

Children's exposure to suicide, self- harm, and eating disorder content on social media

Wave two findings

Foreword from Molly Rose Foundation

In summer 2025, Molly Rose Foundation conducted a large scale survey to understand children's exposure to suicide, self-harm, depression and eating disorder content on major social media platforms immediately before the Online Safety Act came into force.

The results were deeply concerning, with over a third of 13-17 year-olds reporting that they had encountered high risk forms of suicide, self-harm, depression or eating disorder content in the last week - content which they should be prevented or protected from encountering under the Act.

This report reveals that, almost a year on and with the Online Safety Act's Protection of Children's Codes now in force, disturbingly little has changed.

Fieldwork undertaken April and May 2026 finds that over a third of teens continue to be exposed to high risk suicide, self-harm, depression or eating disorder content on a weekly basis. Most strikingly, around half of girls have encountered high risk material in the last week - down only two percentage points from prior to the Act coming into force. Children with special educational needs and low wellbeing are also at greater risk.

Our uniquely in-depth methodology also allows us to identify that many children remain at risk of cumulative harm - being bombarded with different forms of high risk content in overwhelming volumes, or seeing harmful content alongside large quantities of compounding lower-risk material.

This research also clearly underscores some of the key drivers of the risks facing children. More than ever, it is abundantly clear that algorithmic recommender systems - a functionality central to platforms' engagement-based business models - are the primary driver of exposure to harmful content. Certain platforms also presented a significantly elevated risk profile, with TikTok playing an outsize role in exposing children to all eight kinds of high risk content explored in the survey.

These findings make difficult reading, particularly to the many parents who hoped the Online Safety Act would be a watershed moment for addressing the risks facing teens.

Ultimately, however, they point to profound failings in Ofcom's implementation and enforcement of the Act.

Molly Rose Foundation repeatedly warned both Government and the regulator that Ofcom's weak and unambitious approach to implementing the Act would fail to address the tsunami of harmful content being recommended to teens. Their consequences of their failure to act on these concerns are now clear.

In light of these findings, the Government must finally commit to decisive, evidence-led action to improve protections for children. This must include the urgent introduction of restrictions on personalised recommender systems unless strict safety conditions are met, as well as robust enforcement action against platforms clearly in breach of the Act.

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Looking ahead, Government must then take comprehensive action to fix and strengthen the Online Safety Act, which remains the most powerful tool at our disposal to tackle preventable online harm.

Ultimately, future waves of this research will only see improvements in children's experiences if we take an evidence-led approach to addressing the root causes of harm - the business models and associated design choices that prioritise profit over children's safety. Blunt approaches like an Australian-style ban are not the answer, being likely to quickly unravel and risking a majority of children continuing to access platforms where we now know harms remain widespread.

It is now more than eight years since Molly Russell died after being algorithmically bombarded with harmful suicide, self-harm and depression content. As it stands, many children continue to encounter harmful content on a regular and normalised basis.

Molly Rose Foundation urges the Government to heed these findings and finally take the bold and decisive action needed to address preventable online harm.

Rowan Ferguson

Policy and Public Affairs Manager, Molly Rose Foundation

Executive summary

It has been almost a year since the Online Safety Act's Protection of Children Codes of Practice came into effect.

Under the Act, platforms have a legal duty to prevent children from encountering content which promotes suicide, self-harm or eating disorders, alongside other harmful and age-inappropriate material.

Molly Rose Foundation research carried out in summer 2025 - immediately prior to these requirements coming to force - revealed a stark reality wherein many children aged 13 to 17 were routinely exposed to harmful suicide, self-harm, depression and eating disorder content on major social media platforms.¹

This second wave of research is based on a survey of 1,825 children from 21 schools across the UK, and explores the online experiences of children today. It focuses on children's exposure to potentially harmful content within four key themes, covering both 'high risk' content types likely to be classified as harmful under the Online Safety Act, as well as a broader range of content types.

- **Over a third of children (34%) were exposed to high risk suicide, self-harm, depression or eating disorder content on major social media platforms in the last week.** This is content likely to be classified as harmful under the Online Safety Act, either as Primary Priority Content or non-designated content that is harmful to children. This is stable with last year's survey, before the implementation of the Online Safety Act (37% in 2025, not a statistically significant change).
- Children were exposed to a wide range of high risk content in the last week. This includes:
 - *7% saw content that makes suicidal thoughts seem normal, appealing, or cool*
 - *5% saw content that encourages or promotes suicide*
 - *11% saw content that shows self-harm*
 - *7% saw content that makes self-harm seem normal, appealing, or cool*
 - *5% saw content that encourages or promotes self-harm*
 - *22% saw content about feeling hopeless, despairing, or suicidal*
 - *14% saw content that makes low mood or feeling depressed seem normal, appealing, or cool*
 - *10% saw content that encourages or promotes eating disorders*
- **Since last year, a handful of high risk content types have seen small decreases in exposure, while all other content remains stable.** The content types where exposure has decreased are: *content that makes suicidal thoughts seem normal, appealing, or cool; content that shows self-harm; and content that makes low mood or feeling depressed seem normal, appealing or cool.*

¹ This research focuses on children's experiences on six major social media platforms: TikTok, Instagram, X, YouTube, Pinterest and Snapchat

- **Exposure to high risk content is higher among girls, children with SEND, and children with low wellbeing.**² Almost half of girls (47%) saw high risk content in the last week (compared to 23% of boys). 40% of children with SEND saw this content (compared to 32% without SEND), and 57% of children with low wellbeing had seen this content (compared to just 15% of children with high wellbeing).
- **Some children are encountering large volumes of high risk content**, increasing their risk of experiencing cumulative harm. Between 10% and 22% of children who have seen each type of high risk content, report seeing it 10 or more times on at least one platform in the last week. Most notably, 22% of children who saw *content encouraging or promoting suicide* saw this 10 or more times on at least one platform.³
- **Children who report exposure to one type of high risk content often report exposure to others.** Almost all (97%) of those who had seen high risk suicide content had also seen high risk depression content, including 30% who had seen a type of high risk depression content 10 or more times on at least one platform.
- **TikTok plays a central role in children's exposure to high risk content on social media - three quarters (76%) of children who saw high risk content saw this on TikTok.** This proportion was more than three times as high as that for the next most common platform, Instagram (23%).
- **Algorithmic recommender systems like TikTok's For You Page remain the primary source of potentially harmful content.** Around six in ten (59% - 62% depending on the theme) children who encountered potentially harmful content, did so on feeds with suggested content. This is more than twice the proportion identifying the next highest risk source (user comments).
- **Many children also saw moderate and lower risk content⁴ within each theme**, with some seeing this in large volumes. Some also saw high risk content in combination with large quantities of thematically related lower risk material, increasing the risk of cumulative harm. For example, two-fifths (38%) of those who had seen *content encouraging or promoting eating disorders* had also seen *content that makes being slim look cool or desirable* 10 times or more.
- **A third of children (33%) recall ever seeing content they found upsetting or distressing on social media.** This is higher for girls and children with low wellbeing. Over twice as many children recall seeing upsetting content on TikTok (22%) as the next highest platform (Instagram 10%).
- **Almost two thirds of children (64%) report using an app differently or less in response to seeing upsetting content.**

² The SWEMWBS (Short Warwick Edinburgh Mental Wellbeing Scale) is used to measure children's overall wellbeing. See the methodology section for an explanation of how this is calculated.

³ This includes children who saw this content 10 or more times on at least one platform (more children might have seen this content 10 or more times cumulatively across platforms).

⁴ This refers to content less likely to be classified as PPC or NDC under the Act, but that may increase the risk of harm when seen repeatedly or in combination with high risk content. See the methodology section for a full definition and breakdown of these content types.

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Background and methodology

Background

Under the Online Safety Act, social media platforms have a legal duty to identify and mitigate the risks of harm from illegal content and content that is harmful to children.

This includes preventing children of any age from encountering Primary Priority Content (PPC) that promotes suicide, self-harm and eating disorders, and protecting children in certain age groups from non-designated content (NDC), for example, material that promotes depression.

These requirements came into force with the introduction of the Protection of Children Codes of Practice in July 2025.

Prior to the Act coming into force, Molly Rose Foundation's 2025 research revealed a stark reality wherein children aged 13-17 were routinely exposed to these forms of harmful content, very often driven by algorithmic recommendations: 37% of children reported seeing high risk suicide, self-harm, depression or eating disorder content on major social media platforms in the prior week.

Following the implementation of the Act, Molly Rose Foundation commissioned M·E·L Research to conduct a repeat survey to understand the impact that the Online Safety Act has had on children's experiences.

This research focuses on four themes of potentially harmful content:

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

The primary focus of this research is to understand children's exposure to a wide range of content types within each theme, including 'high risk' content (likely to be classified as harmful under the Act), as well as broader types of content that may contribute to cumulative harm when viewed repeatedly or alongside high risk content. After reporting which types of content they had seen in the previous week, children were asked:

- Which platforms they have seen this content on
- How frequently they have seen this content on each platform
- Where on platforms they were exposed to content types

In addition to exposure to content relating to the four themes, the survey explores children's exposure to content that upsets them or makes them uncomfortable, the extent to which they feel able to avoid seeing such content again on each platform, and the actions they have taken in response to it.

Throughout, children were asked to reflect on their experience on six major platforms: TikTok, Instagram, X, YouTube, Pinterest and Snapchat.

Overall, this approach allowed for more in-depth insight into children's experiences than other trackers. In particular, including a broad range of content types beyond those

covered by the Act, alongside questions around frequency of exposure, allows us to capture whether teens are at risk of experiencing cumulative harm.

Methodology

Survey design and implementation

In order to explore these questions, M·E·L Research conducted a 20-minute survey of 1,825 children aged 13-17, with fieldwork taking place in April and May 2026. The questions, look, and feel of the survey aimed to ensure comparability with Molly Rose Foundation's 2025 research.

This survey was administered online in schools, with 21 schools taking part. The survey was carried out as part of a 60-minute lesson plan developed by the PSHE Association, the national body for PSHE education in the UK.

This approach allowed students to complete the survey independently and safely, and encouraged honest responses. By selecting a cross-section of schools and year groups, it allowed for a robust and representative sample, and avoided the risks of a panel approach (e.g. parental registration skewing the sample or parental observation influencing answers).

This approach also benefitted the children taking part. It provided greater capacity to inform them about their rights as research participants. In addition, following survey completion, the children had protected time for class discussion with the supervision and safeguarding expertise of a PSHE teacher in the room. This, combined with careful research design, allowed students to complete the survey confidentially and with strong safeguarding protections in place. Overall, this approach created an environment that encouraged safe and honest completion of the survey.

Framework of potentially harmful content

This research retains the framework for potentially harmful content implemented in Molly Rose Foundation's 2025 research, which was designed with the input of subject matter experts and cognitively tested with children. Cognitive testing ensures that question and answer wording is fully understood by the intended audience and interpreted in the same way, ensuring robust survey design.

This framework explores content types across four overarching themes:

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

Across these four themes, content types are categorised into three risk levels:

- **High risk content:** content that is likely to be classified as Primary Priority Content (PPC) or Non-Designated Content that is harmful to children (NDC) under the Online Safety Act.⁵

⁵ 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

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- **Moderate risk content:** content that is not certain to be classified as PPC or NDC, but may still fall into these categories and that poses a moderate risk of harm (particularly when viewed in conjunction with high risk content)
- **Lower risk content:** content that is unlikely to be classified as PPC or NDC but has the potential to increase risk of harm when viewed alongside other content types (even if in some contexts they may have positive impacts).

The content types that children were asked about and how they sit within this analysis framework are outlined in the table below.

	Suicide	Self-harm	Mental health, low mood, or depression	Eating disorders, dieting or fitness
High risk content	<ul style="list-style-type: none"> • Content that encourages or promotes suicide • Content that makes suicidal thoughts seem normal, appealing or cool 	<ul style="list-style-type: none"> • Content that encourages or promotes self-harm • Content that makes self-harm seem normal, appealing or cool • Content that shows self-harm 	<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 that encourages or promotes eating disorders
Moderate risk content		<ul style="list-style-type: none"> • People talking about their experiences of self-harm 	<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"> • People talking about their experiences with eating disorders • Content that makes being slim look cool or desirable • Dieting or low calorie/ restrictive food choices
Lower risk content	<ul style="list-style-type: none"> • Content about suicide recovery, awareness or safety 		<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"> • 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

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.

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'. These risks may be less explicit or severe, but still warrant caution, particularly when children are exposed repeatedly or in vulnerable contexts. Children must be protected from encountering NDC depending on their age.

Sample

Approach to sampling

The survey included 1,825 children aged 13-17.

The sample was drawn from 21 purposively selected schools to achieve a broadly representative sample of UK teenagers. Schools were selected to reflect a range of personal and school-level characteristics.

The sample profile includes both personal characteristics, based on children's survey responses, and school characteristics, based on the profile of the schools they attend.

To achieve a balanced age profile and representation across different school types, each school was asked to administer the survey to four or five classes within a single year group. The number of completed surveys varied between schools due to differences in school size, class size, and scheduling arrangements.

Outline of sample

Personal characteristics

Gender	A girl / female: 45%
	A boy / male: 52%
	Other: 1%
	I don't want to say: 2%
Age	13: 28%
	14: 22%
	15: 15%
	16: 22%
	17: 13%
Ethnicity	White: 66%
	Asian / Asian British: 17%
	Black / Black British: 4%
	Mixed / Multiple: 7%
	Other: 3%
	I don't know: 2%
	I don't want to say: >1%
SEND	Yes: 13%
	No: 71%
	Don't know: 14%
	Don't want to say: 2%
Type of SEND (% of children with SEND)	Neurodivergent conditions: 81%
	Sensory differences: 19%
	Cognitive and learning conditions: 7%
	Physical long-term health condition: 7%
	Mobility condition: 5%
	Communication and speech-related needs: 3%

Wellbeing (SWEMWBS) ⁶	Low wellbeing: 30%
	Moderate wellbeing: 56%
	Higher wellbeing: 12%
	N/A - selected prefer not to say for too many questions: 2%
Household	With parents: 96%
	Foster parents / carers: >1%
	With family members or other carers: 1%
	Boarding school: 1%
	Somewhere else: >1%
	Don't know: >1%
	Don't want to say: <1%

School characteristics

Geography	Urban: 23%
	Suburban: 66%
	Rural: 13%
School type	State: 33%
	Academy: 56%
	Independent: 13%
Free school meals (national average of 25.7%)	Below national average / independent school: 71%
	Above national average: 29%

Weighting

In order to ensure the sample was as robust as possible, it was weighted in line with the age and gender profile of the most recently released (2024) ONS population estimates⁷ for children aged 13-17:

- **Age⁸**
 - 13: From 28% to 20.3%
 - 14: From 22% to 20.1%
 - 15: From 15% to 20.0%
 - 16: From 22% to 20.1%
 - 17: From 13% to 19.5%
- **Gender**
 - Boys: 51.3%

⁶ SWEMWBS is a shortened variant of WEMWBS (see appendix). While there are no UK-wide benchmarks for the % of teenagers likely to fall into each category, Clarke, A. et al, 2011 validates the use of WEMWBS in teenage school students and reports a mean and median towards the lower end of moderate wellbeing and standard deviation of 6.8. This suggests a profile broadly in line with the sample in this study.

⁷ Office for National Statistics (2024) [Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland](#)

⁸ The age profile in last year's research was slightly different. As such, we also analysed an alternative weighting to match last year's age profile, with very similar overall results.

- Girls: 48.7%

The decision to weight by age and gender is driven by the consistent differences in exposure to potentially harmful content across these demographics. The ratio between the minimum and maximum weights is 3.9.

Statistical comparisons

All statistical comparisons made in this report are based on a Z-test at the 95% confidence interval. This includes comparisons between a subgroup and the population, between two subgroups, or between last year's survey and this year.

If a difference is not significant at this level, we do not report on it, refer to it as stable, or explicitly state that this is an indicative difference only.

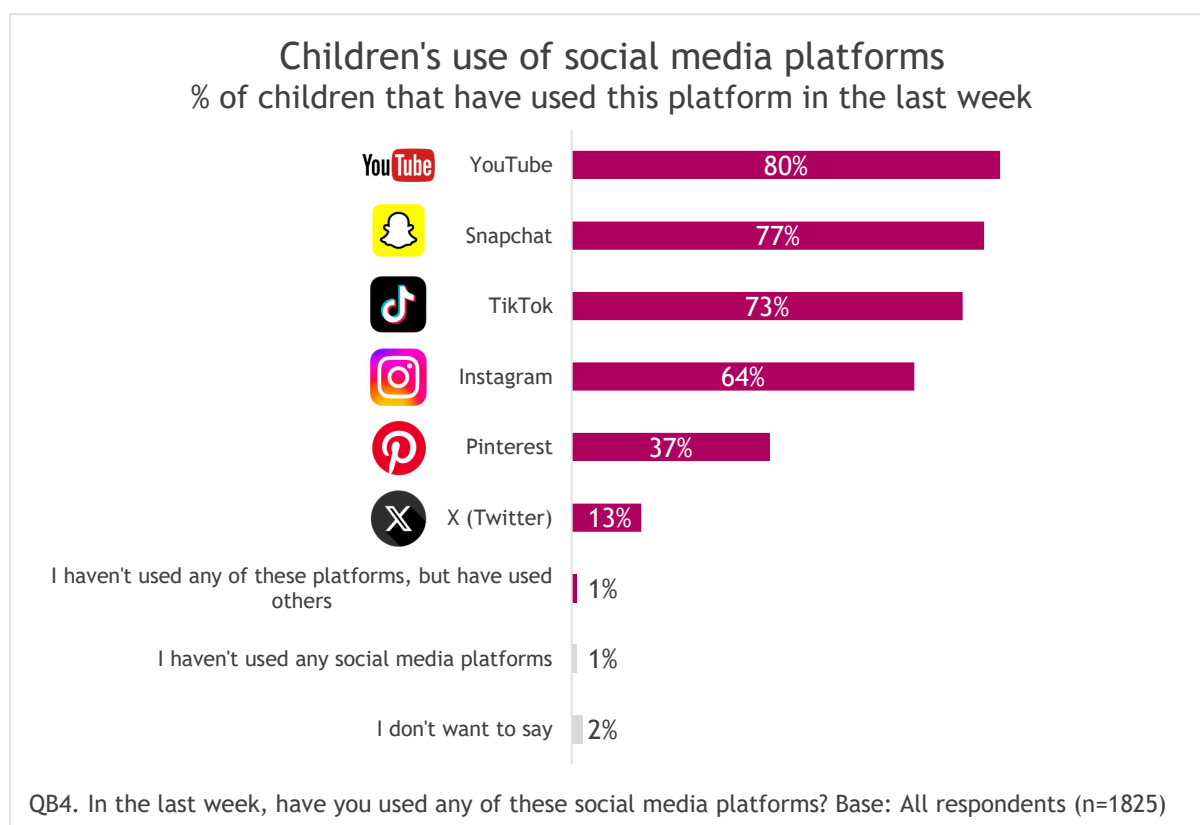
Statistically significant differences are highlighted in the narrative or in charts and tables indicated with a red arrow to indicate a negative difference and a green arrow to indicate a positive difference.

Overview of children's social media use

Social media usage among children is near universal, with just 1% reporting no social media use in the last week

Research⁹ consistently highlights the widespread use of social media among children, and our findings reflect this. Just 1% of children report not using any social media platform in the last week.

As with last year, the most commonly used platforms are YouTube, followed by Snapchat and TikTok.



Children's overall usage of social media and most platforms is in line with last year. The exceptions are:

- YouTube use in the last week has increased from 77% to 80%
- X (Twitter) use in the last week has decreased from 17% to 13%

Older children are more likely to use most social media platforms. Children aged 15-17 are more likely than those aged 13-14 to report using nearly every platform, with YouTube the only exception.

Girls are more likely than boys to use Snapchat (83% vs. 73%), TikTok (81% vs. 69%), Instagram (72% vs. 58%), and Pinterest (67% vs. 10%). Boys are more likely to use X (18% vs. 6%) and YouTube (85% vs. 73%).

