of potentially harmful content, the findings suggest that young people continued to be put at risk at a deeply worrying scale.

Fieldwork undertaken in the weeks prior to the Protection of Children Codes coming into force shows that many children were being exposed to deeply worrying types of harmful content. Disturbingly, over a third of 13-17 year olds had seen the highest risk suicide, self-harm, depression or eating disorder content in the previous week - content which they should be prevented or protected from encountering under the Act.

This rose to even higher proportions for girls, children with SEND, and those with low wellbeing – groups that we know are already more vulnerable to online harm.

The results also identified considerable numbers of children at risk of cumulative harm, with many – like Molly – encountering potentially harmful content in alarmingly high volumes. This includes many seeing a toxic combination of the very worst content being reinforced by related material.

This report will make horrifying reading for parents, grandparents and anyone interested in protecting children. The dreadful reality is that we lose one young person a week to suicide where technology has played a role, with far too many teenagers being recommended large volumes of harmful content by social media algorithms that prioritise user engagement over the safety and wellbeing of our teens.

The Online Safety Act should have been a watershed moment for addressing these risks. However, it is becoming increasingly clear that Ofcom's deeply unambitious approach to implementing the Act will fail to respond to the scale of the problem highlighted by this research.

This report must therefore be a call to action, and we hope you will join us in calling for the Government to take urgent action to strengthen the Online Safety Act. Regulation remains the most powerful and urgent means at our disposal to ensure children are protected from the scourge of algorithmically-driven cumulative harm.

We hope to re-run this research in future with confidence that children's exposure to harmful content will have substantially fallen.

Rowan Ferguson

Policy and Public Affairs Manager, Molly Rose Foundation

Executive Summary

As of 25 July 2025, platforms have a legal duty under the Online Safety Act to protect children online. This includes preventing children from accessing content which promotes suicide, self-harm or eating disorders, alongside other harmful and age-inappropriate material.¹ This report provides a crucial benchmark on children's experiences immediately before these requirements came into force, with data collection concluding in June 2025.

It examines the online experiences of children aged 13 - 17, focusing on their exposure to potentially harmful content, covering a range of content types including those likely to be classified under the Online Safety Act, as well as a broader range of content that children have seen. The survey was completed by 1897 young people from 20 schools across the UK. The findings reveal the scale and nature of what children encounter on social media platforms.

- **37% of children reported they had seen at least one type of high risk content relating to suicide, self-harm, depression, or eating disorders** in the past week. This includes content likely to be classified as either primary priority content (PPC) or non-designated content that is harmful to children (NDC) under the Online Safety Act.
- **Children reported they had been exposed to a range of different types of high risk content in the last week.** This included:

5% had seen content that encourages or promotes suicide

9% had seen content that makes suicidal thoughts seem normal, appealing, or cool

6% had seen content that encourages or promotes self-harm

8% had seen content that makes self-harm seem normal, appealing, or cool

15% had seen content that shows self-harm

17% had seen content that makes feeling depressed seem normal, appealing, or cool

22% had seen content about feeling hopeless, despairing, or suicidal

12% had seen content that encourages or promotes eating disorders

- **Some children had been exposed to high risk content frequently.** This was reported by over a quarter of those who had seen *content that encourages or promotes suicide*, with 27% of these children indicating they had encountered this content 10 or more times in the last week on at least one platform.
- **Girls, children with low wellbeing, and children with SEND were more likely to report they had been exposed to high risk content in the last week.** Almost half of girls (49%) reported exposure compared with a quarter of boys (25%). Among children with 'low' wellbeing,² over two-thirds

¹ [GOV.UK, Online Safety Act, 2025](#)

² For an explanation of the wellbeing measures used in this report, please see the Methodology section.

(68%) had seen this content, compared with just one in five (20%) of those with 'high' wellbeing. Similarly, 43% of children with SEND reported they had seen high risk content, compared with 35% of those without SEND.

- **Children using TikTok and X were the most likely to encounter high risk content.** Among children spending 30 -120 minutes per day on these platforms, 31% of TikTok users and 29% of X users reported they had seen at least one type of such content in the past week, compared with users of Instagram (13%), Pinterest (13%), YouTube (11%) and Snapchat (5%).
- **70% of children reported exposure to moderate risk content³ and 80% to content which could exacerbate the risk of cumulative harm.⁴ Some children reported that they had seen this content frequently.** For example, 12% of children who had seen *people talking about their experiences of self-harm*, and 20% of children who had seen *dieting or low-calorie / restrictive food choices*, had seen these **10+ times** on at least one platform in the last week.
- **Some saw high volumes of lower risk content in combination with high risk content.** For example, just under half (42%) of children exposed to content encouraging or promoting eating disorders had also seen content portraying slimness as 'desirable or cool' 10 or more times on at least one platform in the last week. Similarly, over 1 in 3 (34%) of children who encountered content encouraging or promoting suicide or self-harm also frequently⁵ saw *content about feeling sad, down, or lonely*.
- **Children were most likely to have seen potentially harmful content through feeds** containing recommended content, compared with other platform functionalities such as search or direct messages.
- **Over a third (38%) of the sample said they had encountered content they found upsetting or uncomfortable** on social media at some point in their lives. This was highest on TikTok, where 1 in 4 children (25%) reported they had seen something that made them upset or uncomfortable on the platform.
- **Fewer than 1 in 3 children** felt that they could always do something to avoid seeing content that made them feel uncomfortable or upset across all social media platforms. Meanwhile, around a fifth of children who had seen content that made them feel uncomfortable or upset felt there was nothing they could do, ranging from 19% of children who had seen upsetting content on TikTok or YouTube, to 30% of children who had seen this content on X.

³ Refers to content which is not likely to be classified as PPC or NDC but could still fall into these categories depending on children's interpretation of the content. This content may therefore still hold a moderate risk of causing harm, particularly when viewed cumulatively. See page 10 for a list of all content types included.

⁴ Refers to content which is unlikely to be classified as PPC or NDC, but has the potential to increase risk of harm, particularly through repeated exposure, or when viewed alongside other high or moderate risk content types. Note that this content could also be beneficial or positive to some people, in some contexts. See page 10 for a list of all content types included.

⁵ Had seen this content 10 or more times on at least one platform in the last week.

Contents

Introduction and method	page 7
Chapter 1: Children's exposure to online content that poses a risk of harm	page 15
Chapter 2: What content do children and young people say they have been exposed to online?	
Content related to suicide	page 27
Content related to self-harm	page 35
Content related to mental health, low mood, or depression	page 43
Content related to eating disorders, dieting, or fitness	page 53
Chapter 3: Who is being shown potentially harmful content?	page 62
Chapter 4: Where are children seeing potentially harmful content?	page 68
Chapter 5: What do children do when they are shown content that they find upsetting?	page 75
Afterword from Molly Rose Foundation	page 82
Appendix: Additional methodological detail	page 83

About Revealing Reality

Revealing Reality is an independent social research and insight agency. We enjoy working on challenging projects with social purpose to inform policy, design, and behaviour change. This includes working with regulators, government, and charities to provide rigorous insight into young people's online behaviours and experiences.

Studying people's experiences of the digital world and how it is shaping their lives is something we do every day. This includes exploring how digital services and platforms are shaping people's behaviour – across relationships, gambling, financial products, the health service, and more.

We frequently conduct detailed qualitative and quantitative research to build in-depth understandings of digital behaviours and observe how people really experience technology and the online world.

Visit www.revealingreality.co.uk to find out more about our work or to get in touch.

Introduction and method

Context and background

The **Online Safety Act 2023**⁶ was introduced to promote safety for internet users at a time when adults and children are increasingly spending more of their lives online.

The Act places legal duties on platforms to identify, mitigate, and manage the risks of harm from illegal content and content which is harmful to children.

Ofcom's Media Literacy Report 2025⁷ highlights the importance of these new protections, with an overwhelming majority (96%) of 13- to 17-year-olds reporting use of social media.

Ofcom's Online Experiences Tracker⁸ is already tracking children's exposure to different categories of content online, including some content that holds the potential for causing harm.

Against this backdrop, in February 2025, **Molly Rose Foundation** commissioned **Revealing Reality**, an independent social research and insight agency, to design a survey that benchmarks young people's exposure to specific types of potentially harmful content on social media.

This research focused on four themes of potentially harmful content:

- suicide
- self-harm
- mental health, low mood, or depression
- eating disorders, dieting, or fitness

The range of content captured within each theme aimed to be extensive, covering both content already classified as 'harmful' under the Act, as well as other types of content that may contribute to cumulative harm when viewed alongside such 'harmful' content.⁹ In moving away from broader, high-level definitions of content (e.g. overarching themes of content like 'suicide'), the survey provides a more nuanced insight into the kinds of content children aged 13- to 17-years-old are being served whilst using social media platforms.

The survey examined both what *types* of content children were exposed to and *where* that exposure took place, including which platforms and where within the functionality of the platform content was seen. It also asked *how frequently* content had been encountered, given the potential for repeated exposure to increase the risk of harm.¹⁰

A further goal of the survey was to explore *what children feel able to do* after they had seen content that they found upsetting or that made them feel uncomfortable. Children were asked about the actions they may take after exposure, including engaging with the content or taking steps to avoid the content.

Looking ahead, this research aims to contribute to wider judgements about the effectiveness of regulation changes in the UK in reducing the presence of harmful content on social media platforms. The survey was designed to ensure it could be reused over time to provide an ongoing picture of children's exposure to certain types of content.

The timing of this work is significant. As of 25 July 2025, platforms have a legal duty under the Online Safety Act to protect children online, and as such are required 'to prevent children from accessing pornography, or content which encourages self-harm, suicide or eating disorder content', alongside other harmful and age inappropriate content.¹¹ Data collection for this project concluded in **June 2025**, just before these new requirements came into force, meaning future iterations of the survey can provide vital evidence on the impact of these regulatory changes.

⁶ [Legislation.gov.uk, Online Safety Act, 2023](#)

⁷ [Ofcom, Children and Parents: Media Use and Attitudes Report, 2025](#)

⁸ [Ofcom, Online Experiences and Attitudes Questionnaire, 2025](#)

⁹ [DCMS, Online Harms Feasibility Study, 2021](#)

¹⁰ [Ofcom, Protecting children from harms online, 2024](#)

¹¹ [GOV.UK, Online Safety Act, 2025](#)

Methodology

Survey design





This research aimed to build on existing methods of capturing exposure to potentially harmful online content by incorporating more nuanced statements on specific types of content that children may be served while using social media.

A variety of sources were used in developing the framework of potentially harmful content, including:

- **Existing literature and measures** – a variety of existing sources were used as an initial reference point, including materials from Molly Rose Foundation¹², NSPCC¹³, Samaritans¹⁴, and Ofcom¹⁵.
- **Desk research** – researchers explored the different types of content that appeared on six social media platforms and subsequently categorised them into specific content types related to each of the themes.
- **Legislation** – language used in the content framework aimed to align with that in the Online Safety Act, where possible.

The framework for potentially harmful content included in the survey is set out below.

This research explored a range of content types related to **four overarching themes**:

-  **Suicide**
-  **Self-harm**
-  **Mental health, low mood, or depression**
-  **Eating disorders, dieting, or fitness**

Throughout this report, we will also refer to different types of content in terms of the **level of potential risk** they are likely to pose for children. These risk levels reflect both the legal framework set out in the Online Safety Act and content which is unlikely to be classified under the Act but may nonetheless contribute to cumulative harm.

Content types not likely to be classified by the Act were included to capture a broader range of potentially harmful content that children could be seeing – beyond the most explicit or extreme examples. As set out in the Online Safety Act, harm can arise from cumulative exposure, either through repeated exposure to the highest risk content or through exposure to combinations of higher and lower risk content¹⁶. A single exposure to lower risk content is not likely to be harmful on its own, but repeated exposure, particularly alongside higher risk content, may still contribute to a risk of harm over time¹⁷.

The inquest into Molly Russell's death heard that she had been exposed to over 2,000 pieces of harmful content on Instagram in the months leading up to her death, with the content becoming increasingly frequent and severe over time.¹⁸

¹² [Molly Rose Foundation, Preventable yet pervasive Report, 2023](#)

¹³ [NSPCC.org.uk, Content promoting self-harm, suicide, and eating disorders, 2025](#)

¹⁴ [Samaritans.org, What do people do online in relation to suicide and self-harm?, 2024](#)

¹⁵ [Ofcom, Online Experiences and Attitudes Questionnaire, 2025](#)

¹⁶ [Ofcom, Protecting children from harms online, 2024](#)

¹⁷ [DCMS, Online Harms Feasibility Study, 2021](#)

¹⁸ [Molly Rose Foundation, Molly's Inquest, 2022](#)

The **three risk levels used in this report** are shown below:

High risk content

Includes content that is most likely to be classified as either 'primary priority content' (PPC) or 'non-designated content that is harmful to children' (NDC) under the Online Safety Act.

Suicide

- Content that encourages or promotes suicide
- Content that makes suicidal thoughts seem normal, appealing, or cool

Self-harm

- Content that encourages or promotes self-harm
- Content that makes self-harm seem normal, appealing, or cool
- Content that shows self-harm

Mental health, low mood, or depression

- Content that makes low mood or feeling depressed seem normal, appealing, or cool
- Content about feeling hopeless, despairing, or suicidal

Eating disorders, dieting, or fitness

- Content that encourages or promotes eating disorders

Moderate risk content

Refers to content which is not likely to be classified as PPC or NDC, but could still fall into these categories depending on children's interpretation of the content. This content may therefore still hold a moderate risk of causing harm, particularly when viewed cumulatively.

Self-harm

- People talking about their experiences of self-harm

Mental health, low mood, or depression

- Content about having a 'breakdown'
- People sharing their experiences of feeling depressed
- Content about feeling sad, down, or lonely

Eating disorders, dieting, or fitness

- People talking about their experiences with eating disorders
- Content that makes being slim look cool or desirable
- Dieting or low-calorie/restrictive food choices

Content that could exacerbate the risk of cumulative harm

Refers to content which is unlikely to be classified as PPC or NDC, but has the potential to increase risk of harm, particularly through repeated exposure, or when viewed alongside other high or moderate risk content types. Note that this content could also be beneficial or positive to some people, in some contexts.

Suicide

- Content about suicide recovery, awareness, or safety

Mental health, low mood, or depression

- Information or advice about depression (e.g. symptoms, diagnosis, treatment)
- Self-care tips, mental health routines, or wellbeing strategies

Eating disorders, dieting, or fitness

- Workout plans or routines telling you how to change the way your body looks (e.g. muscle gain, toning, weight loss)
- Fit and healthy lifestyle content (including influencers)
- Healthy meal prep

PPC includes categories of content that platforms are legally required to protect children from encountering under the Online Safety Act. These types of content are likely to breach community guidelines and encourage, promote, or normalise suicide, self-harm, or eating disorders. They are considered to present the highest risk of harm, particularly with cumulative exposure.¹⁹

NDC covers other content, not currently classified by Ofcom as PPC, where there are reasonable grounds to believe it 'presents a material risk of significant harm to an appreciable number of children in the UK'.²⁰ These risks may be less explicit or severe, but still warrant caution, particularly when children are exposed repeatedly or in vulnerable contexts.²¹

Survey question wording and child-facing instructions were refined in collaboration with Molly Rose Foundation, and through cognitive and accessibility testing interviews with children aged 13- to 17-years-old to ensure clarity and understanding for children of this age group.

Wellbeing measures used in this report

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)²² was used as the key wellbeing measure in this survey. It constitutes seven statements aimed at measuring wellbeing in terms of thoughts and feelings experienced in the last two weeks. Each statement is positively worded, with response options on a five-point scale from 'none of the time' to 'all of the time'. The scale has been validated for use with children aged 13-years-old or older (e.g. Clarke et al., 2011²³).

Children's responses were then coded into numerical scores and categorised into three categories: 'low wellbeing', 'medium wellbeing', and 'high wellbeing'. For a full explanation of how scores were coded and categorised, please refer to the technical appendix.

In order to capture children's self-reported body image, a new statement 'I've been feeling bad about how my body looks' was included as a separate question, using the same scale as the SWEMWBS for responses.

Survey dissemination through 20 schools

Unlike previous surveys, including Ofcom's Online Experiences Tracker²⁴, this survey was disseminated directly in schools as part of a lesson designed by the PSHE Association²⁵ (PSHEA), the national body for PSHE education in the UK.

Disseminating the survey in classrooms meant students were able to complete the survey independently, without parental involvement, while still being in an environment that felt familiar to them with the appropriate safeguards in place. This aimed to mitigate some of the challenges associated with alternative dissemination routes, like research panels, providing children a private but safe space to encourage honest responses. It also meant that within each school, all children had an equal opportunity to take part in the research, compared to a panel approach, where parental registration would be necessary.

Considerations for this report

To our knowledge, this research is the most up-to-date and nuanced insight on children's reported exposure to content related to suicide, self-harm, mental health, low mood or depression, or eating disorders, dieting, or fitness. In the absence of objective, publicly accessible platform data on children's exposure to potentially harmful content, the methodology used in this research is a strong alternative.

¹⁹ [GOV.UK, Online Safety Act: explainer, 2025](#)

²⁰ [Ofcom, Protecting children from harms online, 2025](#)

²¹ [Parliament.uk, Joint Committee on the Draft Online Safety Bill Report, 2021](#)

²² [Corc.uk, The Short Warwick-Edinburgh Mental Well-being Scale \(SWEMWBS\), 2008](#)

²³ [Clarke et al., Warwick-Edinburgh Mental Well-being Scale \(WEMWBS\): Validated for teenage school students in England and Scotland. A mixed methods assessment, 2011](#)

²⁴ [Ofcom, Online Experiences and Attitudes Questionnaire, 2025](#)

²⁵ [PSHE Association Website](#)

While reading this report, however, certain considerations should be kept in mind:

- This report is based on survey data. The results are therefore reflective of what children *reported* they had seen in the last seven days, and *how they would describe content they had seen*. As a result, there is no way to determine the true nature of the content children have viewed – it is possible that the survey findings encompass a broad spectrum of material that children felt aligned with the descriptions.
- Because of this, the true prevalence of children’s exposure to content may be higher (whereby some children may not always report or correctly interpret the content they’ve seen) or lower (some children may interpret more general/unrelated content as relating to the statements provided).
- Other measures, including those regarding wellbeing, the presence of SEND, and time spent on platforms in the last week are similarly based on self-report, so cannot be independently verified.
- The six platforms included in this research offer broad and differing functionalities, and data was not collected on children’s specific use of each platform – such as the time spent on specific parts or features within each platform. As a result, it is difficult to determine exactly how children were using or engaging with each platform, which may contribute to varied user experiences.
- When comparing the proportion of platform users that report exposure to content types, the data only includes children who reported they had spent between 30-120 minutes on average per day on each platform. This has been done to improve the comparability between platforms, given that their functionalities vary, and reduce the risk that differences in the data are driven by the amount of time spent on a platform, which similarly differs by platform.
- Analysis of the frequency of exposure to content is limited because of small numbers (fewer than 30) of children reporting exposure to specific content types on some platforms. As such, the data in this report often focuses largely on TikTok, due to larger base sizes for that platform.
- Though the total sample size was large (with almost 2000 respondents), the children in this sample came from just 20 schools. A spread across key school characteristics was achieved however, we are unable to guarantee the representativeness of the sample as a whole.

Reading charts and statistics in this report

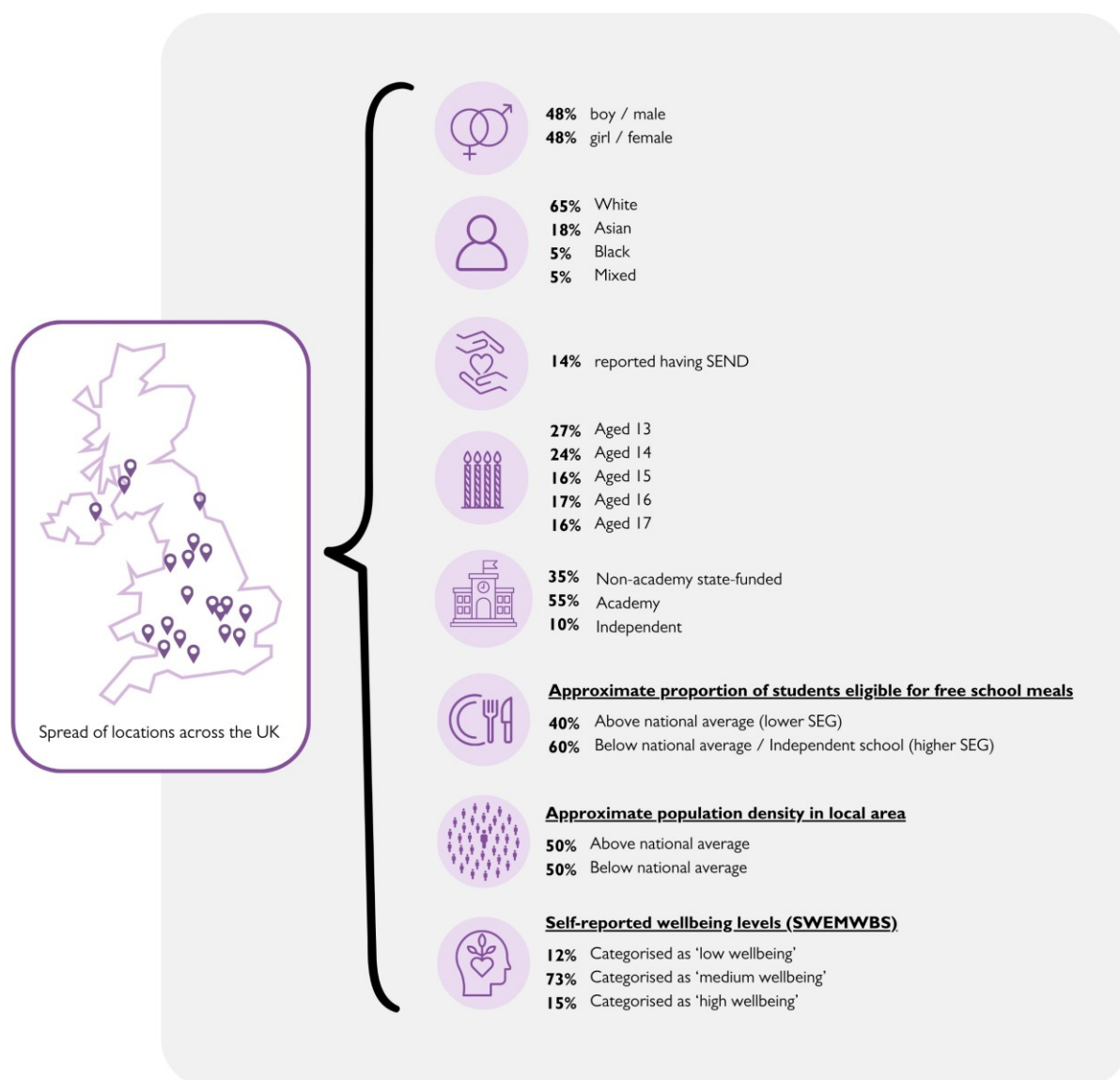
Throughout this report, when something is referred to as ‘significant’, this means it is a statistically significant finding at the 95% confidence interval.

In charts, statistically significant column comparisons are indicated using a lowercase or capital letter. For example, where a data point is marked with a lowercase ‘a’, this means it is significantly greater than the data point in column A at the 95% confidence interval. If the data is marked with an uppercase ‘A’, this indicates statistical significance at the 99% confidence interval.

About the sample

The total sample was 1897 students, covering a range of backgrounds and characteristics across 20 schools. To account for slight differences in the number of responses received from each school, the data was weighted so that responses from each school represented an equal proportion (5%) of the total sample.²⁶

Note: some children selected 'Other', 'I don't know', or 'I don't want to say' to the below demographic questions but have not been included in the sample breakdown. For a full summary of these statistics, please see the data tables.

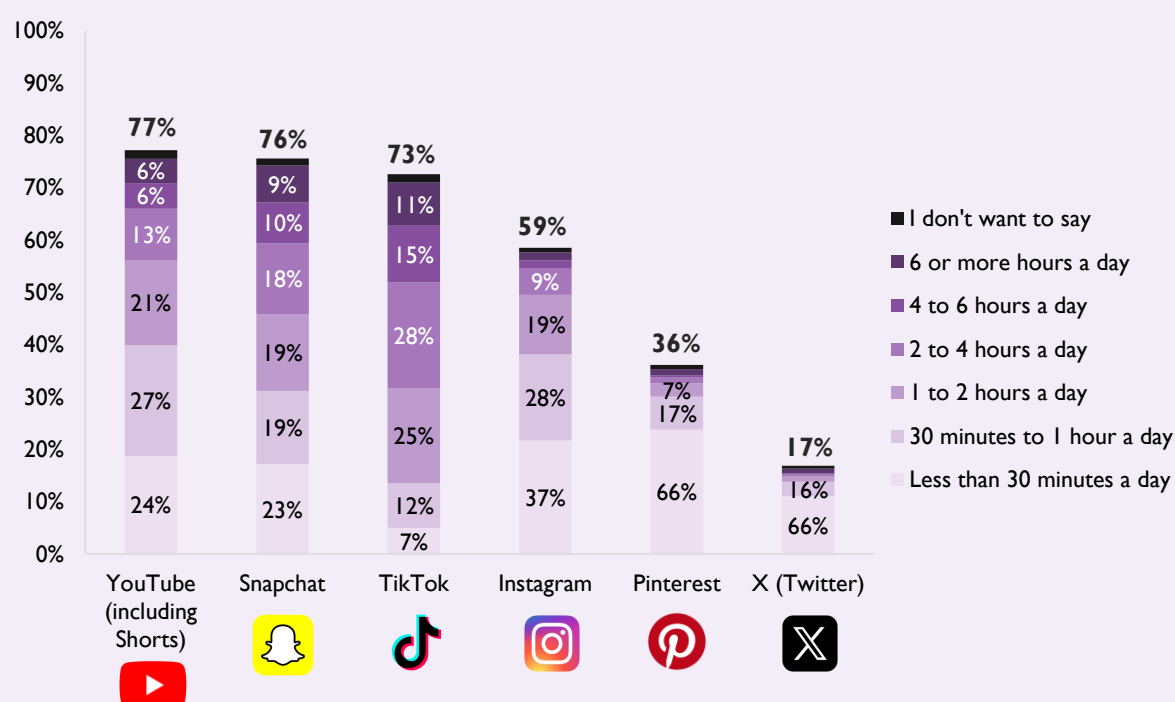


We aimed to include schools that would enable representation of different geographic regions and socio-economic groups. It was only possible to quota at the school level, meaning there were some variables that we expected to fall out naturally across the sample, including SEND and ethnic background.

When looking at children's reported platform use, participants were most likely to report using YouTube (77% of the sample), Snapchat (76%), or TikTok (73%) in the last week. Over half (59%) of children additionally reported use of Instagram, while smaller proportions had used Pinterest (36%) or X/Twitter (17%).

²⁶ Weights applied to schools ranged between 0.59 and 1.90.

Platforms children reported they had used in the last week, and average time spent on these per day



Q: "In the last week, have you used any of these social media platforms?" by Q: "In the last week, on average how much time do you think you have spent on these platforms every day?" Percentages shown on top of bars represent the proportion of the total sample that used the platform in the last week. Percentages within bars represent the proportion of platform users that indicated they used the platform for different amounts of time per day. Base of TikTok n=1377, Instagram n=1111, X n=320, Pinterest n=686, YouTube n=1465, Snapchat n=1434

Though these statistics are not directly comparable due to differences in the ways these questions were asked, Ofcom's Media Use and Attitudes Report from 2025²⁷ reported similar patterns of platform use for these age groups. It reported that roughly two-thirds of children aged 13- to 17-years-old use Snapchat and TikTok, while YouTube remained the most-used platform for all ages of children, with over 80% of children aged 13- to 17-years-old using it. As in the current sample, use of Instagram was slightly lower, with small proportions of children using Pinterest or X.

