

Is the Online Safety Act reducing teens' exposure to harmful content?

Research briefing – June 2026

Almost a year on from the Online Safety Act taking effect, MRF research finds that teenagers continue to be exposed to harmful levels of suicide, self-harm, depression and eating disorder content on major social media platforms – with overall levels of exposure having barely changed.

- Over a third (34%) of 13-17 year-olds saw high risk suicide, self-harm, depression or eating disorder content in the previous week.
- Half of girls (47%) saw high risk content in the previous week.
- Personalised algorithms continue to drive exposure to harmful material.
- Eight years after Molly's death, teens continue to be exposed to a substantial risk of cumulative harm.
- Three quarters (76%) of teens who saw high risk content saw it on TikTok, underscoring the need for urgent regulatory action.

Urgent action is now required to address these deeply disturbing rates of exposure to high risk content. It is time for the Government to introduce a conditional ban on personalised algorithms, and for Ofcom to open an immediate investigation into TikTok's shortcomings.

However, MRF is gravely concerned that an Australian-style social media ban will fail to address the fundamental product safety issues that this research identifies. Multiple studies have now shown that at least 60% of Australian under 16s continue to use prohibited platforms.¹

Unless the Government can be confident that a ban can work differently here, access restrictions will fail to protect children – with a majority of children likely to retain access to their accounts, but with social media platforms 'off the hook' for safety-by-design and no longer expected to address the fundamental safety issues that continue to cost young lives.

1 Molly Rose Foundation (2026) Australia's social media ban – is it working?

Key findings

- Over a third (34%) of 13-17 year-olds saw high risk suicide, self-harm, depression or eating disorder content on major social media platforms in the previous week – barely changed from before the Act came into force. This content is likely to be classified as harmful under the OSA, either as Primary Priority or Non-Designated Content.²
- Half of girls (47%) saw high risk content in the previous week, effectively unchanged from just before the Act took effect (49%). Teens with special educational needs and low wellbeing were also at greater risk.
- Personalised algorithms continue to drive exposure to harmful material. 59% of teens who saw suicide content in the previous week had been algorithmically recommended it.
- Eight years after Molly's death, teens continue to be exposed to a substantial risk of cumulative harm. More than one in five (22%) of those who saw content that encourages or promotes suicide had seen this material ten or more times. Many teens were also exposed to multiple overlapping high risk content types.
- Three quarters (76%) of teens who saw high risk content saw it on TikTok, underscoring the need for urgent regulatory action. Teens were more than three times as likely to see high risk material on TikTok as the next highest platform (Instagram, at 23%).

Methodology

M·E·L Research surveyed 1,825 children aged 13-17 across the UK, supported by the PSHE Association, with in-school fieldwork taking place during April and May 2026. Data has been weighted to be representative by age and gender.

Comparisons are made with an earlier wave of research conducted before Ofcom's Codes of Practice took effect, undertaken by Revealing Reality in summer 2025.³

Children were asked whether they had been exposed to suicide, self-harm, depression and eating disorder content on six social media platforms: Instagram, TikTok, Snapchat, X, Pinterest and YouTube. Children were asked not only whether they had encountered content likely to be classified as harmful under the OSA ('high risk' content), but also about broader content types that may contribute to cumulative harm.

For more detail and the full findings please see the full research report.⁴

2 Under the OSA, Primary Priority Content refers to harmful content that all children must be prevented from accessing. Children must be protected from non-designated content depending on their age.

3 Revealing Reality (2025) Children's exposure to suicide, self-harm, depression and eating disorder content on social media.

4 M·E·L Research (2026) Children's exposure to suicide, self-harm, depression and eating disorder content on social media: Wave 2 findings.