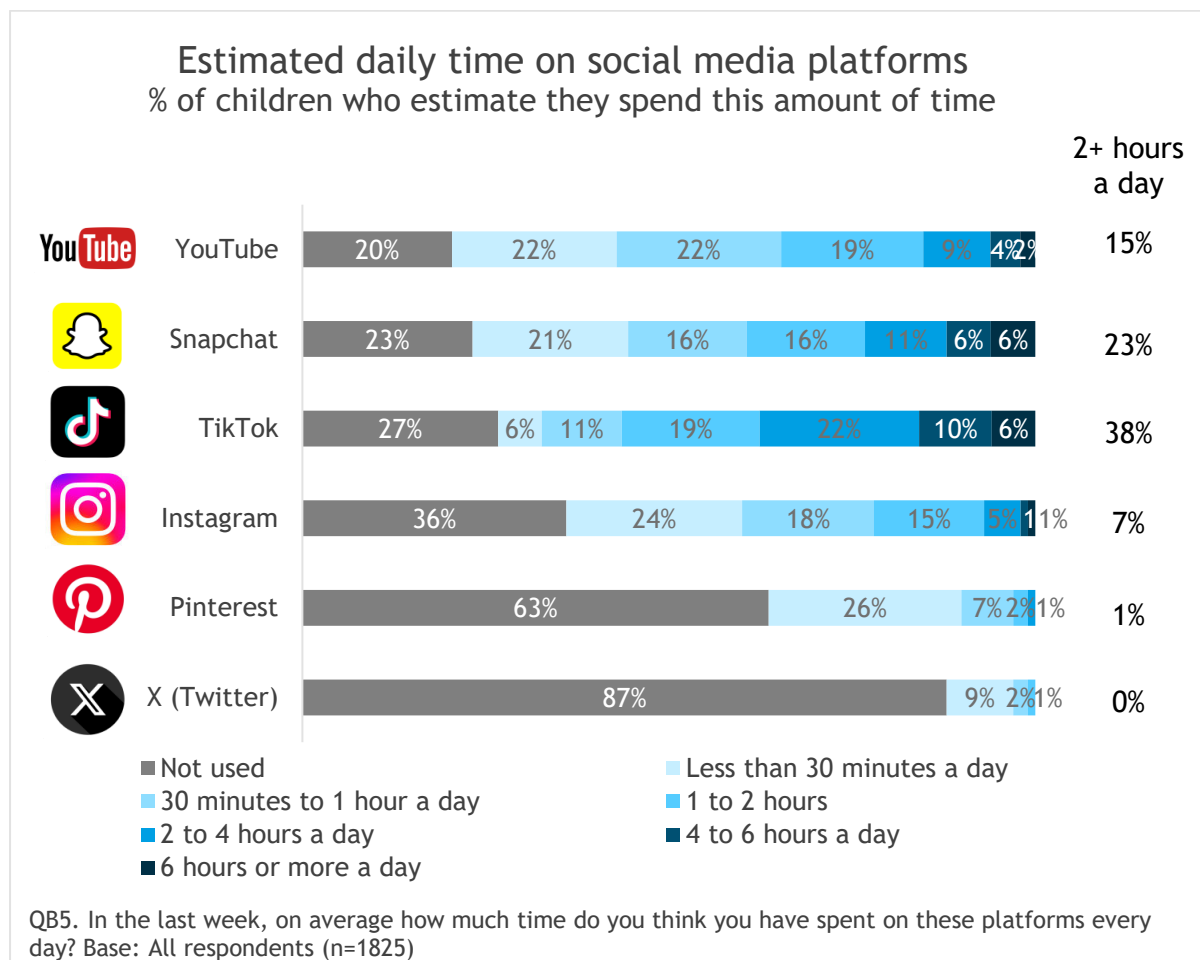
⁹ See [Ofcom \(2026\) Children and parents: media use and attitudes](#)

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Children with SEND are more likely than those without SEND to use YouTube (86% vs. 80%) and X (19% vs. 12%). In contrast, children without SEND are more likely to use Snapchat (80% vs. 69%) and Instagram (68% vs. 58%).¹⁰

TikTok users spend more time on the platform than users of any other social media platform

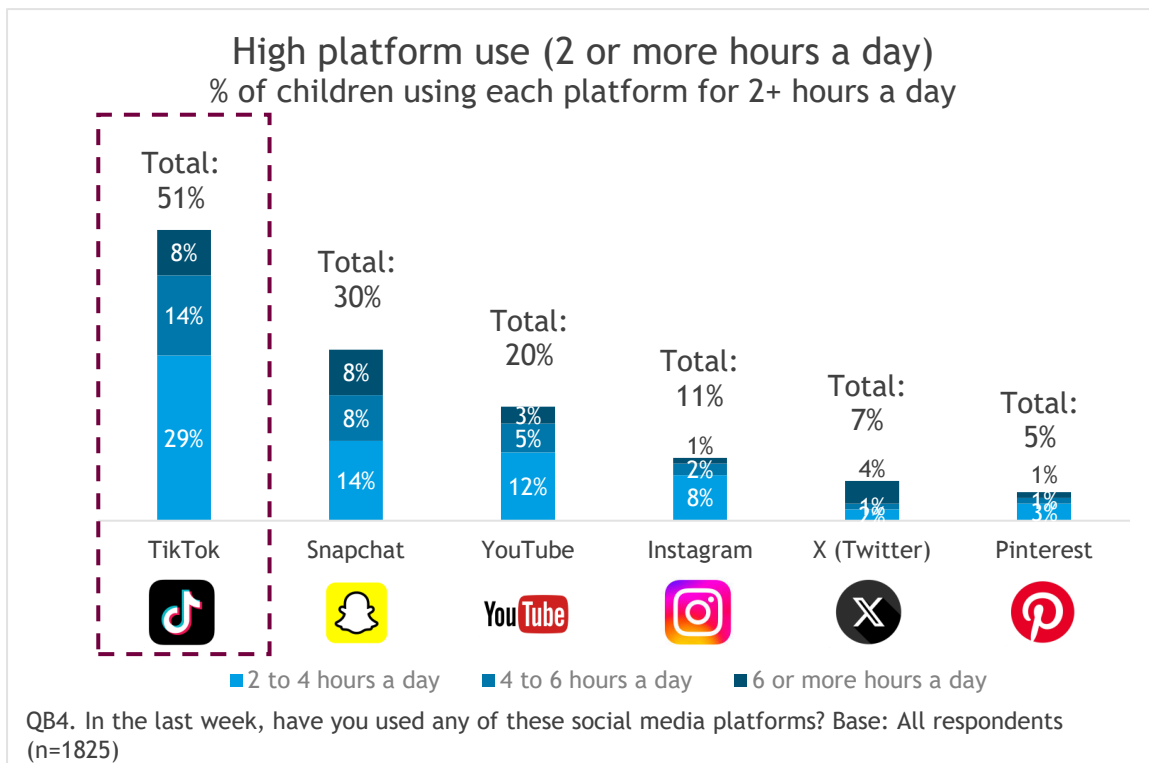
Although fewer children use TikTok than YouTube or Snapchat, the children that do use TikTok spend far more time on it: 38% of all children in the sample spent two or more hours a day on the platform.



Comparing usage across those who use each platform, more than half (51%) of children who used TikTok in the last week estimate that they spend more than two hours a day on the platform. This is more than four times the proportion of Instagram users who spend two or more hours a day on the platform (11%).

¹⁰ All demographic differences highlighted throughout are statistically significant at the 95th percentile confidence interval.

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To account for these differences in time spent on each platform, some comparisons of content exposure for different platforms' users throughout this report are based on mid-level users only (30-120 minutes per day).

1. Children's overall exposure to suicide, self-harm, depression and eating disorder content

This chapter summarises children's overall exposure to potentially harmful social media content across four key themes: suicide; self-harm; mental health, low mood, and depression; and eating disorders, dieting and fitness.

Chapter summary:

- Over a third of children (34%) report exposure to high risk content on major social media platforms in the last week. This is stable with last year, prior to the implementation of the Online Safety Act.
- Exposure to high risk content is higher among children with SEND, those with low wellbeing, girls, and older children.
- TikTok plays a major role in children's exposure to high risk content. Its users are twice as likely to have seen any high risk content on this platform as the next highest platform (35%, compared to 17% on X).
- Repeated exposure to potentially harmful content is common. Some children were exposed to high risk content repeatedly (more than 10 times on at least one platform in the last week), increasing their risk of experiencing cumulative harm.
- Children who see one type of high risk content are also likely to see other types of high risk content. Many children also report seeing moderate risk and lower risk content, often alongside thematically related high risk content, creating multiple and overlapping sources of potential harm.

N.B. This chapter presents an overview of children's exposure to potentially harmful content on major social media platforms. Chapter 2 will provide a detailed exploration of each of four themes (suicide; self-harm; mental health, low mood and depression; eating disorders, dieting and fitness).

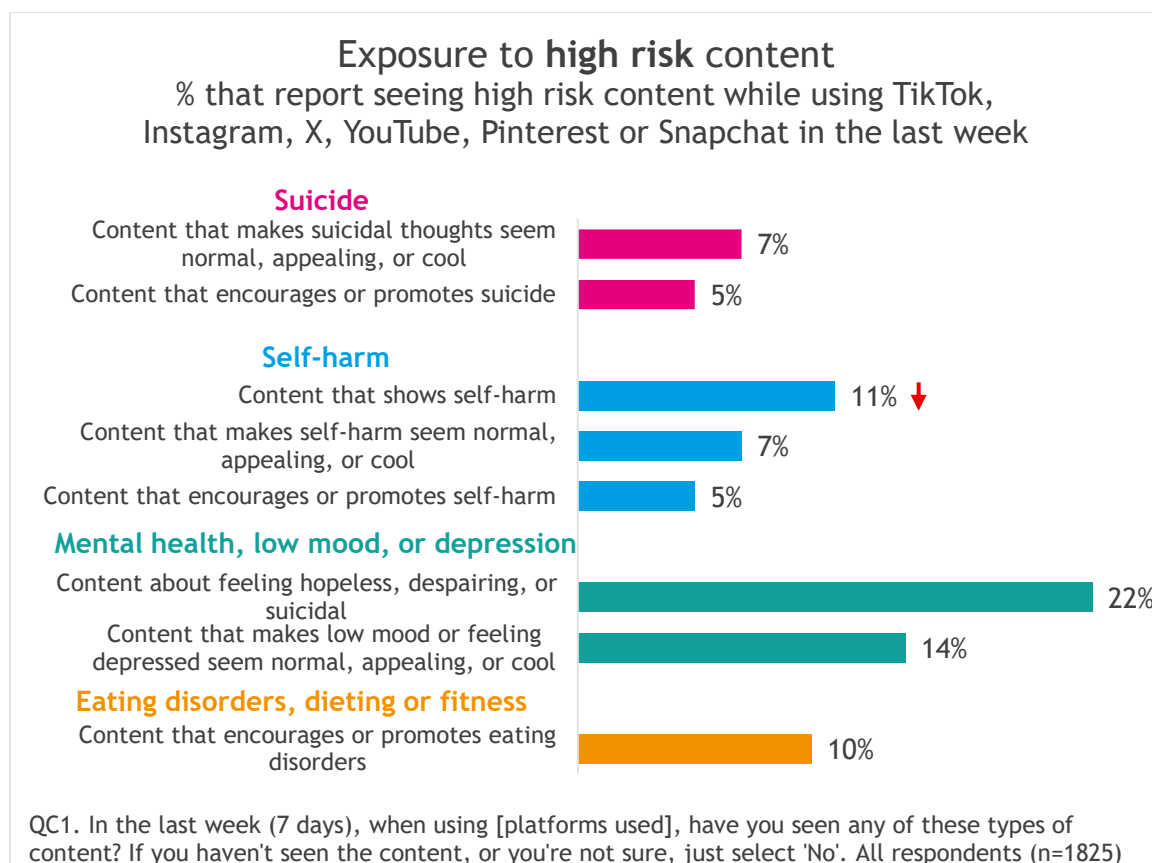
Over a third of children (34%) report exposure to high risk content in the last week

Exposure to high risk content remains widespread, with over a third of children (34%) reporting exposure to at least one type of high risk content in the last week. This equates to 10.2 children in a classroom of 30.

Exposure is greatest for high risk mental health, low mood, and depression content, which 26% of children report seeing in the last week. Smaller but still substantial proportions report seeing high risk content related to self-harm (13%), eating disorders, dieting, and fitness (10%), and suicide (8%).

High risk content in this analysis includes content that is likely to be classified as harmful under the Online Safety Act, either as Primary Priority Content or Non-Designated Content that is harmful to children.

The following chart outlines children's exposure to specific types of high risk content in the last week.



Despite the introduction of the Online Safety Act, which aims to prevent or protect children from encountering these content types, children's exposure to most high risk content types remains statistically unchanged from last year.

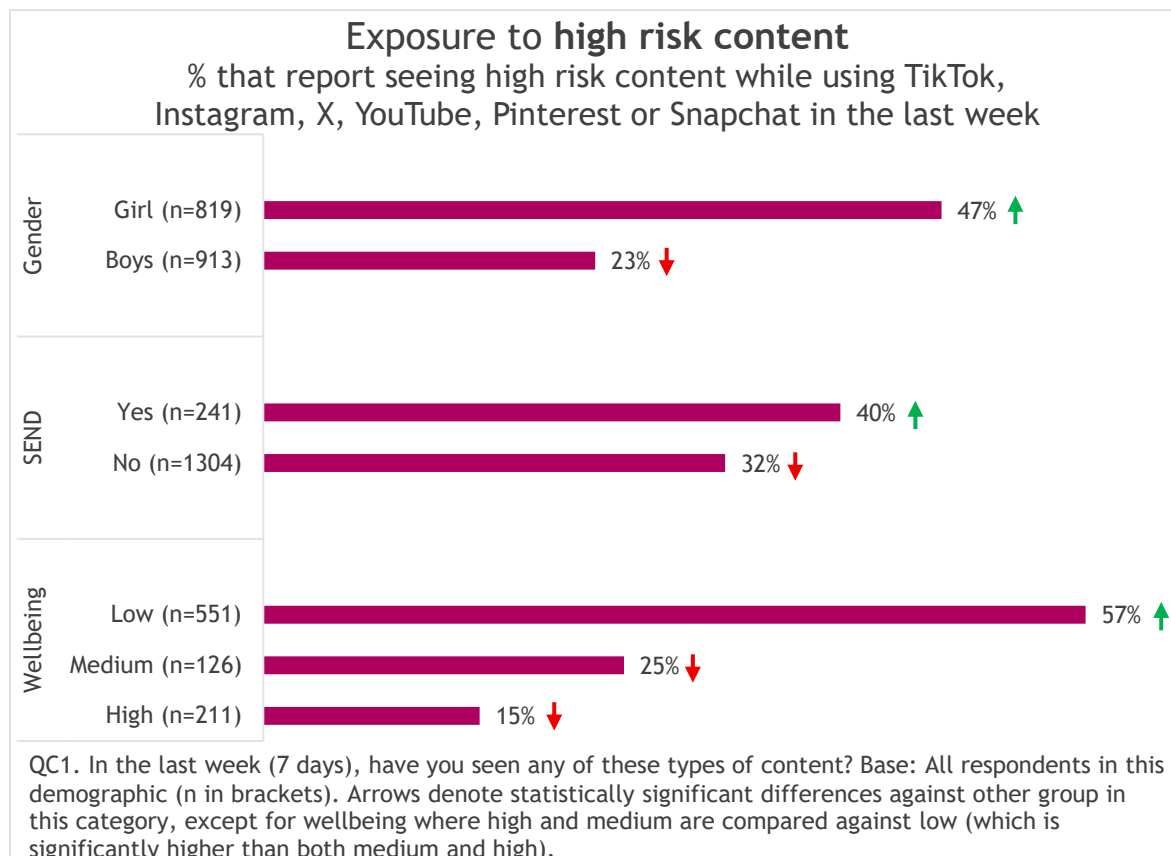
As set out in the table below, the exceptions are *content that makes suicide seem normal, appealing or cool* (with a 2 percentage point decrease) and *content that shows self-harm* (which decreased by 4pp).

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High risk content type	2025	2026	Change
Suicide			
Content that makes suicide seem normal, appealing or cool	9%	7%	-2pp ↓
Content that encourages or promotes suicide	5%	5%	-/+0pp
Self-harm			
Content that makes self-harm seem normal, appealing or cool	8%	7%	-1pp
Content that encourages or promotes self-harm	6%	5%	-1pp
Content that shows self-harm	15%	11%	-4pp ↓
Mental health, low mood, depression			
Content about feeling hopeless, despairing or suicidal	22%	22%	-/+0pp
Content that makes low mood or feeling depressed seem normal, appealing or cool	17%	14%	-3pp ↓
Eating disorders, dieting, fitness			
Content that encourages or promotes eating disorders	12%	10%	-2pp
QC1. In the last week (7 days), when using [platforms used], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. Base: All 2025 respondents (n=1897), All 2026 respondents (n=1825)			

Exposure to high risk content is significantly higher among girls, children with SEND, and those with low wellbeing

Children with one or more protected characteristics are more likely to see high risk content. This includes girls, children with SEND, and children with low wellbeing (compared to boys, children without SEND, and children with medium or high wellbeing).



In addition to these groups with protected characteristics, older children aged 15-17 are also more likely to be exposed to high risk content (37%, compared to 30% of 13-14s).

Evidence shows girls, children with SEND and those with low wellbeing may all be particularly vulnerable to the effects of exposure to this content. However, the relationship between wellbeing and exposure is likely to be complex. Exposure to potentially distressing content may negatively affect wellbeing, while low wellbeing may increase exposure through algorithmic recommendations or active searches for related content.

In contrast, younger children, particularly those aged 13, boys, children without SEND, and those with medium or high wellbeing are less likely to report exposure to high risk content in the last week.

These demographic differences hold across the four themes, as shown in the below table. Bold text and an arrow shows where a difference is statistically significant.

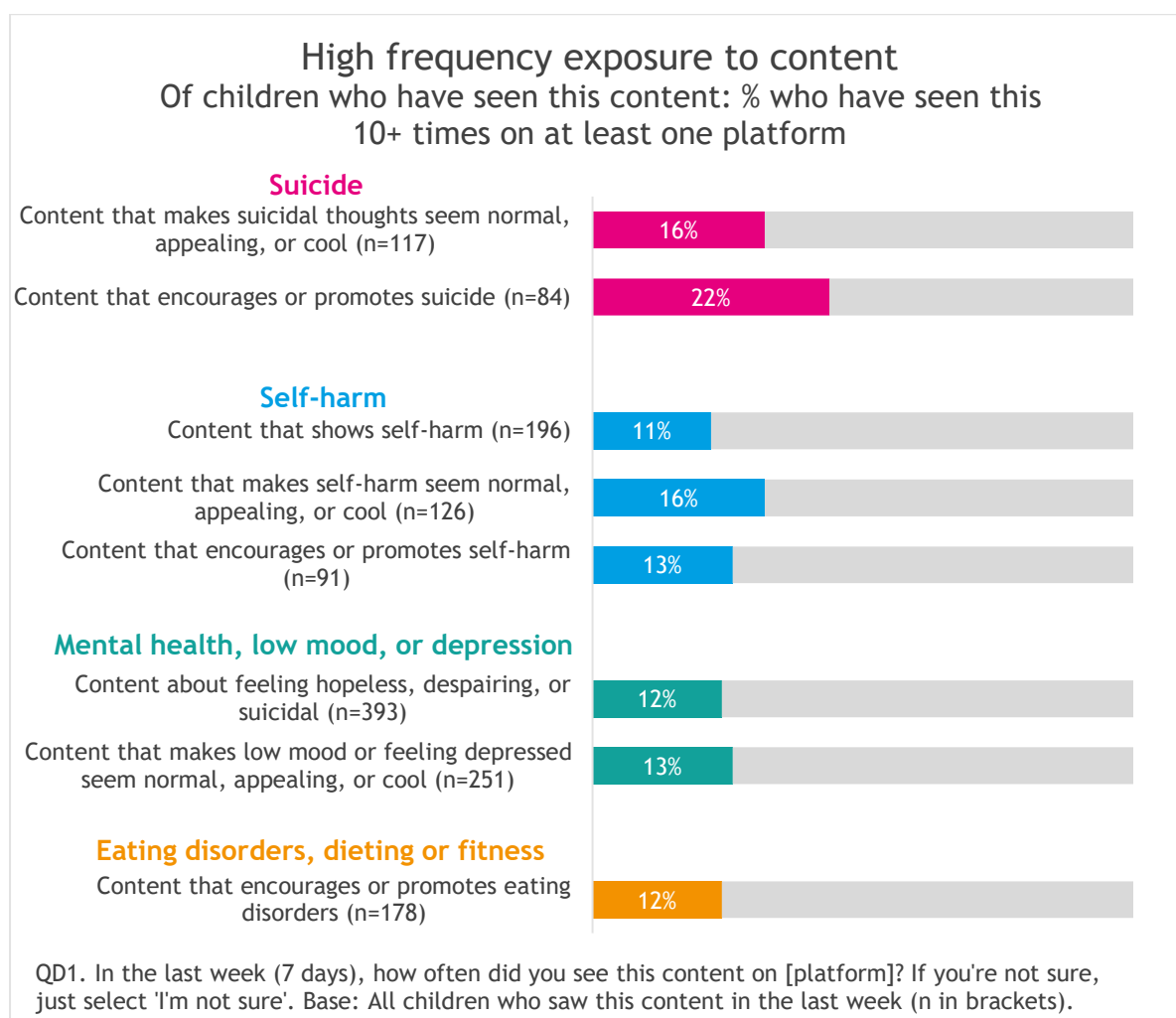
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High risk content theme	Girls (compared to boys)	Low wellbeing (compared to high)	SEND (compared to without SEND)	15-17s (compared to 13-14s)
Suicide	12% ↑ to 5% (2.4x as likely)	18% ↑ to 2% (9x as likely)	14% ↑ to 7% (2x as likely)	10% ↑ to 6% (1.7x as likely)
Self-harm	19% ↑ to 9% (2.1x as likely)	25% ↑ to 5% (5x as likely)	21% ↑ to 11% (1.9x as likely)	14% to 13%
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)	29% ↑ to 24% (1.2x as likely)
Eating disorders, dieting, and fitness	18% ↑ to 5% (3.6x as likely)	18% ↑ to 7% (2.6x as likely)	9% to 10%	12% ↑ to 9% (1.3x as likely)
<p>QC1. In the last week (7 days), when using [platforms used], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. 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), aged 13-14 (n=911), aged 15-17 (n=914).</p>				

Repeated exposure to high risk content is common

Repeated exposure is common across all high risk content types. Between 11% and 22% of children who have seen each type of high risk content report seeing it 10 or more times on at least one platform in the last week. These children are likely to be at an elevated risk of experiencing cumulative harm.