²⁷ [Ofcom, Children and Parents: Media Use and Attitudes Report, 2025](#)

[Ofcom, Children and Parents: Media Use and Attitudes Report - interactive data, 2025](#)

Chapter 1

Children's exposure to online content that poses a risk of harm

This section looks at the types of potentially harmful content children said they saw online in the past week – from high risk material defined under the Online Safety Act, to other content that, while not classified as such, may still pose risks.

Over a third (37%) of children reported they had been exposed to at least one type of high risk content in the last week

Out of the 1897 children in the sample, 37% said they had encountered *at least one* type of content²⁸ that would likely fall under the Online Safety Act's 'primary priority' or 'non-designated' harmful content categories. These include:

High risk content

Suicide

- Content that encourages or promotes suicide
- Content that makes suicidal thoughts seem normal, appealing, or cool

Self-harm

- Content that encourages or promotes self-harm
- Content that makes self-harm seem normal, appealing, or cool
- Content that shows self-harm

Mental health, low mood, or depression

- Content that makes low mood or feeling depressed seem normal, appealing, or cool
- Content about feeling hopeless, despairing, or suicidal

Eating disorders, dieting, or fitness

- Content that encourages or promotes eating disorders

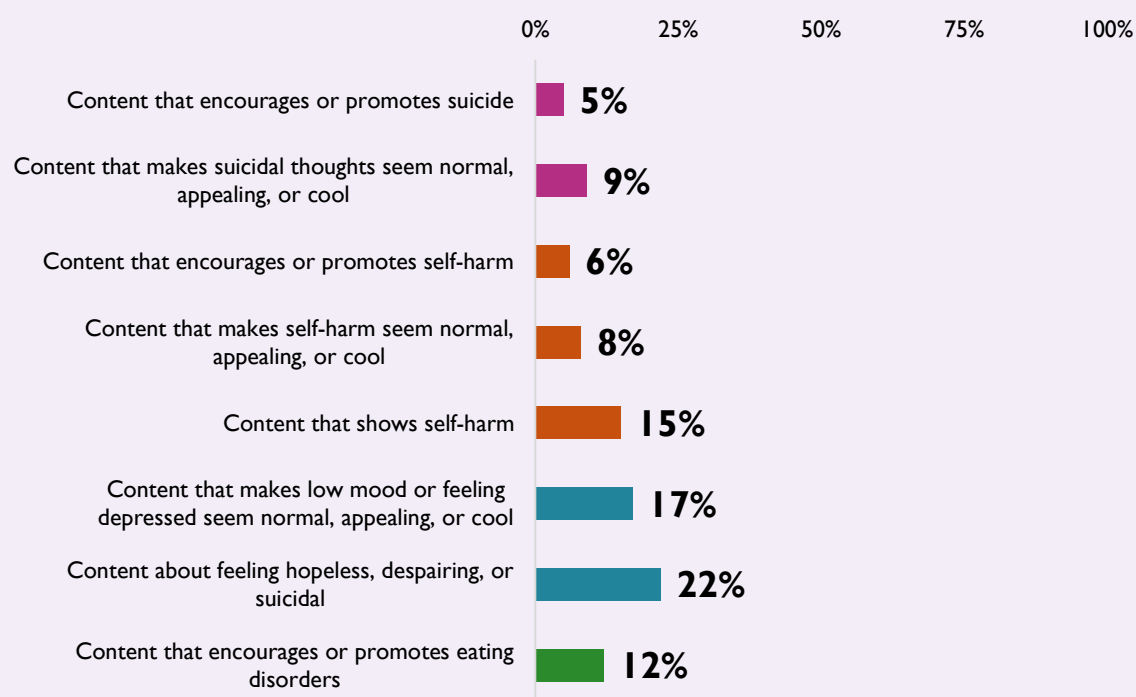
In other words, in a classroom of 30 children, this would equate to 11 children who had been exposed to at least one type of high risk content in the last week.



Across the eight high risk content types, children's reported exposure varied widely. This ranged from 5% of children who saw *content that encourages or promotes suicide*, to 22% that saw *content about feeling hopeless, despairing, or suicidal* in the last week.

²⁸ On TikTok, Instagram, X, YouTube, Pinterest, or Snapchat

Proportion of children in the sample that reported they had seen high risk content types while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure to high risk content types, including those that didn't use social media in the last week. Base n=1897

Overall, children in the sample were exposed to an average of 0.9 types of high risk content in the last week – close to one type per child. This average does not reflect how often content appeared, but how many different types children had seen. Across the whole sample, around 1 in 8 children (13%) had encountered three or more types of high risk content in the last week.

Most children (63%) saw no high risk content at all. Among those who did, the average exposure rose to 2.5 different types. Within this exposed group, over a third (34%) reported they had seen more than three types of high risk content, and 4% had seen all eight.

For some children, high risk content is not a one-off encounter, but something they are shown frequently

Note: Frequency was asked at the platform level. The data shown in this section represents the proportion of children who reported they had seen a specific content type 10 or more times on at least one platform in the last week. This does not capture children who saw it 10 or more times across multiple platforms, and includes some children that saw each content type 10+ times across multiple platforms.

As a result, the overall proportion of children exposed to each content type 10+ times across all platforms is likely to be higher.

Where children said they had seen a type of content, they were asked which platforms it appeared on and how often they had encountered it in the past week. Among those exposed to high risk content, between 13% and 27% said they had seen such content 10 or more times in the last week on at least one platform.

Of the high risk content types, repeated exposure was highest for those who had seen *content that encourages or promotes suicide*. More than 1 in 4 of the children who had seen this content (27%) said they had come across it frequently in the last week on at least one platform.

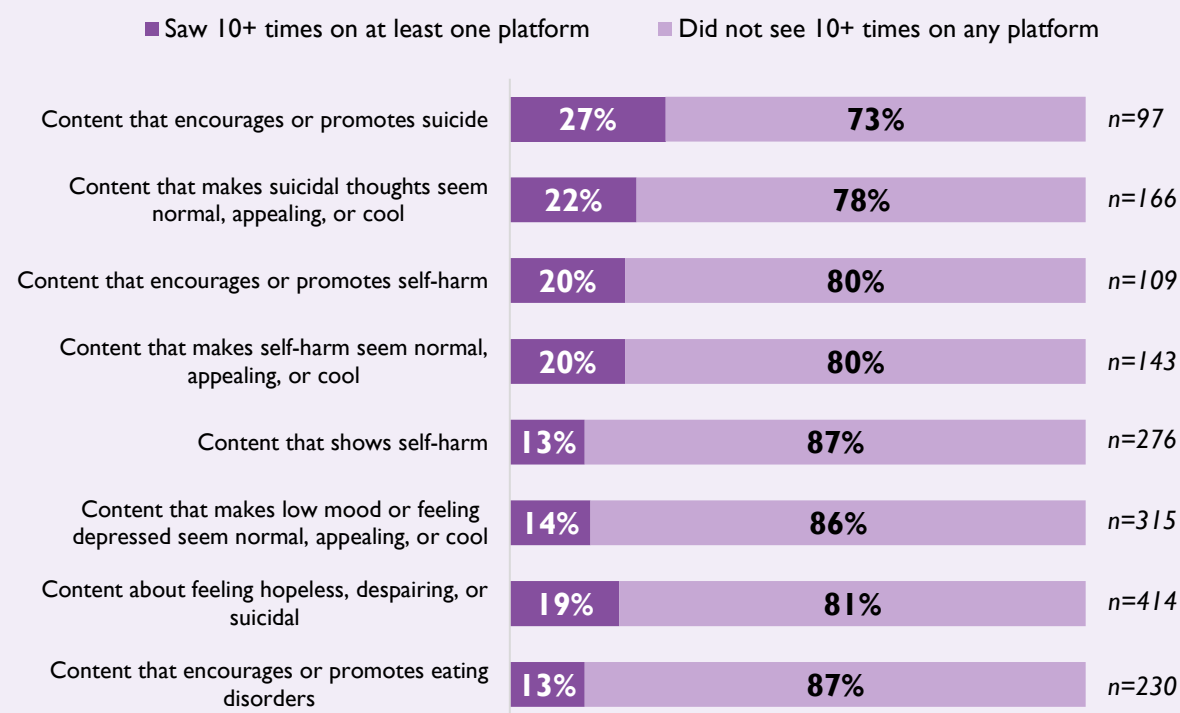
Around 1 in 5 of those who had seen *content that makes suicidal thoughts seem normal, appealing, or cool* (22%), *content that encourages or promotes self-harm* (20%), *content that makes self-harm seem normal, appealing, or cool*

(20%), or content about feeling hopeless, despairing, or suicidal (19%) also reported they had encountered it 10 or more times on at least one platform in the last week.

Smaller but still notable proportions of children said they had seen content 10 or more times for content that shows self-harm (13%), content that encourages or promotes eating disorders (13%), and content that makes low mood or feeling depressed seem normal, appealing, or cool (14%).

The proportion of children who have seen each content type 10+ times on at least one platform in the last week

Of those that had seen the following content types...



Q: "In the last week (7 days), how often did you see this content on [platform]. Recoded to show the proportion of those that had seen each type of content, that indicated they had seen it 'Lots of times (10+) on at least one platform. Base n=97-414

Girls, those with low wellbeing, and children with SEND were significantly more likely to encounter high risk content

Around half of **girls** reported they had seen at least one type of high risk content in the last week, compared with a quarter of boys – nearly double the proportion. This pattern was consistent and significant across all ages.

Proportion of children that saw high risk content, by gender

49% of girls

25% of boys

Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion that reported exposure to at least one high risk content type, by gender. Base of girls n=902, base of boys n=911

Differences were even more pronounced when looking at wellbeing. A higher proportion of **children with low wellbeing**²⁹ said they had encountered high risk content in the last week. More than two-thirds of this group reported they had seen at least one type of high risk content, compared with just over a third of those with medium wellbeing and only 1 in 5 of those with high wellbeing. These differences were significant across all groups.

Proportion of children that saw high risk content, by wellbeing

68% of children with 'low wellbeing'

36% of children with 'medium wellbeing'

20% of children with 'high wellbeing'

Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion that reported exposure to at least one high risk content type, by wellbeing. Base of children with low wellbeing n=207, base of children with medium wellbeing n=1271, base of children with high wellbeing n=266

Additionally, a significantly higher proportion of **children with SEND** reported higher levels of exposure to high risk content, compared with those without SEND.

Proportion of children that saw high risk content, by SEND

43% of children with SEND

35% of children without SEND

Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion that reported exposure to at least one high risk content type, by SEND. Base of children with SEND n=262, base of children without SEND n=1328

This difference was only significant among boys: 35% of boys with SEND reported they had seen at least one type of high risk content, compared with 21% of boys without SEND. In contrast, there were no significant differences among girls, with 51% of those with SEND and 48% of girls without SEND reporting exposure.

²⁹ Throughout this report, analysis by wellbeing is based on categorisation using SWEMWBS. For a full explanation of this scale, please see the technical appendix.

70% of children reported exposure to moderate risk content, and 80% saw content that could exacerbate the risk of cumulative harm

7 in 10 children said that they had seen at least one type of moderate risk content in the last week

Moderate risk content refers to content which is not likely to be classified as PPC or NDC but could still fall into these categories depending on children's interpretation of the content. This content may therefore still hold a moderate risk of causing harm, particularly when viewed cumulatively. It includes:

Moderate risk content

Self-harm

- People talking about their experiences of self-harm

Mental health, low mood, or depression

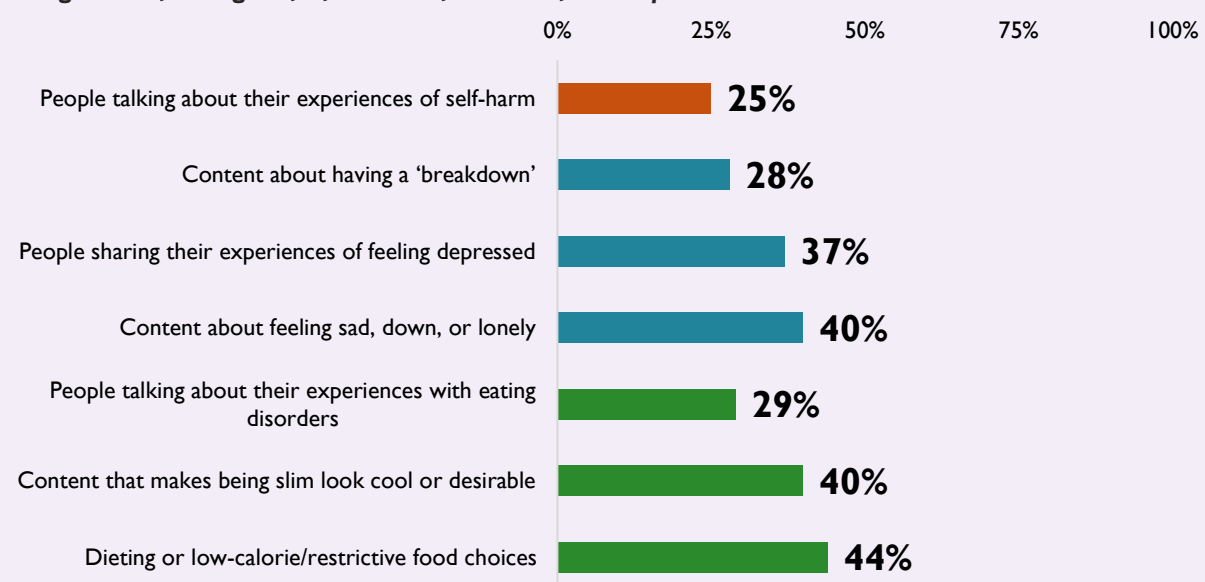
- Content about having a 'breakdown'
- People sharing their experiences of feeling depressed
- Content about feeling sad, down, or lonely

Eating disorders, dieting, or fitness

- People talking about their experiences with eating disorders
- Content that makes being slim look cool or desirable
- Dieting or low-calorie/restrictive food choices

Reported exposure to these content types ranged from around a quarter to just under half of children. About 1 in 4 said they had seen *people talking about their experiences of self-harm* or eating disorders, while higher proportions reported they had seen dieting or restrictive food choices, content promoting slimness, or posts about feeling sad, down, or lonely.

Proportion of children in the sample that reported they had seen moderate risk content types while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure to moderate risk content types, including those that didn't use social media in the last week. Base n=1897

On average, children were exposed to 2.5 types of content with a moderate risk of harm in the last week.

Some children who saw moderate risk content had seen it frequently in the last week

Among those who had seen moderate risk content, between 11% and 31% said it had appeared 10 or more times for them on at least one platform in the past week.

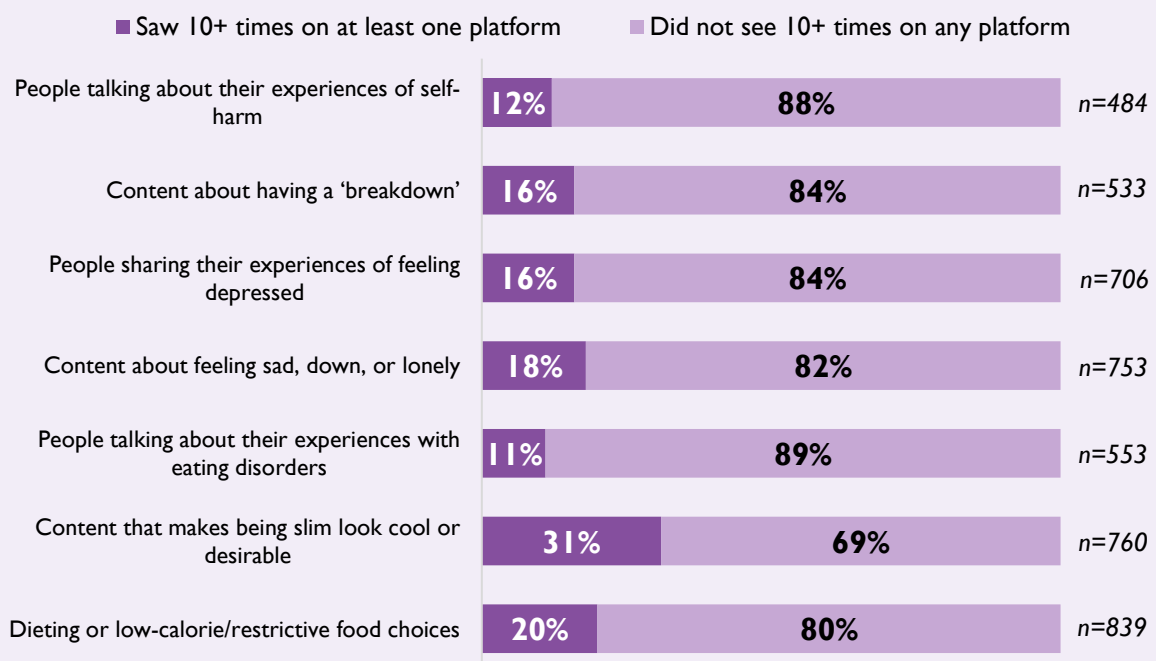
Just over 1 in 10 who had seen *people talking about their experiences of self-harm* (12%) or *people talking about their experiences with eating disorders* (11%) reported this level of repeated exposure.

For other content types, the proportion was even higher: nearly 1 in 3 (31%) of those who had seen content portraying being slim as cool or desirable reported they had seen this over 10 times, while 1 in 5 (20%) said the same for dieting or low-calorie/ restrictive food choices.

This suggests that for some children, these types of content are often something they are being shown repeatedly, which may increase the potential for harm.

The proportion of children who had seen each content type 10+ times on at least one platform in the last week

Of those that had seen the following content types...



Q: "In the last week (7 days), how often did you see this content on [platform]". Recoded to show the proportion of those that had seen each type of content, that indicated they had seen it 'Lots of times (10+)' on at least one platform. Base n=484-839

8 in 10 children reported they had seen at least one type of content that could exacerbate the risk of cumulative harm in the last week

Content that could exacerbate the risk of cumulative harm refers to content which is unlikely to be classified as PPC or NDC, but has the potential to increase risk of harm, particularly through repeated exposure, or when viewed alongside other high or moderate risk content types. Note that this content could also be beneficial or positive to some children, in some contexts. It includes:

Content that could exacerbate the risk of cumulative harm

Suicide

- Content about suicide recovery, awareness, or safety

Mental health, low mood, or depression

- Information or advice about depression (e.g. symptoms, diagnosis, treatment)
- Self-care tips, mental health routines, or wellbeing strategies

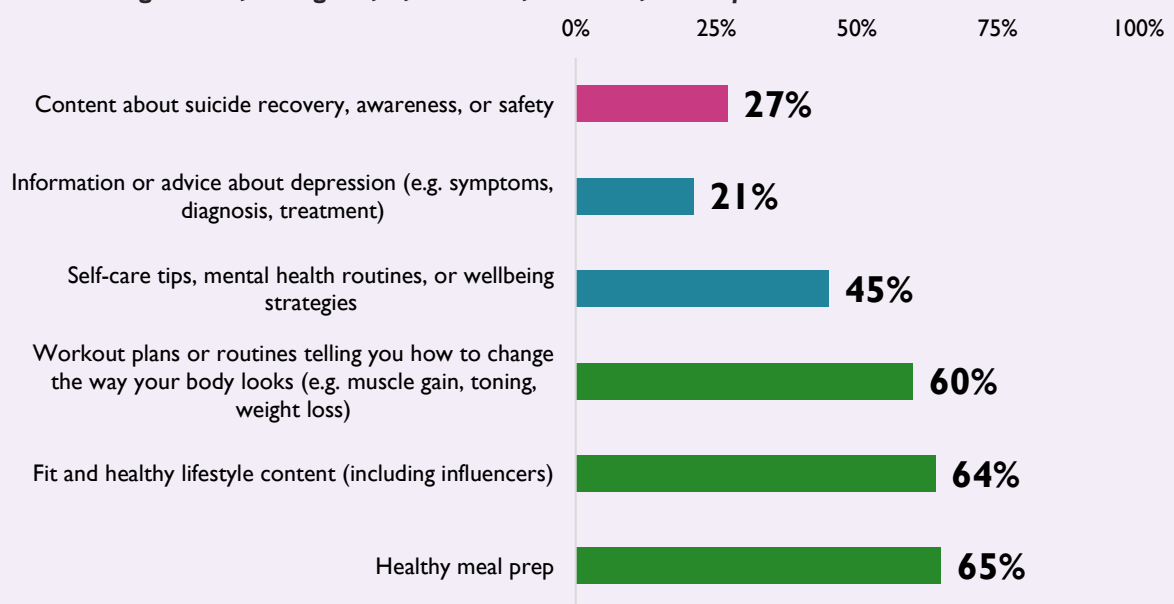
Eating disorders, dieting, or fitness

- Workout plans or routines telling you how to change the way your body looks (e.g. muscle gain, toning, weight loss)
- Fit and healthy lifestyle content (including influencers)
- Healthy meal prep

Exposure to content that could exacerbate the risk of cumulative harm ranged from around 1 in 5 (21%) of children that had seen *information or advice about depression*, to nearly two-thirds (65%) that saw *healthy meal prep*.

Note: As outlined above, while each of these content types may appear less harmful in isolation, repeated or combined exposure has the potential to contribute to cumulative harm over time. However, depending on the context, some of this content may also be experienced as positive or beneficial.

Proportion of children in the sample that reported they had seen content types that could exacerbate risk while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure to content types that could exacerbate risk, including those that didn't use social media in the last week. Base n=1897

Overall, children were exposed to an average of 2.9 types of content that could exacerbate the risk of cumulative harm.

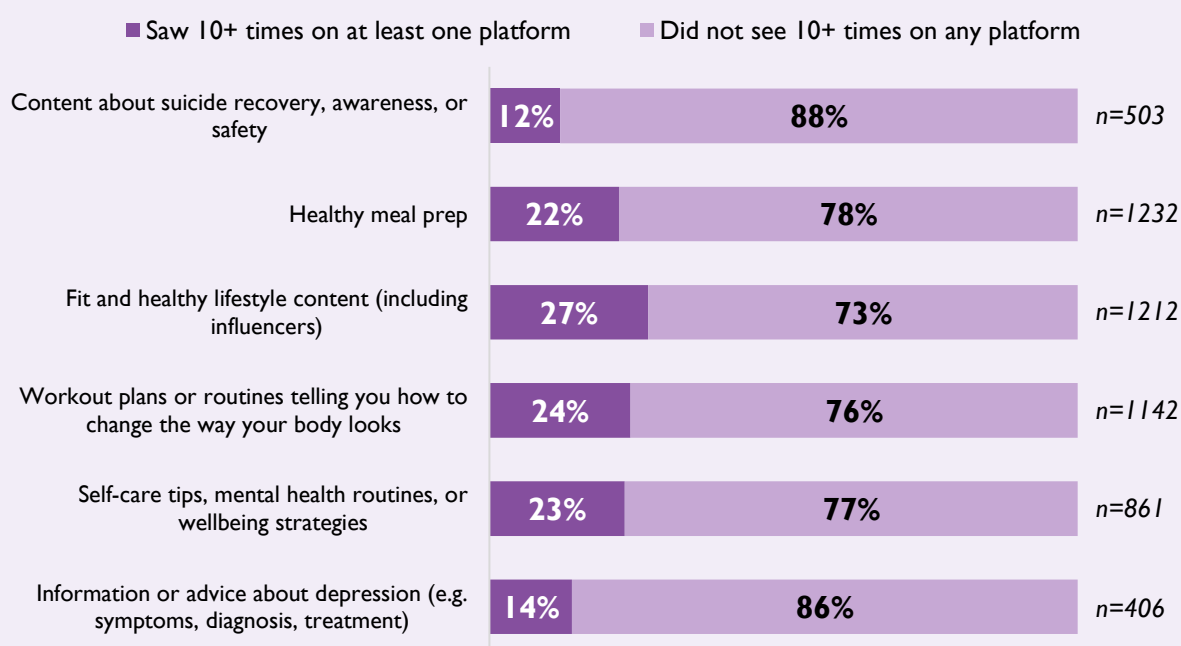
Some children who saw content that could exacerbate risk of cumulative harm had seen it frequently in the last week

Among those that had been exposed to these content types, between 12% and 27% said they had seen it more than ten times on at least one platform in the past week.

This, again, suggests that for some children, exposure is not a one-off but rather something shown repeatedly.

The proportion of children who have seen each content type 10+ times on at least one platform in the last week

Of those that had seen the following content types...



Q: "In the last week (7 days), how often did you see this content on [platform]". Recoded to show the proportion of those that had seen each type of content, that indicated they had seen it 'Lots of times (10+) on at least one platform. Base n=406-1232

High risk content was often seen alongside moderate risk content and material that could exacerbate the risk of cumulative harm. Almost all children who had seen at least one type of high risk content had also been exposed to moderate risk content (98%) or to content that could exacerbate cumulative harm (95%) in the last week.

Given that 70% of children reported they had seen moderate risk content and 80% reported they had seen content that could exacerbate harm, this overlap is not surprising: those encountering the most extreme material are often also exposed to more common, lower-level content that may be thematically related.

Some children saw high volumes of thematically related lower risk content³⁰ alongside high risk content

While most children exposed to high risk material also saw related lower-risk content, a smaller proportion reported they had seen this content more than 10 times in the last week on at least one platform.

³⁰ This includes both moderate risk content and content that could exacerbate the risk of cumulative harm.

For content related to suicide, around 1 in 6 (17%) of those exposed to high risk content also said they had repeatedly seen posts about *suicide recovery or awareness*. For self-harm, around 1 in 7 (14%) reported they had been repeatedly shown *people talking about their experiences of self-harm*.

Among those who had seen high risk mental health, low mood, or depression content, between 9% and 22% also reported frequent exposure to related lower-risk posts, including *content about having a breakdown* (13%), *people sharing their experiences of feeling depressed* (18%) and *content about feeling sad, down, or lonely* (22%).

For eating disorders, frequent overlap was even higher. Between 16% and 42% of those who had seen the most harmful content also reported frequent exposure to lower-level content, ranging from *personal accounts of eating disorders* (16%) to *content glamorising slimness* (42%) or *promoting workout routines to change body shape* (35%).

These findings suggest that while not all children are repeatedly shown related lower-risk material, a proportion are exposed to both high risk content and frequent lower-level content in combination, which may amplify the risk of harm. This is explored in greater depth within each theme in Chapter 2.

Many children who saw moderate risk content, or content that may exacerbate harm, did not encounter high risk content

While most children who had seen high risk content had also been exposed to moderate risk or content that may exacerbate the risk of cumulative harm, the reverse was not true. Only about half of those who saw moderate risk content or content that may exacerbate the risk of cumulative harm also reported they had seen high risk material, while the other half did not.

This suggests that although exposure to potentially lower risk content is widespread, it does not always coincide with exposure to the most severe forms of content.

Of those that saw moderate risk content:

51% also saw high risk content

49% did not see high risk content

Of those that saw content that may exacerbate the risk of cumulative harm:

44% also saw high risk content

56% did not see high risk content

Among children who had seen moderate risk content, certain groups were significantly more likely to also report seeing high risk content. This included **girls** (58% who had seen moderate risk content and also seen high risk content compared with 41% of boys), **children with low wellbeing** (83% compared with 48% of those with medium wellbeing and 36% of those with high wellbeing), and **children with SEND** (58% compared with 48% of those without SEND).

Note: In some cases, the moderate risk content or content that may exacerbate the risk of cumulative harm a child saw may not be directly related to the high risk content they reported (for example, a child might have seen both healthy meal-prep content and content encouraging suicide).

Additionally, these figures show the proportion of children who saw at least one instance of each content type, but not how often they encountered them over the week.

Nonetheless, these findings highlight that a proportion of children are exposed to both high risk content and lower-level material in combination. This overlap is explored in greater depth within each theme in Chapter 2.

Some children encountered combinations of high risk content across the four themes³¹

Some children who reported they had seen one type of high risk content also said they had been exposed to others. This overlap was highest among those who had seen high risk suicide content or high risk content relating to self-harm, where 87% and 75%, respectively, also reported exposure to high risk content related to mental health, low mood, or depression.