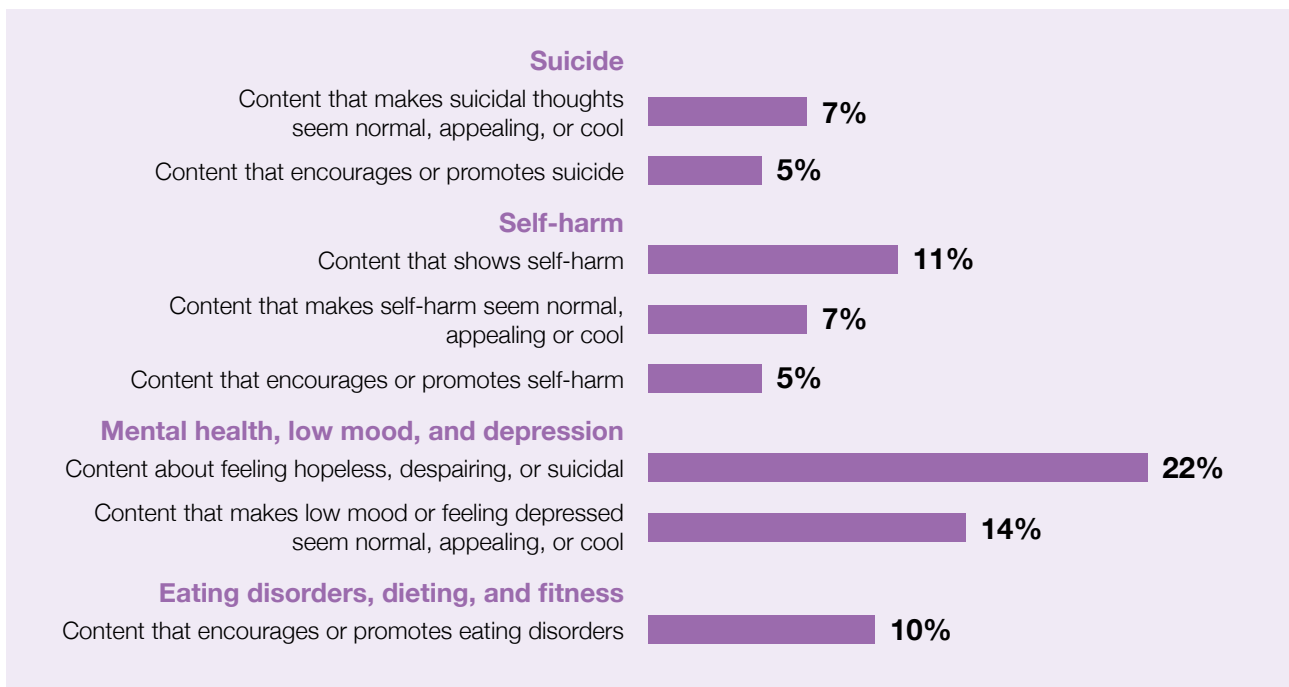
Results

1. The Online Safety Act has largely failed to reduce exposure to high risk suicide, self-harm, depression and eating disorder content

Our research shows that one in three (34%) children aged 13-17 saw at least one type of high risk content in the previous week. Disturbingly, this suggests that the Online Safety Act has largely failed to reduce teenagers' exposure to harmful content – **last summer, 37% saw one or more types of high risk content.**

Looking across the themes, one in eight teens (13%) saw high risk self-harm content in the previous week. Around one in ten saw high risk eating disorder material (10%) and suicide material (8%). Around a quarter of 13-17 year-olds saw high risk depression content (26%) over this time. Figure 1 breaks this down by specific content type.

Figure 1: Proportion of 13-17 year olds reporting they had seen high risk content types on major social media platforms in the last week



Q: In the last week (7 days), when using [platforms used], have you seen any of these types of content?
 Base: All respondents (n=1825)

MRF has repeatedly warned that Ofcom's unambitious approach to drafting its Codes of Practice, coupled with substantial structural issues in the Online Safety Act, would fail to result in meaningful changes to the suicide and self-harm risks faced by young people. These findings are the result of repeated failure to heed these concerns.

2. Girls, children with SEND and those with low wellbeing remain at sharply increased risk, with half (47%) of girls seeing high risk content in the last week

Girls, children experiencing low wellbeing⁵ and those with special educational needs are considerably more likely to be exposed to harmful suicide, self-harm, depression and eating disorder content than their peers.