The chart below shows the proportion of children who report seeing each type of high risk content 10 or more times on at least one platform in the last week.



Repeated exposure is most common for *content that encourages or promotes suicide*. Among children who have seen this content, one in five (22%) report seeing it 10 or more times on at least one platform in the last week.

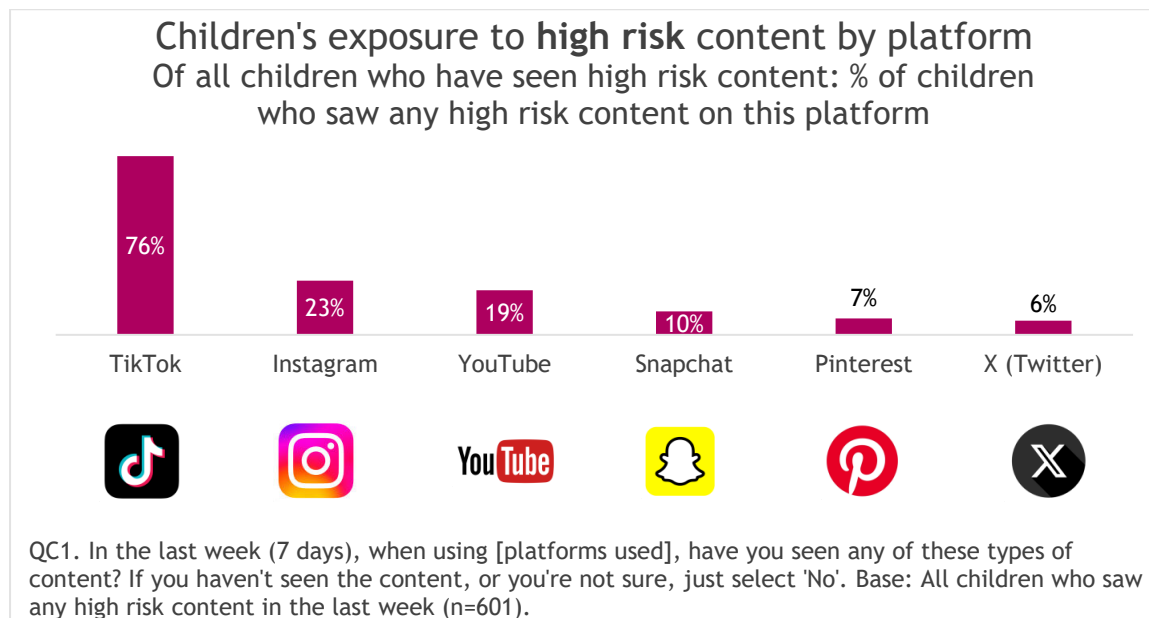
This is followed by *content that makes self-harm seem normal, appealing, or cool* (16%) and *content that makes suicidal thoughts seem normal, appealing, or cool* (16%).

These findings suggest that some children who are exposed to the most severe forms of content, encounter it repeatedly across social media platforms.

N.B. Frequency of exposure was asked for each individual platform, with options given in ranges (e.g. 3-5 times, 10+ times). Therefore, it is not possible to calculate exact frequency across all platforms. As such, these figures refer only to those who say they have seen this content 10 or more times on at least one platform, and it is likely that if several platforms were combined, high-frequency exposure would be greater.

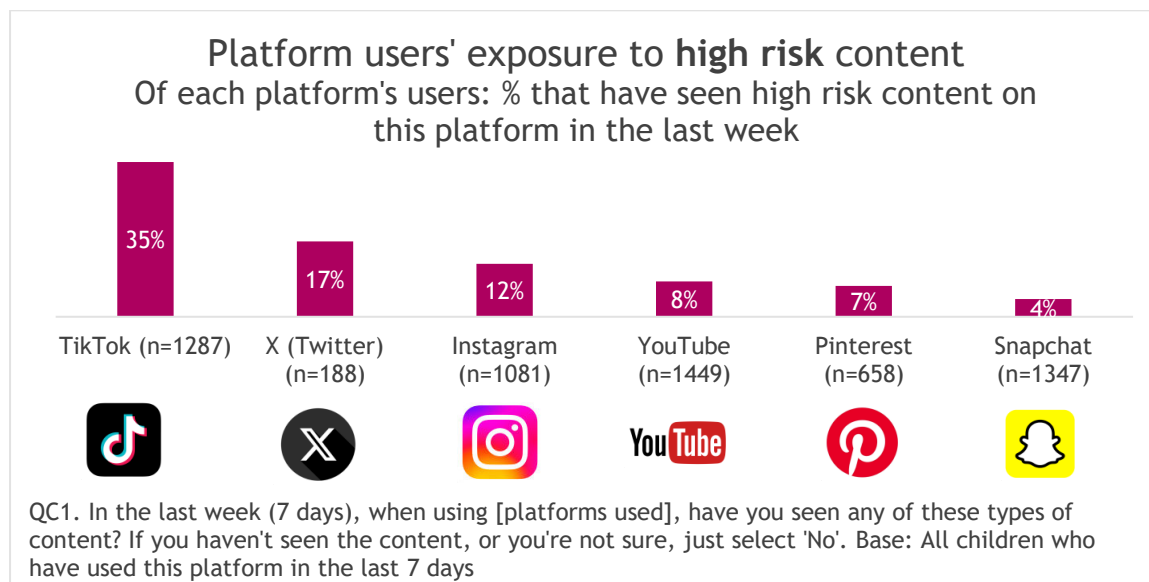
Over three quarters of children (76%) who saw high risk content in the last week, saw this on TikTok

The below chart shows the proportion of children who saw high risk content in the last week, that saw this content on each social media platform.¹¹



At 76%, children are more than three times as likely to have seen any high risk content on TikTok as the next most common platform (Instagram, at 23%).

Because the proportion of children who use each platform varies, we also analysed the likelihood of seeing high risk content among each platform's users.



¹¹ As this includes several content types and children may have seen each on more than one platform, this adds up to more than 100%.

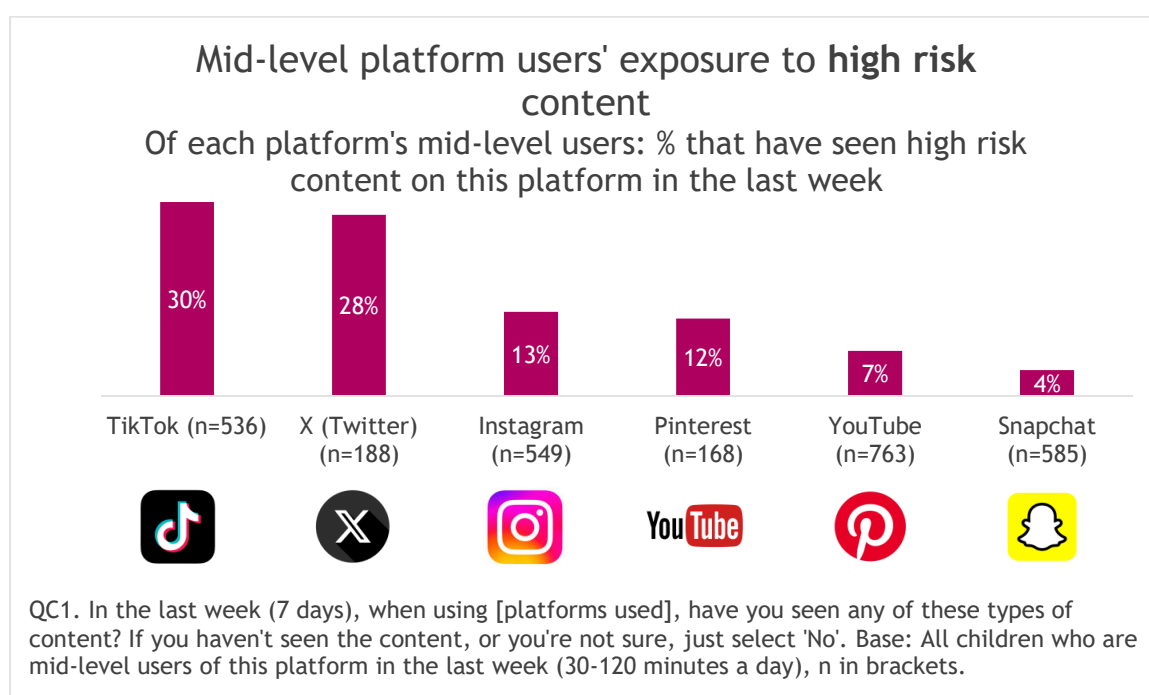
CHILDREN'S EXPOSURE TO SUICIDE, SELF-HARM, AND EATING DISORDER CONTENT ON SOCIAL MEDIA

TikTok users are more likely than users of any other platform to report exposure to high risk content. More than one-third (35%) report seeing high risk content on the platform in the last week.

This is significantly higher than on any other platform. In comparison, 16% of X users and 12% of Instagram users report exposure to high risk content. Exposure is less common among Snapchat users (5%), Pinterest users (7%), and YouTube users (9%).

TikTok users spend substantially longer on the platform than users of other social media platforms, which may contribute to higher levels of exposure. More than half (52%) report spending two or more hours a day on TikTok, compared with between 5% and 31% of users on other platforms.

To control for differences in time spent on each platform, the following analysis focuses on mid-level users only (30-120 minutes per day).



Even when comparing mid-level users only, TikTok users remain the most likely to report exposure to high risk content (30%). However, exposure among X users is similar (28%).

This suggests that higher exposure on TikTok is not solely explained by the amount of time users spend on the platform. Even after accounting for time spent, TikTok and X users remain more likely than users of other platforms to encounter high risk content.

N.B. See chapter 3 for a more detailed look at the role of different platforms in driving children's exposure to high risk content.

Children who report exposure to one type of high risk content, often report exposure to others

In many cases, children who see high risk content in one theme, have also seen high risk content in other themes.

The table below outlines the overlap between themes (with columns showing the base, and rows showing the other themes of high risk content children have seen).

	Of those that saw high risk content related to suicide (n=142)	Of those that saw high risk content related to self-harm (n=245)	Of those that saw high risk content related to mental health, low mood, or depression (n=478)	Of those that saw high risk content related to eating disorders, dieting or fitness (n=178)
<i>Also saw high risk content related to suicide</i>		46%	31%	34%
<i>Also saw high risk content related to self-harm</i>	71%		37%	40%
<i>Also saw high risk content related to mental health, low mood, or depression</i>	97%	75%		63%
<i>Also saw high risk content related to eating disorders, dieting, or fitness</i>	41%	32%	25%	

The high level of overlap between these themes suggests that many children are exposed to multiple forms of high risk content, increasing the potential for cumulative harm.

Most notably, the majority of children who have seen high risk suicide content have seen related self-harm and mental health, low mood, and depression content. Of those who have seen high risk suicide content:

- 71% have also seen high risk self-harm content, including 16% who have seen at least one form of this content 10 or more times on at least one platform
- 97% have also seen high risk mental health, low mood, and depression content, including 30% who have seen at least one form of this content 10 or more times on at least one platform.

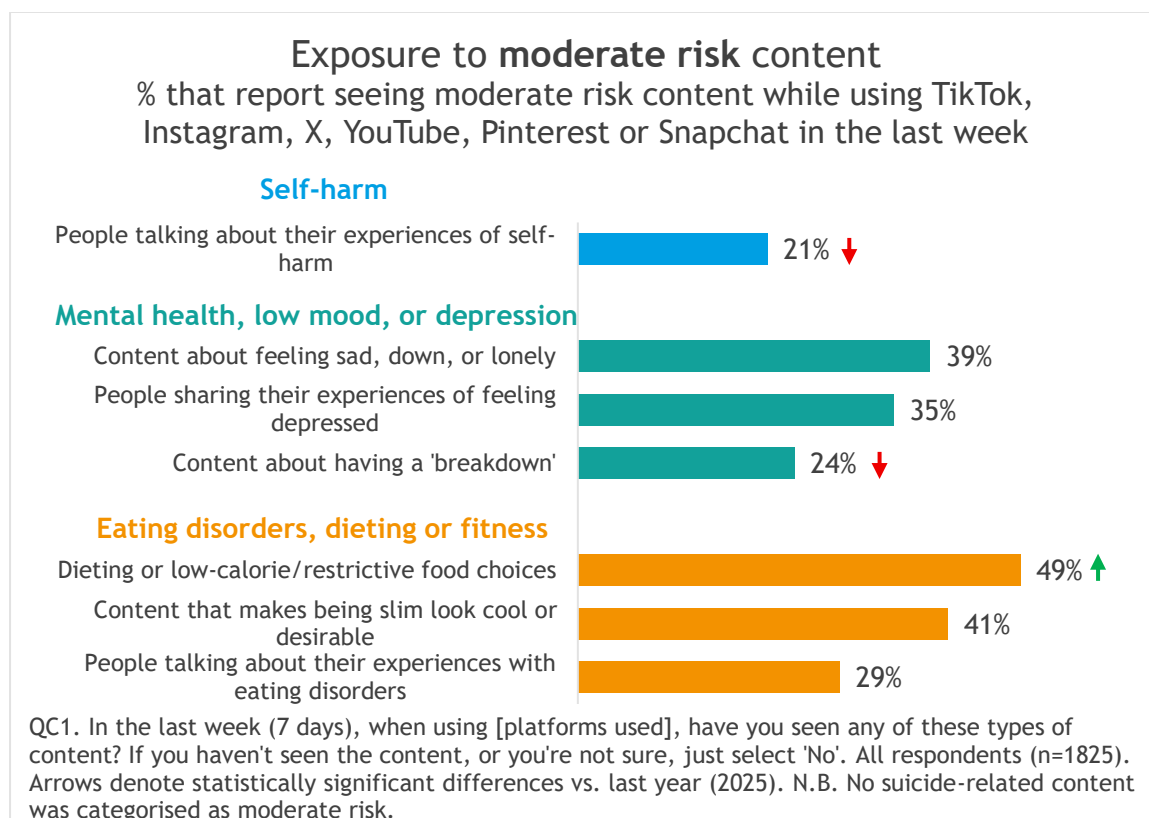
Many children are also encountering moderate and lower risk content

Our methodology also allowed us to explore children's exposure to moderate and lower risk content within each of the four themes.

Moderate risk content refers to material that is unlikely to be classified as PPC or NDC, but could fall into these categories depending on how children interpret it. As such, it may still pose a moderate risk of harm, particularly when encountered repeatedly.

Lower risk refers to content that is unlikely to be classified as PPC or NDC, but may increase the risk of harm, particularly through repeated exposure or when viewed alongside high risk or moderate risk content. In some contexts, this content may also be beneficial or positive.

Children were most likely to have encountered moderate risk content relating to eating disorders, dieting or fitness. For example, almost half (49%) had seen *dieting or low calories / restrictive food choices*.

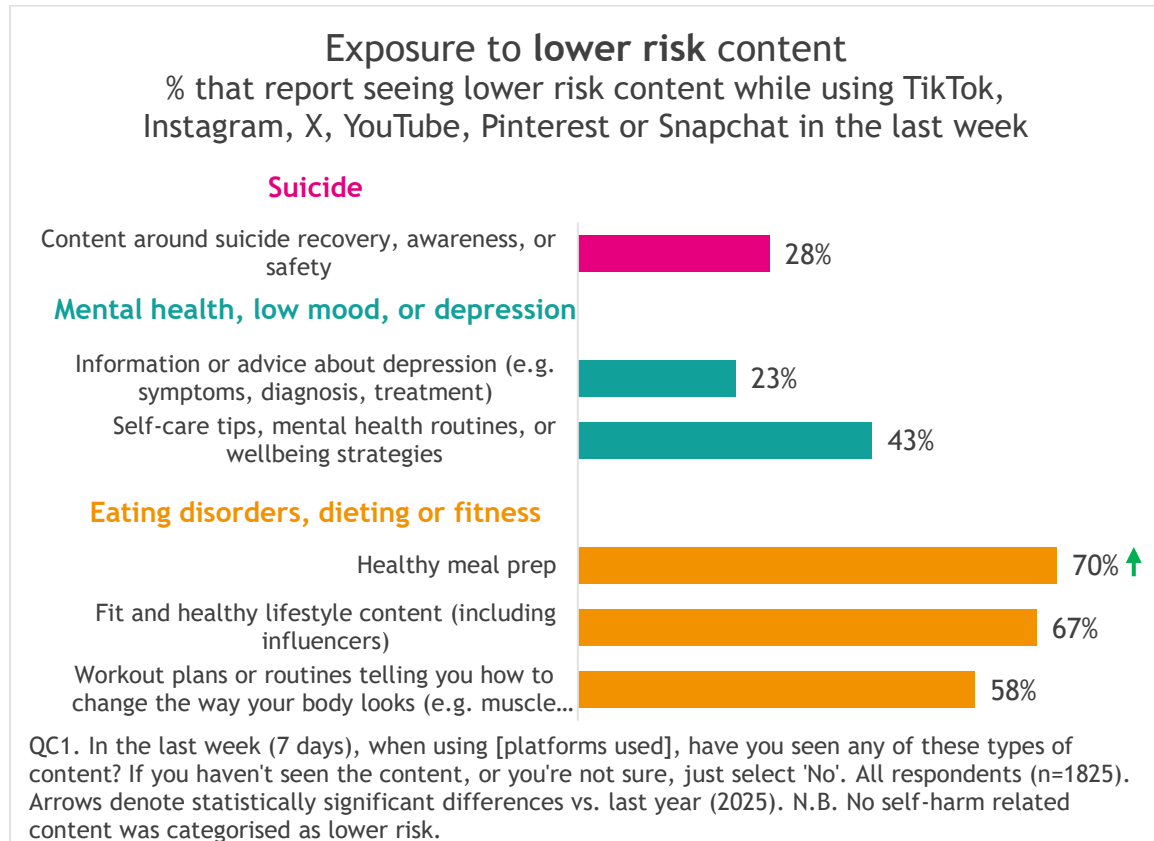


Exposure to most moderate risk content types remains broadly unchanged from last year. However, there have been significant changes for a small number of content types:

- *People talking about their experiences of self-harm*: Down 4 percentage points (25% to 21% of children)
- *Content about having a breakdown*: Down 4 percentage points (28% to 24%)
- *Dieting or low-calorie / restrictive food choices*: Up 5 percentage points (44% to 49%).