Note: some overlaps may reflect the way statements are defined – for example, high risk content related to mental health, low mood, or depression includes the item ‘content about feeling hopeless, despairing, or suicidal’, which is closely related to suicide content.

The table below shows how exposure to high risk content overlapped across themes. It should be read down each column: for each group of children who had seen high risk content in that theme, the percentages show how many had also seen high risk content in the other themes. For instance, among children who had seen high risk self-harm content, 40% had also seen high risk suicide content.

Proportion of children who had encountered high risk content related to each theme that also saw high risk content in other themes

	Saw high risk content related to suicide...	Saw high risk content related to self-harm...	Saw high risk content related to mental health, low mood, or depression...	Saw high risk content related to eating disorders, dieting, or fitness...
... also saw high risk content related to suicide		40%	31%	36%
... also saw high risk content related to self-harm	69%		45%	54%
... also saw high risk content related to mental health, low mood, or depression	87%	75%		68%
... also saw high risk content related to eating disorders, dieting, or fitness	44%	38%	29%	

Q: “In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?” Figures are recoded to show the proportion of children who had seen at least one type of high risk content within a given theme, who had also seen at least one type of high risk content from another theme. Base: Children who had seen at least one type of high risk content - suicide n=190, self-harm n=325, mental health, low mood, or depression n=537, eating disorders, dieting or fitness n=230

³¹ The four themes of content in this research are: suicide; self-harm; mental health, low mood, or depression; and eating disorders, dieting, or fitness.

Chapter 2

What content do children and young people say they have been exposed to online?

We asked children whether they had seen different types of potentially harmful content while using social media in the last week.

This section summarises what they reported they had seen, related to the four themes of content:

| **Suicide**

| **Self-harm**

| **Mental health, low mood, or depression**

| **Eating disorders, dieting, or fitness**

**Content related to
suicide**

Content related to suicide

Children were asked whether they had seen any of the following types of content in the last week:

High risk content

- Content that encourages or promotes suicide
- Content that makes suicidal thoughts seem normal, appealing, or cool

Content that could exacerbate the risk of cumulative harm

- Content about suicide recovery, awareness, or safety

Other

- Something else related to suicide

In the last week...

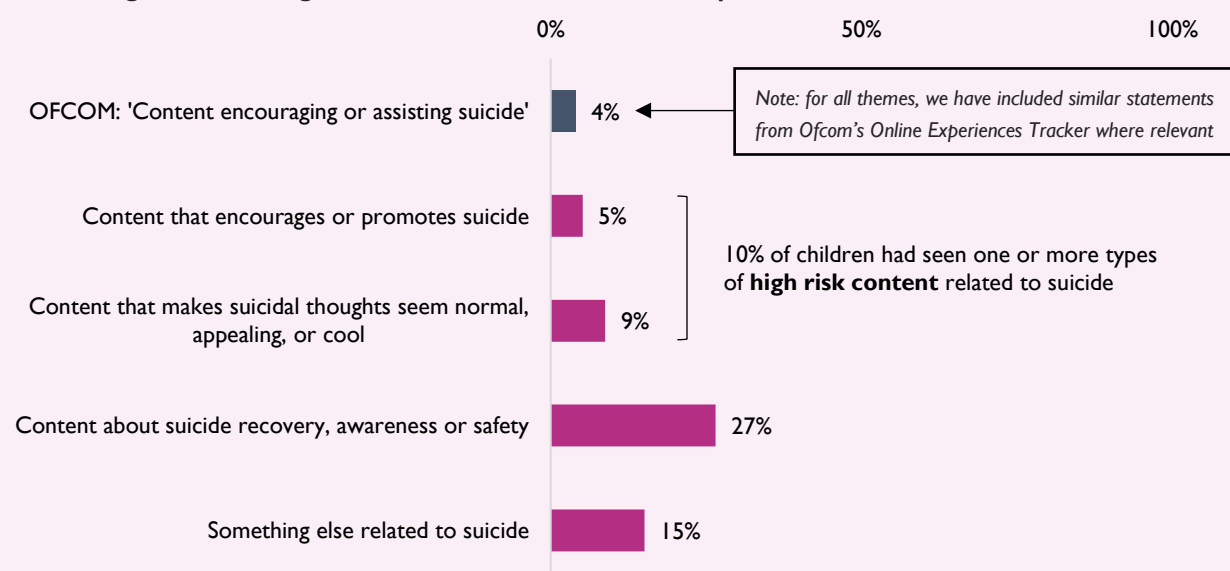
5% had seen content that encourages or promotes suicide

9% had seen content that makes suicidal thoughts seem normal, appealing, or cool

1 in 10 (10%) children reported they had seen at least one type of high risk content related to suicide in the last week

In a classroom of 30, this would equate to three children saying they had seen content in the last week that they would describe as encouraging or promoting suicide or making it seem normal, appealing, or cool.

Proportion of children in the sample that reported they had seen the content types related to suicide while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure, including those that didn't use social media in the last week. Base n=1897

Around 1 in 20 children in the sample said they had been served content that they felt *encourages or promotes suicide* in the last week.

Similarly, Ofcom's 2025 Online Experiences Tracker reported that 4% of 13- to 17-year-olds had encountered 'content encouraging or assisting suicide'.

In addition, nearly 1 in 10 (9%) of children in this study said they had seen *content that makes suicidal thoughts seem normal, appealing, or cool*.

Exposure to content related to suicide that could exacerbate risk was higher. Over 1 in 4 reported exposure to *content about suicide recovery, awareness or safety*, and a further 15% of children reported they had seen *something else related to suicide*.

Overlap in exposure between high risk content and content that could exacerbate the risk of cumulative harm

The majority of children who had seen high risk suicide content had also seen thematically related lower risk³² content, with around 1 in 6 seeing this content frequently

Over two-thirds (68%) of children who had seen high risk suicide content also reported they had seen *content about suicide recovery, awareness, or safety*.

Around 1 in 6 (17%) of those who had seen high risk suicide content also saw *content about suicide recovery, awareness, or safety* frequently.

Of the 190 children who saw *content that encourages or promotes suicide* or *content that makes suicidal thoughts seem normal, appealing, or cool*...

CONTENT THAT COULD EXACERBATE THE RISK OF CUMULATIVE HARM



This suggests that for a smaller subgroup, material linked to suicide recovery and awareness appeared repeatedly alongside the most harmful suicide content.

However, a majority of children who saw lower risk suicide content did not see thematically related high risk content

Around 1 in 4 (26%) who had seen content about suicide recovery, awareness or safety had also encountered high risk content relating to suicide.

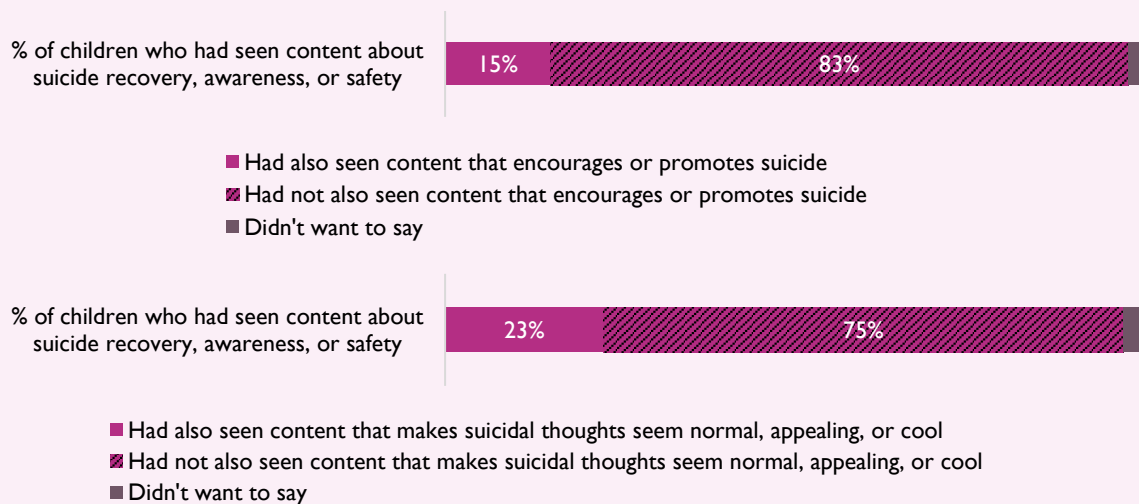
While the majority of children who saw high risk content relating to suicide had also seen lower risk content, only 26% of children who had seen lower risk content had also encountered high risk content, compared with nearly three quarters who had not (74%).

³² For content related to suicide, there is only one lower risk content type.

Specifically, 15% of those who had seen the lower risk content had also seen *content that encourages or promotes suicide*, compared with a large majority (83%) of this group that had not seen this high risk content type.

Similarly, of this same group, 23% reported they had seen *content that makes suicidal thoughts seem normal, appealing, or cool*, whereas 75% had not seen this content.

Proportion of children who had seen content about suicide recovery, awareness or safety that had also seen high risk content types related to suicide



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Responses shown are only for those children that also indicated they had seen content about suicide recovery, awareness or safety. Base n=503

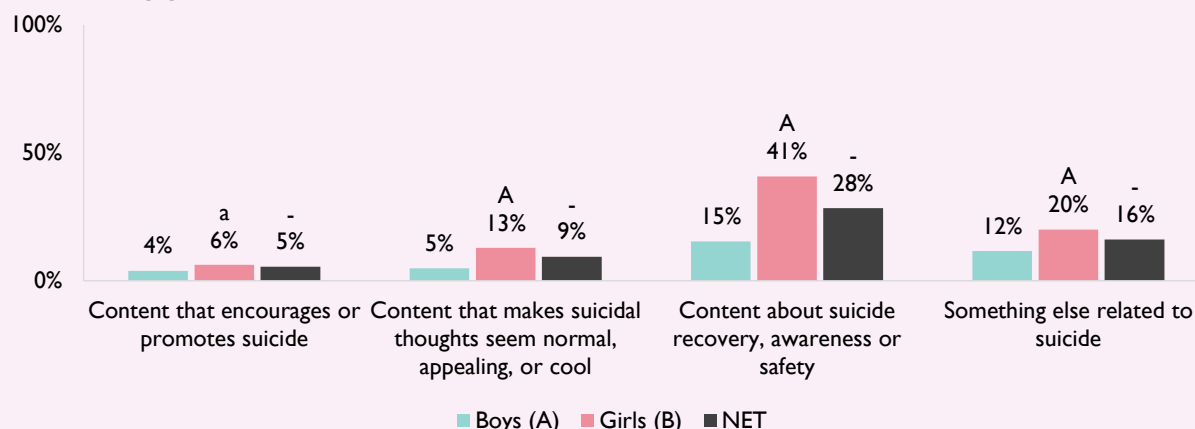
Girls and children with lower wellbeing were more likely to report encountering all content types related to suicide

Across all four content types related to suicide, **girls** and **children with lower self-reported wellbeing** were significantly more likely to say that they had been exposed to them in comparison to boys and children with higher reported wellbeing respectively.

Note: NET proportions shown in the charts in this section differ slightly from the total sample exposure figures presented above, as they exclude children who had not used any of the six social media platforms included in the survey. The NET figures used here are based only on children who reported they had used at least one platform in the last week, across the total sample.

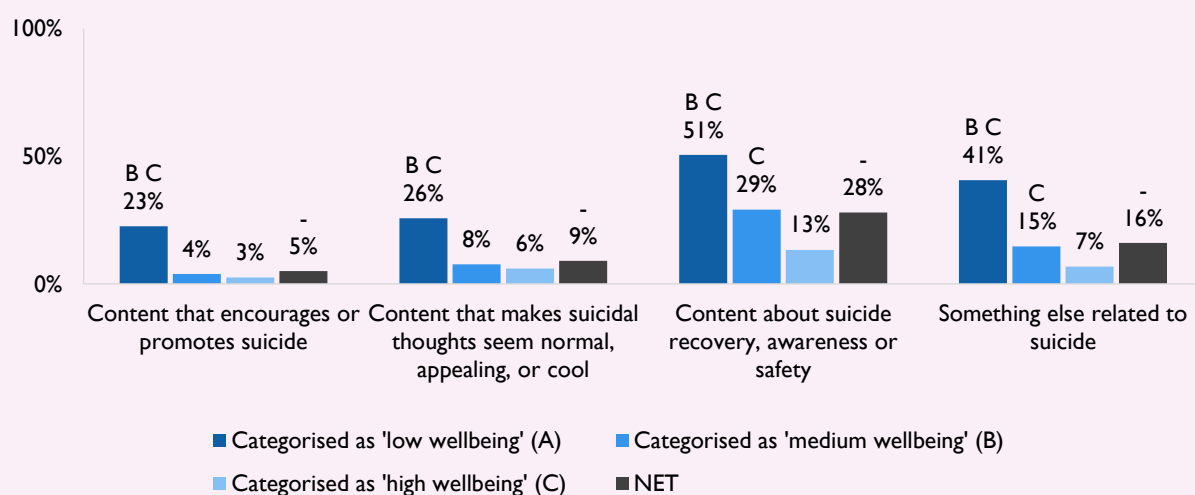
This applies to all sub-group analysis of content exposure.

Proportion of children who had used social media in the last week that had seen content types related to suicide, by gender



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Are you...?" Base of girls n=868, boys n=854, NET n=1777

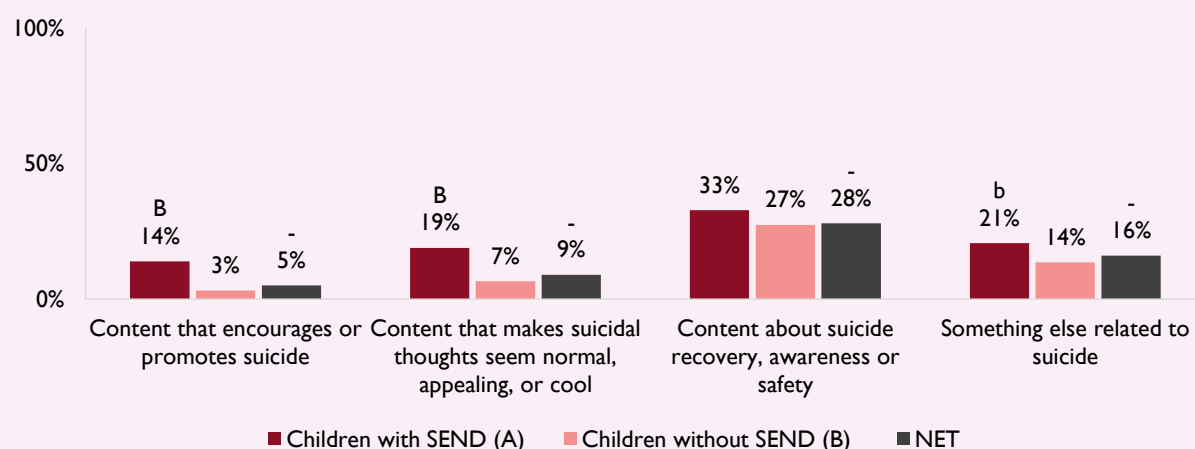
Proportion of children who had used social media in the last week that had seen content types related to suicide, by wellbeing



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "[SWEMWBS] I've been..." Coded numerically, with those who selected 'I don't want to say' excluded. Base of low wellbeing n=189, medium wellbeing n=1223, high wellbeing n=252, NET n=1777

Children with SEND were also more likely to have been exposed to three out of the four content types related to suicide

Proportion of children who had used social media in the last week that had seen content types related to suicide, by SEND



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Do you have any Special Educational Needs or Disabilities (SEND) / Additional Support Needs (ASN) / Additional Learning Needs (ALN) / Special Educational Needs (SEN)?" Base of children with SEND n=239, children without SEND n=1265, NET n=1777

When looking at differences by socio-economic grade³³ (SEG), **children from higher SEG schools** were significantly more likely to report having seen *content about suicide recovery, awareness or safety* than those from schools in lower SEG schools, whilst those from lower SEG schools were more likely to have seen *something else related to suicide*. There were no significant differences across the other two types of content related to suicide.

Additionally, **younger children** aged 13- to 14-years old were more likely to report having been exposed to *something else related to suicide* when compared with their older (aged 15- to 17-years-old) counterparts; there were no other significant differences.

Users of X and TikTok were most likely to report exposure to high risk content related to suicide

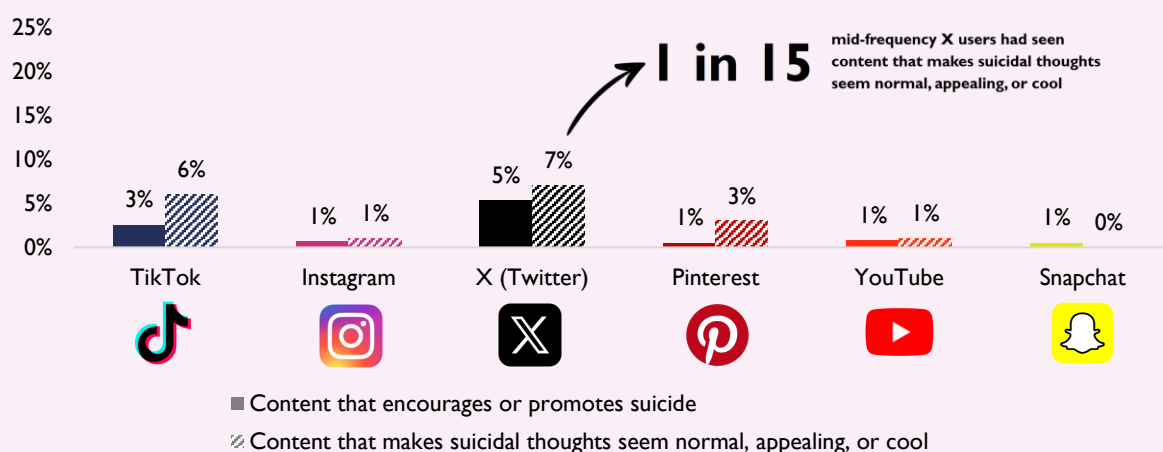
Note: In order to control for differences in how often children reported they had spent on different platforms, the data in this section includes only 'mid-frequency users', i.e., those users that reported they had spent 30-120 minutes per day on the platform in the last week.

This applies to all analysis of the platforms where children reported they had been exposed to content.

Among mid-frequency users, X and TikTok had the highest proportion of children that reported they had seen high risk content related to suicide in the last week. This was the case for both high risk content types, with 3-7% of users who reported exposure.

³³ In this research, the proportion of students eligible for free school meals at the schools children attend was used as a proxy for SEG. For a full explanation of this, please see the methodology section.

Proportion of mid-frequency platform users that reported exposure to high risk content types related to suicide



Q: "Please select all the platforms where you have seen [content that makes suicidal thoughts seem normal, appealing, or cool] / [content that encourages or promotes suicide]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

When looking at exposure to content about suicide recovery, awareness or safety, mid-frequency users of TikTok were most likely to report exposure, with 1 in 4 (26%) reporting this. This was followed by Instagram, with over 1 in 10 (11%) users reporting this.

Most children who had seen high risk content related to suicide on TikTok reported they had seen it multiple times

Note: The following analysis includes data on all those who indicated exposure to content, not just those users that said they had used the platform for 30-120 minutes per day. This approach aims to include the experiences of those children who are spending longer on social media platforms, who may be more likely to experience repeated exposures to potentially harmful content.

The analysis on frequency of exposure, therefore, should not be interpreted as a direct comparison between platforms, since usage patterns differ by platform. Instead, it highlights the content types for which children report having been exposed multiple times across different platforms.

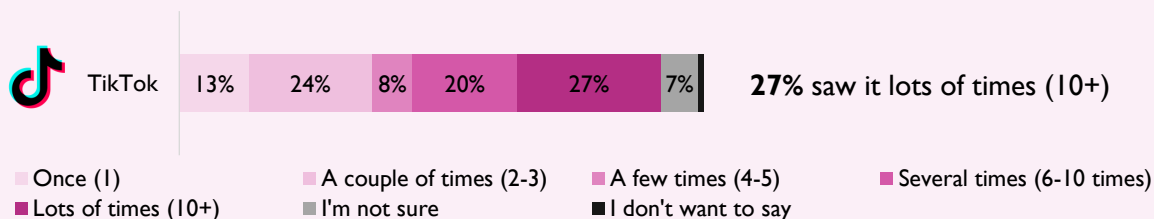
Due to small base sizes, we are unable to report on data from all platforms in this section. We have included data on all platforms for which at least 30 respondents had seen the content type.

Nearly 8 in 10 TikTok users who had seen content that they felt encourages or promotes suicide said they had seen this content more than once in the last week. This includes over a quarter (27%) who indicated they had seen this content 'lots of times (10+)' – which was the most commonly reported frequency of exposure.

For content that makes suicidal thoughts seem normal, appealing, or cool, over two-thirds of children who felt they had seen this on TikTok reported they had seen it more than once, with just under 1 in 5 (19%) reporting they had been exposed 'lots of times (10+)'. Children most often indicated they had seen this content 'a couple of times (2-3)', though a similar proportion (20%) of children indicated this.

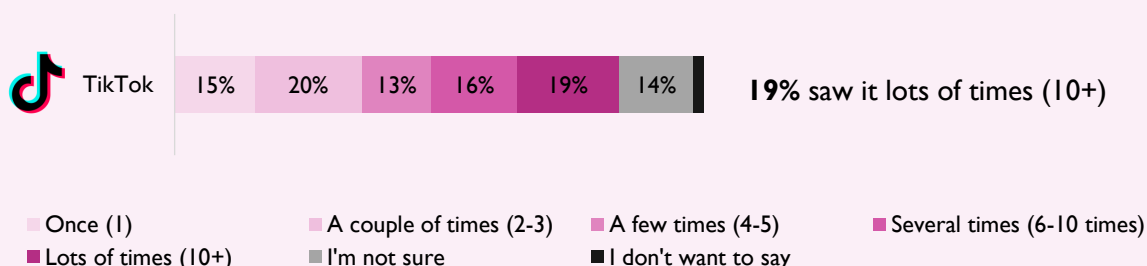
On other platforms, base sizes were not sufficient for analysis.

Reported frequency of exposure to content that encourages or promotes suicide on TikTok in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=61

Reported frequency of exposure to content that makes suicidal thoughts seem normal, appealing, or cool on TikTok in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=116

When looking at children's reported frequency of exposure to *content about suicide recovery, awareness or safety*, children most often reported they had come across this content 'a couple of times' – this was true for TikTok, Instagram, YouTube, and Snapchat (the four platforms where base sizes were sufficient for analysis).

Across all platforms, over 60% of children who had seen this content type reported they had seen it more than once. For those who had seen the content on TikTok, this was true of almost 3 in 4 (73%) of children.

**Content related to
self-harm**

Content related to self-harm

Children were asked about whether they had seen the following types of content in the last week:

High risk content

- Content that encourages or promotes self-harm
- Content that makes self-harm seem normal, appealing, or cool
- Content that shows self-harm

Moderate risk

- People talking about their experiences of self-harm

Other

- Something else related to self-harm

In the last week...

6%

had seen content that encourages or promotes self-harm

8%

had seen content that makes self-harm seem normal, appealing, or cool

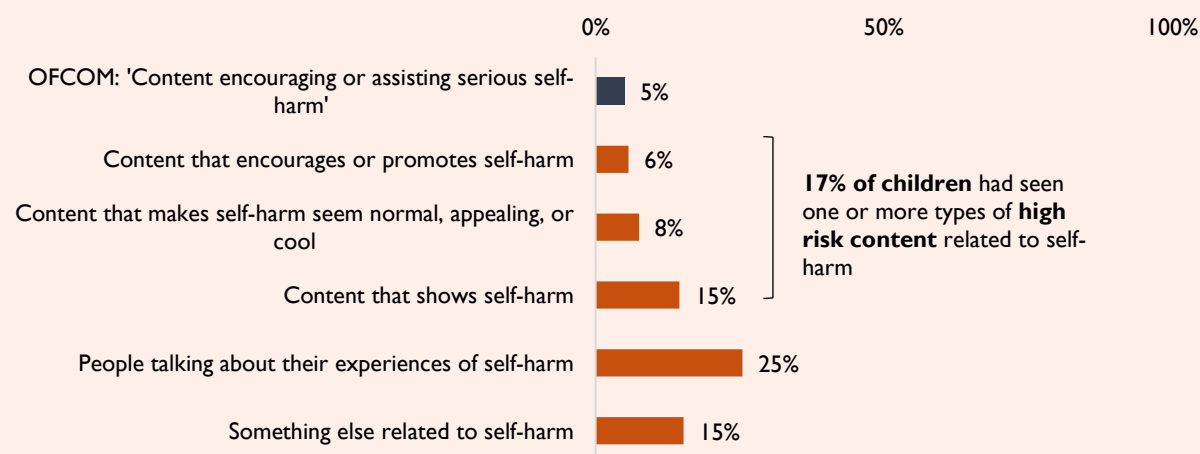
15%

had seen content that shows self-harm

1 in 6 (17%) children in the sample reported they had seen one or more types of high risk content related to self-harm in the last week

In a classroom of 30 children, this would equate to around five of them saying they had seen content in the last week that they would describe as encouraging or promoting self-harm, making self-harm seem normal, appealing, or cool, or showing self-harm.

Proportion of children in the sample that reported they had seen the content types related to self-harm while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure, including those that didn't use social media in the last week. Base n=1897

Just over 1 in 20 (6%) children in the sample said they'd seen content *encouraging or promoting self-harm* in the last week.

In Ofcom's 2025 Online Experiences Tracker, 5% of children similarly reported they had seen content that 'encourages or assists serious self-harm'.

8% of children reported they had seen content they would describe as making *self-harm seem normal, appealing, or cool*, and 15% reporting they had seen *content that shows self-harm*.

As well as high risk content, children reported they had seen moderate risk content related to self-harm. One-quarter (25%) of children reported they had been shown content that contained *people talking about their experiences of self-harm*, and 15% said they had seen *something else related to self-harm*.

Overlap in exposure across high risk and moderate risk content

The majority who had seen high risk self-harm content had also seen lower risk³⁴ content, with around 1 in 7 seeing this content frequently

Over 3 in 4 (77%) of those that had seen high risk content related to self-harm also reported they had seen moderate risk self-harm content of *people talking about their experiences of self-harm* in the last week, while 22% had not.

Around 1 in 7 (14%) children who had seen high risk self-harm content said they had also been shown *people talking about their experiences of self-harm* frequently (10 or more times on at least one platform in the last week).

Of the 325 children who saw **content that encourages or promotes self-harm, content that makes self-harm seem normal, appealing, or cool, or content that shows self-harm...**

MODERATE RISK CONTENT



However, around half of children who saw lower risk self-harm content did not see thematically related high risk content

Of those that had seen moderate risk self-harm content (*people talking about their experiences of self-harm*), 52% had also seen high risk self-harm content, whereas 48% had not.