Disturbingly, **almost half of girls (47%) reported seeing at least one type of high risk content in the previous week, compared to one quarter (23%) of boys.** Almost two fifths of teenage girls (38%) reported seeing high risk depression content in the previous week, while one in five (19%) reported seeing high risk self-harm content.

Teens with low wellbeing and special educational needs are also considerably more likely to see high risk suicide, self-harm, depression and eating disorder content. **More than half (57%) of teens with low wellbeing had encountered high risk content in the last week, more than three times the exposure rate among those experiencing high levels of well-being (15%).**

Teenagers with special educational needs were also at higher risk than their peers. **Two in five (40%) of those with SEND reported that they had seen high risk content, compared to 31% of children without SEND.**

Figure 2: Proportion of 13-17 year-olds reporting they had seen high risk content within each theme – comparison across key subgroups

| High risk content theme | Girls (compared to boys) | Low wellbeing (compared to high) | SEND (compared to without SEND) |
|---|--|--|---|
| Any high risk content | 47% to 23% (2x as likely) | 57% to 15% (3.8x as likely) | 40% to 32% (1.25x as likely) |
| Suicide | 12% to 5% (2.4x as likely) | 18% to 2% (9x as likely) | 14% to 7% (2x as likely) |
| Self-harm | 19% to 9% (2.1x as likely) | 25% to 5% (5x as likely) | 21% to 11% (1.9x as likely) |
| Mental health, low mood, and depression | 38% to 17% (2.2x as likely) | 48% to 8% (6x as likely) | 35% to 25% (1.4x as likely) |
| Eating disorders, dieting, and fitness | 18% to 5% (3.6x as likely) | 18% to 7% (2.6x as likely) | 9% to 10% |

Q: In the last week (7 days), have you seen any of these types of content? Base: Girls (n=819), boys (n=953), low wellbeing (n=551), high wellbeing (n=211), has SEND (n=241), does not have SEND (n=1304).

⁵ Children's wellbeing was calculated using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS).

3. Teenagers continue to be exposed to unacceptable cumulative harm, encountering large amounts of suicide, self-harm, depression and eating disorder content

Teenagers continue to face an unacceptable risk of cumulative harm, with many young people being repeatedly exposed to high volumes of high risk content. For example, **more than one in five (22%) teens who saw content that encourages or promotes suicide had seen this material ten times or more on at least one platform.** Overall between 11 and 22% of children who had seen each type of high risk content had seen this ten or more times.⁶

Teenagers were also likely to encounter multiple overlapping content types, with many being exposed to high risk suicide, self-harm and depression content repeatedly and often interchangeably. **Seven in ten (71%) teens who saw high risk suicide content also encountered high risk self-harm material, with one in six (16%) seeing a form of high risk self-harm material at least ten times.**

Similarly, almost all (97%) of those who had seen high risk suicide content also encountered high risk depression content, with three in ten (30%) seeing this ten times or more.

This suggests that social media platforms have failed to address a disturbing cross-pollination and intensification of risk, including as a direct result of personalised algorithmic recommendations. Ofcom's regulatory scheme appears to have made little if any meaningful difference to date.

4. Personalised algorithms remain the primary driver of exposure to suicide, self-harm, depression and eating disorder content

Across all six platforms, recommender systems like TikTok's For You Page or Instagram's Reels remain the primary route through which teenagers are exposed to potentially harmful content.

When asked where they had encountered each theme of potentially harmful content, around three-fifths of children recalled seeing this on recommender feeds (59% for suicide content, 62% for self-harm, 61% for depression and 62% for eating disorders).

Teenagers were twice as likely to report encountering suicide, self-harm, depression and eating disorder content on recommender systems than the next highest risk functionality (user comments).

These results underscore the vital importance of strengthening measures to address the risks posed by algorithmic feeds – and point to the comprehensive failure of Ofcom's Codes of Practice to drive down children's exposure to harmful material.

Children also encounter potentially harmful content through a number of other routes, including comments, ephemeral messages (such as Instagram Stories), and through messages and DMs.