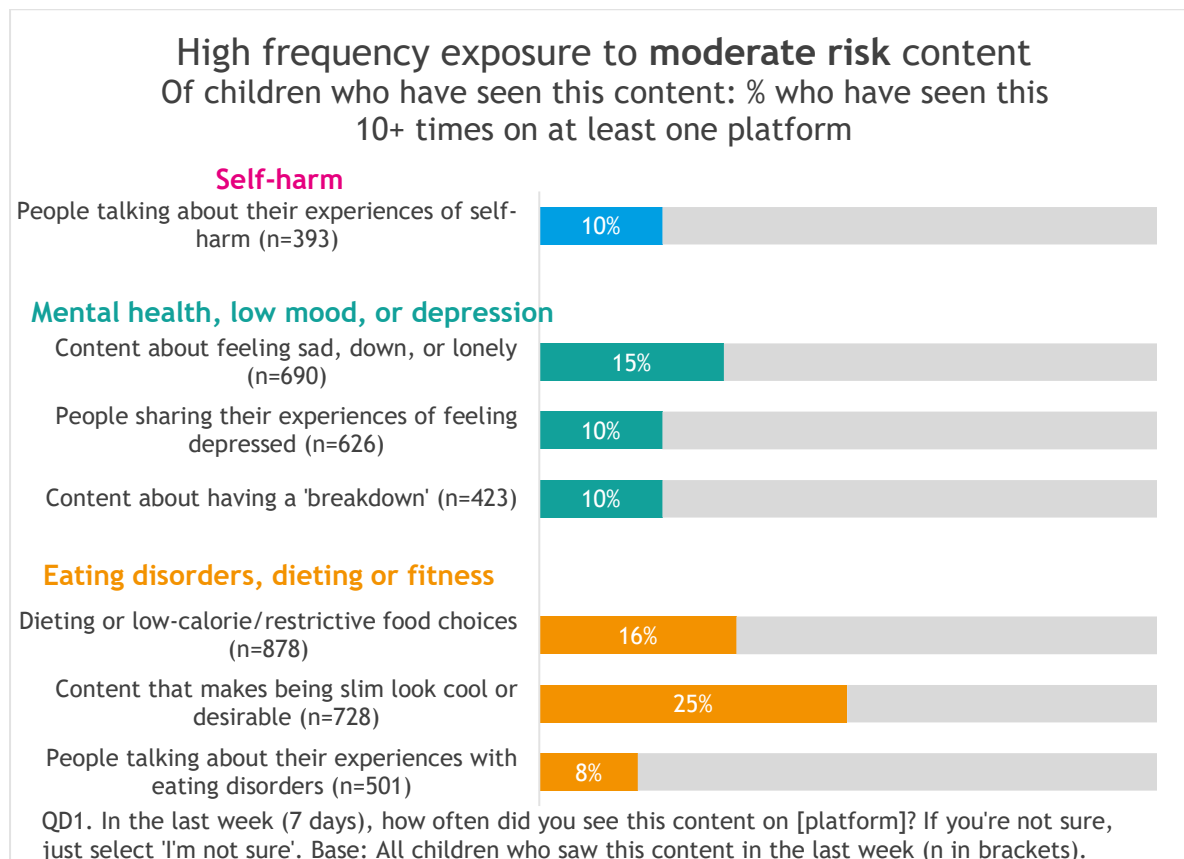
CHILDREN'S EXPOSURE TO SUICIDE, SELF-HARM, AND EATING DISORDER CONTENT ON SOCIAL MEDIA

Exposure to most lower risk content types also remains unchanged from 2025. The only significant change is for *healthy meal prep* content, which has increased by five percentage points, from 65% to 70%.



Repeated exposure to moderate risk and lower risk content is common, increasing the potential for cumulative harm

This chart shows the proportion of children who saw each type of moderate risk content and who saw this 10 or more times on at least one platform.



Children who have seen *content that makes being slim look normal, cool, or desirable* (25%), *dieting or low-calorie/restrictive food choices* (16%), and *content about feeling sad, down or lonely* (15%), are the most likely to have seen this content type repeatedly - i.e. over 10 times on at least one platform.

Among lower risk content, high frequency exposure is highest for content related to *eating disorders, dieting, and fitness*, including:

- 20% of those who saw *fit and healthy lifestyle content*
- 20% of those who saw *workout plans or routines telling you how to change the way your body looks*
- 19% of those who saw *healthy meal prep*

Across other themes, other notable examples of high frequency (10+ times) exposure to lower risk content include:

- 8% of those who saw *content about suicide recovery, awareness, or safety*
- 15% of those who saw *self-care tips, mental health routines, or wellbeing strategies*
- 9% of those who saw *information or advice about depression*

Exposure to high risk content often occurs alongside related moderate risk and lower risk content, increasing the potential for cumulative harm

Across all four themes, most children who report exposure to high risk content also report exposure to related moderate and lower risk content within the same theme.

Some children also report seeing high risk content alongside high quantities of thematically related lower risk material, increasing the risk of experiencing cumulative harm.

For example:

- 73% of those who had seen high risk self-harm content, had also seen *people talking their experiences of self-harm*, including 13% who had seen this 10+ times on a least one platform
- 91% of those who had seen high risk eating disorder content, had also seen *content that makes being slim look cool or desirable*, including 38% who had seen this 10+ times on a least one platform
- 87% of those who had seen high risk suicide content, had also seen *content about feeling sad, down, or lonely*, including 31% who had seen this 10+ times on at least one platform

Similar patterns of overlap are evident across all four themes and are explored in more detail in the relevant thematic chapters below.

2. Children's exposure to specific themes of content

This chapter provides a detailed exploration of children's exposure to high risk, moderate risk, and lower risk content across the four themes:

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

2.1 Content related to suicide

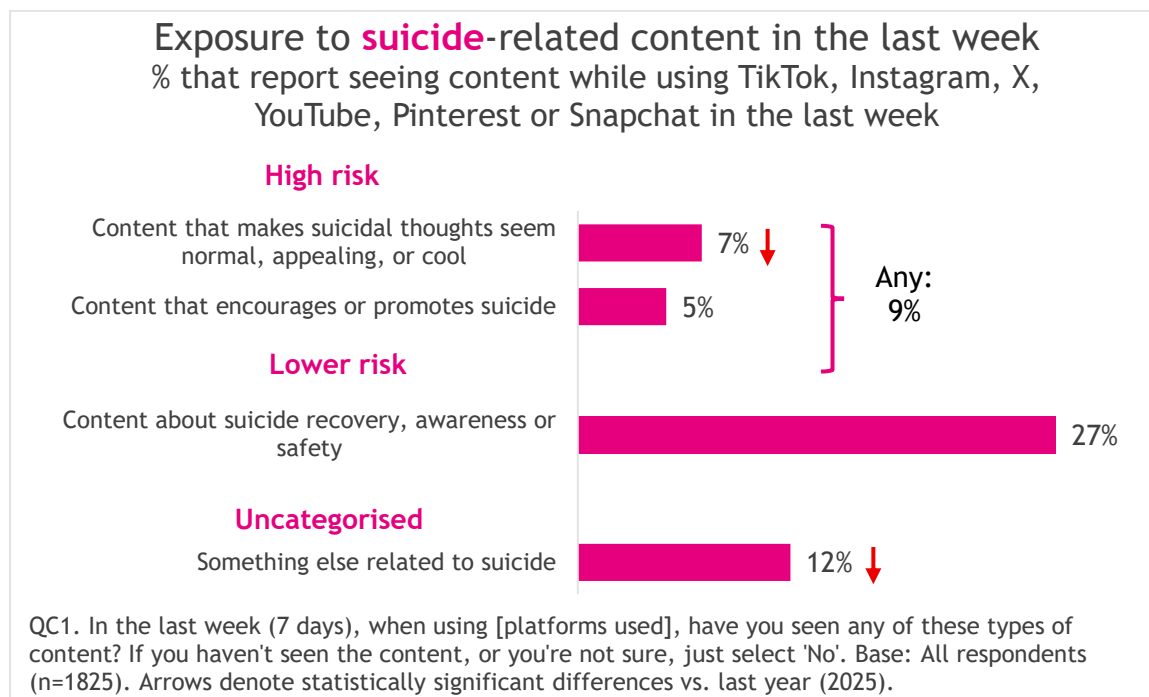
This subchapter explores children's exposure to high risk, moderate risk, and lower risk content related to suicide on social media.

Theme summary:

- Just under one in ten (9%) children report seeing high risk suicide content on social media in the last week. This is in line with last year (10%), before the implementation of the Online Safety Act.
- In terms of specific content types, 7% report seeing *content that makes suicidal thoughts seem normal, appealing or cool*, and 5% report seeing *content that encourages or promotes suicide*.
- Girls, children with SEND, and children with low wellbeing are consistently more likely to be exposed to high risk suicide content.
- Children exposed to high risk suicide content often encounter it repeatedly. Of those who see *content encouraging or promoting suicide*, 22% saw this content 10 or more times on at least one platform.
- TikTok is the platform on which children are most likely to see high risk suicide content. 73% of children who saw this content, saw it on TikTok, a proportion far higher than any other platform.
- Children who see high risk suicide content are highly likely to also see high risk *content relating to mental health, low mood and depression* (97%) and *self-harm* (71%). They are also more likely to encounter a range of potentially harmful moderate risk content, often repeatedly.

Around one in ten (9%) children report seeing at least one type of high risk content related to suicide in the last week

In a classroom of 30 children, this equates to 2.5 children having seen high risk suicide content in the last week. Of the specific content types, 7% report seeing *content that makes suicidal thoughts seem normal, appealing or cool*, and 5% report seeing *content that encourages or promotes suicide*.



Compared with the 2025 survey, conducted prior to the Online Safety Act coming into force, there is a small decrease in exposure to *content that makes suicide seem normal, appealing or cool* (from 9% to 7%).

More than a quarter (27%) report *seeing content about suicide recovery, awareness or safety*. This figure is unchanged from last year. While this is classified as lower risk content, and may be considered beneficial or informative for some children, its impact is likely to depend on the wider context in which it is viewed.

Exposure to suicide content is higher among children with SEND, those with low wellbeing, and girls

For all high risk suicide content, exposure is consistently higher among girls than boys, among children with SEND than those without, and among children with low wellbeing compared to those with medium or high wellbeing.

This difference is most pronounced among children with low wellbeing. Compared with children with high wellbeing, they are nine times more likely to be exposed to any high risk suicide content (18% compared with 2%). The concentration of exposure among children with low wellbeing highlights the extent to which potentially vulnerable groups are encountering this type of content.

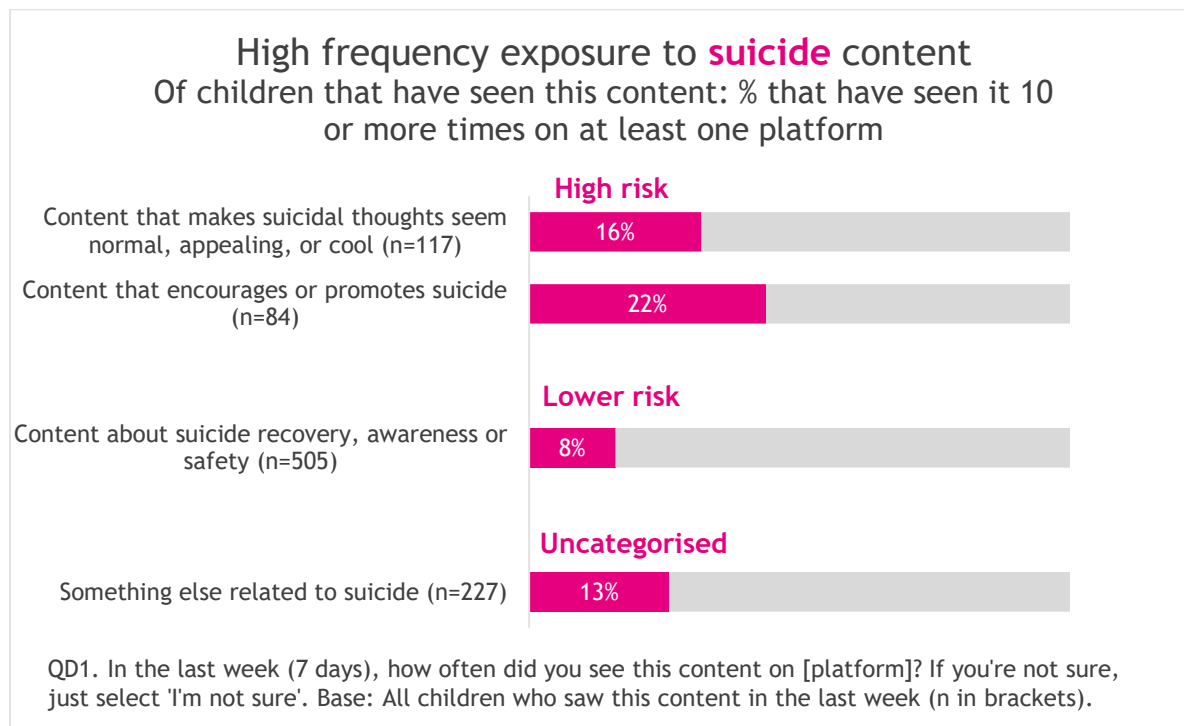
The below table outlines the differences in exposure across key demographic groups (bold text and an arrow signifies where a difference is statistically significant).

High risk content	Girls (compared to boys)	Low wellbeing (compared to high)	SEND (compared to without SEND)
Any high risk suicide content	12% ↑ to 5% (2.4x as likely)	18% ↑ to 2% (9x as likely)	16% ↑ to 7% (2.1x as likely)
Content that encourages or promotes suicide	6% to 4% (1.5x as likely)	10% ↑ to 1% (10x as likely)	8% ↑ to 4% (2x as likely)
Content that makes suicidal thoughts look appealing, normal, or cool	11% ↑ to 4% (2.8x as likely)	16% ↑ to 2% (8x as likely)	12% ↑ to 6% (2x as likely)

QC1. In the last week (7 days), when using [platforms], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. 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).

Many children exposed to high risk suicide content encounter it repeatedly

This chart shows high frequency exposure among the children who have seen each type of self-harm content (those who have seen this 10+ times on at least one platform).

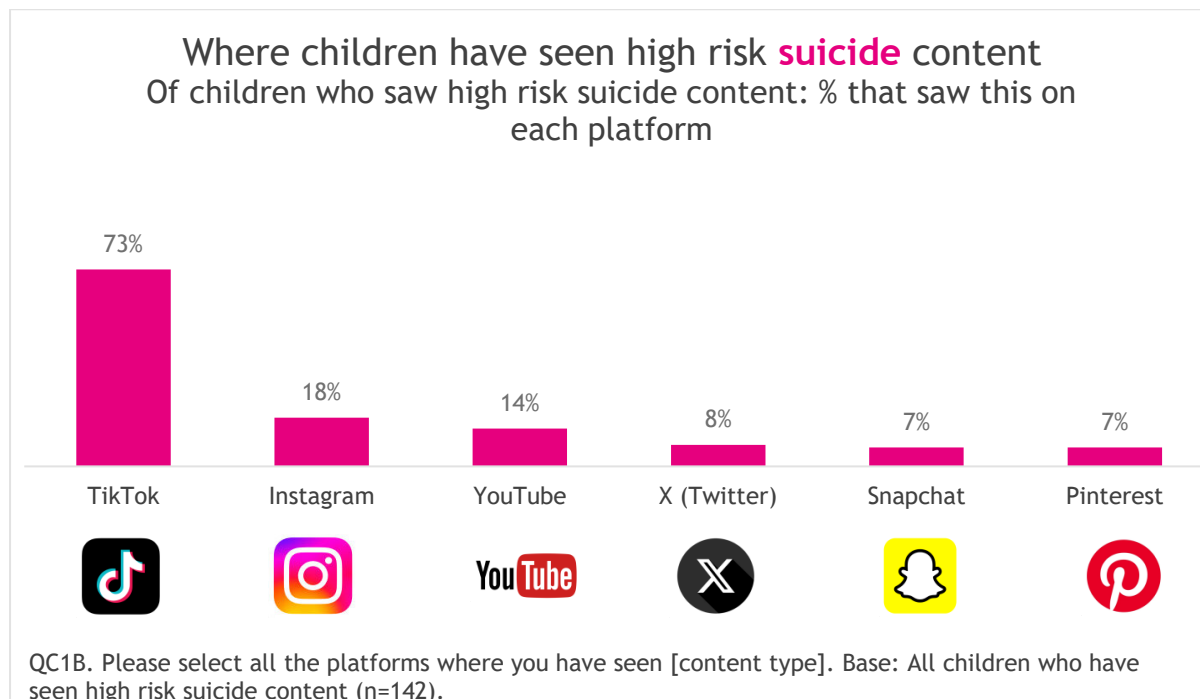


Of the children who report seeing *content that encourages or promotes suicide in the last week*, more than one in five (22%) report seeing this content 10 or more times on at least one platform.

N.B. As a reminder, frequency of exposure was asked for each individual platform with options given in ranges. Therefore, these figures refer only to those who say they have seen this content 10 or more times on at least one platform, and it is likely that if several platforms were combined, high frequency exposure would be even greater.

Children who see high risk suicide content are far more likely to encounter it on TikTok than any other platform

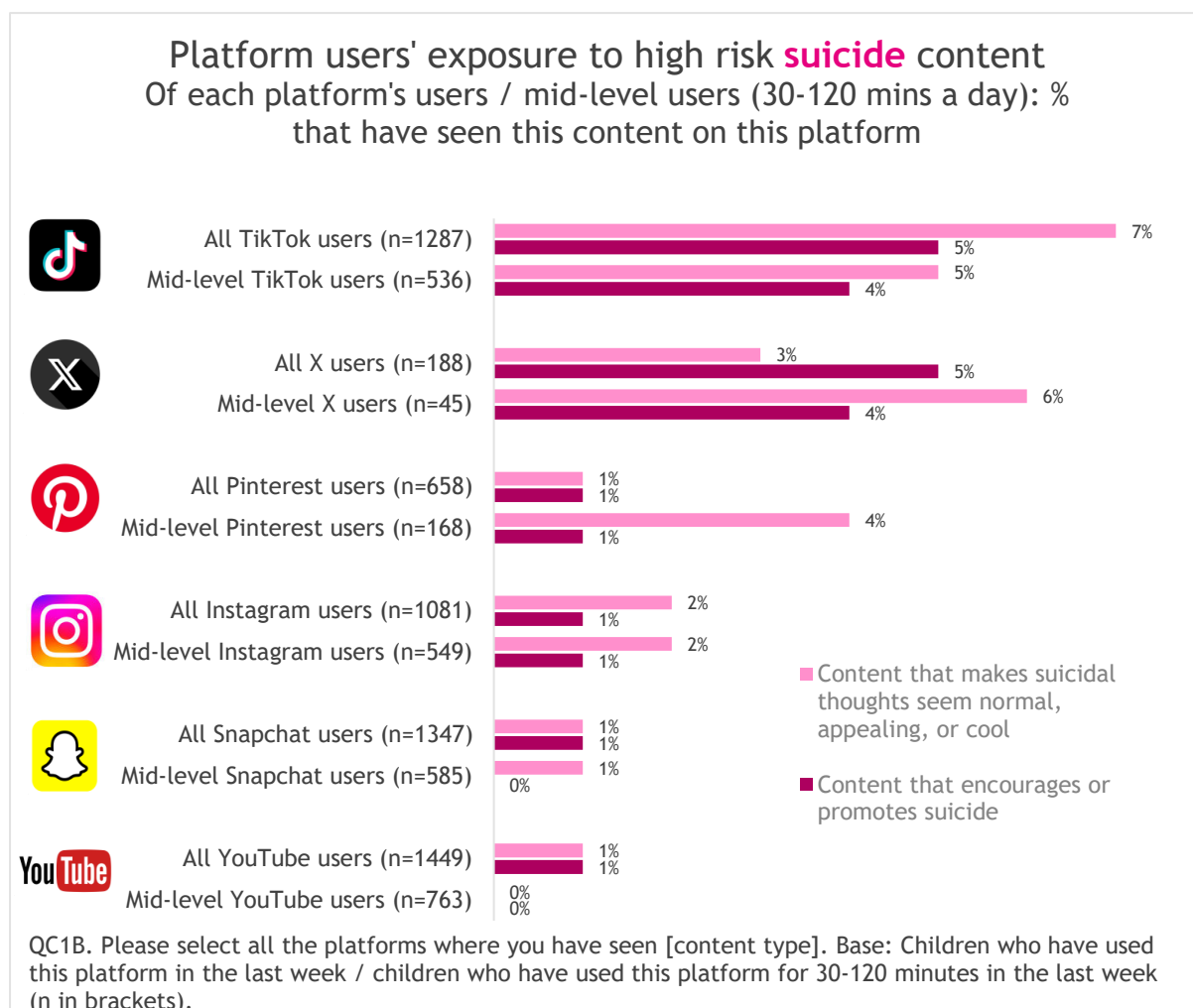
This chart shows the proportion of children who saw high risk suicide content, that saw this content on each platform.