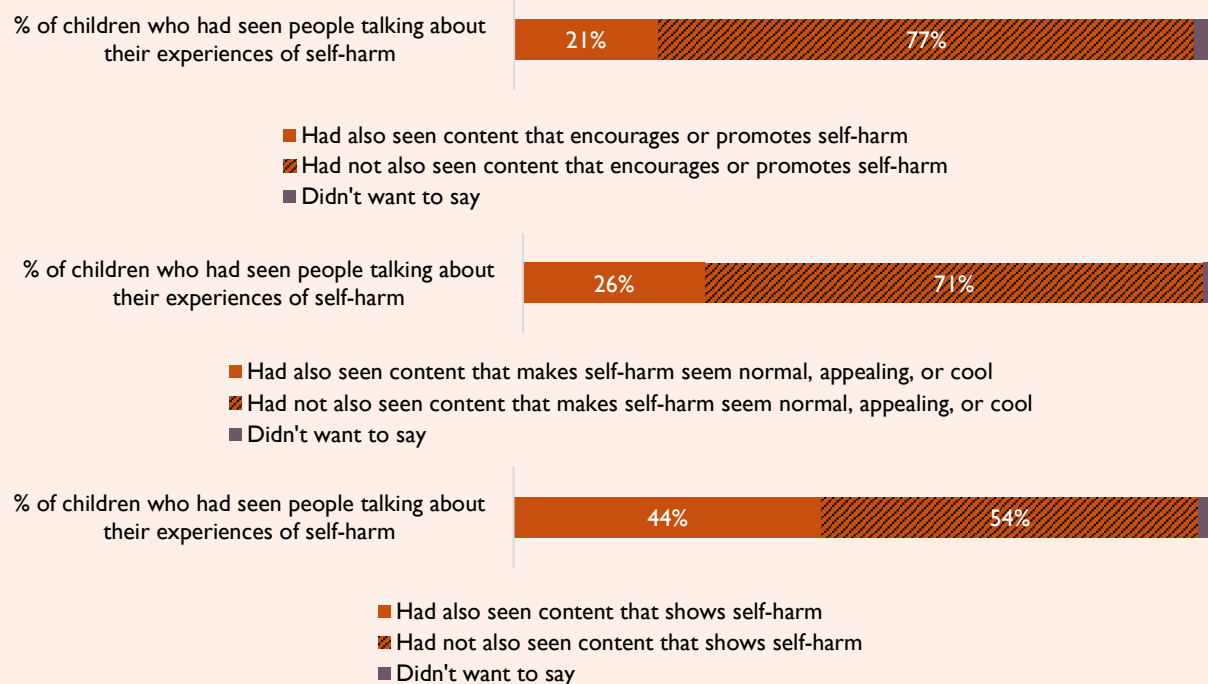
1 in 5 (21%) children who had seen this content reported they had seen *content that encourages or promotes self-harm*, while over three-quarters (77%) of this group reported they had not.

³⁴ For content related to self-harm, there is only one lower risk content type.

Similarly, 26% of children that reported exposure to *people talking about their experiences of self-harm* also reported they had been exposed to *content that makes self-harm seem normal, appealing, or cool* in the last week, compared with 71% who had not seen this content.

For *content that shows self-harm*, this proportion was higher. Just under half (44%) of children who had seen *people talking about their experiences of self-harm* felt they had also seen this high risk content type, whereas over half (54%) indicated that they had not.

Proportion of children who had seen people talking about their experiences of self-harm that had also seen high risk content types related to self-harm



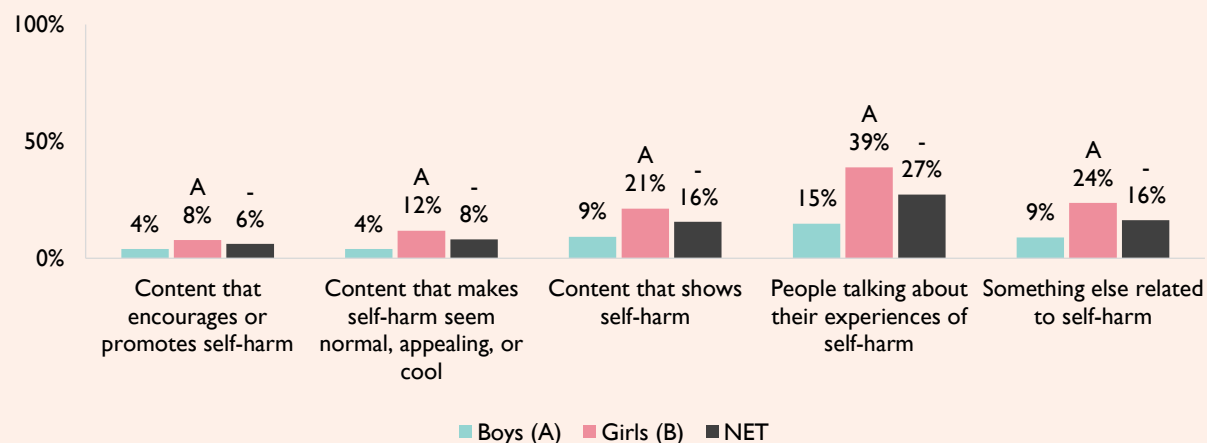
Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Responses shown are only for those children that also indicated they had seen *people talking about their experiences of self-harm*. Base n=484

Girls and children with lower wellbeing were significantly more likely to report they had seen all types of content related to self-harm³⁵

Across all five types of self-harm content, **girls and children with lower self-reported wellbeing** were more likely to report exposure in the last week, when compared with boys and those with higher wellbeing respectively.

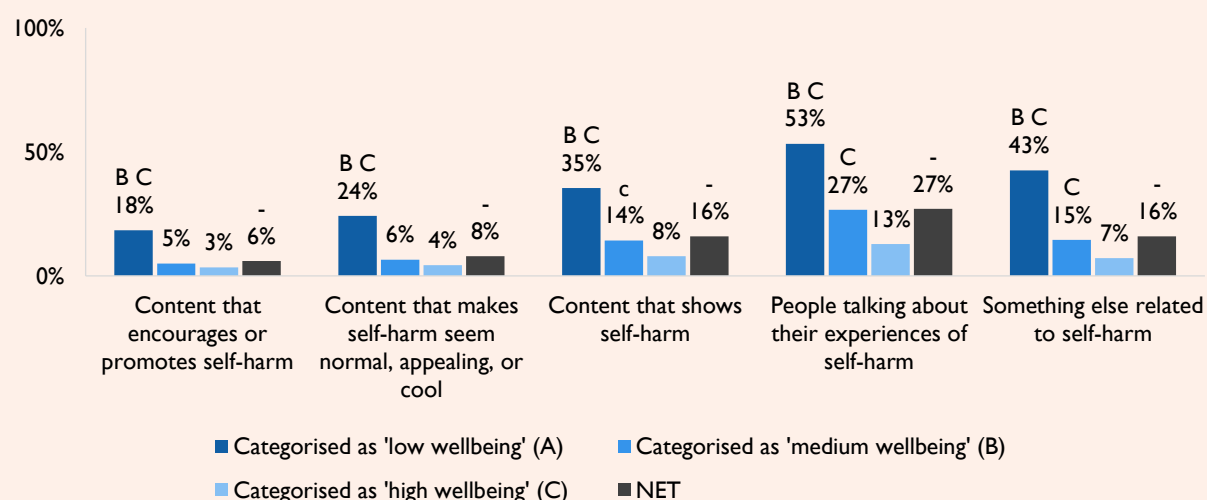
³⁵ Note: NET proportions in this section differ slightly from the total sample exposure proportions, as they exclude non-users of the 6 social media platforms. Figures are based on the proportion of children that indicated they had used at least one platform in the past week.

Proportion of children who had used social media in the last week that had seen content types related to self-harm, by gender



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Are you...?" Base of girls n=868, boys n=854, NET n=1777

Proportion of children who had used social media in the last week that had seen content types related to self-harm, by wellbeing

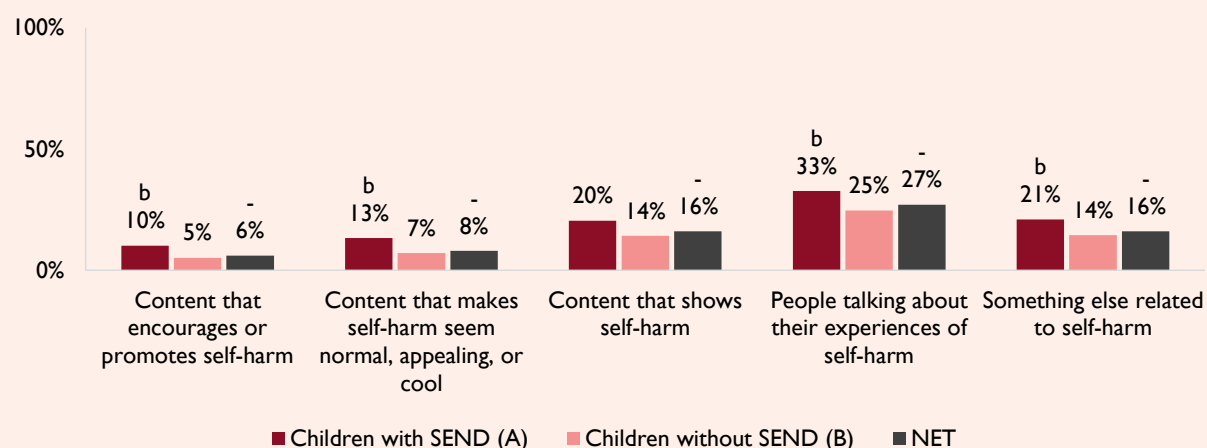


Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "[SWEMWBS] I've been..." Coded numerically, with those who selected 'I don't want to say' excluded. Base of low wellbeing n=189, medium wellbeing n=1223, high wellbeing n=252, NET n=1777

Children with SEND were also more likely to have been exposed to four out of the five content types related to self-harm

For children with **SEND**, reported exposure was greater than for those without SEND for four out of five content types, with the exception being *content that shows self-harm*, for which there was no significant difference.

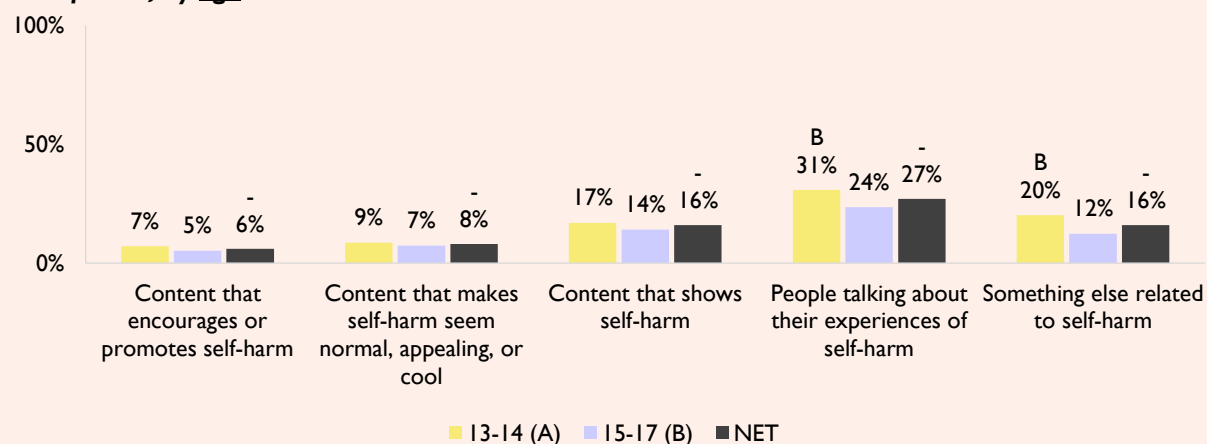
Proportion of children who had used social media in the last week that had seen content types related to self-harm, by SEND



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Do you have any Special Educational Needs or Disabilities (SEND) / Additional Support Needs (ASN) / Additional Learning Needs (ALN) / Special Educational Needs (SEN)?" Base of children with SEND n=239, children without SEND n=1265, NET n=1777

When looking at differences by age, **younger children** aged 13- to 14-years-old were significantly more likely to say they had seen *people talking about their experiences with self-harm* or *something else related to self-harm* than older children aged 15-17. For other content types, there were no significant differences.

Proportion of children who had used social media in the last week that had seen content types related to self-harm, by age



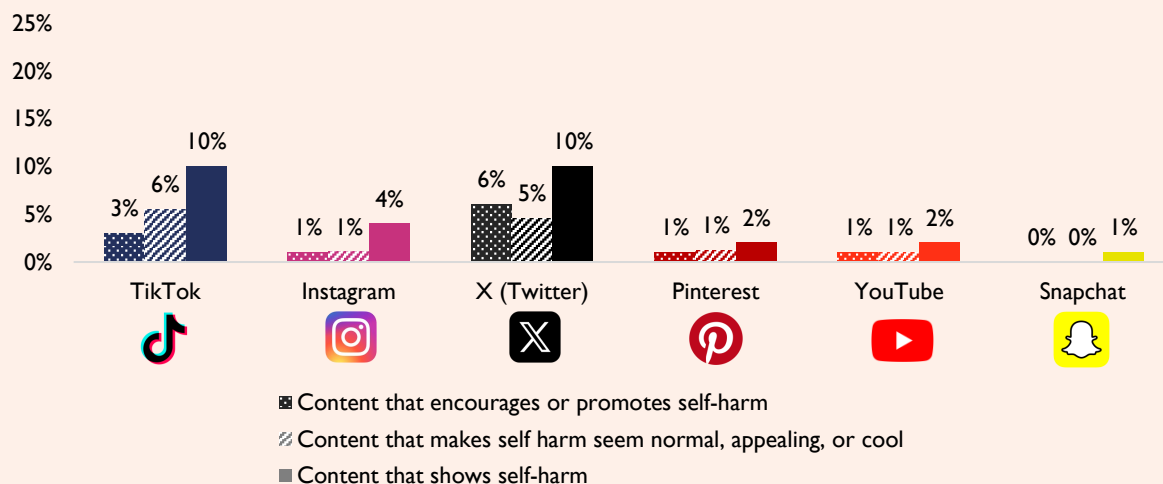
Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "How old are you?" Base of 13-14 n=899, 15-17 n=878, NET n=1777

For differences by the average SEG in children's schools, there were no significant differences in exposure to self-harm content overall, however a slightly higher proportion of children from lower SEG schools said they had seen *content that encourages or promotes self-harm* (8% compared with 5% of children from higher SEG schools).

TikTok and X had the highest proportion of users that had reported exposure to high risk content related to self-harm

Among mid-frequency users³⁶ of the six platforms (i.e., those spending an average of 30-120 minutes per day), TikTok and X were the platforms where the highest proportion of children said they had seen high risk content related to self-harm. This was true for all three types of high risk content.

Proportion of mid-frequency platform users that reported exposure to high risk content types related to self-harm



Q: "Please select all the platforms where you have seen [content that makes self-harm seem normal, appealing, or cool] / [content that encourages or promotes self-harm] / [content that shows self-harm]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

When looking at where children had seen moderate risk content related to self-harm, the highest proportion was reported on TikTok. Around a quarter (24%) of mid-frequency users said they had been shown *people talking about their experiences of self-harm* while using the platform in the last week.

Across platforms, most children who saw high risk content related to self-harm reported they had seen it multiple times³⁷

Across most platforms (where base sizes were big enough for analysis), a majority of children who reported they had been shown high risk content related to self-harm had seen it more than once.

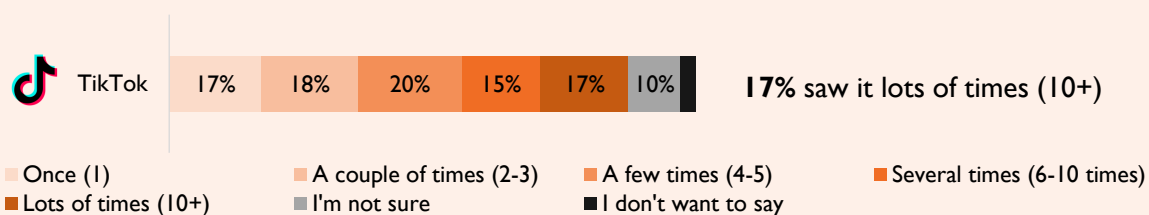
On TikTok (the only platform with sufficient base sizes to analyse all three high risk self-harm content types), repeated exposure was common. 7 in 10 (70%) of those who saw *content that encourages or promotes self-harm* said they had seen it more than once in the past week. Similar proportions were found for *content that makes self-harm seem normal, appealing, or cool* (73%), and for *content that shows self-harm* (64%).

For *content that shows self-harm*, the frequency of exposure varied by platform. On Snapchat, 42% of children who had seen this content said it appeared more than once, while on YouTube the figure was much higher, with three-quarters (75%) reporting repeated exposure.

³⁶ Note: In order to control for differences in how often children reported they had used different platforms, the data in this section includes only those users that reported they had spent 30-120 minutes per day on the platform in the last week.

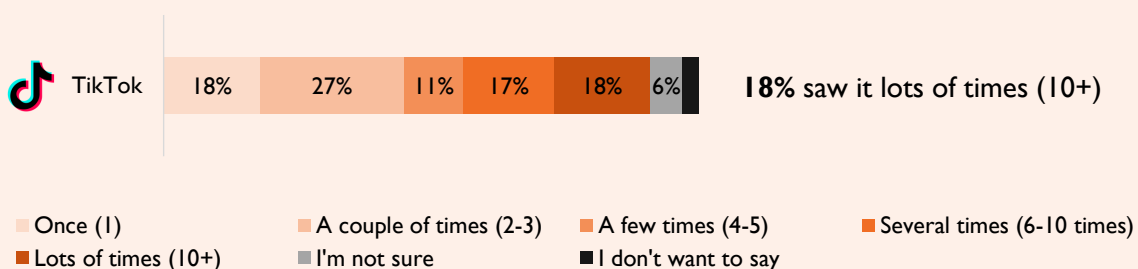
³⁷ Note: Analysis of how often children are being served this content across different platforms is not intended as a direct comparison between platforms, but rather to highlight that children are being shown this type of content multiple times a week across a range of platforms. The analysis in this section includes data on all those who indicated exposure to that content, not just those users that indicated they had used the platform for 30-120 minutes per day, as frequency of exposure is likely to vary for children who use social media platforms for more/less time.

Reported frequency of exposure to content that encourages or promotes self-harm on TikTok in the last week



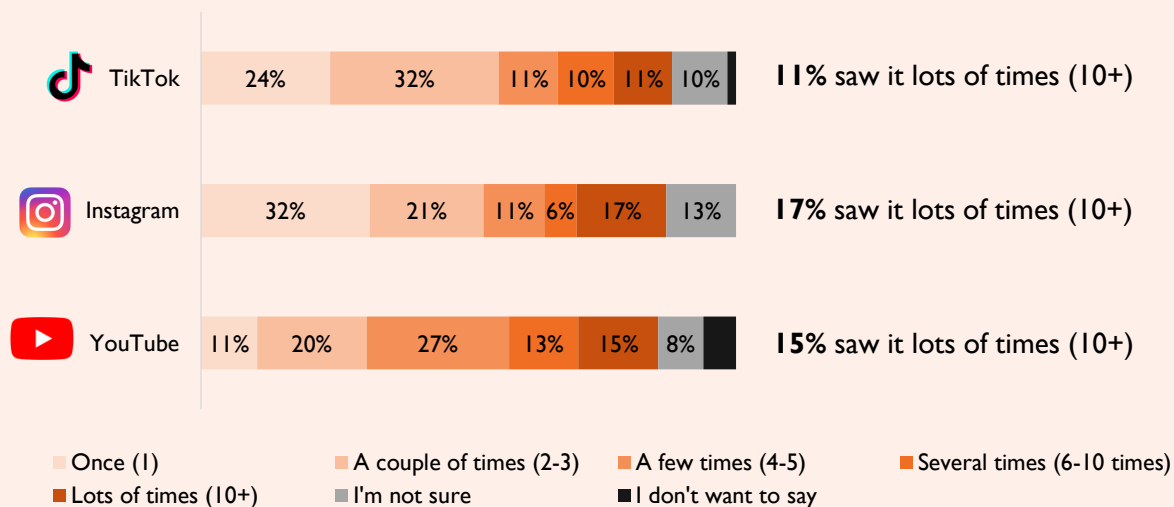
Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=68

Reported frequency of exposure to content that makes self-harm seem normal, appealing, or cool on TikTok in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=101

Reported frequency of exposure to content that shows self-harm across different platforms in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=178, Instagram n=44, YouTube n=37

For exposure to *people talking about their experiences of self-harm*, on Snapchat, YouTube, Instagram, and TikTok, children most often indicated that they had seen this content 'once (1)' or 'a couple of times (2-3)'. Across all, however, over half of the children reported they had seen this content more than once in the last week, with almost three-quarters (72%) of those who had seen the content on TikTok indicating this.

**Content related to
mental health, low
mood, or
depression**

Content related to mental health, low mood, or depression

Children were asked about whether they had seen the following types of content in the last week:

High risk content	Moderate risk	Content that could exacerbate the risk of cumulative harm	Other
<ul style="list-style-type: none"> Content that makes low mood or feeling depressed seem normal, appealing, or cool Content about feeling hopeless, despairing, or suicidal 	<ul style="list-style-type: none"> Content about having a 'breakdown' People sharing their experiences of feeling depressed Content about feeling sad, down, or lonely 	<ul style="list-style-type: none"> Information or advice about depression (e.g. symptoms, diagnosis, treatment) Self-care tips, mental health routines, or wellbeing strategies 	<ul style="list-style-type: none"> Something else related to mental health, low mood, or depression

In the last week...

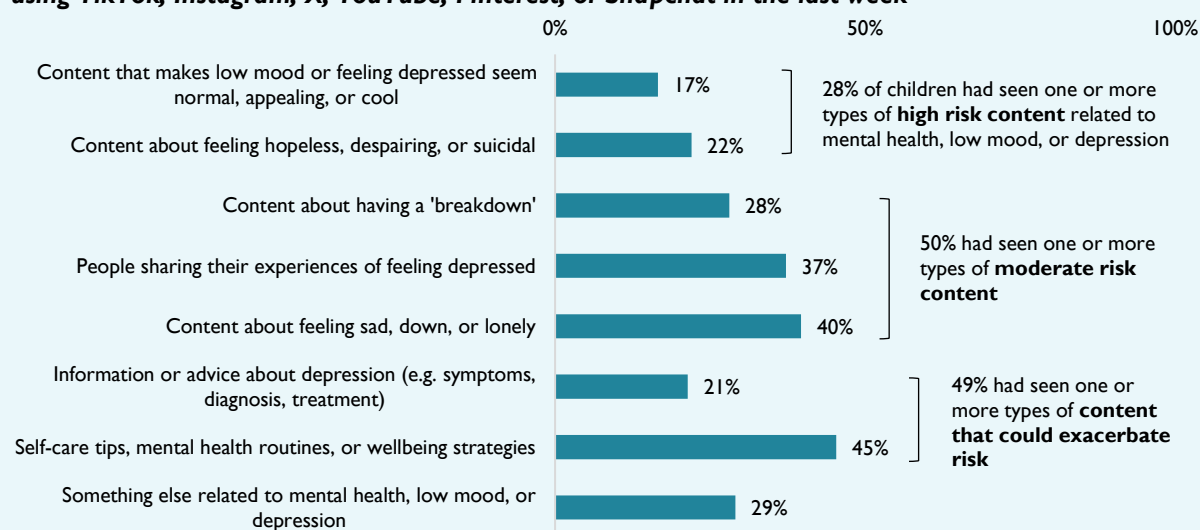
17% had seen content that makes low mood or feeling depressed seem normal, appealing, or cool

22% had seen content about feeling hopeless, despairing, or suicidal

Over a quarter (28%) of children said they had seen at least one type of high risk content related to mental health, low mood, or depression in the last week

In a classroom of 30 children, this would mean around eight students saying they had seen content in the last week that they would describe as *making feeling depressed seem normal, appealing, or cool* or *about feeling hopeless, despairing, or suicidal*.

Proportion of children in the sample that reported they had seen the following content types while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure, including those that didn't use social media in the last week. Base n=1897

Around 1 in 6 children (17%) said they had been shown *content that makes feeling depressed seem normal, appealing, or cool* in the last week, and over 1 in 5 (22%) reported they had seen *content about feeling hopeless, despairing, or suicidal* in the last week.

Exposure to other types of content related to mental health or depression were similar or higher. Only around 1 in 5 (21%) reported they had been exposed to *information or advice about depression*, but a larger proportion – almost half (45%) – said they had been exposed to *self-care tips, mental health routines, or wellbeing strategies*.

Overlap in exposure across high risk content, moderate risk content, and content that could exacerbate the risk of cumulative harm

The majority of children who had seen high risk mental health, low mood or depression content had also seen lower risk³⁸ content, with some seeing this content frequently

Over 9 in 10 children (91%) who had seen at least one type of high risk content related to mental health, low mood, or depression also reported they had encountered moderate risk material in the same theme, while only 9% had not.

Additionally, nearly 4 in 5 (78%) of this group also reported they had seen content that could exacerbate the risk of cumulative harm.

Over 1 in 5 of children who had seen high risk mental health, low mood, or depression content also frequently encountered content about feeling, sad, down, or lonely

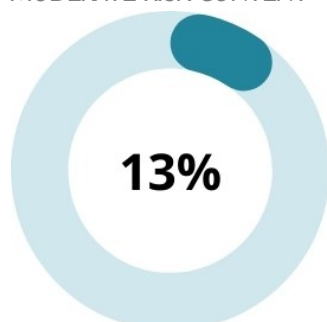
Some children who had been exposed to high risk mental health, low mood, or depression content were not only seeing this material but also frequently encountering lower risk content.

Between 13% and 22% of this group said they had seen moderate risk content 10 or more times on at least one platform. This included 22% of children who reported frequent exposure to *content about feeling sad, down, or lonely*, 18% who saw *people sharing their experiences of feeling depressed*, and 13% who were shown *content about having a breakdown* frequently.

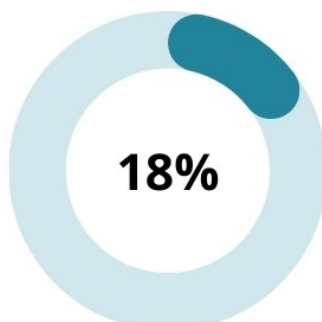
A notable proportion also reported frequent exposure to content that could exacerbate the risk of cumulative harm. Of those that had seen high risk content, 1 in 5 (20%) said they had repeatedly been shown posts about *self-care tips, mental health routines, or wellbeing strategies*, while 9% reported frequent exposure to *information or advice about depression, such as symptoms, diagnosis, or treatment*.

Of the 537 children who saw *content that makes low mood or feeling depressed seem normal, appealing, or cool* or *content about feeling hopeless, despairing, or suicidal*...

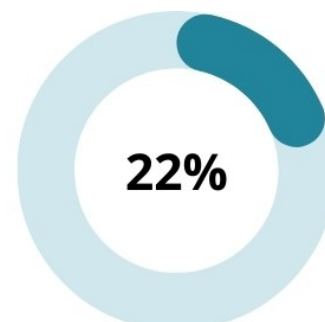
MODERATE RISK CONTENT



also saw *content about having a 'breakdown'* 10+ times on a platform



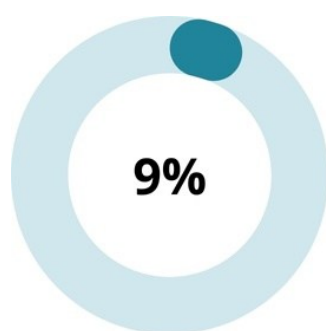
also saw *people sharing their experiences of feeling depressed* 10+ times on a platform



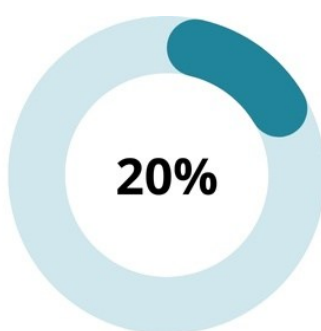
also saw *content about feeling sad, down, or lonely* 10+ times on a platform

³⁸ This includes both moderate risk content and content that could exacerbate the risk of cumulative harm.