⁶ Frequency figures refer to teens who had seen a content type ten times or more on at least one platform. It is likely that if several platforms were combined high-frequency exposure would be even higher.

5. TikTok poses particularly significant, and seemingly unchecked, risks of exposure to harmful content – action must be taken

One platform – TikTok – is currently responsible for the majority of teens' exposure to high risk suicide, self-harm, depression and eating disorder content.

Strikingly, **three quarters (76%) of teenagers who had seen high risk content encountered it on TikTok. Young people are three times more likely to see high risk material on TikTok than on the next highest platform (Instagram, at 23%).**

Our research shows that **teens were 5 times more likely to see content that shows self-harm on TikTok than on the next highest platform, 4.6 times more likely to see content that encourages or promotes eating disorders, and 4.5 times more likely to see content that makes suicidal thoughts seem normal, appealing or cool.**

Among teenagers who had seen content that encourages or promotes suicide, for example, 72% had seen this on TikTok, compared to 17% on Instagram (the next highest platform).

Our analysis suggests that TikTok's role in exposing children to harmful content may be driven in large part by the significant amounts of time children spend on the platform. Over half (51%) of teens who report using TikTok say they spend at two hours a day using it, compared to one in five (20%) of YouTube users and one in ten (11%) who use Instagram.

This points to how addictive and persuasive design features can compound the risks facing children on social media, with extended use driving higher levels of exposure to harm.

However, TikTok also remained the highest risk platform when controlling for time spent on a particular app. **Comparing only those who spend between 30-120 minutes on each platform, teens using TikTok and X were more than twice as likely to have encountered high risk content compared to users of other platforms.**

Among these children, 30% of TikTok users and 28% of X users reported seeing at least one type of high risk content, compared to 13% of Instagram users, 12% of Pinterest users and 7% who used YouTube.

Implications

These hugely concerning results underscore that decisive and effective action is needed to address the significant product safety risks of social media – and they should be a wake-up call to Government and Ofcom.

Molly Rose Foundation has repeatedly warned that Ofcom's implementation of the Online Safety Act, coupled with structural weaknesses in the Act itself, meant that it was highly unlikely that regulation would significantly reduce the suicide and self-harm risks facing children.

For two years, the Government has failed to heed our concerns – claiming that the Act needed time to bed in and being reluctant to either fix the structural issues with the Act or to strengthen its provisions on safety-by-design.

The Government's failure to act on evidence and expert opinion means that preventable harm has continued to flourish – and that the design choices which cost Molly's life remain largely unchecked.

In response to this research, both the Government and regulator must now act.

The Government should commit to a conditional ban on personalised recommender systems for under 16s, with platforms only able to offer algorithmically recommended content if they:

- adhere to strict, outcome-based measures that prevent the recommendation of harmful content;
- meet strict diversity-by-design principles, ensuring that children are prevented from being bombarded with unhealthy proportions of any one content type;
- agree to follow 'must carry' requirements that would see a specified proportion of recommended posts drawn from high quality, trusted providers. This should include content from public service broadcasters, trusted sources of mental health support, and educational content.

Ofcom should belatedly reset its approach to suicide and self-harm content. **The regulator should immediately announce an investigation into TikTok's algorithmic recommendation of harmful content, mirroring a similar investigation by the European Commission.**

However, if the Prime Minister now decides to proceed with an outright social media ban, he will once again abdicate responsibility for addressing the algorithmic harms that contributed to Molly's death.

Unless ministers can be confident that a social media ban will produce markedly different outcomes to Australia, where multiple studies show that at least 60% of under 16s retain access to at least one account, the reality is that a majority of children will continue to have access to high risk platforms. Teens will continue to be exposed to algorithmic harm at the deeply disturbing levels shown in this research.

The Government should be prioritising safety-by-design, starting with a ban on harmful and addictive design features.

Until the Government gets this right, children and families will remain at the mercy of entirely preventable algorithmic harm.

For a briefing and discussion about how we can work together to tackle preventable harm, please contact hello@mollyrosefoundation.org

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