The vast majority of children who see high risk suicide content report seeing it on TikTok. Of the children who have seen any high risk suicide content, 73% saw this on TikTok, compared to 18% on Instagram.

TikTok's prominence as a source of high risk suicide content may be driven by its large user base, second only to YouTube, as well as the amount of time children spend on the platform.

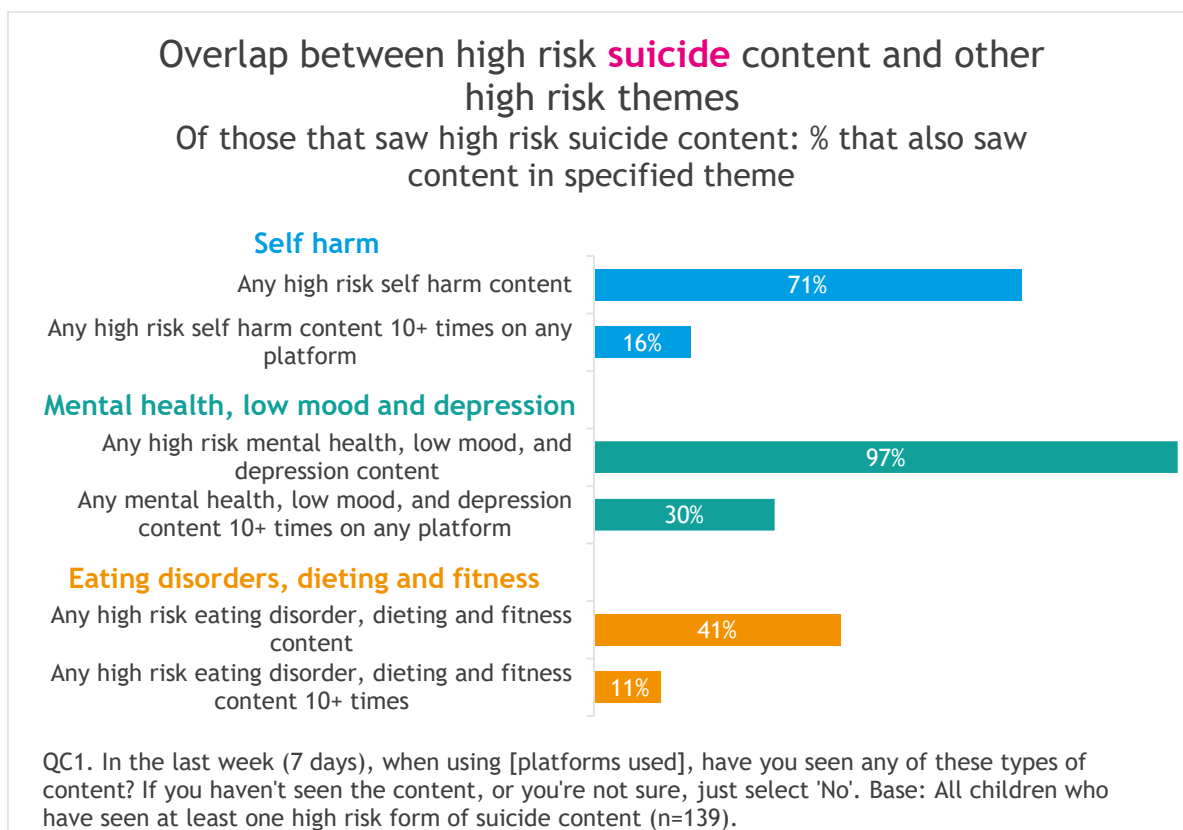
To better understand whether exposure reflects the scale of TikTok's usage or a higher likelihood of encountering this content, our analysis also explored the proportion of platform users, and of mid-level users (30-120 minutes per day), who report seeing high risk suicide content.



Children were most likely to be exposed to high risk suicide content on TikTok and X. Even after accounting for differences in time spent on each platform, 4% of mid-level TikTok users and X users report seeing content that encourages or promotes suicide in the last week, compared with 1% or less on all other platforms.

Many children exposed to high risk suicide content report exposure to other high risk content, increasing the potential for cumulative harm

Across themes, children who are exposed to high risk forms of suicide content, are highly likely to be exposed to other forms of high risk content.



Almost all (97%) children who report seeing high risk suicide content in the last week, have also seen *high risk mental health, low mood, and depression content*. This includes 30% who report seeing content within this theme 10 or more times. Most of this overlap is driven by *content about feeling hopeless, despairing, or suicidal*, seen by 94% of these children.

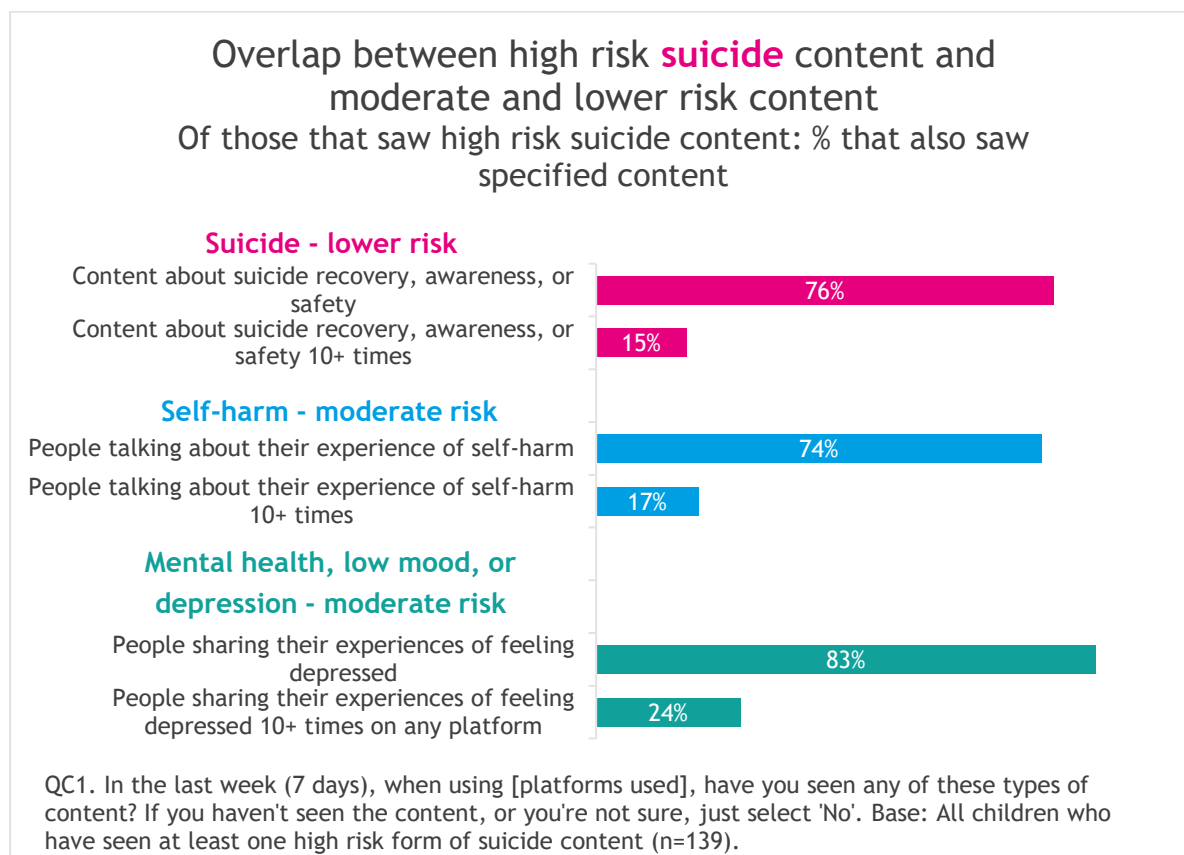
Exposure to high risk self-harm content is also common, with 64% of children who report seeing high risk suicide content, also reporting exposure to high risk self-harm content. Looking at specific content types, 82% of those who have seen *content that encourages or promotes suicide* have also seen *content that shows self-harm*, including 9% who have seen this 10+ times on at least one platform.

These findings suggest that children exposed to high risk suicide content are often exposed to multiple related forms of high risk content, increasing the potential for cumulative harm.

Looking within this theme, children who are exposed to one type of high risk suicide content, are highly likely to have encountered the other. For example, two thirds (67%) of those who have seen *content that encourages or promotes suicide* have also seen *content that makes suicide look normal appealing or cool*, including 19% who have seen this 10+ times on at least one platform.

Children exposed to high risk suicide content often report exposure to related moderate risk and lower risk content, further increasing the potential for cumulative harm

This chart shows the proportion of children reporting seeing high risk suicide content, also reporting exposure to moderate and lower risk content across themes.



Three-quarters (76%) of children who report seeing high risk suicide content, also report seeing lower risk *suicide content about recovery, awareness, or safety*. This includes 15% who report seeing this content 10 or more times on at least one platform.

Exposure also frequently extends to related moderate risk content, including *people talking about their experiences of self-harm* and *people sharing experiences of feeling depressed*, increasing the potential for cumulative harm.

2.2 Content related to self-harm

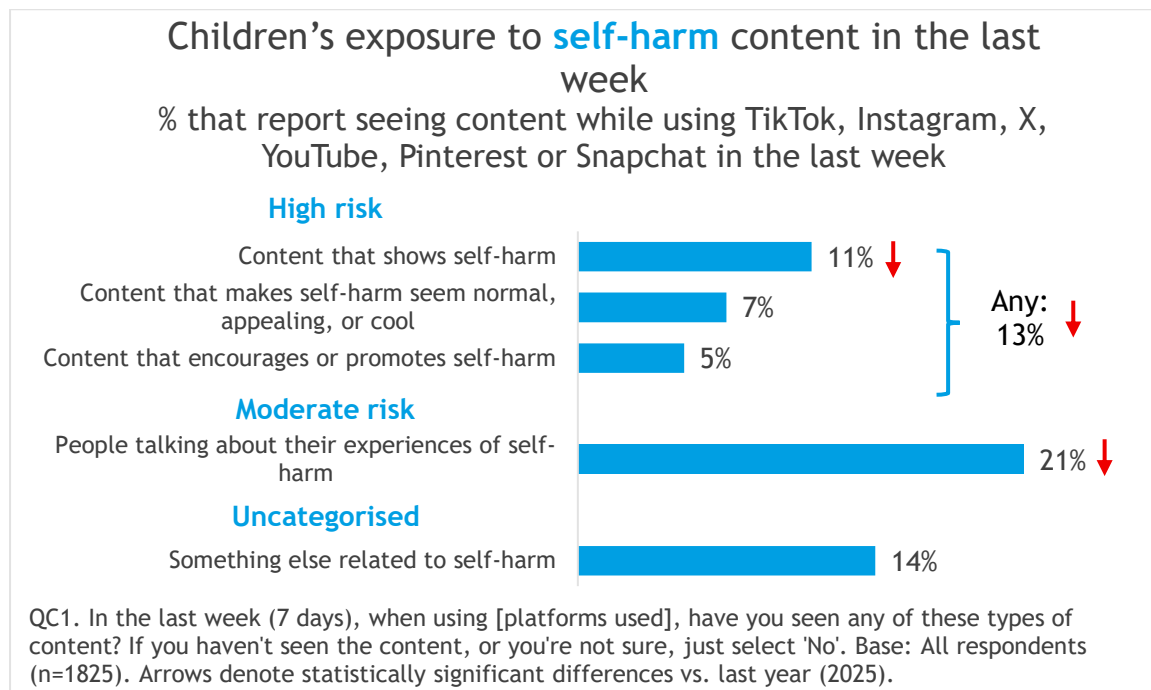
This subchapter explores children's exposure to high risk, moderate risk, and lower risk content related to self-harm.

Theme summary:

- 13% of children report seeing high risk self-harm content on social media in the last week. This includes any seeing:
 - Content that shows self-harm (11%)
 - Content that makes self-harm seem normal, appealing, or cool (7%)
 - Content that encourages or promotes self-harm (5%)
- Exposure to high risk self-harm content is even higher among children with low wellbeing (25%), SEND (21%) and girls (19%).
- For each of these types of content, at least 1 in 10 of those who have seen this form of content recall seeing it 10 or more times on at least one platform in the last week.
- Children are most likely to encounter high risk content on TikTok. Of children who report seeing high risk self-harm content in the last week, 72% report seeing this on TikTok.
- However, looking at each platform's mid-level users, X users are, in fact, the most likely to have seen self-harm content on this platform. For example: 16% of mid-level X users have seen content that shows self-harm (6% for TikTok, 3% or below for all other platforms).
- The overwhelming majority of children who report seeing high risk self-harm content, also report seeing high risk content related to depression, while many also report exposure to high risk suicide content. These interactions may indicate an increased risk of cumulative harm.

13% of children report seeing high risk content related to self-harm in the last week

In a classroom of 30, this would equate to 4 children who have seen high risk self-harm content in the last week.



There has been a modest decrease in the proportion of children exposed to *content that shows self-harm* (from 15% to 11%). This had contributed to a reduction in the proportion of children exposed to at least one type of high risk self-harm content (17% to 13%).

The proportion of children who report seeing *people talking about their experiences of self-harm* has also fallen (from 25% to 21%) since last year's survey.

Girls, children with SEND and with low wellbeing are all more likely to see high risk self-harm content

For both types of high risk self-harm content, as well as high risk self-harm content overall, exposure is consistently higher among girls than boys, among children with SEND than those without, and among children with low wellbeing compared to those with medium or high wellbeing.

There are no significant differences in exposure to self-harm content across age groups.

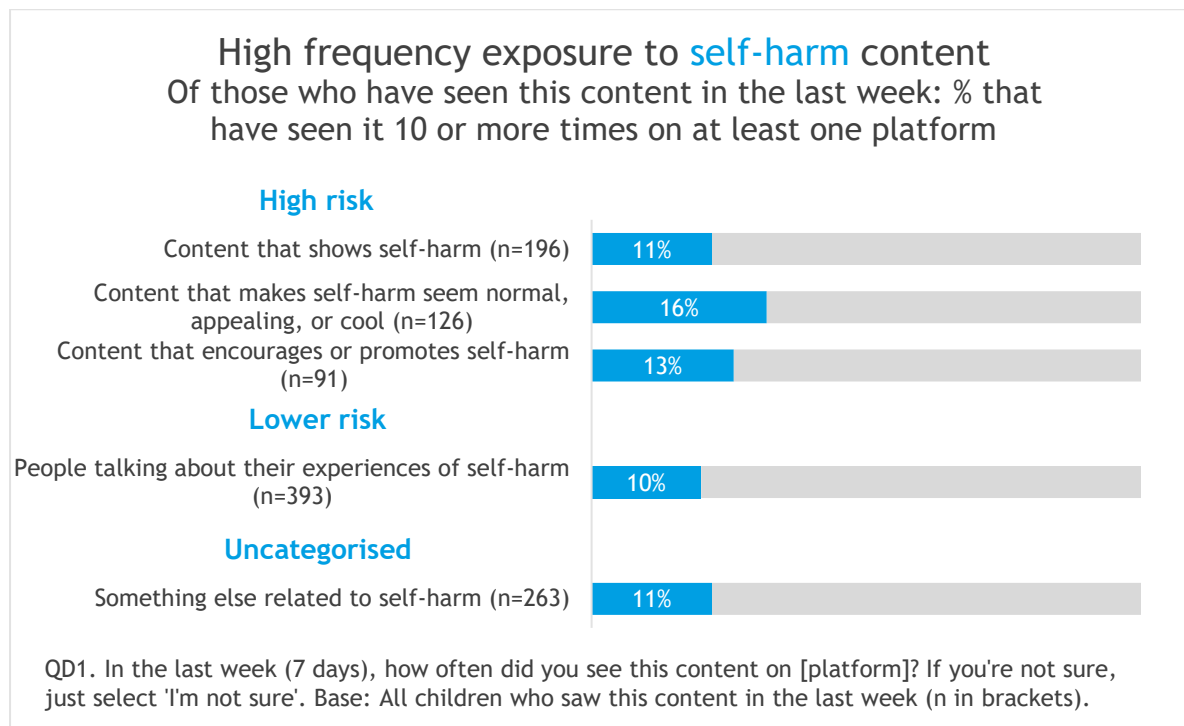
The below table outlines the differences in exposure across key groups (bold text and an arrow signifies statistically significant differences).

High risk content type	Girls (compared to boys)	Low wellbeing (compared to high)	SEND (compared to without SEND)
Any high risk self-harm content	19% ↑ to 9% (2.1x as likely)	25% ↑ to 5% (5x as likely)	21% ↑ to 11% (1.9x as likely)
Content that shows self-harm	14% ↑ to 8% (1.7x as likely)	20% ↑ to 4% (5x as likely)	16% ↑ to 9% (1.8x as likely)
Content that encourages or promotes self-harm	7% ↑ to 3% (2.3x as likely)	10% ↑ to 2% (5x as likely)	8% ↑ to 4% (2x as likely)
Content that makes self-harm look normal, appealing, or cool	11% ↑ to 4% (2.7x as likely)	14% ↑ to 2% (7x as likely)	15% ↑ to 6% (2.5x as likely)

QC1. In the last week (7 days), when using [platforms], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. 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).

Some children are being repeatedly exposed to content related to self-harm

This chart shows high frequency exposure among the children who see each type of self-harm content (those who have seen this 10+ times on at least one platform).

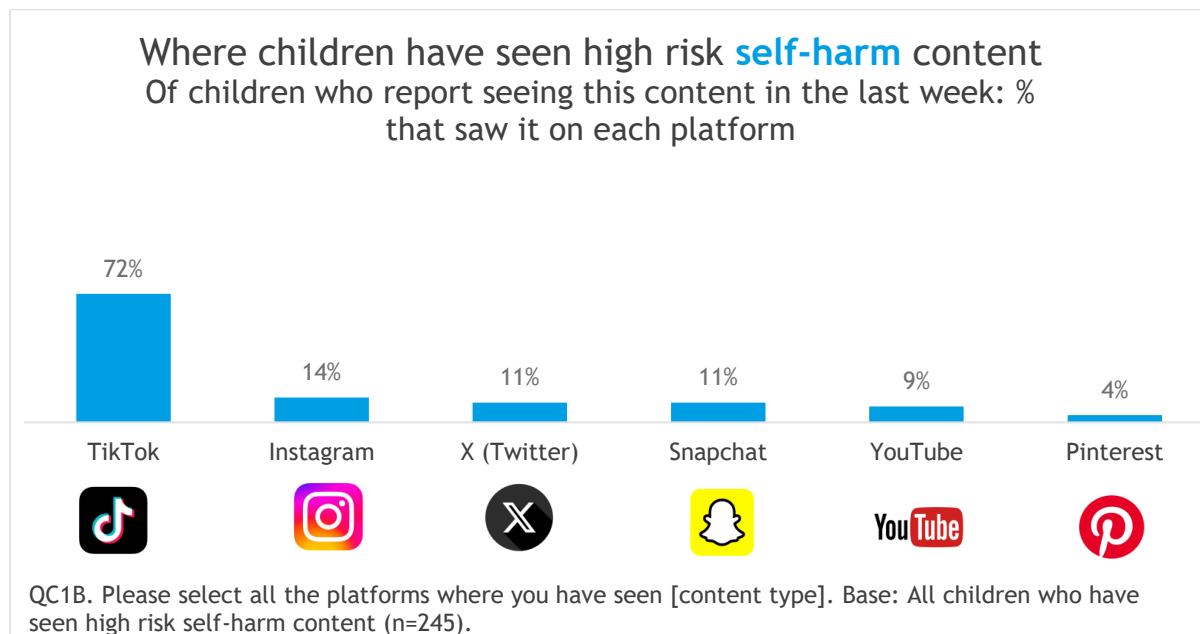


Repeated exposure is highest for *content that makes self-harm seem normal, appealing, or cool* - 16% of children who saw this content did so 10 or more times on at least one platform.