CONTENT THAT COULD EXACERBATE THE RISK OF CUMULATIVE HARM



also saw **information or advice about depression (e.g., symptoms, diagnosis, treatment)** 10+ times on a platform



also saw **self-care tips, mental health routines, or wellbeing strategies** 10+ times on a platform

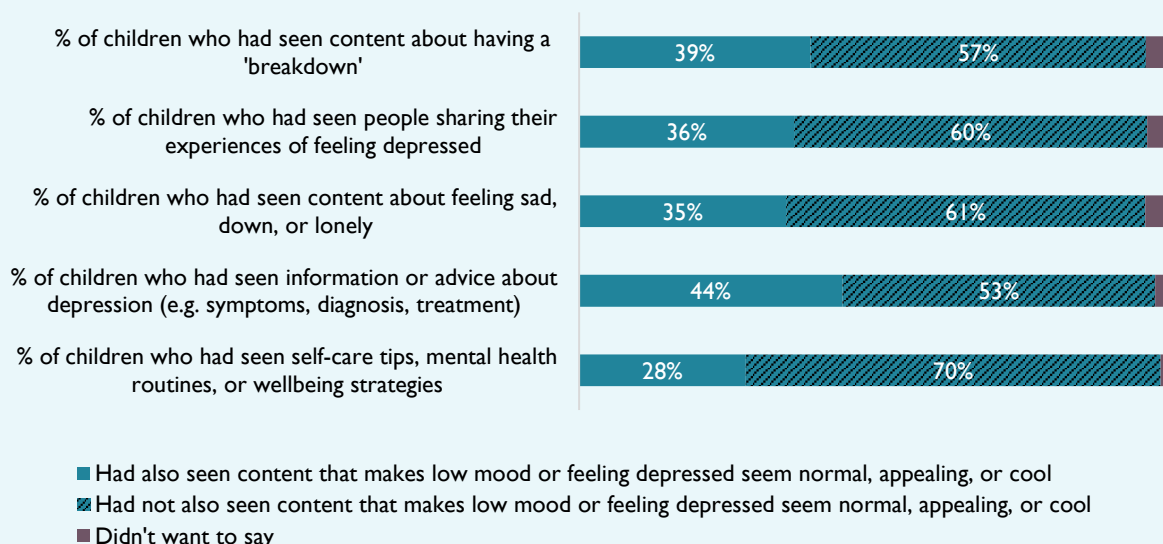
Around half of children who saw lower risk mental health, low mood or depression content also saw thematically related high risk content

Just over half (52%) of children who had seen moderate risk content related to mental health, low mood, or depression also reported they had seen high risk material in the same category, while 48% had not.

A similar pattern was seen for content that could exacerbate the risk of cumulative harm: 45% of those who had seen this type of content also reported exposure to high risk posts, compared with 55% who had not.

This overlap between lower risk and high risk content varied by material type. Between 28% and 44% of children who had seen moderate risk content or content that could exacerbate the risk of cumulative harm related to mental health, low mood, or depression also reported they had seen *content that makes low mood or feeling depressed seem normal, appealing, or cool*. This overlap was highest for those who had seen information or advice about depression (44%) and lowest for those who had seen *self-care tips, mental health routines, or wellbeing strategies* (28%).

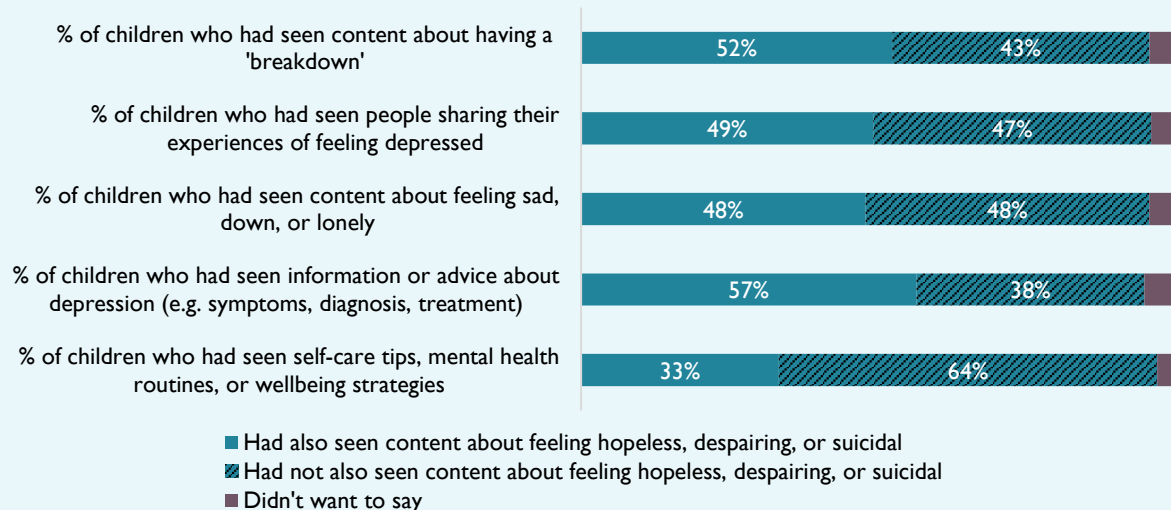
Proportion of children who had seen content that could exacerbate harm / moderate risk content related to mental health, low mood, or depression that had also seen content that makes low mood or feeling depressed seem normal, appealing, or cool



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Responses shown are only for those children that also indicated they had seen different types of moderate risk content / content that could exacerbate risk related to this theme. Base n=406-861

A similar pattern was seen for *content about feeling hopeless, despairing, or suicidal*. For children who had seen lower risk content related to mental health, low mood, or depression, around half of them also reported exposure to this high risk content type. The exception to this was for those children who had seen *self-care tips, mental health routines, or wellbeing strategies*, whereby only around a third of this group also reported exposure to this high risk content type, with 64% indicating they had not.

Proportion of children who had seen content that could exacerbate harm / moderate risk content related to mental health, low mood, or depression that had also seen content about feeling hopeless, despairing, or suicidal



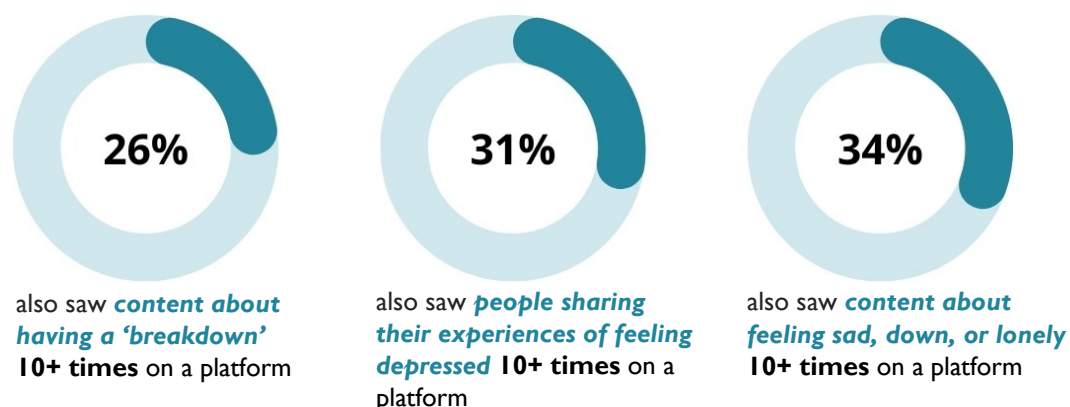
Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Responses shown are only for those children that also indicated they had seen different types of moderate risk content / content that could exacerbate risk related to this theme. Base n=406-861

Over 1 in 3 children who saw content encouraging or promoting suicide or self-harm also frequently encountered posts feeling sad, down, or lonely

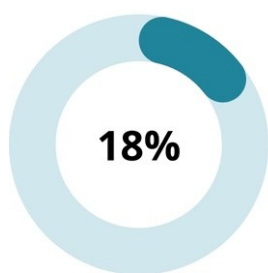
Among children who had seen at least one of the following: *content that encourages or promotes suicide or content that encourages or promotes self-harm*, between 18-34% also reported they had seen high quantities of moderate risk mental health, low mood, or depression content, such as *people sharing their experiences of feeling depressed*, or content that could exacerbate the risk of cumulative harm, such as *information or advice about depression*.

Of the 148 children who saw *content that encourages or promotes suicide or self-harm*...

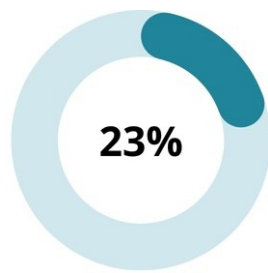
MODERATE RISK CONTENT



CONTENT THAT COULD EXACERBATE THE RISK OF CUMULATIVE HARM



also saw **information or advice about depression 10+ times** on a platform



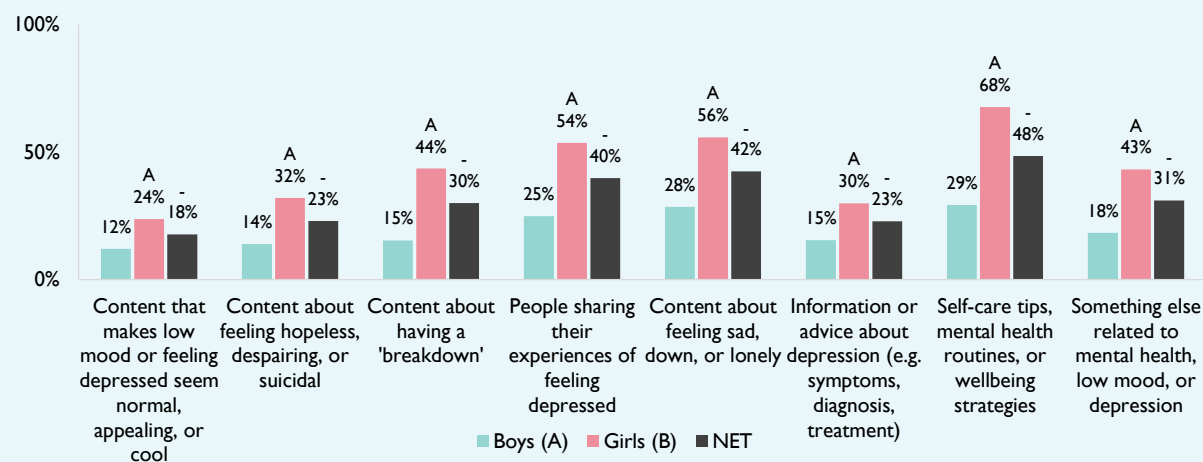
also saw **self-care tips, mental health routines, or wellbeing strategies 10+ times** on a platform

Overall, among children who had seen at least one type of high risk content in the suicide or self-harm themes³⁹, 87% also reported exposure to at least one type of moderate risk mental health, low mood, or depression content. Additionally, 75% of this group said they had seen at least one type of content that could exacerbate the risk of harm in this theme.

Girls and children with lower wellbeing were significantly more likely to report they had seen all content types related to mental health, low mood, or depression⁴⁰

Girls in the sample were at least twice as likely as boys to see every type of content related to this theme. **Children who reported lower wellbeing** were also more likely to say they had been exposed to these content types in the last week, compared with both those with 'medium' or 'high' self-reported wellbeing.

Proportion of children who had used social media in the last week that had seen content types related to mental health, low mood, or depression, by gender

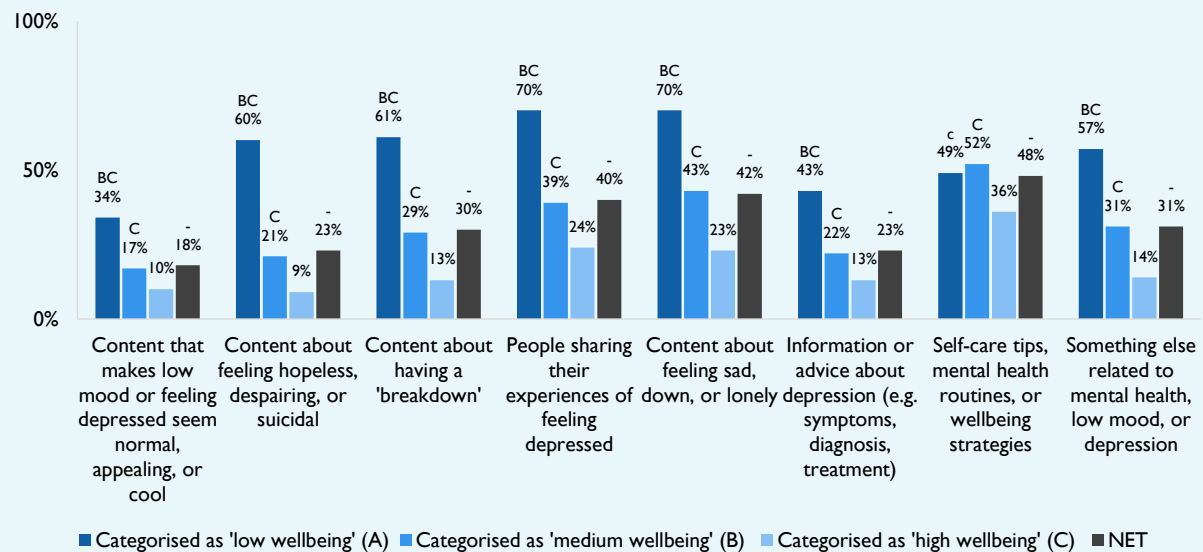


Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Are you...?" Base of girls n=868, boys n=854, NET n=1777

³⁹ High risk content types related to suicide/self-harm include the following: Content that encourages or promotes suicide; content that makes suicidal thoughts seem normal, appealing, or cool; content that shows self-harm; content that encourages or promotes self-harm; content that makes self-harm seem normal, appealing, or cool

⁴⁰ Note: NET proportions in this section differ slightly from the total sample exposure proportions, as they exclude non-users of the 6 social media platforms. Figures are based on the proportion of children that indicated they had used at least one platform in the past week.

Proportion of children who had used social media in the last week that had seen content types related to mental health, low mood, or depression, by wellbeing

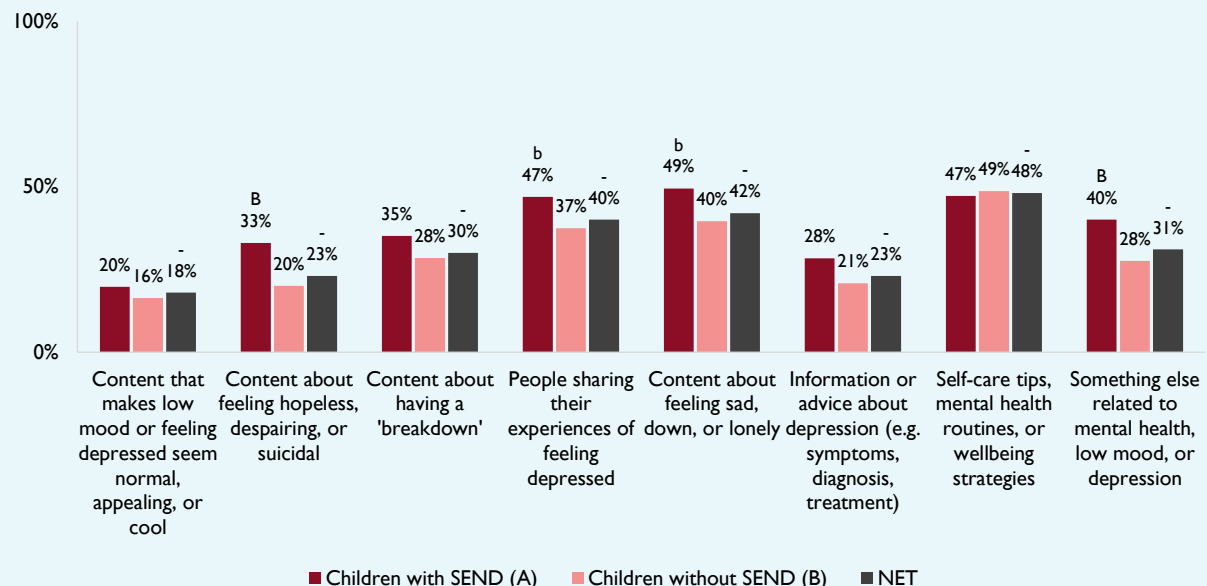


Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "[SWEMWBS] I've been..." Coded numerically, with those who selected 'I don't want to say' excluded. Base of low wellbeing n=189, medium wellbeing n=1223, high wellbeing n=252, NET n=1777

Children with SEND were more likely to have been exposed to four of these content types

A significantly greater proportion of **children with SEND** also reported exposure to four of these content types, when compared with children without SEND.

Proportion of children who had used social media in the last week that had seen content types related to mental health, low mood, or depression, by SEND



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Do you have any Special Educational Needs or Disabilities (SEND) / Additional Support Needs (ASN) / Additional Learning Needs (ALN) / Special Educational Needs (SEN)?" Base of children with SEND n=239, children without SEND n=1265, NET n=1777

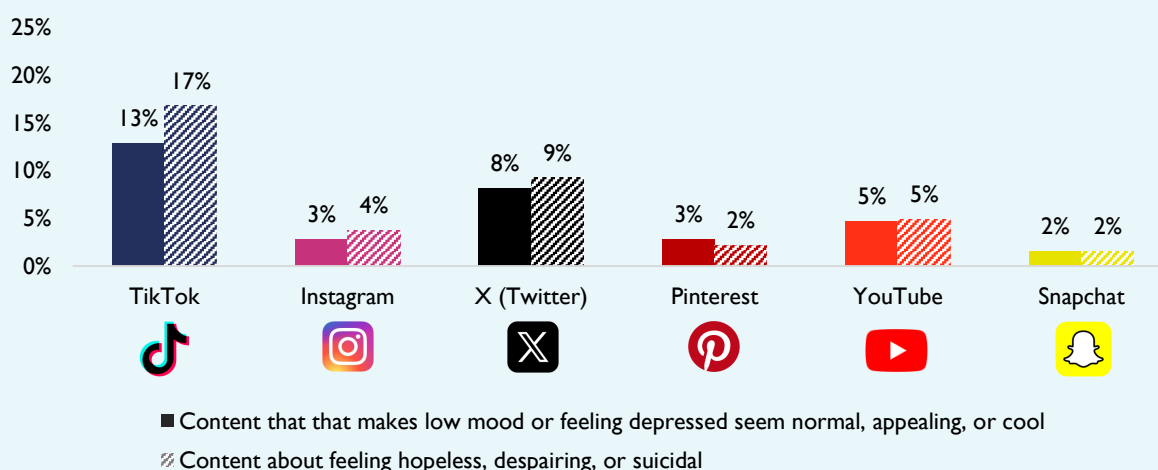
Additionally, there were some significant differences by age and for those children from higher SEG schools. **Younger children** were more likely than older children to have seen *content that makes low mood or feeling depressed seem normal, appealing, or cool* than older children. By contrast, **older children**, and **those from higher SEG schools** were more likely to report exposure to *self-care tips, mental health routines, or wellbeing strategies* compared with younger children and children from lower SEG schools respectively.

TikTok users were the most likely to report exposure to high risk content related to mental health, low mood, or depression⁴¹

For children who had used TikTok for between 30-120 minutes per day, 13% reported they had been exposed to *content that makes low mood or feeling depressed seem normal, appealing, or cool* in the last week, and 17% had seen *content about feeling hopeless, despairing, or suicidal*.

Users of X were the second most likely to report exposure to these content types, with 8% and 9% of users saying they had seen each one respectively.

Proportion of mid-frequency platform users that reported exposure to high risk content types related to suicide



Q: "Please select all the platforms where you have seen [content that makes self-harm seem normal, appealing, or cool] / [content that encourages or promotes self-harm] / [content that shows self-harm]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

When looking at exposure to moderate risk content and content that could exacerbate risk related to mental health, low mood, or depression, TikTok was also the platform where its users were most likely to report having been exposed to these content types. This ranged from 45% of TikTok users who reported exposure to *self-care tips, mental health routines, or wellbeing strategies* in the last week to 19% of users for *information or advice about depression*.

⁴¹ Note: to control for differences in how often children reported they had used different platforms, the data in this section includes only those users that reported they had spent 30-120 minutes per day on the platform in the last week.

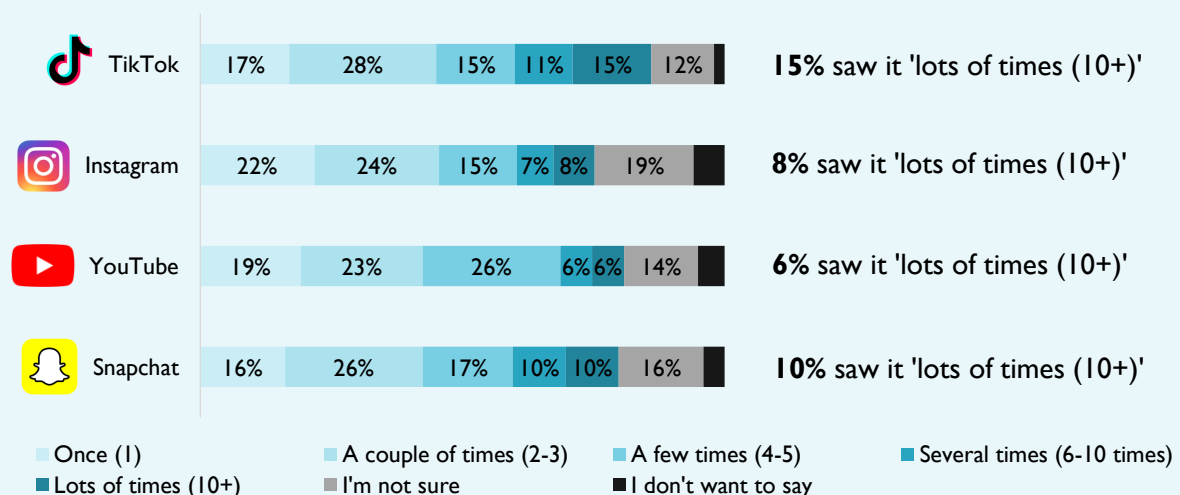
Children who had seen high risk content related to mental health, low mood, or depression often reported they had seen it multiple times⁴²

Where base sizes were big enough for analysis, more than half of children said they had seen *content that makes low mood or feeling depressed seem normal, appealing, or cool* more than once on each platform where it appeared. The same was true of *content about feeling hopeless, despairing, or suicidal*.

For *content that makes low mood or feeling depressed seem normal, appealing, or cool*, children most often reported they had seen it 'a couple of times (2-3)' on TikTok, Instagram, and Snapchat. YouTube was the exception, where the most common response was 'a few times (4-5)'.

A similar pattern was found for *content about feeling hopeless, despairing, or suicidal*: children who had seen it on TikTok and YouTube most often reported 'a couple of times (2-3)'. On Instagram, however, more children reported higher levels of exposure, with 30% indicating they had seen this content 'lots of times (10+)'.⁴²

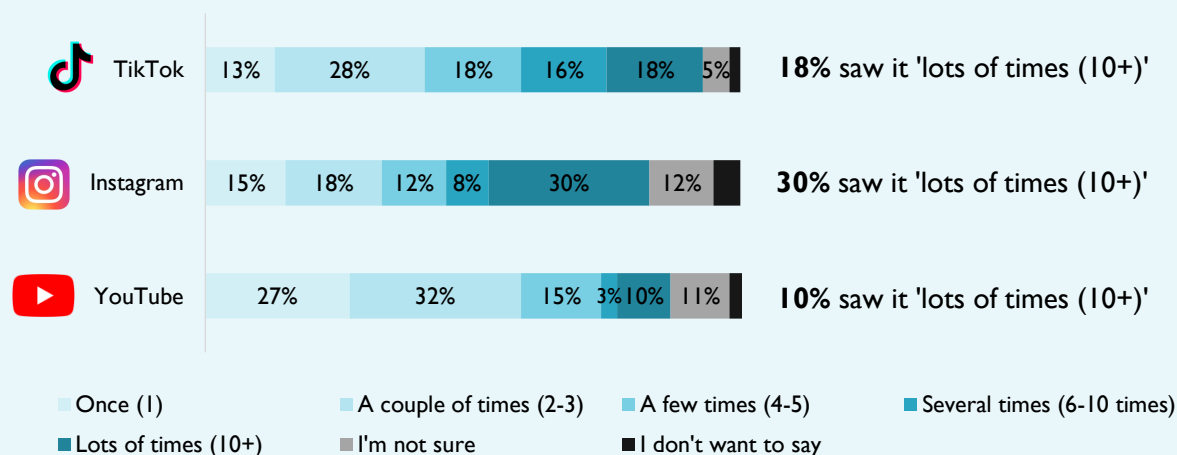
Reported frequency of exposure to *content that makes low mood or feeling depressed seem normal, appealing, or cool* across different platforms in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=245, Instagram n=37, YouTube n=53, Snapchat n=35

⁴² Note: Analysis of how often children are being served this content across different platforms is not intended as a direct comparison between platforms, but rather to highlight that children are being shown this type of content multiple times a week across a range of platforms. The analysis in this section includes data on all those who indicated exposure to that content, not just those users that indicated they had used the platform for 30-120 minutes per day, as frequency of exposure is likely to vary for children who use social media platforms for more/less time.

Reported frequency of exposure to content about feeling hopeless, despairing, or suicidal across different platforms in the last week



Q: "In the last week (7 days), how often did you see this content on [platform]?" Base of TikTok n=295, Instagram n=41, YouTube n=69

For other types of content related to mental health, low mood, or depression, children again most often said they had seen it only 'a couple of times (2-3)'. There were some exceptions, but overall, responses tended to be roughly equally distributed across all response options.

**Content related to
eating disorders,
dieting, or fitness**

Content related to eating disorders, dieting, or fitness

Children were asked about whether they had seen the following types of content in the last week:

High risk content	Moderate risk	Content that could exacerbate the risk of cumulative harm	Other
<ul style="list-style-type: none"> Content that encourages or promotes eating disorders 	<ul style="list-style-type: none"> People talking about their experiences with eating disorders Content that makes being slim look cool or desirable Dieting or low-calorie/restrictive food choices 	<ul style="list-style-type: none"> Workout plans or routines telling you how to change the way your body looks (e.g. muscle gain, toning, weight loss) Fit and healthy lifestyle content (including influencers) Healthy meal prep 	<ul style="list-style-type: none"> Something else related to eating disorders Something else related to dieting or fitness

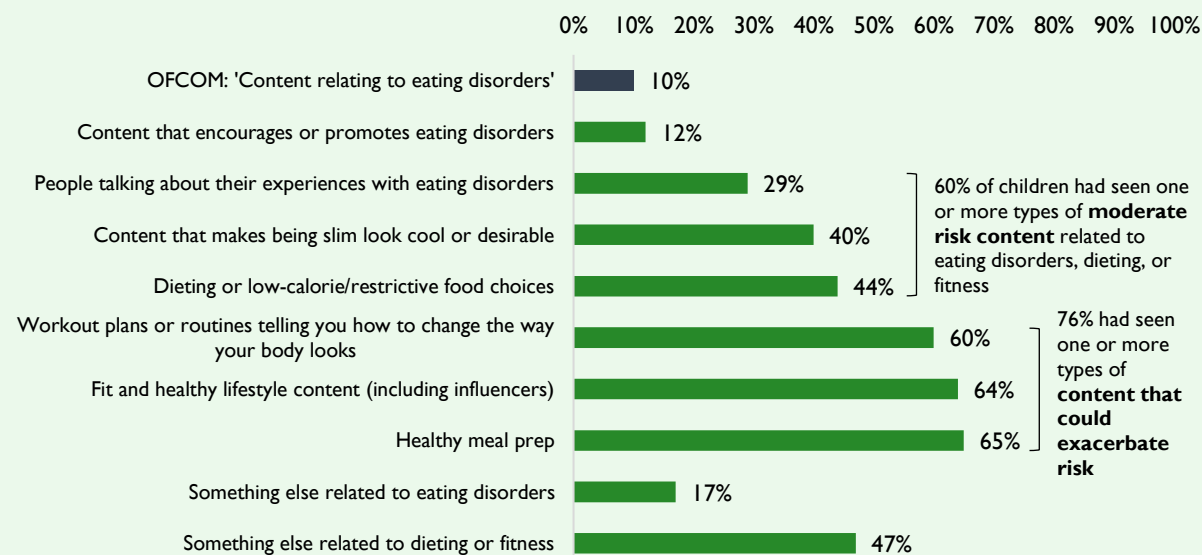
In the last week...

12% had seen content that encourages or promotes eating disorders

Almost 1 in 8 (12%) children reported they had been served content that they felt encourages or promotes eating disorders in the last week

In a classroom of 30 children, this would equate to almost four of them saying they had seen content in the last week that they would describe as *encouraging or promoting eating disorders*.

Proportion of children in the sample that reported they had seen the content types related to eating disorders, dieting, or fitness while using TikTok, Instagram, X, YouTube, Pinterest, or Snapchat in the last week



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Recoded to illustrate the proportion of the total sample that reported exposure, including those that didn't use social media in the last week. Base n=1897

In Ofcom's Online Experiences Tracker, 10% of children reported they had seen 'content relating to eating disorders'.

In this research, 60% of children reported they had seen moderate risk content related to eating disorders, dieting, or fitness in the last week. This includes almost 3 in 10 (29%) children who felt they had seen *people talking about their experiences with eating disorders*, 4 in 10 children who reported exposure to *content that makes being slim look cool or desirable*, and almost half (44%) reporting they had seen *dieting or low-calorie/restrictive food choices*.

Exposure was even higher for content that could exacerbate the risk of cumulative harm. Over three-quarters (76%) of children reported they had seen at least one of these content types, with over 6 in 10 of the sample reporting they had been exposed to either *healthy meal prep, fit and healthy lifestyle content (including influencers)*, or *workout plans or routines telling you how to change the way your body looks (e.g. muscle gain, toning, weight loss)*.

Overlap in exposure across high risk, moderate risk, and content that could exacerbate the risk of cumulative harm

Nearly all children who had seen high risk eating disorder, dieting, or fitness content had also seen lower risk⁴³ content, with some seeing this content frequently

Among children who had seen *content that encourages or promotes eating disorders*, almost all (99%) also reported exposure to moderate risk content related to eating disorders, dieting, or fitness.

A further 93% said they had encountered content that could exacerbate the risk of harm, indicating that high risk content was rarely being seen in isolation but instead appeared alongside a wide range of related lower risk material.

Just under half of children exposed to content encouraging or promoting eating disorders also frequently encountered posts glamorising thinness

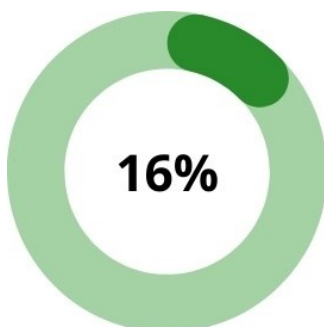
A proportion of children who saw *content that encourages or promotes eating disorders* were not only exposed to this type of high risk material but also reported they had seen lower risk posts about dieting, exercise, and body image frequently in the last week.

For example, nearly half (42%) of this group said they had also seen *content that makes being slim look cool or desirable* 10 or more times on at least one platform, while just under a third (28%) reported frequent exposure to *dieting or low-calorie/restrictive food choices*. Many were also seeing content that could exacerbate the risk of cumulative harm frequently, such as *workout plans* (35%) or *fit and healthy lifestyle content* (41%), alongside the highest risk content.

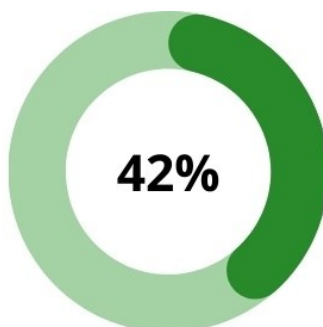
⁴³ This includes both moderate risk content and content that could exacerbate the risk of cumulative harm.

Of the **230** children who saw *content that encourages or promotes eating disorders...*

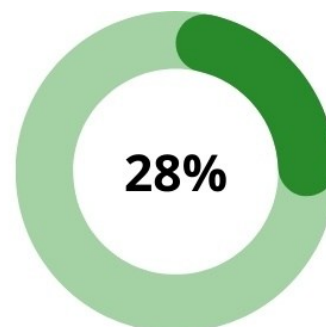
MODERATE RISK CONTENT



also saw *people talking about their experiences with eating disorders 10+ times* on a platform

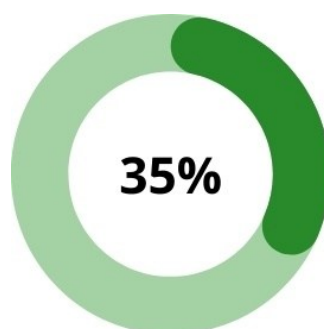


also saw *content that makes being slim look cool or desirable 10+ times* on a platform

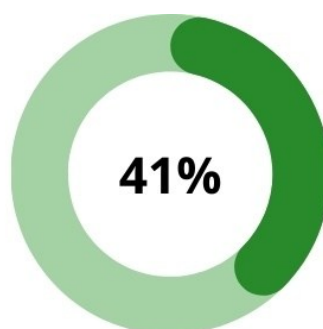


also saw *dieting or low-calorie/ restrictive food choices 10+ times* on a platform

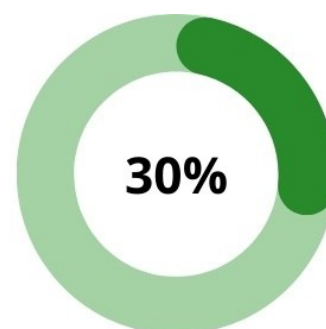
CONTENT THAT COULD EXACERBATE THE RISK OF CUMULATIVE HARM



also saw *workout plans or routines telling you how to change the way your body looks 10+ times* on a platform



also saw *fit and healthy lifestyle content (including influencers) 10+ times* on a platform



also saw *healthy meal prep 10+ times* on a platform

However, a majority of children who saw lower risk eating disorder, dieting, or fitness content did not see thematically related high risk content

1 in 5 (20%) of those who had seen at least one type of moderate risk content also said they had seen high risk content related to eating disorders, while the vast majority (80%) had not.

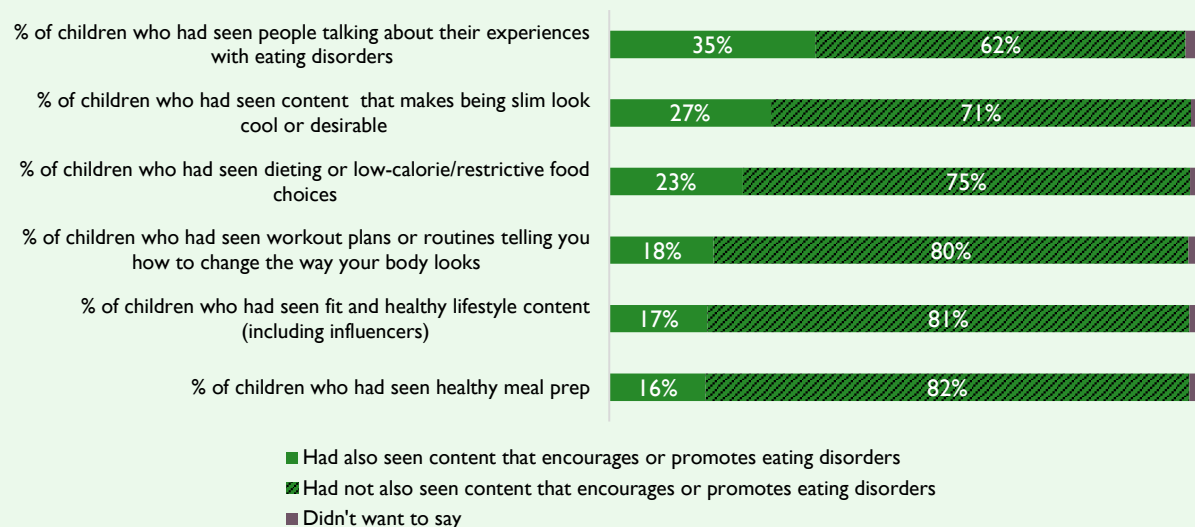
Similarly, 15% of those who had seen content that could exacerbate the risk of cumulative harm also reported they had seen this content, compared with 85% who had not.

This overlap varied between specific content types. Just over 1 in 3 children (35%) who had seen *people talking about their experiences with eating disorders* had also seen *content that encourages or promotes eating disorders*, while 62% of this group had not.

The overlap was smaller for other moderate risk content: around a quarter (27%) of those that had seen *content that makes being slim look cool or desirable* in the last week, or *dieting or low-calorie/ restrictive food choices* (23%) also reported exposure to the highest risk content, whereas around three-quarters had not.

For all three types of content related to this theme that could exacerbate risk, around 1 in 6 children who had seen these content types also indicated they had seen *content that encourages or promotes eating disorders*, too, compared with at least 80% of children who had not.

Proportion of children who had seen content that could exacerbate harm / moderate risk content related to eating disorders, dieting, or fitness that had also seen content that encourages or promotes eating disorders

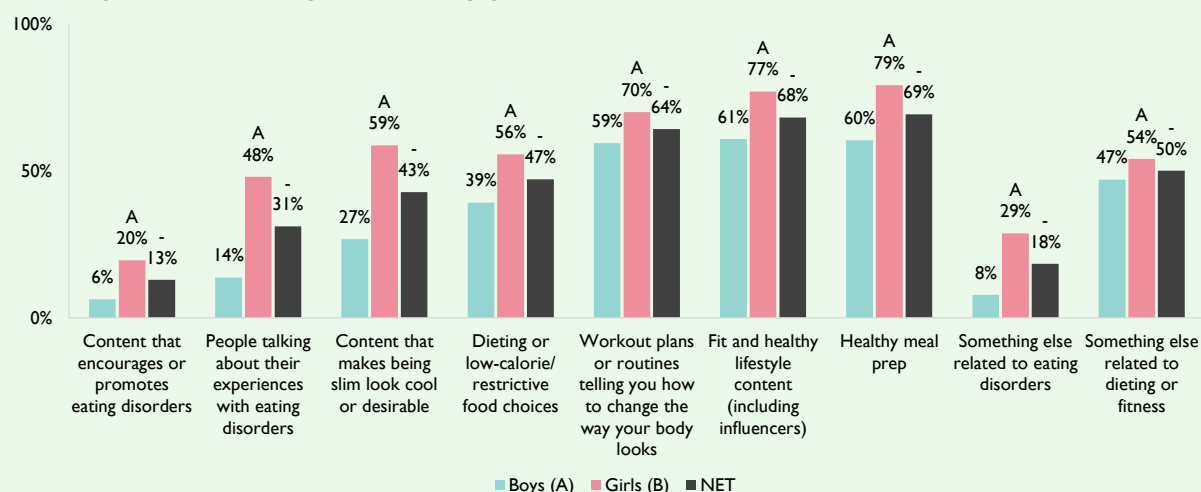


Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" Responses shown are only for those children that also indicated they had seen different types of moderate risk content / content that could exacerbate risk related to this theme. Base n=540-1226

Girls, children with poorer body image, older children, and those from higher SEG schools tended to report exposure to content related to eating disorders, dieting, or fitness more often⁴⁴

Girls and children who reported they felt bad about their body more frequently were significantly more likely to report having seen all the categories of content relating to eating disorders, dieting, or fitness.

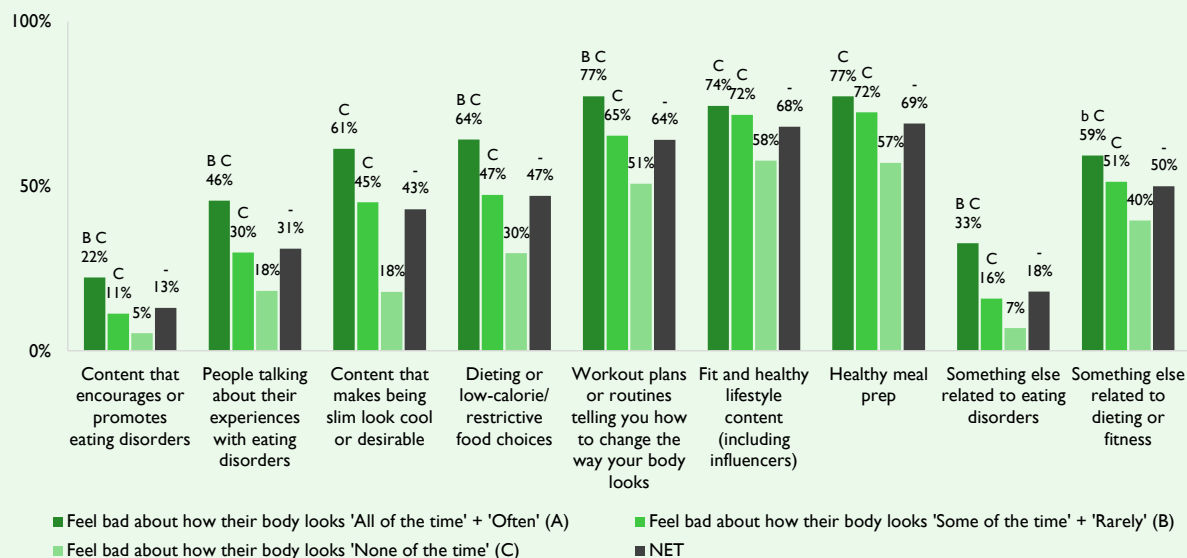
Proportion of children who had used social media in the last week that had seen content types related to eating disorders, dieting, or fitness, by gender



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "Are you...?" Base of girls n=868, boys n=854, NET n=1777

⁴⁴ Note: in the current sample, older children were more likely to be from higher SEG schools, and to be female. These subgroup analyses should therefore be interpreted with caution

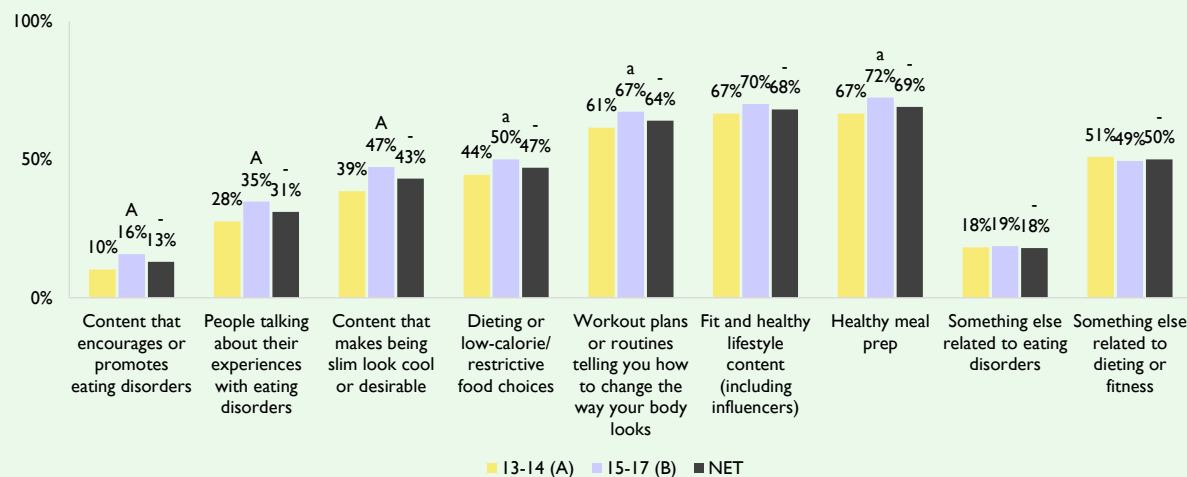
Proportion of children who had used social media in the last week that had seen content types related to eating disorders, dieting, or fitness, by self-reported body image



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "I've been... feeling bad about how my body looks." Base of 'all of the time' + 'often' n=478, 'some of the time' + 'rarely' n=822, 'none of the time' n=395, NET n=1777

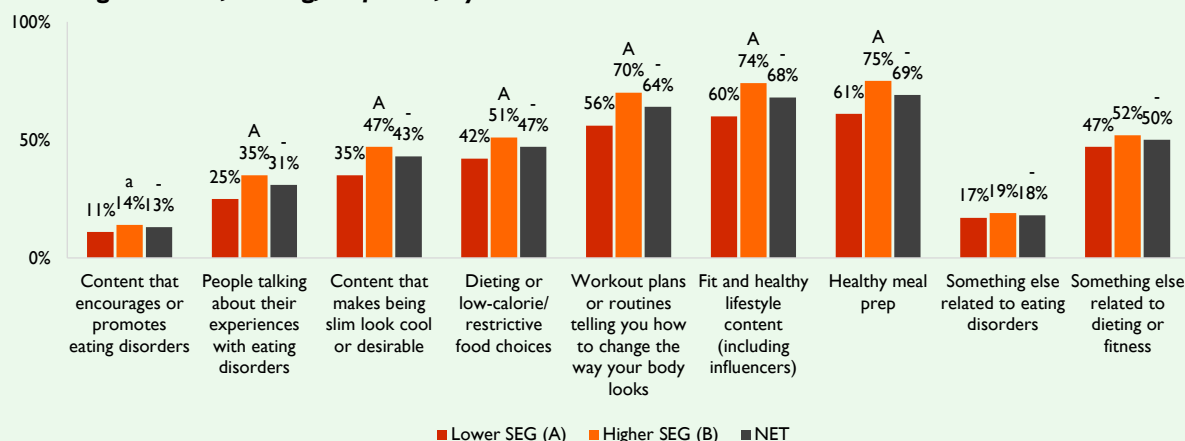
For **older children**, and **those from a higher SEG school**, this pattern was significant for most, but not all, of the nine categories related to this theme.

Proportion of children who had used social media in the last week that had seen content types related to eating disorders, dieting, or fitness, by age



Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by Q: "How old are you?" Base of 13-14 n=899, 15-17 n=878, NET n=1777

Proportion of children who had used social media in the last week that had seen content types related to eating disorders, dieting, or fitness, by SEG



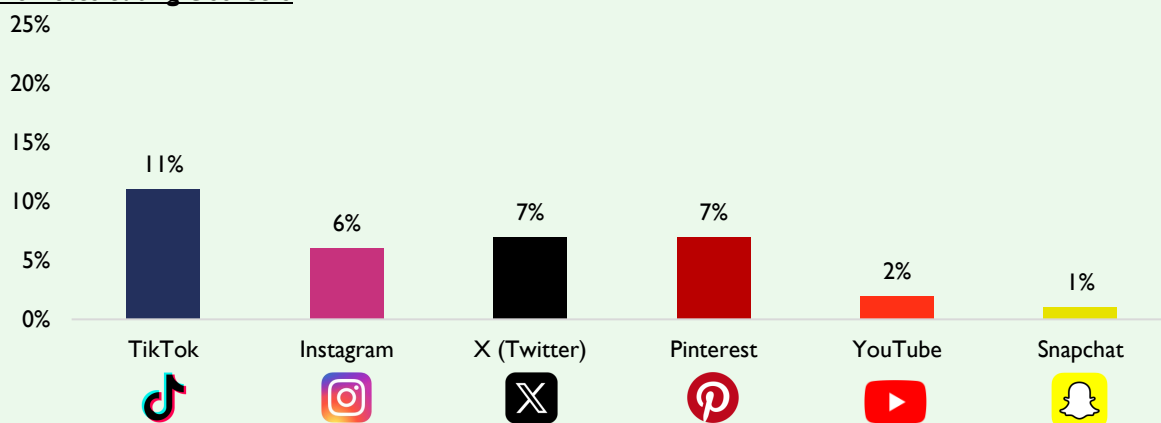
Q: "In the last week (7 days), when using [platforms used in the last week], have you seen any of these types of content?" by SEG, calculated using the proportion of students eligible for free school meals at the school as a proxy, then grouping these proportions according to whether they are above or below the national average. Base of lower SEG n=693, higher SEG n=1083, NET n=1777

When looking at reported exposure for children with and without SEND, the only significant difference arose for *healthy meal prep*, for which **children with SEND** were less likely to report they had seen this content in the last week.

Users of TikTok were most likely to report exposure to high risk content related to eating disorders

Among mid-frequency platform users⁴⁵, TikTok was the platform where the highest proportion of children reported they had seen high risk content related to eating disorders in the last week, with over 1 in 10 (11%) users reporting they had seen it on the platform. This was followed by X and Pinterest, where 7% of mid-frequency users reported this.

Proportion of mid-frequency platform users that reported exposure to content that encourages or promotes eating disorders



Q: "Please select all the platforms where you have seen content that encourages or promotes eating disorders." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

⁴⁵ Note: In order to control for differences in how often children reported they had used different platforms, the data in this section includes only those users that reported they had spent 30-120 minutes per day on the platform in the last week.

When asked where they had seen moderate risk content related to eating disorders, TikTok users consistently reported the highest levels of exposure. For example, 1 in 4 (27%) of mid-frequency TikTok users said they had been shown *people talking about their experiences of eating disorders* in the last week, compared with 12% or fewer on any other platforms.

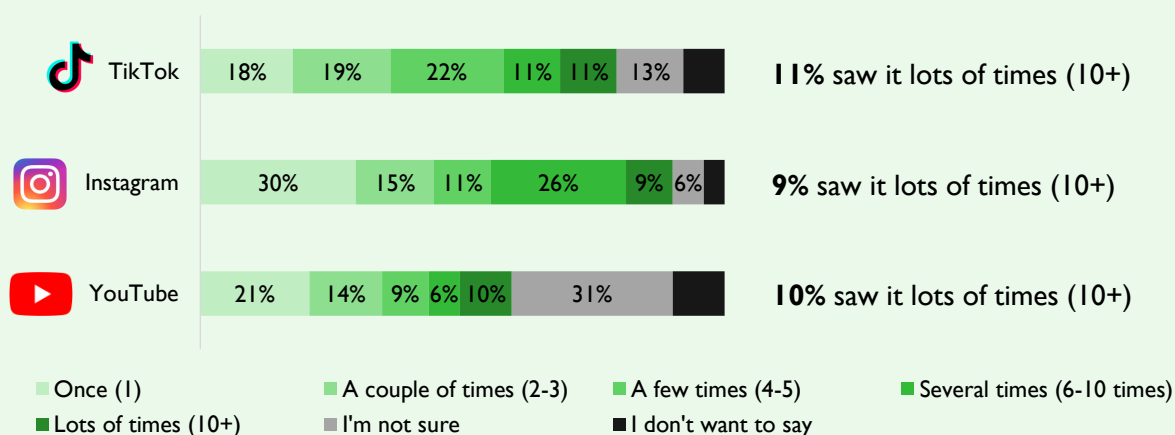
This pattern held across all other types of moderate risk or cumulative harm content in this theme, with TikTok users most likely to report exposure, followed by Instagram, which ranked second for each content type.

A majority of children who had seen high risk content related to eating disorders on TikTok or Instagram saw it multiple times⁴⁶

Most children who reported that they had seen *content encouraging or promoting eating disorders* on TikTok or Instagram said they had seen it multiple times, with over 6 in 10 indicating this for each platform. On TikTok, children most often indicated they had seen this content ‘a few times (4-5)’. On Instagram, however, the most common response was ‘once (1)’.

On YouTube, children often indicated that they weren’t sure how often they had seen *content encouraging or promoting eating disorders*. Only 38% of children who had seen this content on YouTube reported they had seen it more than once.

Reported frequency of exposure to content encouraging or promoting eating disorders across different platforms in the last week



Q: “In the last week (7 days), how often did you see this content on [platform]?” Base of TikTok n=166, Instagram n=53, YouTube n=30

Children often saw moderate risk content multiple times, though the frequency varied by type and platform

Across platforms with sufficient sample sizes (TikTok, Instagram, YouTube, Snapchat), children who had seen *people talking about their experiences of eating disorders* most often said they had come across it ‘a couple of times (2-3)’. On each platform, at least half of those exposed had seen it more than once.

For *dieting or low-calorie/restrictive food choices*, children again most often reported they had seen the content ‘a couple of times (2-3)’, except on Pinterest, where exposure was typically higher – nearly a third (31%) said ‘a few times (4-5)’ and a quarter (25%) reported ‘several times (6-10)’. Across all platforms, at least two-thirds of children who had seen this type of content said that they had encountered it multiple times.

⁴⁶ Note: Analysis of how often children are being served this content across different platforms is not intended as a direct comparison between platforms, but rather to highlight that children are being shown this type of content multiple times a week across a range of platforms. The analysis in this section includes data on all those who indicated exposure to that content, not just those users that indicated they had used the platform for 30-120 minutes per day, as frequency of exposure is likely to vary for children who use social media platforms for more/less time.

By contrast, *content that makes being slim look cool or desirable* was more often seen at high frequency. Across all platforms (except Snapchat), at least 1 in 4 children exposed said they had seen it 'lots of times (10+)', rising to nearly 4 in 10 (39%) on X. As with *dieting or low-calorie/restrictive food choices*, at least two-thirds of children exposed said they had seen it more than once across all platforms.

For the remaining content types that could exacerbate the risk of harm, patterns varied by type and platform, but the majority of children exposed still reported they had seen them multiple times, usually around two-thirds or more.

Chapter 3

Who is being exposed to potentially harmful content?

Not all children were equally exposed to potentially harmful content. This chapter summarises these differences and explores what the youngest social media users are encountering.

Girls, children with lower wellbeing, and those with SEND reported higher levels of exposure to high risk content

Differences in exposure to high risk content were not spread evenly across the sample. Girls, children with low wellbeing, and those with SEND were consistently more likely than their peers to report exposure to this type of material. The table below sets out the specific content types where these three groups of children reported higher levels of exposure to high risk content.

The high risk content types for which girls, children with low wellbeing, or children with SEND were significantly more likely to report exposure than boys, children with high wellbeing, and children without SEND respectively

Note: an arrow indicates the content types for which there was a statistically significant difference at the 95% confidence interval for these three groups, when compared with their peers (boys, children with high wellbeing, and children without SEND).

Content type	Girls Compared with boys	Low wellbeing Compared with children with high wellbeing	SEND Compared with children without SEND
Content that encourages or promotes suicide	↑	↑	↑
Content that makes suicidal thoughts seem normal, appealing, or cool	↑	↑	↑
Content that encourages or promotes self-harm	↑	↑	↑
Content that makes self-harm seem normal, appealing, or cool	↑	↑	↑
Content that shows self-harm	↑	↑	
Content that makes low mood or feeling depressed seem normal, appealing, or cool	↑	↑	
Content about feeling hopeless, despairing, or suicidal	↑	↑	↑
Content that encourages or promotes eating disorders	↑	↑	

Girls: for all eight high risk content types, girls were significantly more likely than boys to report they had seen them.

Children with low wellbeing: children with low self-reported wellbeing were also significantly more likely to report exposure to all eight high risk content types, compared with children who reported high wellbeing.

Children with SEND: for children who reported they had SEND, this pattern was consistent for five out of eight high risk content types. The five types were: *content that encourages or promotes suicide*, *content that makes suicidal thoughts seem normal, appealing, or cool*, *content that encourages or promotes self-harm*, *content that makes self-harm seem normal, appealing, or cool*, and *content about feeling hopeless, despairing, or suicidal*.

The specific proportion of children in each of these three groups indicating they had been exposed to high risk content types is shown in the table below.

Proportion of children that reported exposure to each of the high risk content types, by gender, wellbeing, and SEND

Content type	Girls vs. Boys	Low wellbeing vs. High wellbeing	With SEND vs. Without SEND
Content that encourages or promotes suicide	6% vs. 4%	23% vs. 3%	14% vs. 3%
Content that makes suicidal thoughts seem normal, appealing, or cool	13% vs. 5%	26% vs. 6%	19% vs. 7%
Content that encourages or promotes self-harm	8% vs. 4%	18% vs. 3%	10% vs. 5%
Content that makes self-harm seem normal, appealing, or cool	12% vs. 4%	24% vs. 4%	13% vs. 7%
Content that shows self-harm	21% vs. 9%	35% vs. 8%	
Content that makes low mood or feeling depressed seem normal, appealing, or cool	24% vs. 12%	34% vs. 10%	
Content about feeling hopeless, despairing, or suicidal	32% vs. 14%	60% vs. 9%	33% vs. 20%
Content that encourages or promotes eating disorders	20% vs. 6%	27% vs. 10%	

These groups of children had also seen a significantly greater number of high risk content types in the last week

Girls: On average, girls reported they had seen 1.3 types of high risk content types in the last week, compared with 0.6 types which were seen by boys in the last week.

Children with SEND: Similarly, children with SEND had seen an average of 1.4 types of high risk content, compared with 0.8 types seen on average by those without additional learning needs. This difference was especially marked among boys (1.0 vs. 0.4 for those with and without SEND respectively).