N.B. As a reminder, frequency of exposure was asked for each individual platform with options given in ranges. Therefore, these figures refer only to those who say they have seen this content 10 or more times on at least one platform, and it is likely that if several platforms were combined high frequency exposure would be even greater.

Children are far more likely to see high risk self-harm content on TikTok than any other platform

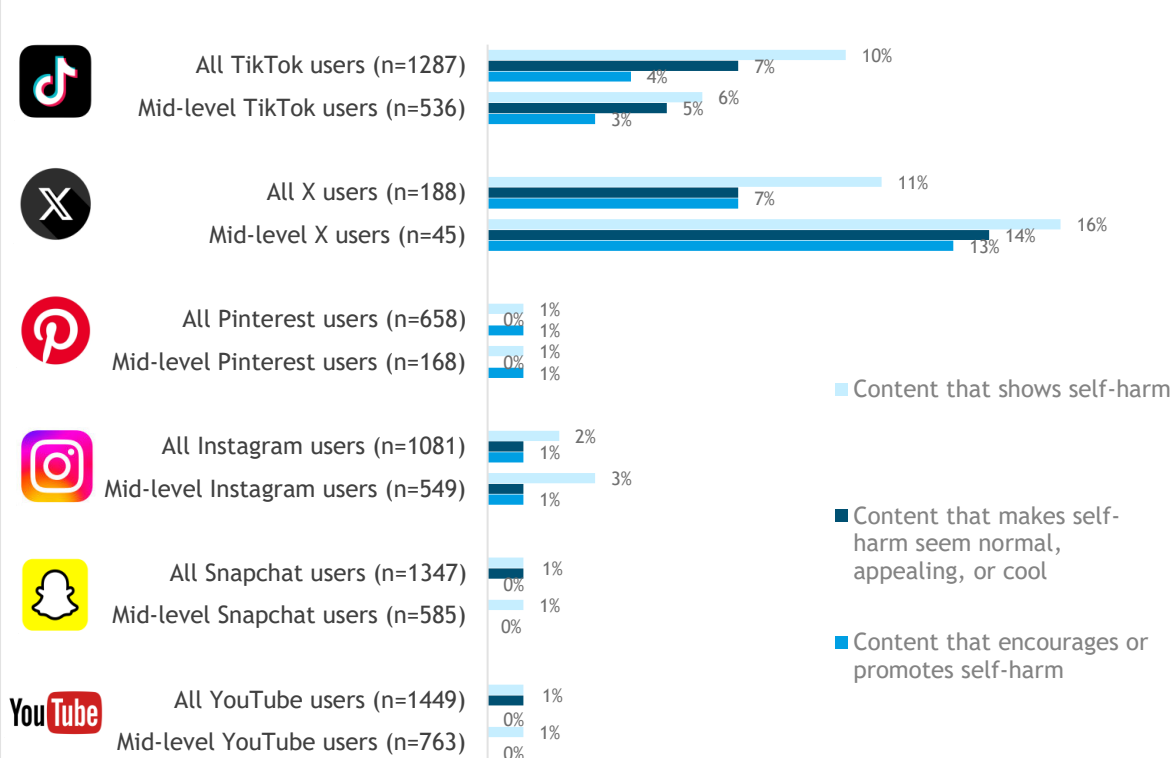
This chart shows the proportion of children who report seeing high risk self-harm content, by each platform.



72% of children who report seeing high risk self-harm content, report seeing this on TikTok, far higher than the next most common platform (Instagram, 14%).

To control for different usage patterns across platforms, comparison has been made of different platform users' exposure to these types of content. When looking at mid-level users (30-120 minutes a day) of each platform, X users are in fact the most likely to be exposed to these three types of content, followed by TikTok users.

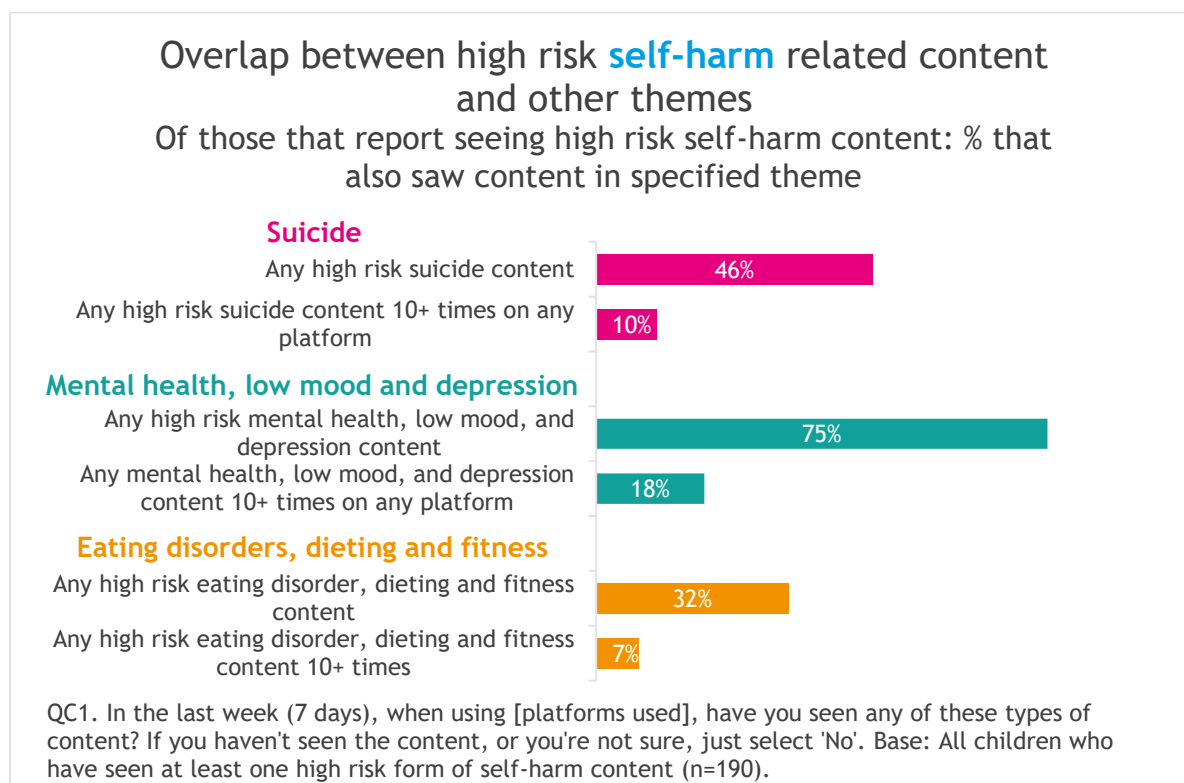
Platform users' exposure to high risk **self-harm** content
 Of each platform's users / mid-level users (30-120 mins a day): %
 that have seen this content on this platform



QC1B. Please select all the platforms where you have seen [content type]. Base: Children who have used this platform in the last week / children who have used this platform for 30-120 minutes in the last week (n in brackets).

The majority of children who have seen high risk self-harm content, have also seen high risk mental health, low mood, and depression content

This chart shows the proportion of children that report seeing high risk self-harm content, who also report seeing high risk content in other themes. There is a high degree of overlap.



Notably, three quarters (75%) of these children have also seen one or more forms of high risk mental health, low mood, or depression content - including 18% who have seen at least one of these types of content 10 or more times on one or more platform.

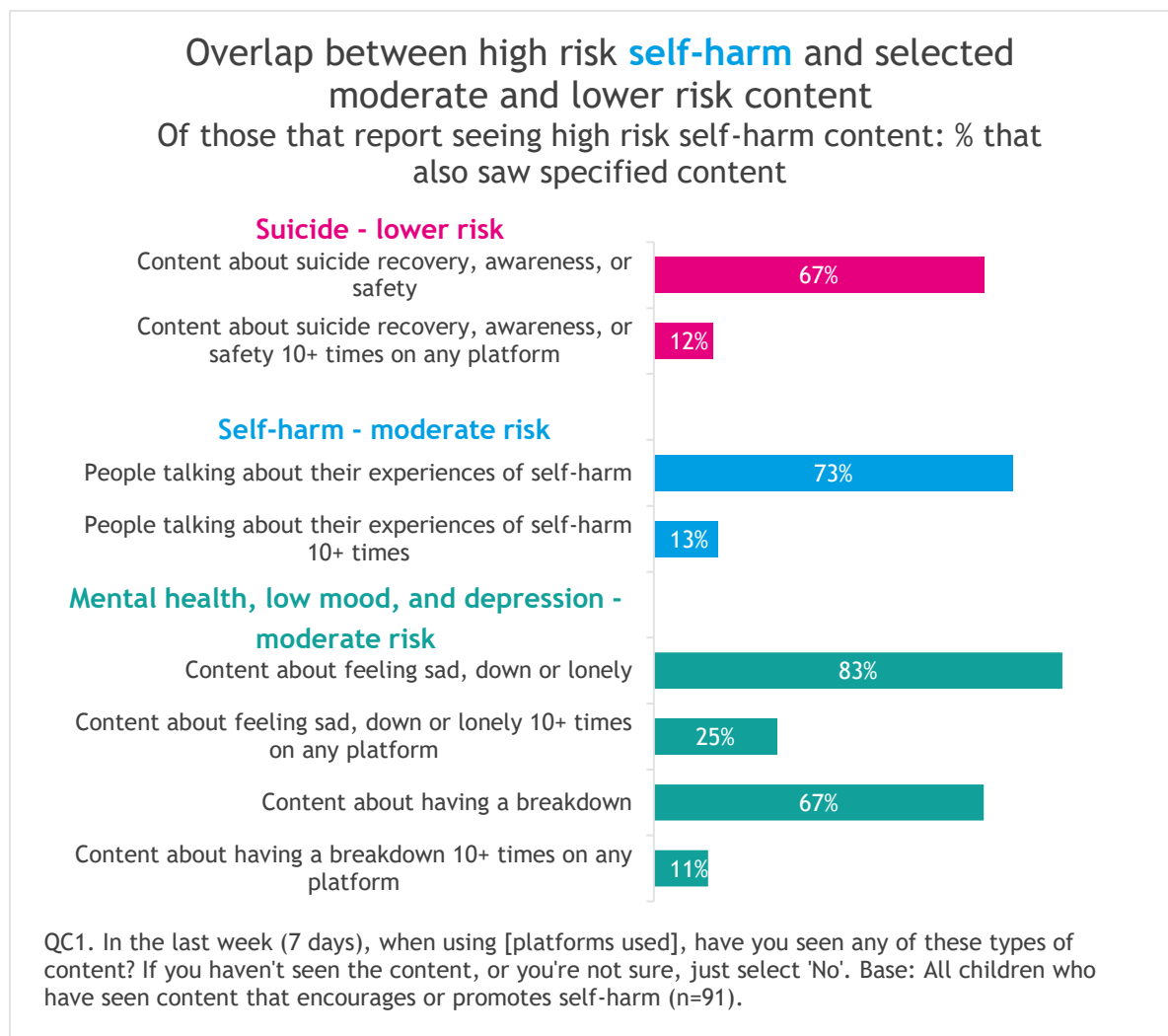
There is also a high degree of overlap with content related to suicide: 46% of children who report seeing high risk self-harm content, also report exposure to high risk suicide content (e.g. 37% who saw *content making suicide look normal, appealing or cool*).

Within this theme, there is also overlap between the three high-risk content types. For example, 84% of children who report seeing *content that encourages or promotes self harm*, also report seeing *content that shows self-harm*, including 17% who saw this 10+ times on at least one platform.

Children exposed to high risk suicide content often report exposure to related moderate and lower risk content

Children exposed to high risk suicide content often report exposure to related moderate risk and lower risk content, further increasing the potential for cumulative harm.

This chart shows the proportion of children who report seeing any high risk self-harm content, who also report seeing specific thematically related moderate and lower risk content types.



There is a high degree of overlap. This includes over two thirds (67%) who have seen *content about having a breakdown* in the last week, with 11% who saw this 10+ times on at least one platform.

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

This subchapter explores children's exposure to high risk, moderate risk, and lower risk content related to mental health, low mood, or depression.

Theme summary:

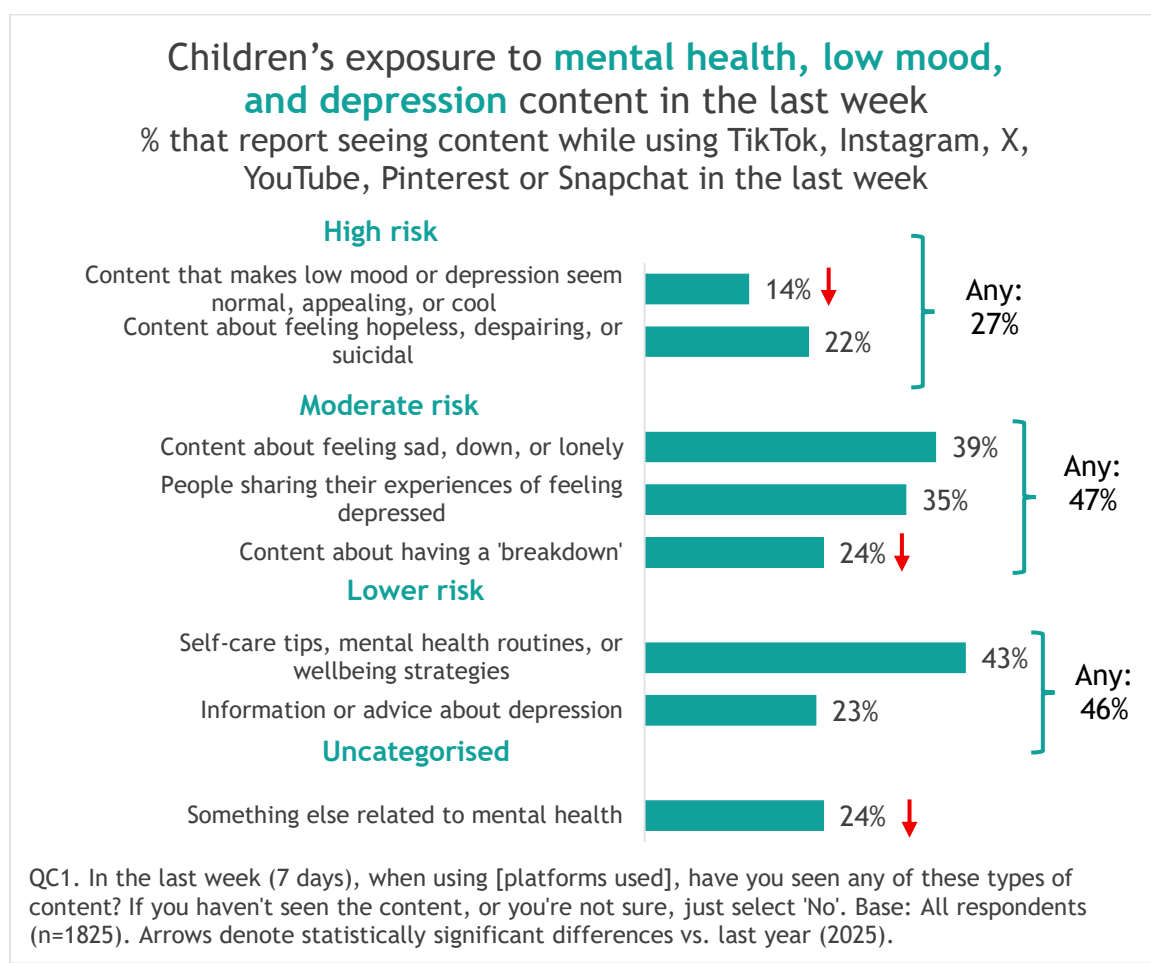
- Over a quarter (27%) of children report seeing high risk content related to mental health, low mood, or depression in the last week - this equates to 8.1 children in a class of 30.
- Children's exposure has not changed significantly from last year's survey, before the implementation of the Online Safety Act.
- Exposure is notably high among children with low wellbeing, with almost half (48%) seeing high risk content. Girls (38%), those with SEND (35%) and 15-17s (29%) are also more likely to have seen this.
- Children are most likely to recall seeing this content on TikTok: 77% of children who report seeing high risk self-harm content in the last week, report seeing this on TikTok.
- Children who report seeing this content are also likely to report seeing high risk content in other categories - including 37% who note exposure to high risk self-harm content.

Over a quarter (27%) of children report seeing high risk content related to mental health, low mood, or depression in the last week

In a classroom of 30, this equates to 8.1 children who have seen high risk mental health, low mood or depression content in the last week.

This includes those who report seeing one or more of:

- Content about feeling hopeless, despairing, or suicidal (22%)
- Content that makes low mood or feeling depressed seem normal, appealing or cool (14%)



Since 2025, there has been a decrease in exposure to *content that makes low mood or depression seem normal, appealing or cool* (17% to 14%), *content about having a 'breakdown'* (28% to 24%), or *something else related to mental health, low mood, or depression* (29% to 24%). All other content exposure remains stable vs. last year (prior to the implementation of the Online Safety Act).

¹² One label shortened for formatting reasons. Option as shown to respondents: Information or advice about depression (e.g. symptoms, diagnosis, treatment)

Girls, children with SEND and children with low wellbeing are more likely to report seeing high risk mental health, low mood, and depression content

These groups are significantly more likely to have seen any high risk content in this theme. The same is true for almost all specific types of thematic content.

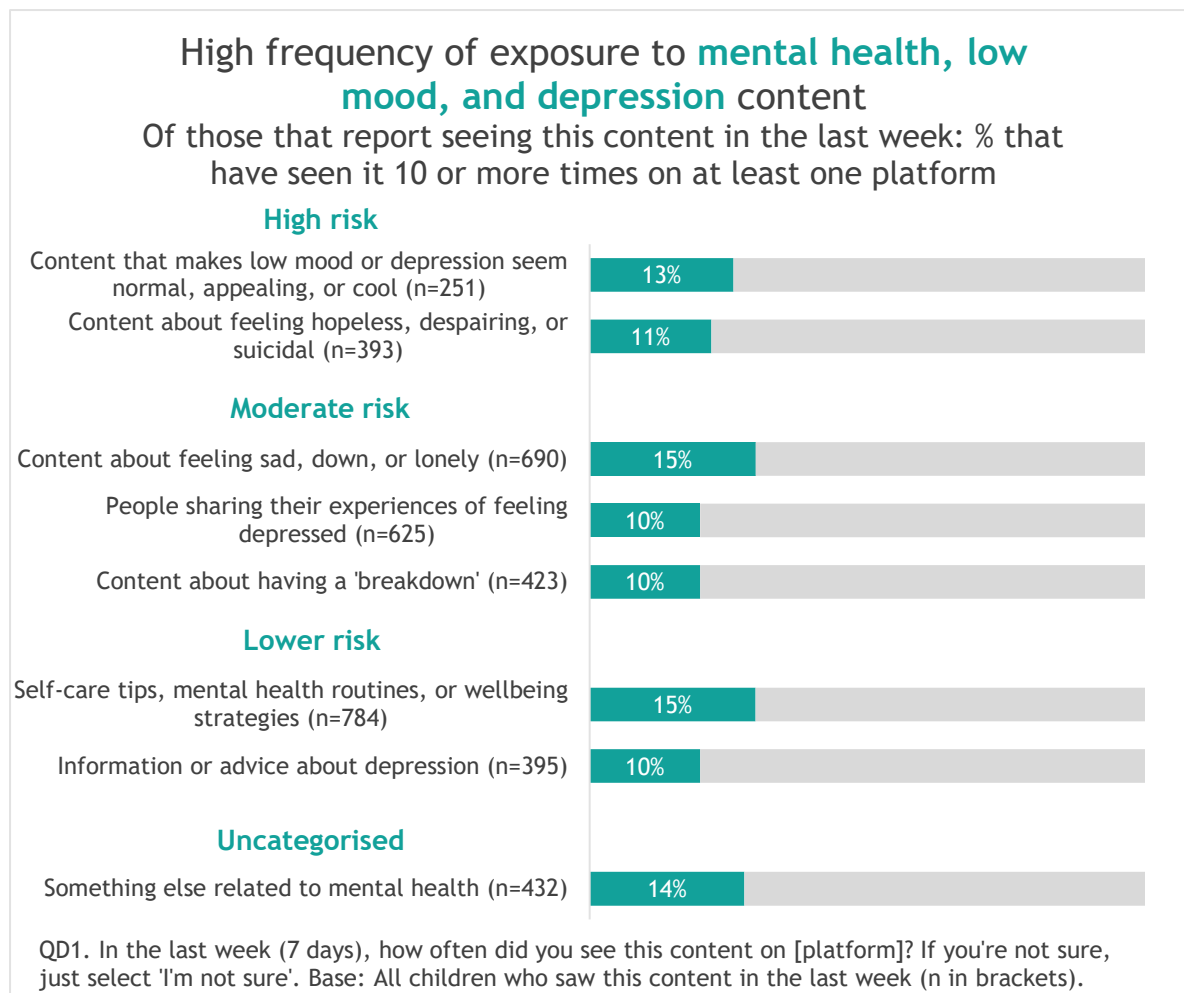
The below table outlines the differences in exposure across key groups (bold text and an arrow signifies where a difference is statistically significant).