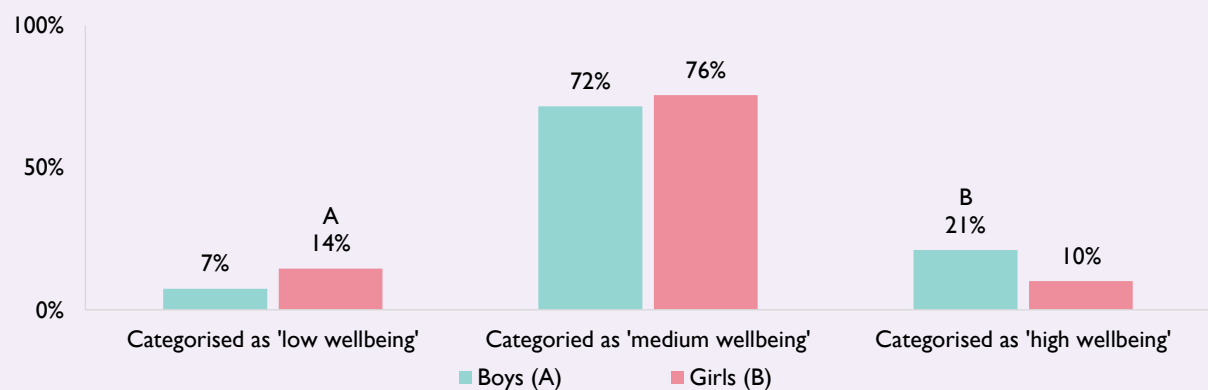
Children with low wellbeing: For children with low wellbeing, the average number of high risk content types seen was 2.4, compared with 0.5 content types on average for their high wellbeing peers.

There were other groups of children for which exposure was higher for some types of high risk content but not for others, including older and younger children, and those with higher SEG. For a full breakdown of these subgroup differences, please see Chapter 2.

In addition to being more likely to be exposed to high risk content, girls were more likely to report lower wellbeing and feeling bad about their bodies

It is also worth noting that, in addition to being more likely to see high risk content compared to boys, a higher proportion of girls were categorised as having low wellbeing, while boys were more likely to be categorised as having high wellbeing.

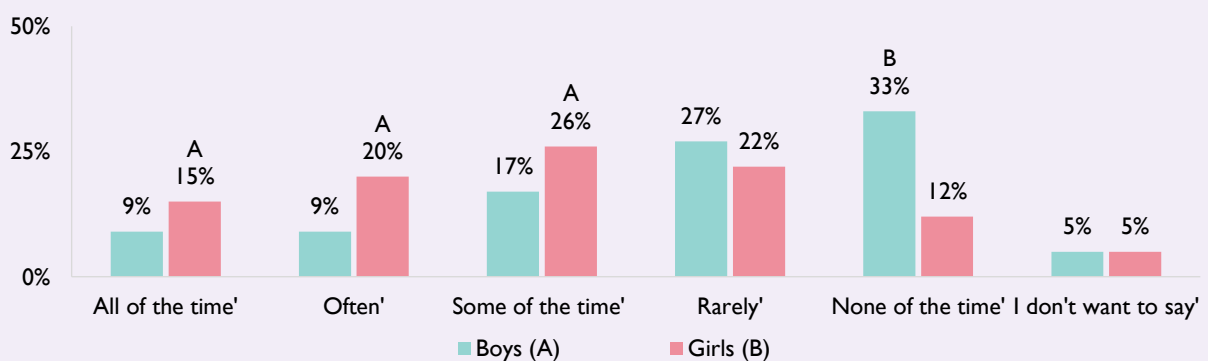
Self-reported wellbeing of children in the sample, by gender



Q: "[SWEMWBS] In the last week..." by Q: "Are you..." Base of boys n=844, girls n=847

Similarly, girls were more likely than boys to say they regularly felt bad about their bodies, while boys were more likely to report that they never felt this way.

Children's self-reported frequency of feeling bad about how their body looks, by gender



Q: "In the last week... I've been feeling bad about how my body looks" by Q: "Are you..." Base of boys n=911, girls n=902

The youngest social media users reported they had been exposed to potentially harmful content

Thirteen is typically the minimum age at which children are allowed to sign up to most social media platforms.

This section explores what social media use might look like for children at that age, drawing on the experiences of the 13-year-olds in the sample, who were already reporting exposure to the highest risk content.

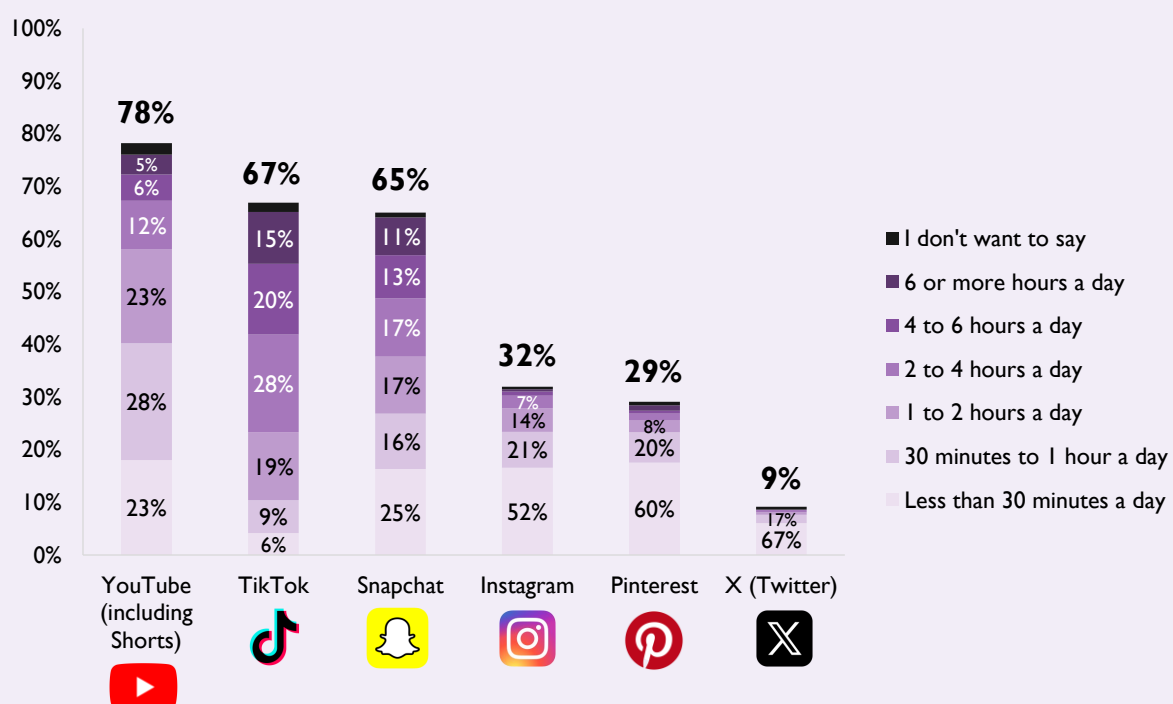
62% of 13-year-old TikTok users reported they had spent 2 or more hours on TikTok on an average day in the last week

YouTube, TikTok, and Snapchat were the most widely used platforms in this age group. Around two-thirds or more of 13-year-olds in the sample reported they had used each of these platforms in the past week. In contrast, fewer than a third said they had used Instagram or Pinterest, and fewer than 1 in 10 had used X.

Patterns of use varied by platform. On YouTube, TikTok, and Snapchat, many 13-year-old platform users said they had spent several hours per day on each of these platforms. 62% of 13-year-olds that had used TikTok in the last week reported they had spent two or more hours on the platform, with 41% of Snapchat users and 23% of YouTube users also reporting this. Time spent on the other platforms was lower, with 11% of Instagram users saying they had spent two or more hours on the platform every day, with 10% of Pinterest users and 5% of X users reporting the same.

Note: It is not possible to confirm whether respondents in our sample had created social media profiles that accurately reflected their real age, or whether they had their profile set with an older age.

Platforms 13-year-old children in the sample reported they had used in the last week, and average time spent on these per day



Q: "In the last week, have you used any of these social media platforms?" by Q: "In the last week, on average how much time do you think you have spent on these platforms every day?" by Q: "How old are you?". Data shown is only for 13-year-old children in the sample. Percentages shown on top of bars represent the proportion of the total sample that used the platform in the last week. Percentages within bars represent the proportion of platform users that indicated they used the platform for different amounts of time per day. Base of TikTok n=348, Instagram n=166, X n=47, Pinterest n=151, YouTube n=406, Snapchat n=338

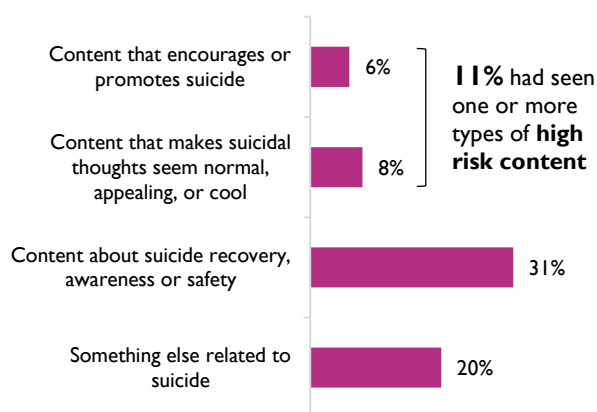
Even at the youngest age that is allowed on social media, children are already being exposed to some of the most harmful types of content

Out of the 520 children aged 13-years-old in the sample, 39% indicated they had seen one or more types of high risk content in the last week.

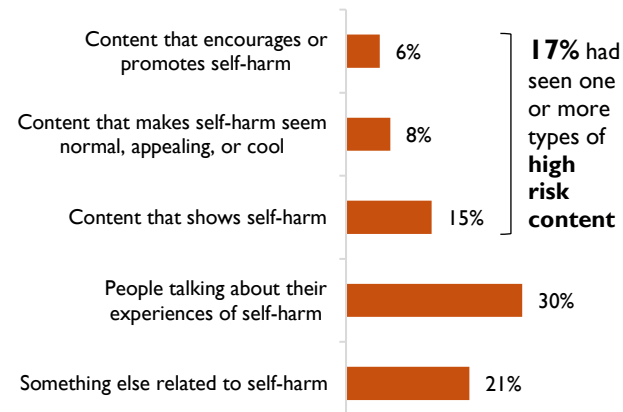
In a classroom of 30, this would equate to nearly 12 out of 30 children.



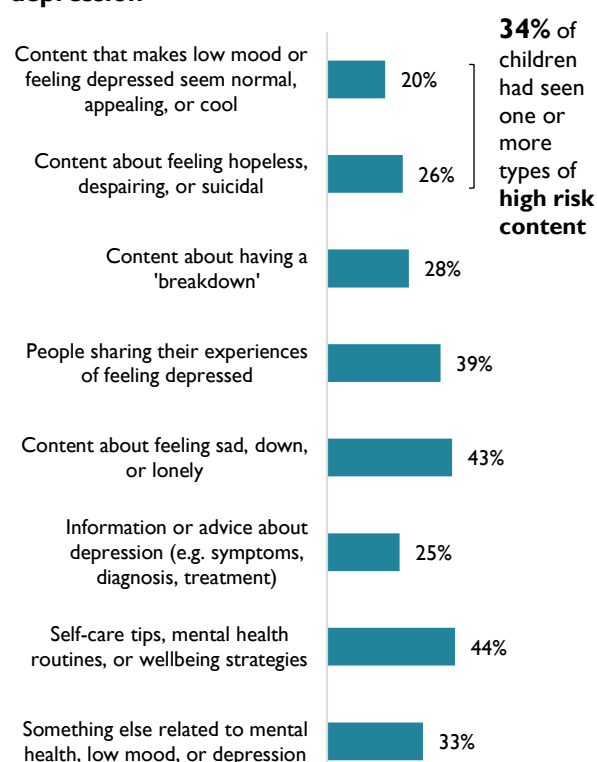
Content related to suicide



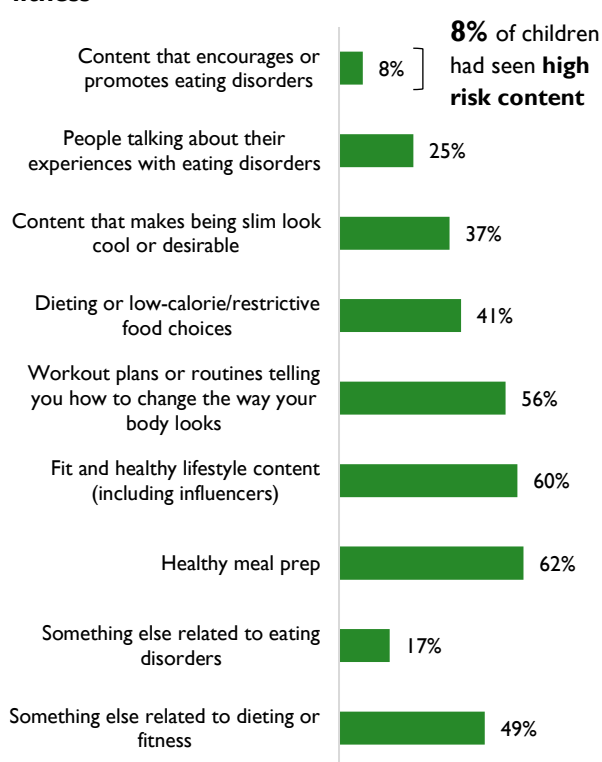
Content related to self-harm



Content related to mental health, low mood, or depression



Content related to eating disorders, dieting, or fitness



Chapter 4

Where are children seeing potentially harmful content?

This chapter looks at which platforms children encounter potentially harmful content on, and the routes through which it appears.

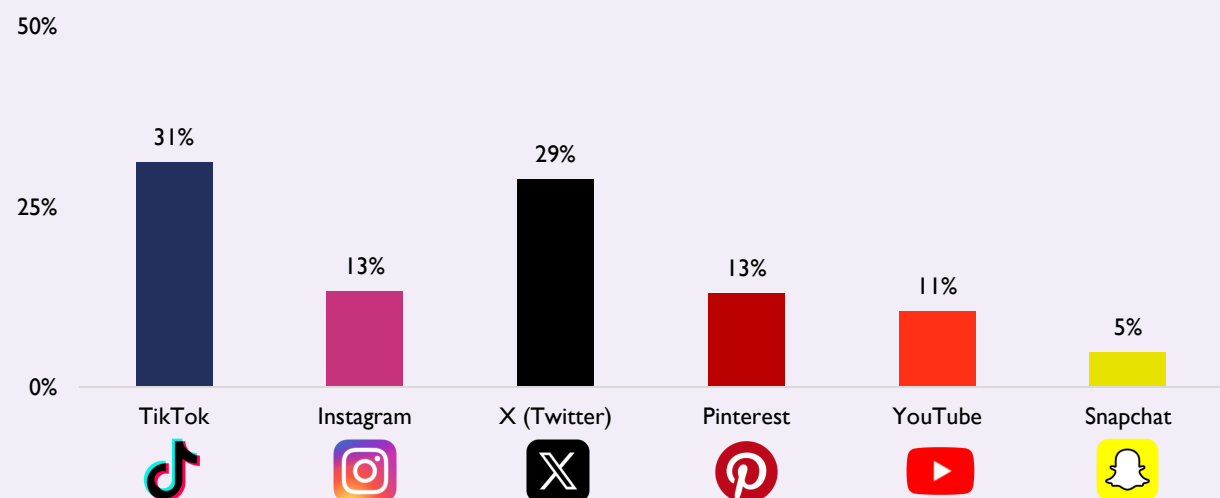
Children were most likely to encounter high risk content types on TikTok and X

Users of TikTok or X were most likely to report they had seen high risk content while using these platforms in the last week when compared with users of any other platform asked about in the survey.

However, to control for differences in how often children reported they had used different platforms⁴⁷, we also explored these findings for children who were ‘mid-frequency’ platform users, spending 30-120 minutes per day on each platform. By comparing platform users who had similar patterns of daily usage, we were able to control for potential differences which are simply driven by the amount of time spent by children on different platforms.

Even after controlling for time spent on the platforms, mid-frequency TikTok and X users remained the most likely to report exposure to high risk content, suggesting that the amount of time children were spending on these platforms may not be the key factor driving increased exposure.

Proportion of mid-frequency platform users (those that spent 30-120 minutes on each platform) that saw one or more types of high risk content while using those platforms in the last week









Q: “Please select all the platforms where you have seen [high risk content types].” Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

TikTok and X users were consistently most likely to report exposure across all eight high risk content types, aside from content that encourages or promotes eating disorders, for which Pinterest users were equally as likely to report exposure as X users.

⁴⁷ For a full breakdown of platform use in the sample, please see the ‘About the sample’ section in the Introduction and Methodology chapter.

Proportion of mid-frequency platform users that saw each type of high risk content while using those platforms in the last week

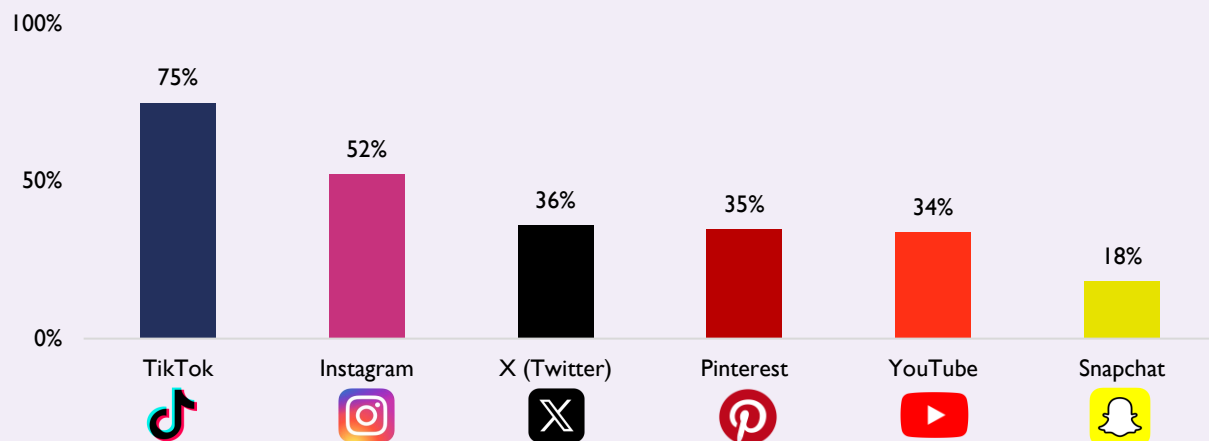
	TikTok 	Instagram 	X (Twitter) 	Pinterest 	YouTube 	Snapchat 
Content that encourages or promotes suicide	3%	1%	5%	1%	1%	1%
Content that makes suicidal thoughts seem normal, appealing, or cool	6%	1%	7%	3%	1%	0%
Content that encourages or promotes self-harm	3%	1%	6%	1%	1%	0%
Content that makes self-harm seem normal, appealing, or cool	6%	1%	5%	1%	1%	0%
Content that shows self-harm	10%	4%	10%	2%	2%	1%
Content that makes low mood or feeling depressed seem normal, appealing, or cool	13%	3%	8%	3%	5%	2%
Content about feeling hopeless, despairing, or suicidal	17%	4%	9%	2%	5%	2%
Content that encourages or promotes eating disorders	11%	6%	7%	7%	2%	1%

Q: "Please select all the platforms where you have seen [high risk content types]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

For lower risk content⁴⁸, TikTok users were most likely to report exposure, with the second most common platform varying by content type

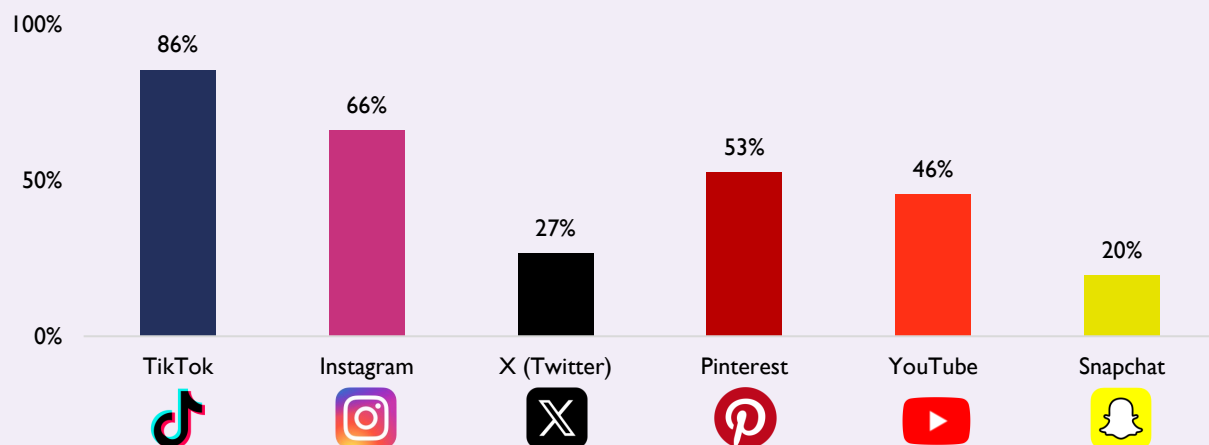
To compare platforms fairly, analysis focused on children who reported they had spent 30-120 minutes per day on each platform. For both moderate risk content and content that could exacerbate risk, children in this group were most likely to report exposure on TikTok in the past week.

Proportion of mid-frequency platform users (those that spent 30-120 minutes on each platform) that saw one or more types of moderate risk content while using those platforms in the last week



Q: "Please select all the platforms where you have seen [moderate risk content types]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

Proportion of mid-frequency platform users that saw one or more types of content that could exacerbate risk while using those platforms in the last week









Q: "Please select all the platforms where you have seen [content types that could exacerbate risk]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

Notably, the proportion of X users who indicated they had seen high risk content (29%) while using the platform was similar to the proportion who had seen content that could exacerbate risk (27%).

When looking at specific types of moderate risk content / content that could exacerbate risk, the next highest levels of reported exposure came from children who had spent 30-120 minutes on Instagram, X, or YouTube.







⁴⁸ This includes both moderate risk content and content that could exacerbate the risk of cumulative harm.

Proportion of mid-frequency platform users that saw each type of moderate risk content while using those platforms in the last week

	TikTok 	Instagram 	X (Twitter) 	Pinterest 	YouTube 	Snapchat 
People talking about their experiences of self-harm	24%	8%	10%	4%	5%	2%
Content about having a 'breakdown'	26%	8%	8%	3%	5%	4%
People sharing their experiences of feeling depressed	35%	13%	24%	6%	11%	5%
Content about feeling sad, down, or lonely	38%	14%	16%	6%	12%	5%
People talking about their experiences with eating disorders	27%	12%	7%	5%	8%	2%
Content that makes being slim look cool or desirable	38%	31%	13%	20%	13%	8%
Dieting or low-calorie/ restrictive food choices	44%	28%	10%	16%	17%	5%

Q: "Please select all the platforms where you have seen [moderate risk content types]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

Proportion of mid-frequency platform users that saw each type of content that could exacerbate risk while using those platforms in the last week

	TikTok 	Instagram 	X (Twitter) 	Pinterest 	YouTube 	Snapchat 
Content about suicide recovery, awareness, or safety	26%	11%	5%	5%	7%	1%
Information or advice about depression (e.g. Symptoms, diagnosis, treatment)	19%	7%	3%	1%	7%	1%
Self-care tips, mental health routines, or wellbeing strategies	45%	29%	5%	28%	17%	4%
Workout plans or routines telling you how to change the way your body looks (e.g. Muscle gain, toning, weight loss)	62%	42%	14%	29%	27%	8%
Fit and healthy lifestyle content (including influencers)	67%	51%	14%	20%	31%	13%
Healthy meal prep	68%	43%	8%	27%	29%	7%

Q: "Please select all the platforms where you have seen [content types that could exacerbate risk]." Data shown includes only those that indicated they used the platform between 30-120 minutes per day. Base of TikTok n=506, Instagram n=528, X n=72, Pinterest n=168, YouTube n=707, Snapchat n=542

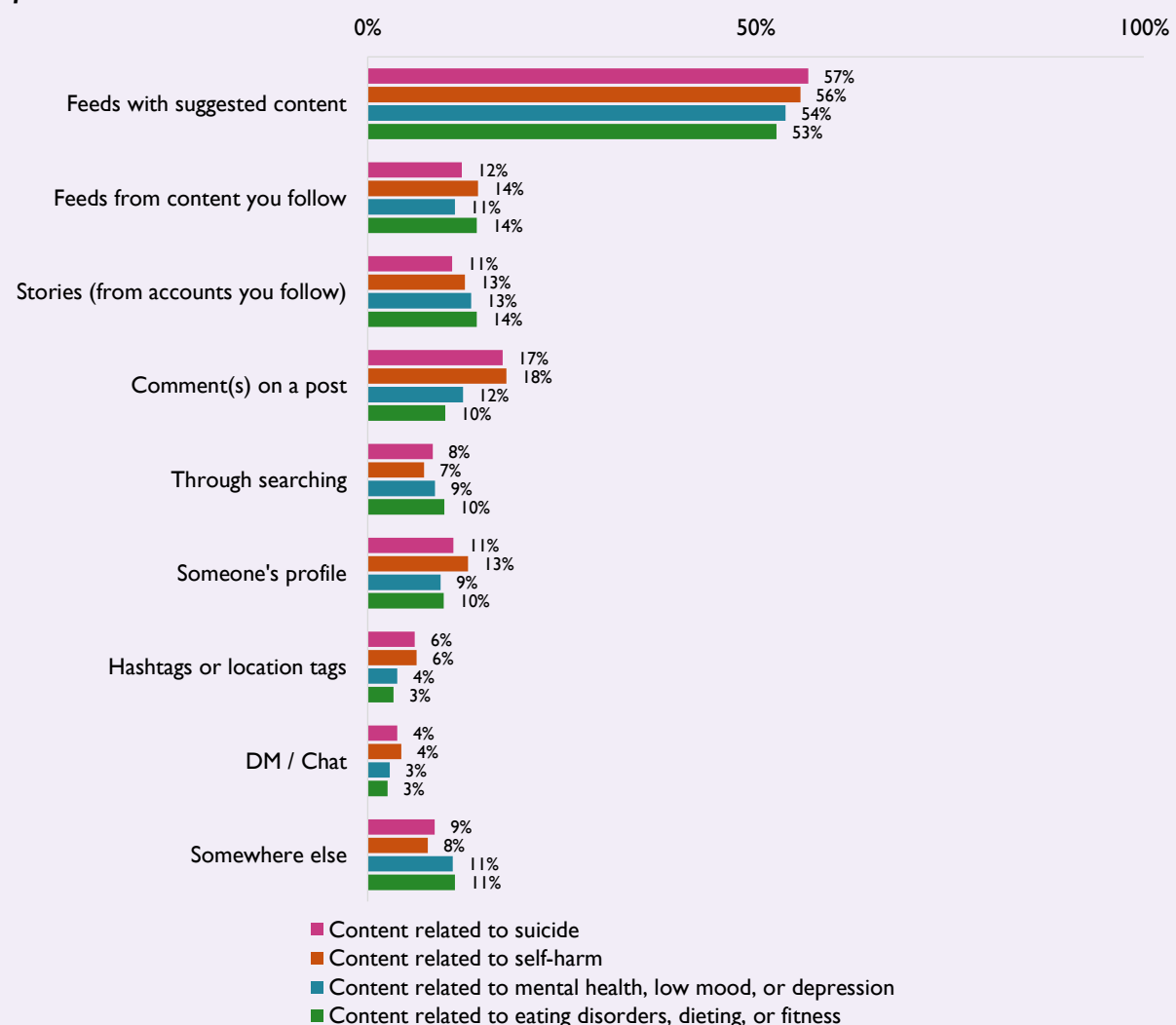
Children were most likely to have seen potentially harmful material⁴⁹ through recommender feeds with suggested content

Children were most likely to report they had seen potentially harmful content through feeds with suggested content. This includes Explore pages, For You pages, Reels, or any other functionality providing children with algorithmically selected content. Across all four themes of content⁵⁰, this was the most common route through which children said they had seen potentially harmful content in the last week and was reported by just over half of children (53%-57%) that had seen content related to each theme.