High risk content type	Girls (compared to boys)	Low wellbeing (compared to high)	SEND (compared to without SEND)
Any high risk mental health, low mood, or depression content	38% ↑ to 17% (2.2x as likely)	48% ↑ to 8% (6x as likely)	35%↑ to 25% (1.4x as likely)
Content about feeling hopeless, despairing, or suicidal	33% ↑ to 13% (2.5x as likely)	41% ↑ to 6% (6.8x as likely)	32% ↑ to 20% (1.6x as likely)
Content that makes low mood or feeling depressed seem normal, appealing, or cool	21% ↑ to 9% (2.3x as likely)	27% ↑ to 3% (9x as likely)	15% To 14%

QC1. In the last week (7 days), when using [platforms], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. 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).

Some children are repeatedly exposed to content related to mental health, low mood and depression

This chart shows high frequency exposure among children who report seeing each type of mental health, low mood, and depression content (those who report exposure 10+ times on at least one platform).



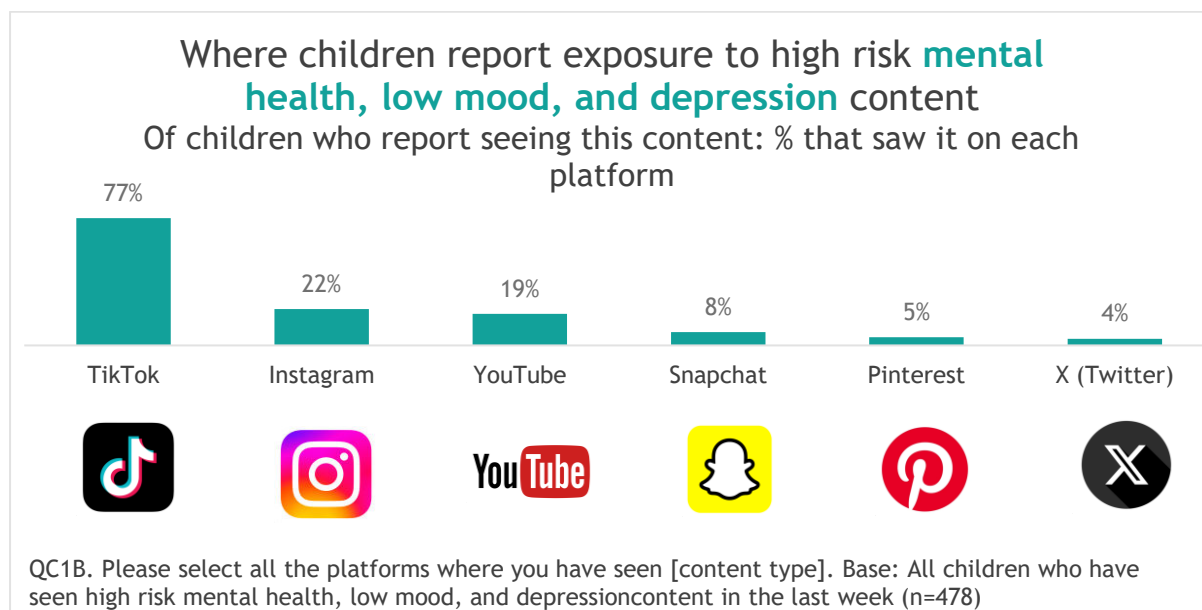
Within this theme, high frequency exposure is greatest for:

- *Content about feeling sad, down, or lonely* (15% of those exposed are exposed 10+ times on at least one platform),
- *Self-care tips, mental health routines, or wellbeing strategies* (15%)
- *Content that makes low mood or depression seem normal, appealing, or cool* (13%).

N.B. As a reminder, frequency of exposure was asked for each individual platform with options given in ranges. Therefore, these figures refer only to those who say they have seen this content 10 or more times on at least one platform, and it is likely that if several platforms were combined, high frequency exposure would be even greater.

Children are far more likely to come across this content on TikTok, but a notable proportion report seeing it on Instagram and YouTube

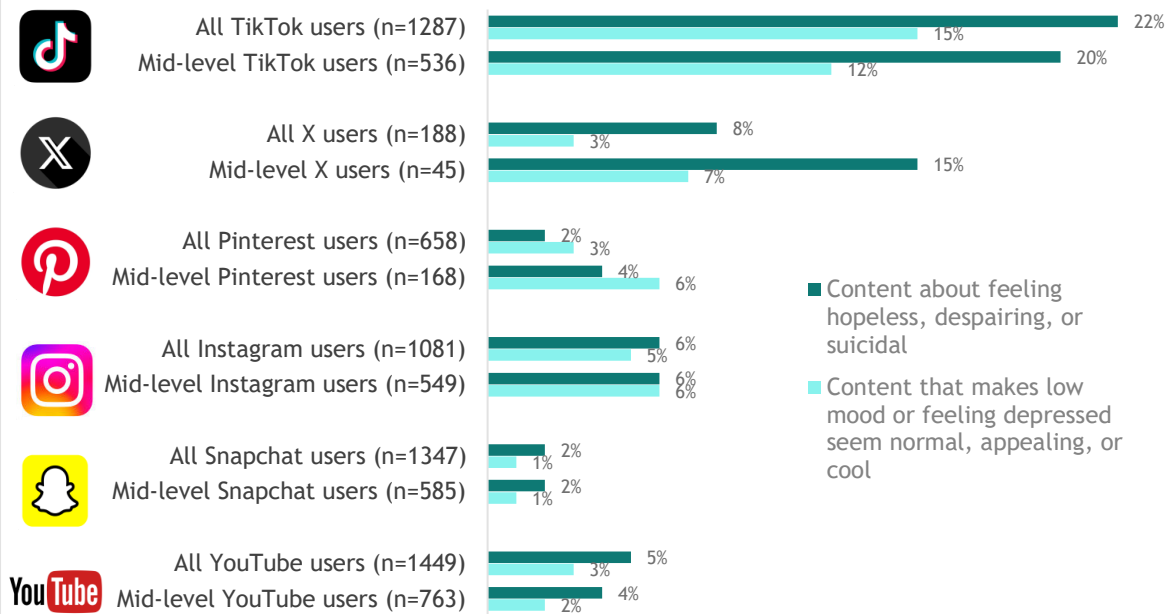
The below chart shows the proportion of all children who report seeing high risk content in this category, that report seeing it on each platform in the last week.



When looking at the proportion of platforms' users and mid-level users who say they have been exposed to high risk depression content, TikTok also emerges as the highest platform for exposure, with X second, and all other platforms' significantly lower.

Platform users' exposure to high risk **mental health, low mood, and depression** content

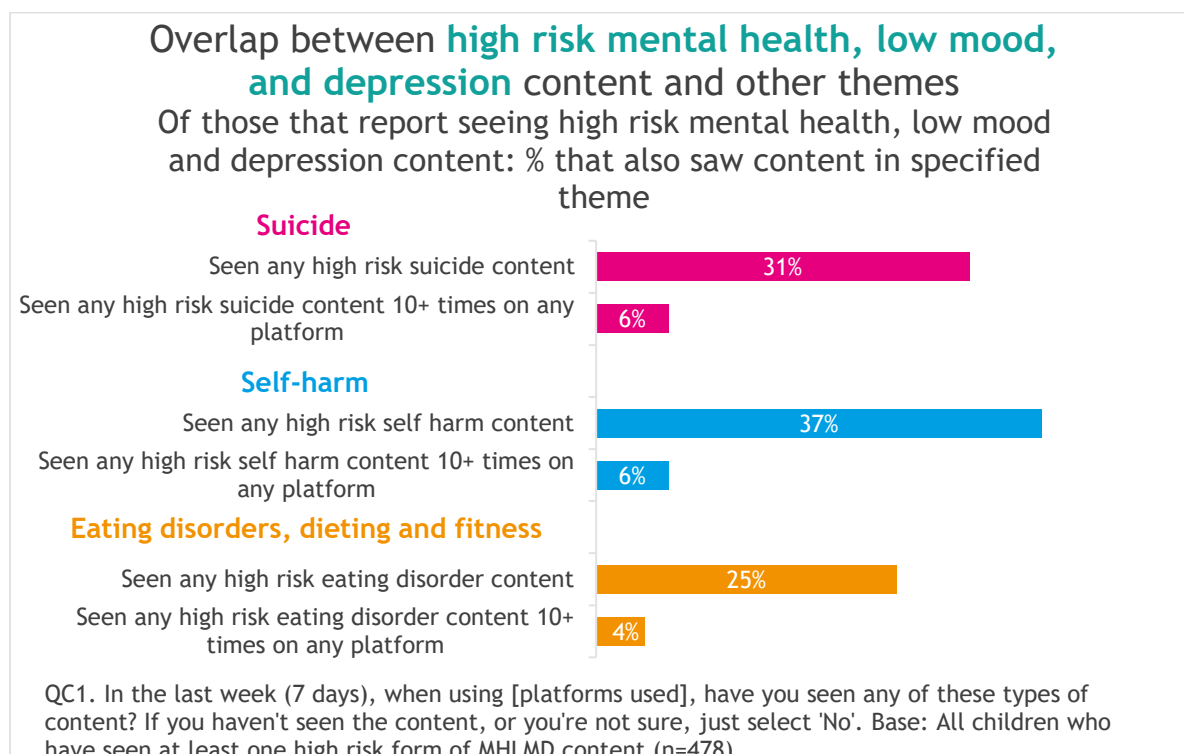
Of each platform's users / mid-level users (30-120 mins a day): % that have seen this content on this platform



QC1B. Please select all the platforms where you have seen [content type]. Base: Children who have used this platform in the last week / children who have used this platform for 30-120 minutes in the last week (n in brackets).

Of the children who report seeing high risk mental health, low mood, and depression content, around a third also report exposure to high risk suicide or self-harm content

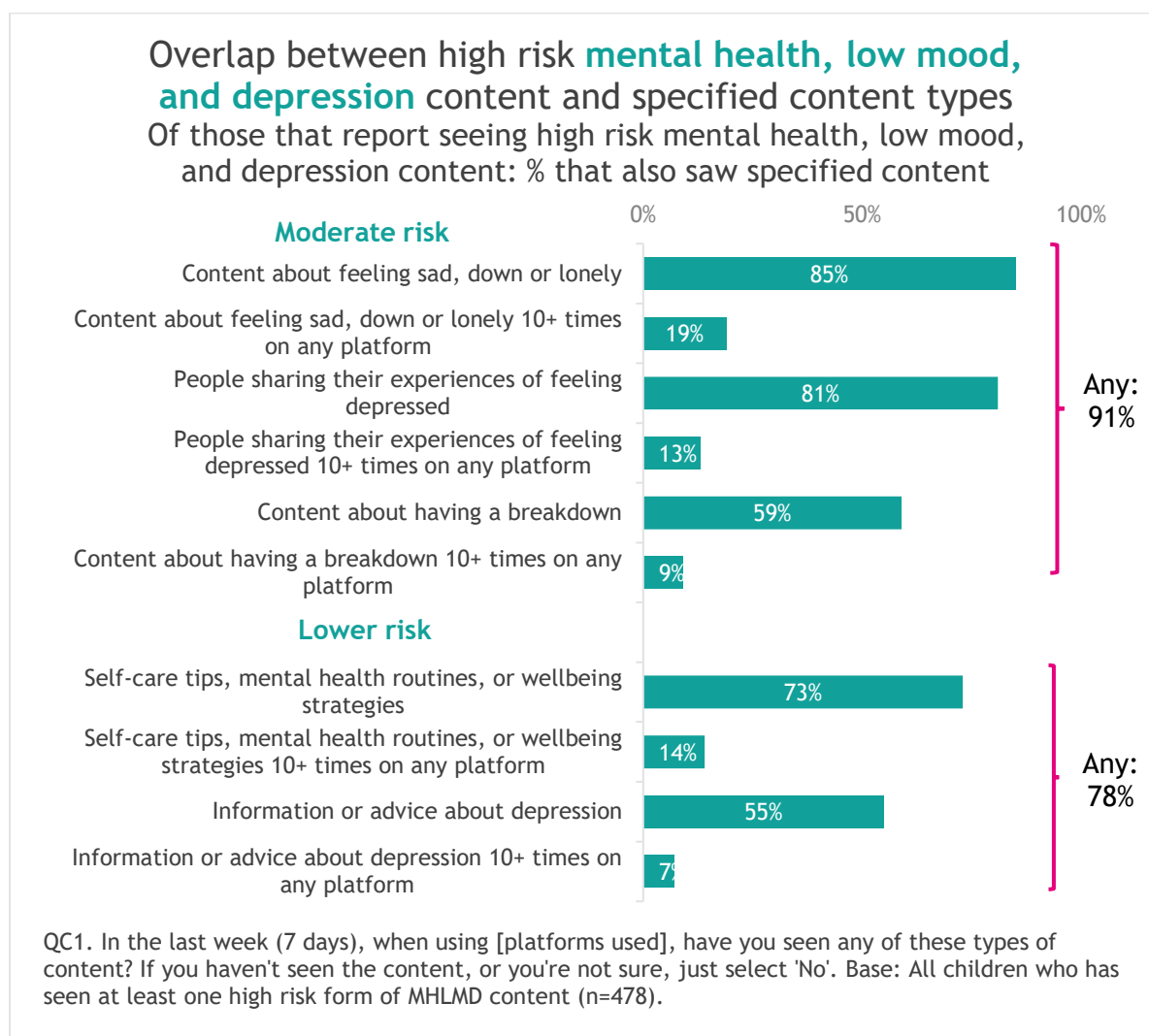
This chart shows the proportion of children who report seeing high risk mental health, low mood, and depression content, who also report exposure to high risk content in other themes.



The high proportion of children who also report seeing high risk suicide content (31%) and self-harm content (37%), highlights the overlap between these themes and the potential for cumulative harm.

Children exposed to high risk mental health, low mood, and depression content often report exposure to related moderate and lower risk content

This chart shows the proportion of children who report seeing high risk mental health, low mood, and depression content, who also report seeing moderate and lower risk content types in this category (which can increase the cumulative risk of harm when seen together or at high frequency).



Of those who report seeing high risk content related to mental health, low mood, or depression, over nine in ten (91%) also report exposure to moderate risk content in this theme, and 78% note seeing lower risk content.

In some cases, children are being repeatedly exposed to this content. For instance, of those who report seeing high risk content related to mental health, low mood, or depression, 19% report seeing content about feeling sad, down or lonely 10 or more times on at least one platform.

2.4 Content related to eating disorders, dieting, or fitness

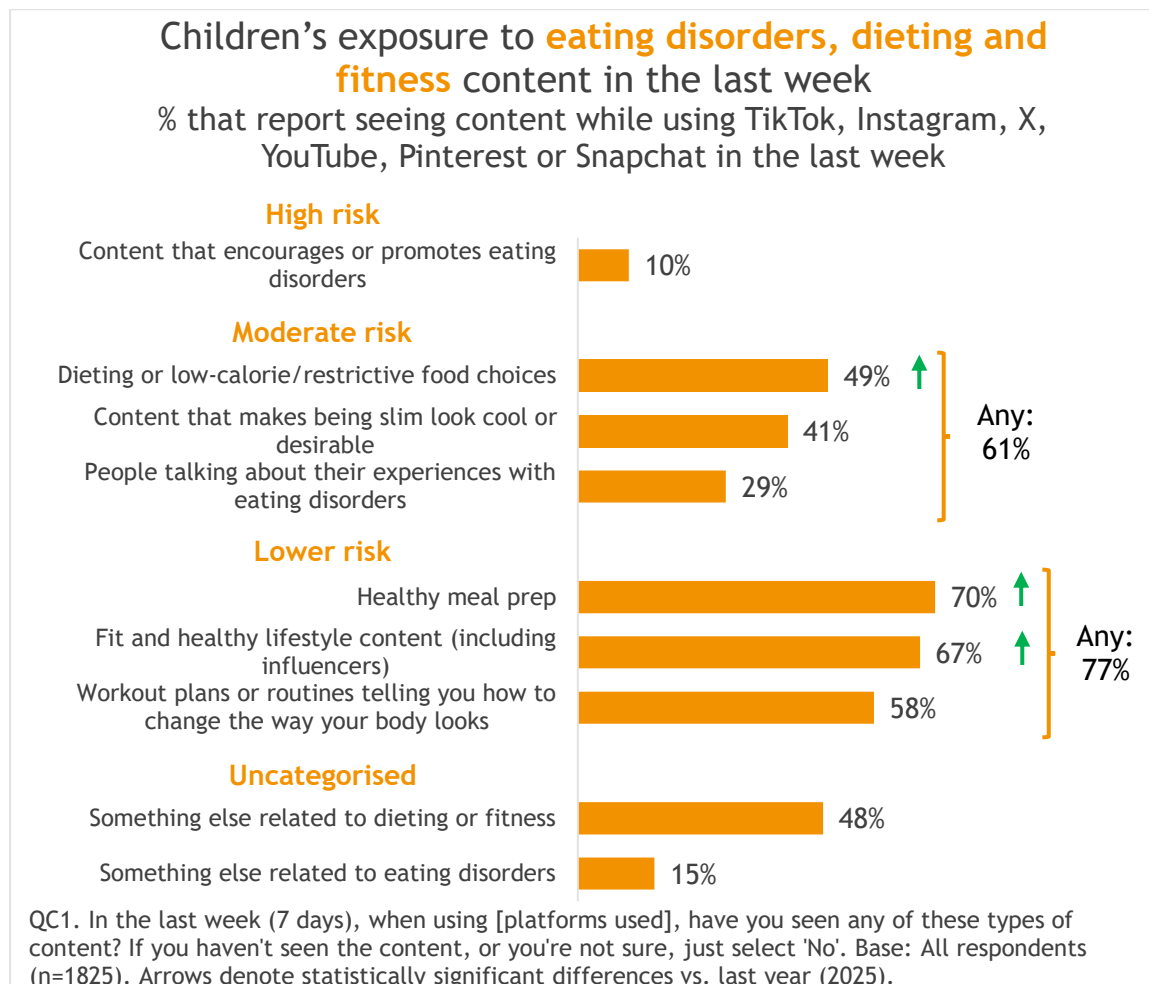
This subchapter explores children's exposure to high risk, moderate risk, and lower risk content related to eating disorders, dieting, or fitness.