The second most common place children reported they had seen content related to suicide or self-harm was in comments on posts. For content related to eating disorders, dieting, or fitness or mental health, low mood, or depression, the next most common routes were feeds or stories from accounts they already followed.

Fewer children reported exposure to all four themes of potentially harmful content through other routes, such as searching, hashtags or location tags, other user profiles, or direct messages and chats.

Platform functionality through which children reported they had seen content related to each of the four themes



Q: "In the last week (7 days), where on these platforms did you come across this content?" Base of suicide n=638, self-harm n=558, mental health, low mood, or depression n=1180, eating disorders, dieting, or fitness n=1479

⁴⁹ Note: This question was asked at the broader content theme level rather than for each individual content type, to keep the survey length manageable and avoid respondent fatigue.

⁵⁰ Themes: suicide; self-harm; mental health, low mood, or depression; eating disorders, dieting, or fitness.

Chapter 5

What do children do when they are shown content that they find upsetting or uncomfortable?

Children were asked whether they had **ever** seen content on social media that they found upsetting or made them uncomfortable. This chapter explores those experiences, including how confident children felt in their ability to avoid such content, and the ways they responded when it did appear – from engaging with it out of curiosity, to swiping it away, or blocking and reporting it.

Over a third of children said they had seen content they found upsetting or uncomfortable on social media at some point in their lives

38% of the sample had seen content that made them feel upset or uncomfortable on social media at some point in their lives

Interestingly, this proportion (38%) is relatively similar to the 37% of children who reported they had seen high risk content⁵¹ in the last week (as noted in Chapter 1), though it is worth highlighting that in this instance children were answering about content they had ever seen and that they explicitly felt had made them upset or uncomfortable.

That said, children who had seen high risk content in the last week were more than twice as likely to also say they had ever come across upsetting content on TikTok, Instagram, X, Pinterest, YouTube, or Snapchat (59%) than those who hadn't (24%).

This pattern was consistent for content with lower levels of risk, too. Among children who had seen moderate risk content⁵² in the last week, 46% said they had ever seen something on TikTok, Instagram, X, Pinterest, YouTube or Snapchat that made them feel uncomfortable or upset, compared with 17% of those who had not. Similarly, 42% of those exposed to content that may exacerbate risk⁵³ reported they had seen upsetting content on one of these platforms, compared with 17% of those who had not.

Across the total sample, 44% of children said they had never seen content that made them feel upset or uncomfortable on any platform. Interestingly, this was reported by 1 in 4 (25%) children who had seen high risk content types in the last week. This may suggest that children do not always perceive high risk content as personally upsetting or something that makes them feel uncomfortable.

Children were most likely to report they had seen such content while using TikTok

The proportion of children who said they had ever seen content that made them feel upset or uncomfortable was highest on TikTok, with 1 in 4 children in the sample reporting this.

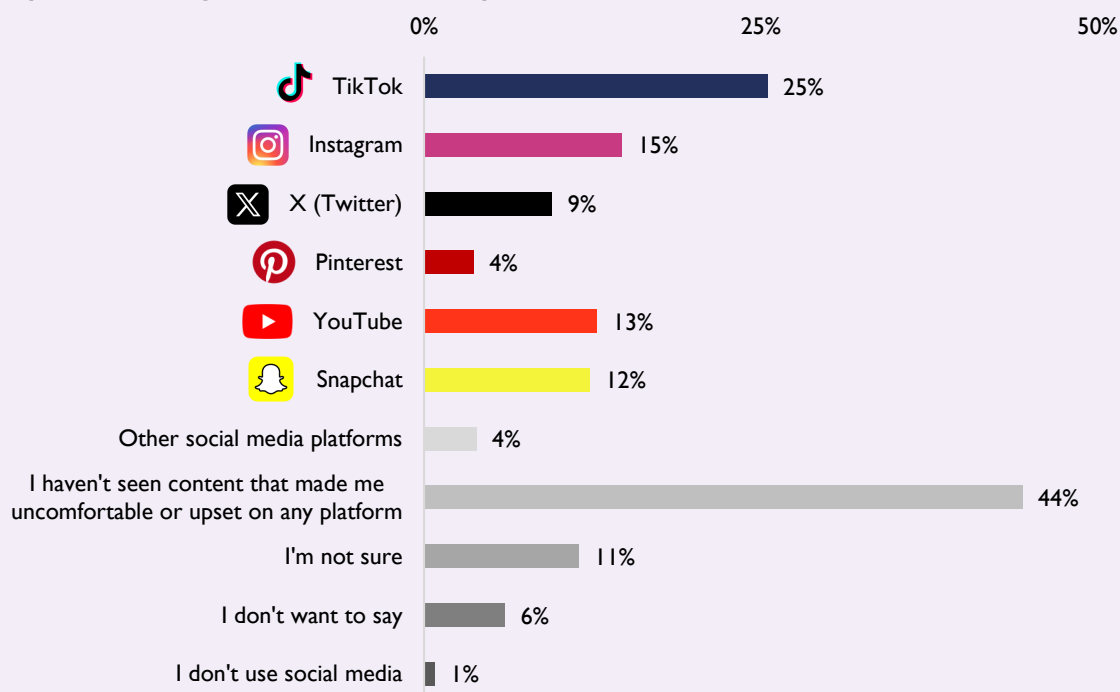
Note: this may reflect higher overall usage of TikTok in the sample, both in terms of the proportion of children who use the platform and the amount of time spent on it.

⁵¹ High risk content types include the following: Content that encourages or promotes suicide; content that makes suicidal thoughts seem normal, appealing, or cool; content that shows self-harm; content that encourages or promotes self-harm; content that makes self-harm seem normal, appealing, or cool; content about feeling hopeless, despairing, or suicidal; content that makes low mood or feeling depressed seem normal, appealing, or cool; content that encourages or promotes eating disorders

⁵² Moderate risk content types include the following: people talking about their experiences of self-harm; people talking about their experiences with eating disorders; content that makes being slim look cool or desirable; dieting or low-calorie/restrictive food choices; content about feeling sad, down, or lonely; content about having a 'breakdown'; people sharing their experiences of feeling depressed.

⁵³ Content types that could exacerbate risk include the following: content about suicide recovery, awareness, or safety; healthy meal prep; workout plans or routines telling you how to change the way your body looks (e.g. muscle gain, toning, weight loss); fit and healthy lifestyle content (including influencers); information or advice about depression (e.g. symptoms, diagnosis, treatment); self-care tips, mental health routines, or wellbeing strategies

Proportion of children who reported they had ever seen content that made them feel uncomfortable or upset while using different social media platforms



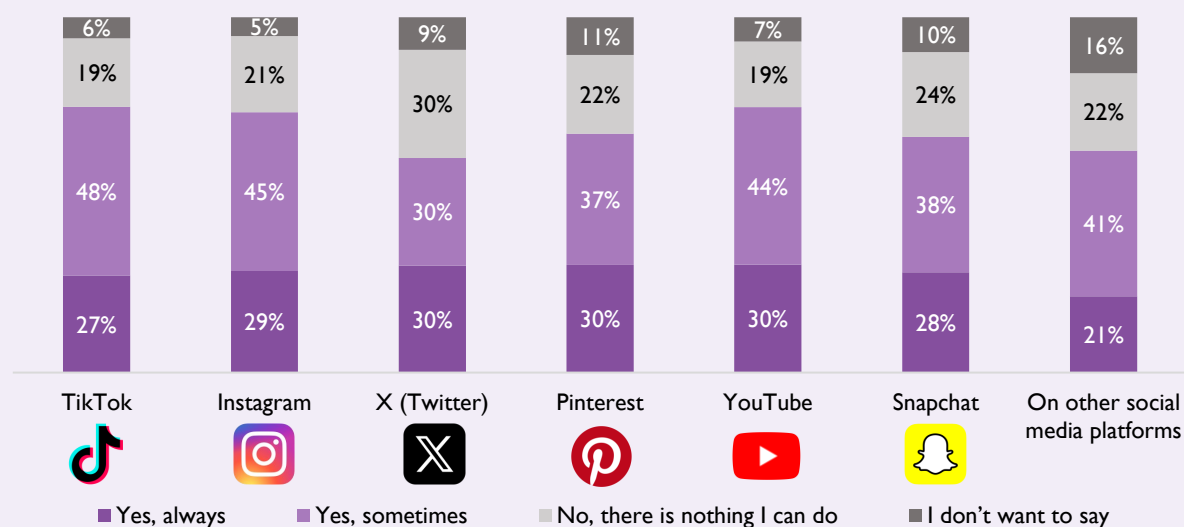
Q: [asked to those that had used platforms in the last week] "While using these social media platforms, have you ever seen content that made you feel uncomfortable or upset?" / [asked to non-users of the six platforms] "We now want to ask you about your experience ever with social media. Have you ever seen content that made you feel uncomfortable or upset on any of the following social media platforms?" Data from both questions has been merged. Base n=1897

Fewer than 1 in 3 children who had seen high risk content felt they could always do something to avoid seeing similar material again

Children who said they had seen something that made them feel upset or uncomfortable were then asked whether they felt there was anything they could do to avoid seeing similar content. Across most platforms, fewer than a third of these children felt there was 'always' something they could do, and most often said they could do something to avoid it 'sometimes' – this was reported by 30-48% of children who had seen such content, depending on the specific platform they had seen it on. The exception to this was for children who had seen such content on X, where similar proportions of children said they could 'always' or 'sometimes' take action to avoid seeing this content as the proportion who felt there was 'nothing' they could do.

Around a fifth (ranging from 19% to 30%) of children who had seen content that made them upset or uncomfortable felt there was 'nothing' they could do to avoid seeing it again. This proportion was highest (30%) for those who had seen such content on X, and lowest for those who had seen it on TikTok or YouTube (19% each).

Whether children who had seen content that made them feel uncomfortable or upset across different platforms felt able to do something to avoid seeing such content again

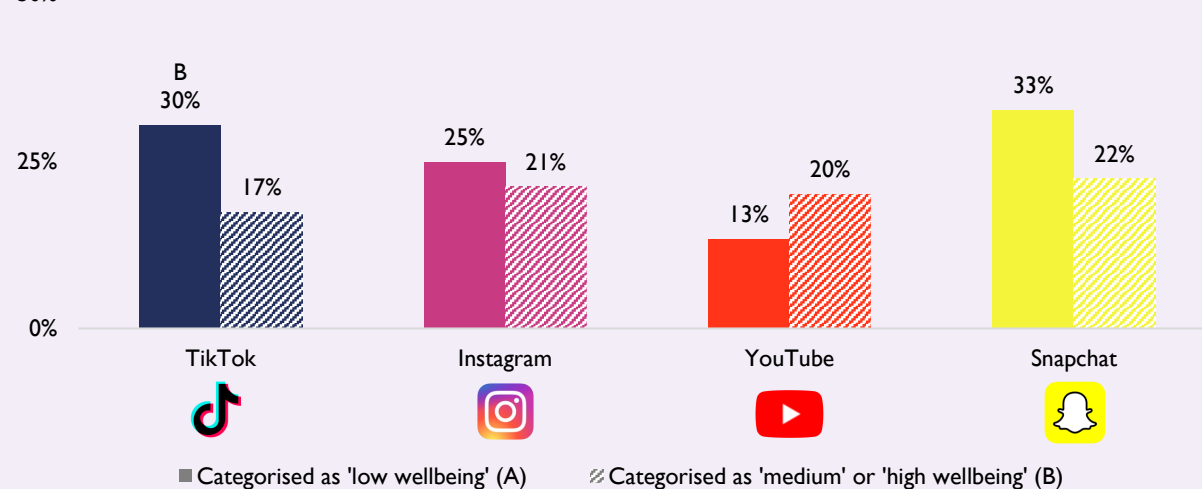


Q: "When you see content that makes you feel uncomfortable or upset on [platforms], do you feel like there is something you can do to avoid seeing content like that again?" Base of TikTok n=484, Instagram n=279, X n=180, Pinterest n=70, YouTube n=244, Snapchat n=233, other social media platforms n=74

Children with low wellbeing were more likely to feel there was nothing they could do to avoid upsetting or uncomfortable content on TikTok than those with medium or high wellbeing

For TikTok, children with low self-reported wellbeing were more likely than those with medium or high wellbeing to feel there was 'nothing' they could do to avoid content that makes them feel upset or uncomfortable. For Instagram and Snapchat there were no significant differences, though the same pattern was seen, while for YouTube there was a trend in the opposite direction, with children who reported low wellbeing less likely to report there was 'nothing' they could do. For other platforms, base sizes were not big enough for comparison.

Proportion of children that felt there was nothing they could do to avoid seeing content that makes them feel upset or uncomfortable, by wellbeing



Q: "When you see content that makes you feel uncomfortable or upset on [platforms], do you feel like there is something you can do to avoid seeing content like that again?" by Q: "[SWEMWBS] I've been..." For X and Pinterest, base sizes were too small for analysis. Base of low wellbeing n=39-86, medium or high wellbeing n=158-364

Although some children reported they had taken steps to avoid content they found upsetting, some reported they had engaged with this content

There were various ways children said they had responded to seeing something they didn't like or found upsetting while using social media.

These fell into four main categories:

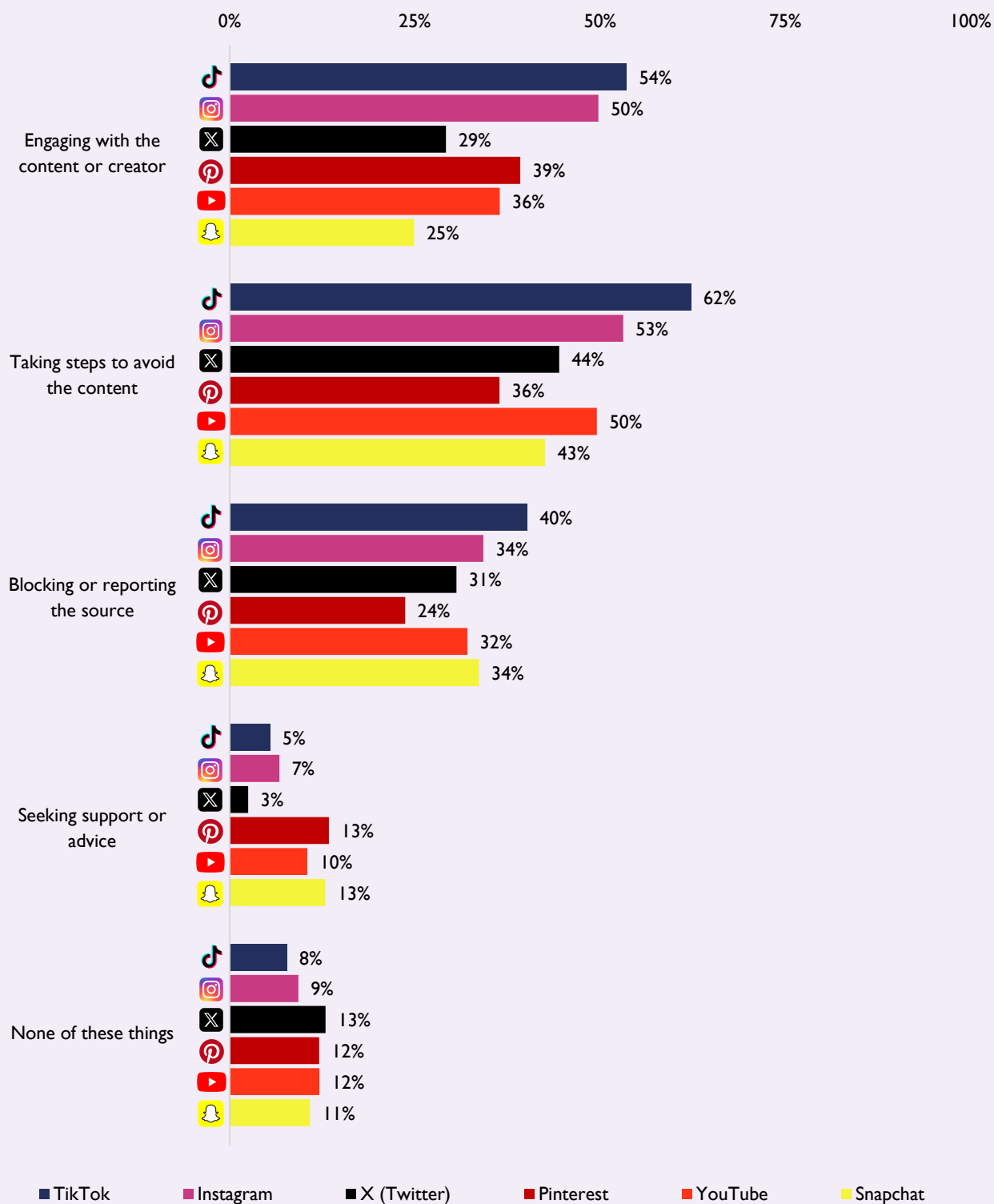
Engaging with the content or creator	<ul style="list-style-type: none">• Liked it / saved it [to a board]• Looked at the comments• Commented on it• Looked at the user's page• Followed [subscribed to] the user that posted it• Searched for similar content (e.g., through the search function)
Taking steps to avoid content	<ul style="list-style-type: none">• Closed the app or moved to another app• Refreshed the app or swiped to different content• Hid the content / selected 'not interested in this content' / Disliked the content• Used the platform less• Posted on the platform less
Blocking or reporting the source	<ul style="list-style-type: none">• Blocked or unfollowed [unsubscribed from] the user that posted it• Reported it
Seeking support or advice	<ul style="list-style-type: none">• Talked to someone about it (e.g., a parent or friend)

Across nearly all platforms, taking steps to avoid such content was the most common category of response to upsetting or uncomfortable content, though some children reported they had engaged with the content or creator further. In contrast, seeking support or advice was consistently the least common action.⁵⁴ The chart below shows the proportion of children on each platform who reported each type of response.⁵⁵

⁵⁴ Note: it is possible that the lower proportion of children selecting this category is due to there being only a single possible response within it, while other categories contained two or more responses.

⁵⁵ Whilst not presented here, a small proportion of children (3-7%, depending on the platform) reported they had taken other actions when they came across upsetting or uncomfortable content. Some (up to 17%) were unsure what actions they had taken. A further minority (5-17%) selected 'I don't want to say'.

Proportion of children who reported different categories of actions they have taken after seeing content they found upsetting or uncomfortable on different social media platforms



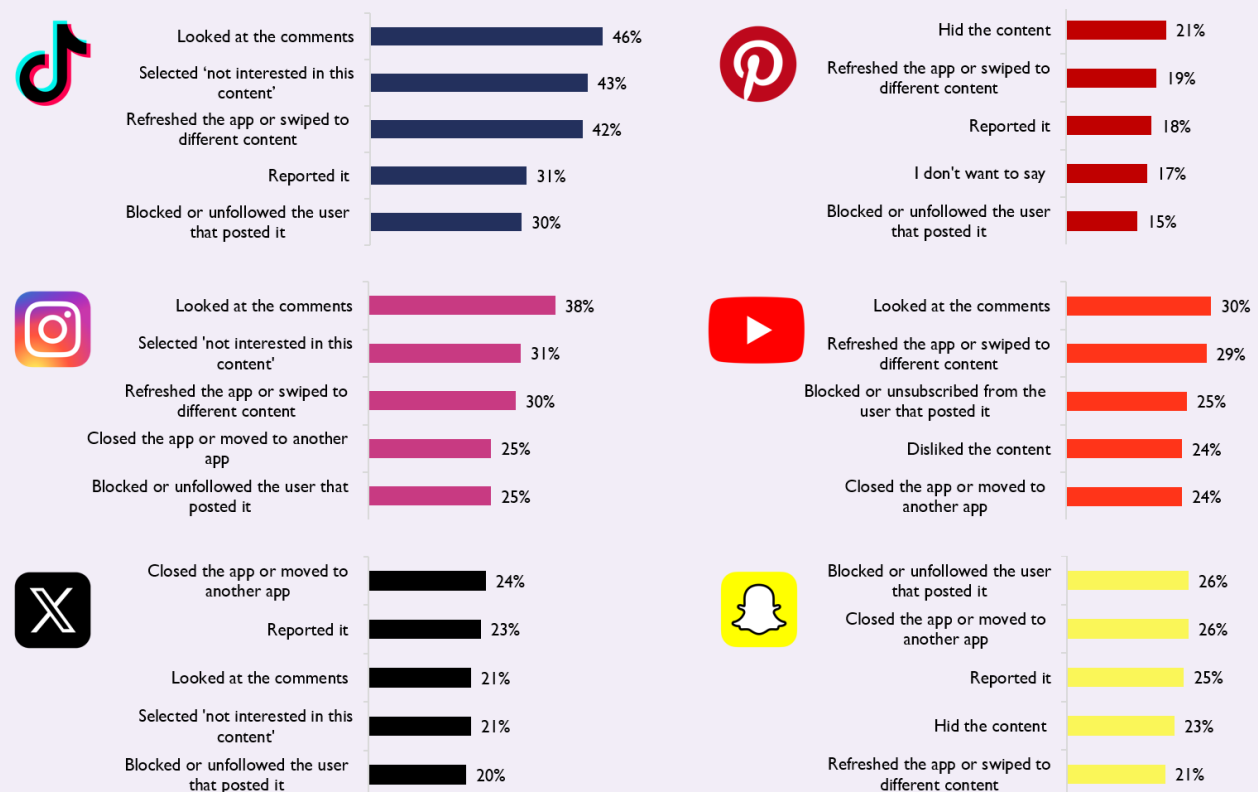
Q: "When you have seen something that made you feel uncomfortable or upset on [platform], have you ever done any of these things?" with responses grouped according to the categorisation provided in the above infographic. Base of TikTok n=484, Instagram n=279, X n=180, Pinterest n=70, YouTube n=244, Snapchat n=233

Looking at the comments was the most common response to upsetting or uncomfortable content for three platforms

For children who had seen content that made them feel upset or uncomfortable, looking at the comments was a commonly reported response. This was the only form of engaging with the content or creator that appeared in the top five actions taken on any platform. Looking at the comments appeared in the top five for all platforms apart from Snapchat and Pinterest (where this functionality may be less common) and was the most common action children reported they had taken on TikTok, Instagram and YouTube. It should be noted that it is not possible from this research to determine why children were looking at the comments, or what they were looking for.

Among the other actions children reported they had taken, measures to avoid the content were common responses. These included refreshing the app or swiping to different content, selecting 'not interested in this content', closing the app or moving to another app, selecting 'not interested in this content', closing the app or moving to another app.

Top five actions children reported they had taken after seeing content they found upsetting or uncomfortable on different social media platforms



Q: "When you have seen something that made you feel uncomfortable or upset on [platform], have you ever done any of these things?" Base of TikTok n=484, Instagram n=279, X n=180, Pinterest n=70, YouTube n=244, Snapchat n=233

Afterword from Molly Rose Foundation

This report paints a stark picture. It suggests that, for many children in the UK, encountering harmful and sometimes extreme online content is a part of everyday life. For some, it can be overwhelming, with both high and lower risk content bombarding them repeatedly. Perhaps most concerning, certain groups that we know are already more vulnerable to harm are worst affected.

The scale of this challenge needs to be met by an appropriately wholesale response. While effective regulation continues to be the most effective vehicle to protect children from preventable harm, further legislative strengthening is urgently required.

These findings also offer a challenge for how we track and understand online risks – pointing to the need for a more nuanced and user-centred understanding of risk that takes into account how, when and to whom content is being shown, rather than simply whether it violates a certain threshold. We recommend further research is taken in this area.

Appendix

Additional methodological detail

Wellbeing measures

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)⁵⁶ was used as the key wellbeing measure in this survey. It constitutes seven statements aimed at measuring wellbeing in terms of thoughts and feelings experienced in the last two weeks. Each statement is positively worded, with response options on a five-point scale from 'none of the time' to 'all of the time'. The scale has been validated for use in children as young as 13-years-old (e.g. Clarke et al., 2011⁵⁷).

Each statement was coded using the WEMWBS coding framework⁵⁸. Each participant's score was then calculated and transformed using the conversion table provided⁵⁹. The average (mean) score across survey participants was then calculated from these transformed scores. Scores that were at least one standard deviation higher than the mean were categorised as 'high wellbeing', while scores at least one standard deviation below the mean were categorised as 'low wellbeing'. All other scores were classified as 'medium wellbeing'.

In order to capture children's self-reported body image, a new statement 'I've been feeling bad about how my body looks' was included as a separate question, using the same scale as the SWEMWBS for responses.

Three further wellbeing measures were also used in the survey. These measures include:

- A new statement in the style of SWEMWBS to capture children's self-esteem
- The Whooley Questions⁶⁰
- A question used in the annual cross-sectional Young Life & Times Survey in Northern Ireland which asks about whether children have sought professional health for any personal, emotional, behavioural or mental health problem in the last year

However, similar trends were seen for these measures. They have therefore not been included for subgroup analysis in this report to ensure readability and flow, whilst avoiding repetition. For a full breakdown of subgroup findings using these measures, please see the data tables.

Cognitive testing

After the initial survey design process, cognitive testing interviews were carried out with six children aged 13- to 17-years-old.

Participants completed the draft survey with a researcher and were able to provide feedback as to whether the survey was accessible, clear, and effective in capturing the specific content types being asked about. They were also able to provide detailed feedback on specific question wording, response options, and overall survey layout and length.

The process was iterative, with ongoing changes made to the survey in line with feedback from each of the interviews.

⁵⁶ [Corc.uk, The Short Warwick-Edinburgh Mental Well-being Scale \(SWEMWBS\), 2008](#)

⁵⁷ [Clarke et al., Warwick-Edinburgh Mental Well-being Scale \(WEMWBS\): Validated for teenage school students in England and Scotland. A mixed methods assessment, 2011](#)

⁵⁸ [Warwick Innovations, How to use WEMWBS effectively, 2025](#)

⁵⁹ [HQLO / BioMed Central, Raw score to metric score conversion table for SWEMWBS, 2009](#)

⁶⁰ [UCSF, Whooley Questions, 2025](#)

Dissemination

This survey was disseminated through the PSHE Association⁶¹ (PSHEA), the national body for PSHE education in the UK.

Schools were recruited through the PSHEA network and voluntarily signed up to the research. The 20 schools selected for participation represented, where possible, national level statistics across the UK. Factors considered included:

- **Type of school** – independent vs. state-funded vs. academy
- **UK nation** – England vs. Scotland vs. Wales vs. Northern Ireland
- **Percentage of students eligible for free school meals** – used as a proxy for socio-economic grade of children at the school
- **Sex of intake** – mixed vs. single-sex (boys/girls)

The survey was disseminated as part of a wider PSHE lesson, designed by PSHEA, about research rights and consent. Each school delivered the lesson to at least 50 students in an assigned year group.

Disseminating the survey in classrooms meant students were able to complete the survey independently, without parental involvement, while still being in an environment that felt familiar to them with the appropriate safeguards in place. This aimed to mitigate some of the challenges associated with alternative dissemination routes, like research panels, providing children a private but safe space to encourage honest responses. It also meant that within each school, all children had an equal opportunity to take part in the research, compared with a panel approach, where parental registration would be necessary.

Note: though this dissemination method was selected with the aim of improving children's engagement with the research and maximising honesty, it is nevertheless subject to certain potential limitations. Please see the 'Considerations for this report' section in the Introduction for an explanation of these.

After completing the survey, children were given time for reflection and safeguarding. Molly Rose Foundation additionally provided 'Where To Find Help' cards⁶² to schools that had taken part.

Dissemination of the lesson and survey took place in the summer term, between 29th April – 27th June 2025.

Data processing

Data from all respondents was cleaned in preparation for analysis. New variables were coded, including total scores for exposure to multiple different content types. For some variables, categorical responses were coded into numeric variables, and then subsequently recategorised into groups for analysis.

To account for slight differences in the number of responses received from each school, the data was then weighted so that responses from each school represented an equal proportion (5%) of total sample. The minimum weight was 0.59, and the maximum was 1.90.

⁶¹ [PSHE Association, 2025](#)

⁶² [Molly Rose Foundation, 'Where To Find Help' Cards, 2025](#)