Theme summary:

- 10% of children report seeing *content that encourages or promotes eating disorders* in the last week. This is in line with last year's survey.
- Among children who report seeing this content, 12% recall seeing this 10 or more times on at least one platform in the last week. High frequency exposure is even greater for those who report seeing *content that makes being slim look cool or desirable* (25%) and *dieting or low-calorie or restrictive diet choices* (16%).
- Over 4 in 5 (82%) children who report exposure to *content encouraging or promoting eating disorders*, recall seeing this content on TikTok (82%). This is over four times more frequently compared to the next most common platform (Instagram, 18%).
- 11% of mid-level TikTok users recall seeing this content in the last week, higher than any other platform (followed by X at 9% and Pinterest at 6%).
- There is overlap between exposure to high risk eating disorder content and other high risk themes: 64% of children who saw *content encouraging or promoting eating disorders* in the last week, also report seeing high risk depression content.

1 in 10 children (10%) report exposure to high risk content encouraging or promoting eating disorders in the last week

Exposure to the only high risk content type within this theme, *content that encourages or promotes eating disorders*, remains unchanged from last year's survey¹³.



6 in 10 (61%) report seeing moderate risk content related to eating disorders, dieting, or fitness, and 77% report seeing lower risk content within this theme. Just 1 in 5 (19%) children do not recall seeing any content in this theme within the last week.

Compared to 2025, children are slightly more likely to have seen:

- *Dieting or low-calorie/restrictive food choices* (from 44 to 49%)
- *Healthy meal prep* (from 65% to 70%)
- *Fit and healthy lifestyle content* (from 64% to 67%)

¹³ 12% in last year's survey, not a statistically significant difference.

Exposure to content encouraging or promoting eating disorders is higher among girls and children with low wellbeing

For this theme, girls are far more likely to have seen high risk content than boys (18% to 7%), a wider margin than observed the other themes.

By age, exposure to this theme is higher for older children (12% of 15-17s, compared to 9% of 13-14s).

Unlike the other themes, children with SEND are not more likely than children without SEND to have seen high risk eating disorders, dieting, and fitness content.

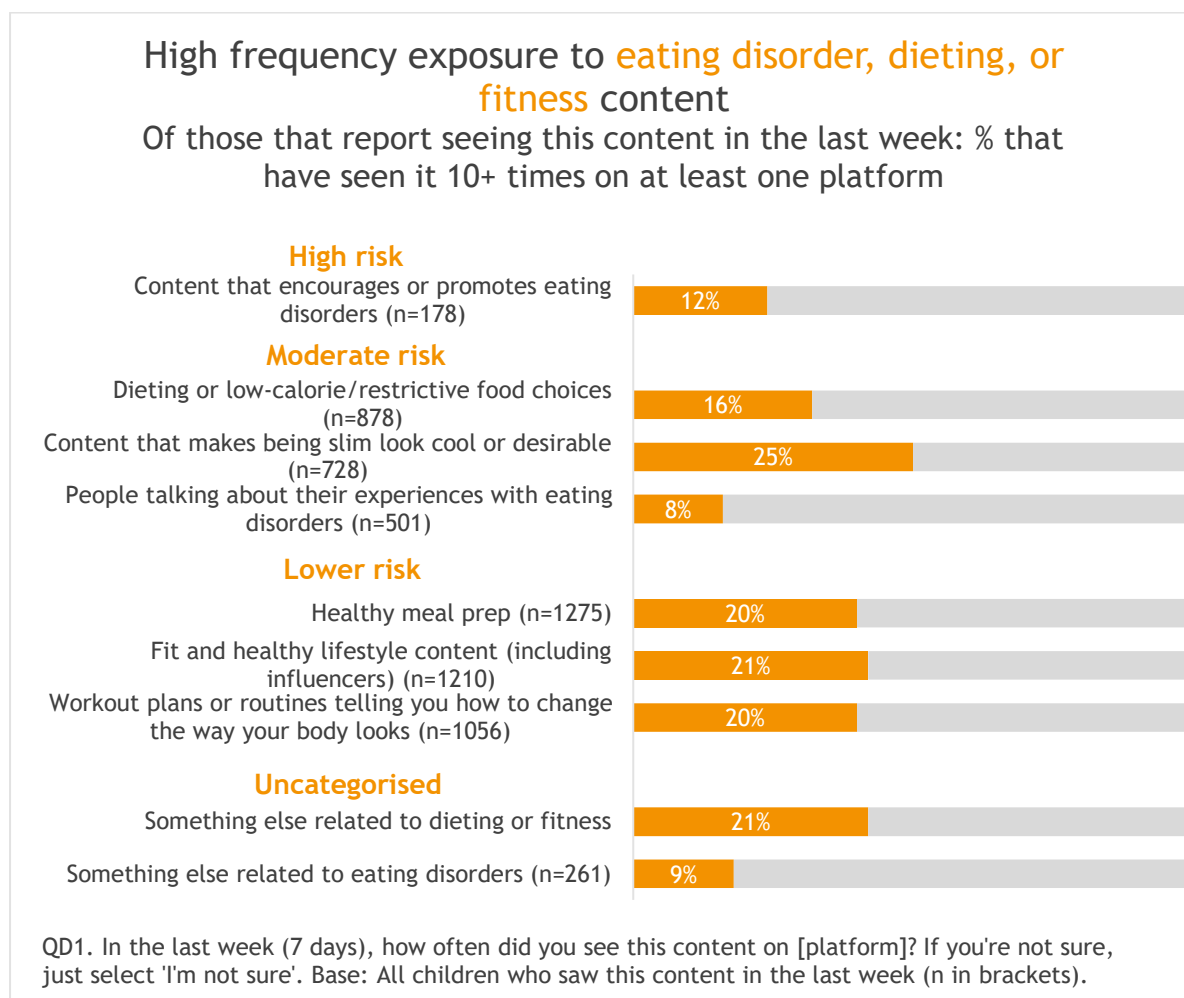
The table below outlines the differences in exposure across key groups (bold text and an arrow signifies where a difference is statistically significant).

Note that for this theme, there is only one high risk content type (*content that encourages or promotes eating disorders*).

High risk content type	Girls (compared to boys)	Low wellbeing (compared to high)	SEND (compared to without SEND)
Any high risk eating disorder, dieting, and fitness content	18% ↑ to 7% 2.6x as likely)	18% ↑ to 7% (3x as likely)	9% to 10%
QC1. In the last week (7 days), when using [platforms], have you seen any of these types of content? If you haven't seen the content, or you're not sure, just select 'No'. 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).			

Children exposed to content relating to eating disorders, dieting and fitness, are often exposed to it at a high frequency

This chart shows high frequency exposure among children who report seeing each type of eating disorder, dieting, and fitness related content (those who report exposure 10+ times on at least one platform).

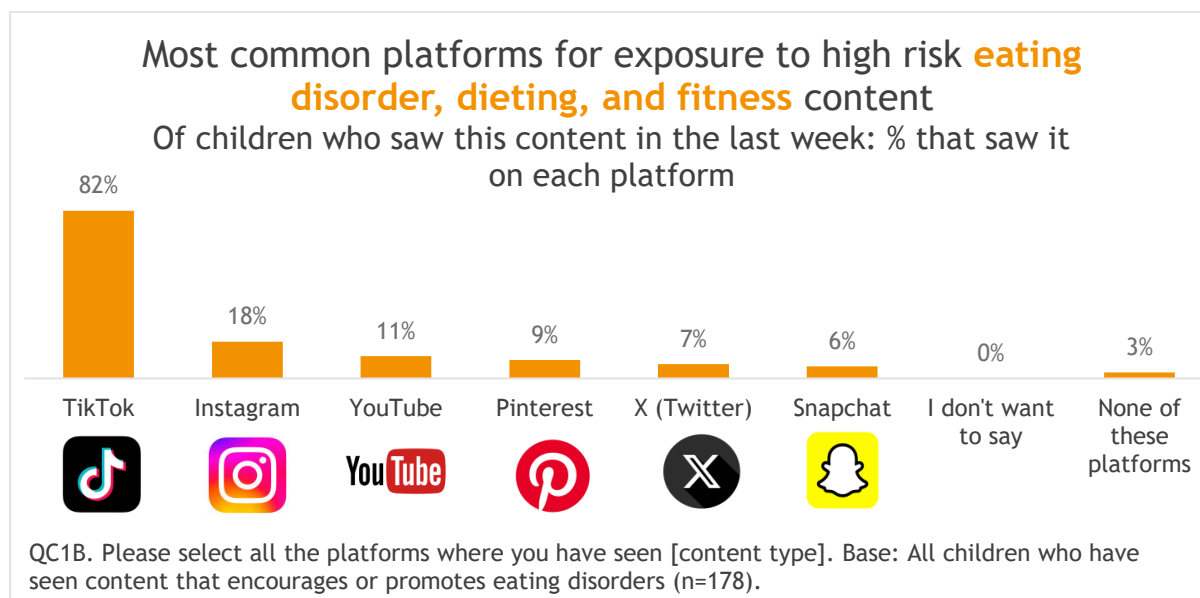


Frequency of exposure is high for many of these types of content, but highest for a range of moderate and lower risk content which relate to body image. This indicates that a significant group of children are exposed to a high volume of content that may increase the potential for cumulative harm related to eating disorders and poor body image.

N.B. As a reminder, frequency of exposure was asked for each individual platform, with options given in ranges. Therefore, these figures refer only to those who say they have seen this content 10 or more times on at least one platform, and it is likely that if several platforms were combined, high frequency exposure would be even greater.

Over 4 in 5 (82%) children who report seeing content encouraging eating disorders, say they were exposed to this on TikTok

This chart shows the proportion of children who report seeing high risk eating disorder, dieting, and fitness content, that report exposure on each platform.

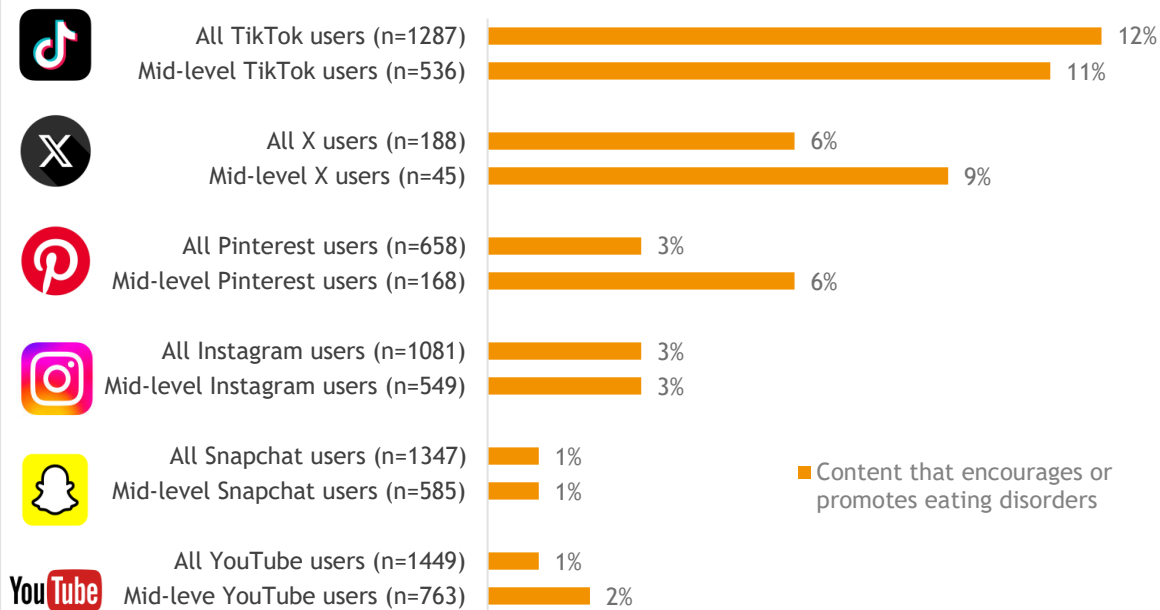


Children are over four times as likely to recall seeing this content on TikTok (82%) in the last week than the next most common platform (Instagram, 18%). This suggests that TikTok plays a central role in driving children's exposure to this content.

The following chart looks at the likelihood of each platform's users and mid-level users of seeing high risk eating disorder, dieting, and fitness content. TikTok users are most likely to have seen this content.

Platform users' exposure to high risk **eating disorder, dieting, and fitness** content

Of each platform's users / mid-level users (30-120 mins a day): % that report seeing this content on this platform

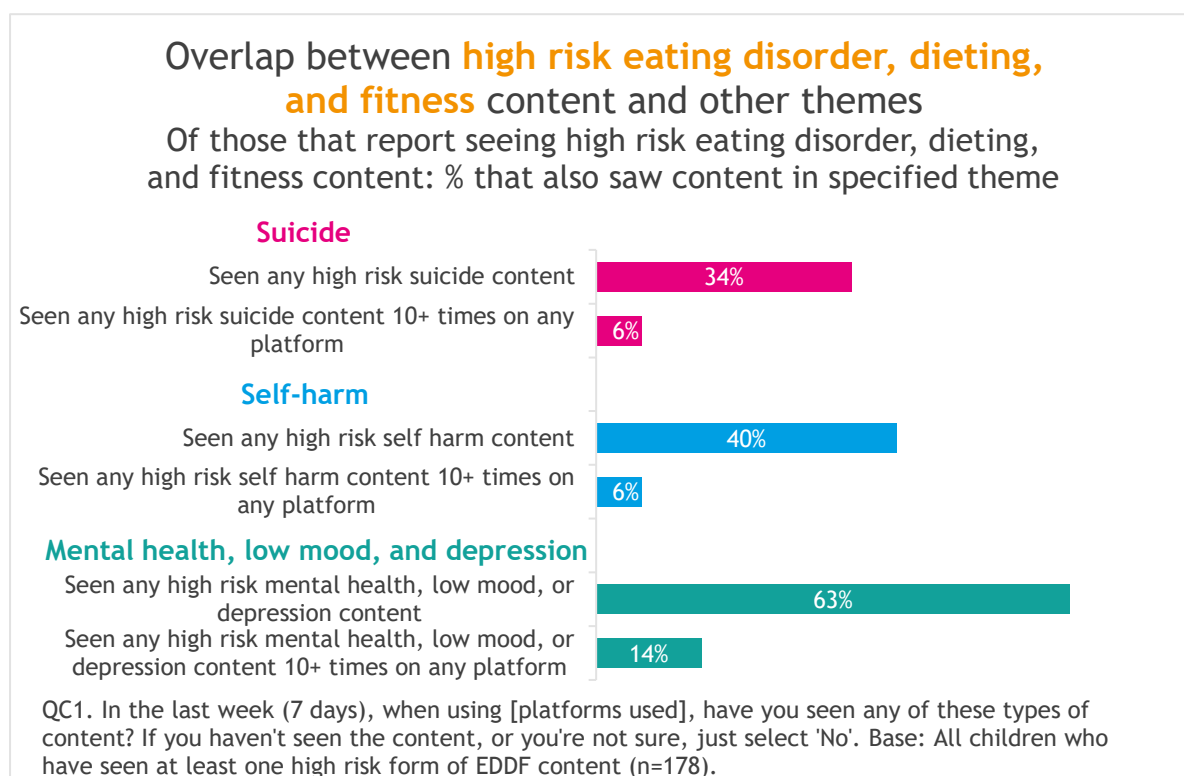


QC1B. Please select all the platforms where you have seen [content type]. Base: Children who have used this platform in the last week / children who have used this platform for 30-120 minutes in the last week (n in brackets).

Almost two-thirds of children who report exposure to high risk eating disorder content, also report seeing high risk depression content

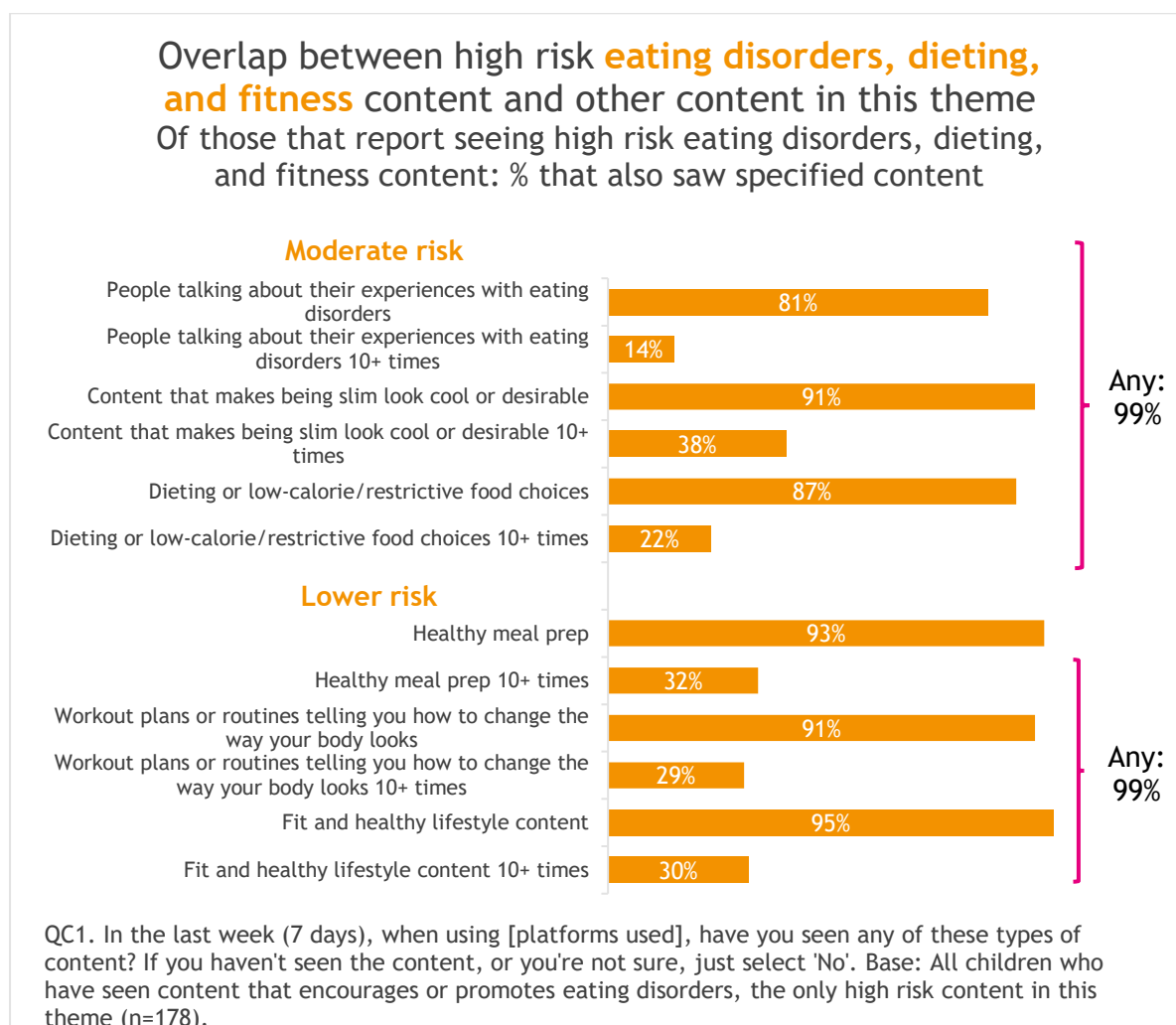
As with the other content types, there is a high degree of overlap: children who report recent exposure to high risk eating disorder, dieting and fitness content, also report seeing other potentially harmful content.

Most notably, almost two-thirds (63%) also report seeing high risk mental health, low mood, and depression content within the last week. This highlights the extent to which these distinct themes of content overlap.



Many children who report exposure to content encouraging eating disorders, are seeing content with the potential to increase cumulative harm, often at high frequencies

The below chart shows the proportion of children who report seeing high risk eating disorders, dieting and fitness content, and who also report seeing moderate and lower risk content types in this category (which can increase the cumulative risk of harm when seen together or at high frequency).



Within this category, children who report seeing high risk content, report exposure to other forms of content 10 or more times on each platform, including:

- 38% who report seeing *content making being slim look cool or desirable* 10+ times on at least one platform
- 29% who report seeing *workout plans or routines telling them how to change the way their body looks* 10+ times on at least one platform
- 22% who report seeing *dieting or low-calorie/restrictive food choices* 10+ times on at least one platform

3. Where children are exposed to potentially harmful content

This chapter explores the role that different platforms and product functionalities play in children's exposure to potentially harmful content.

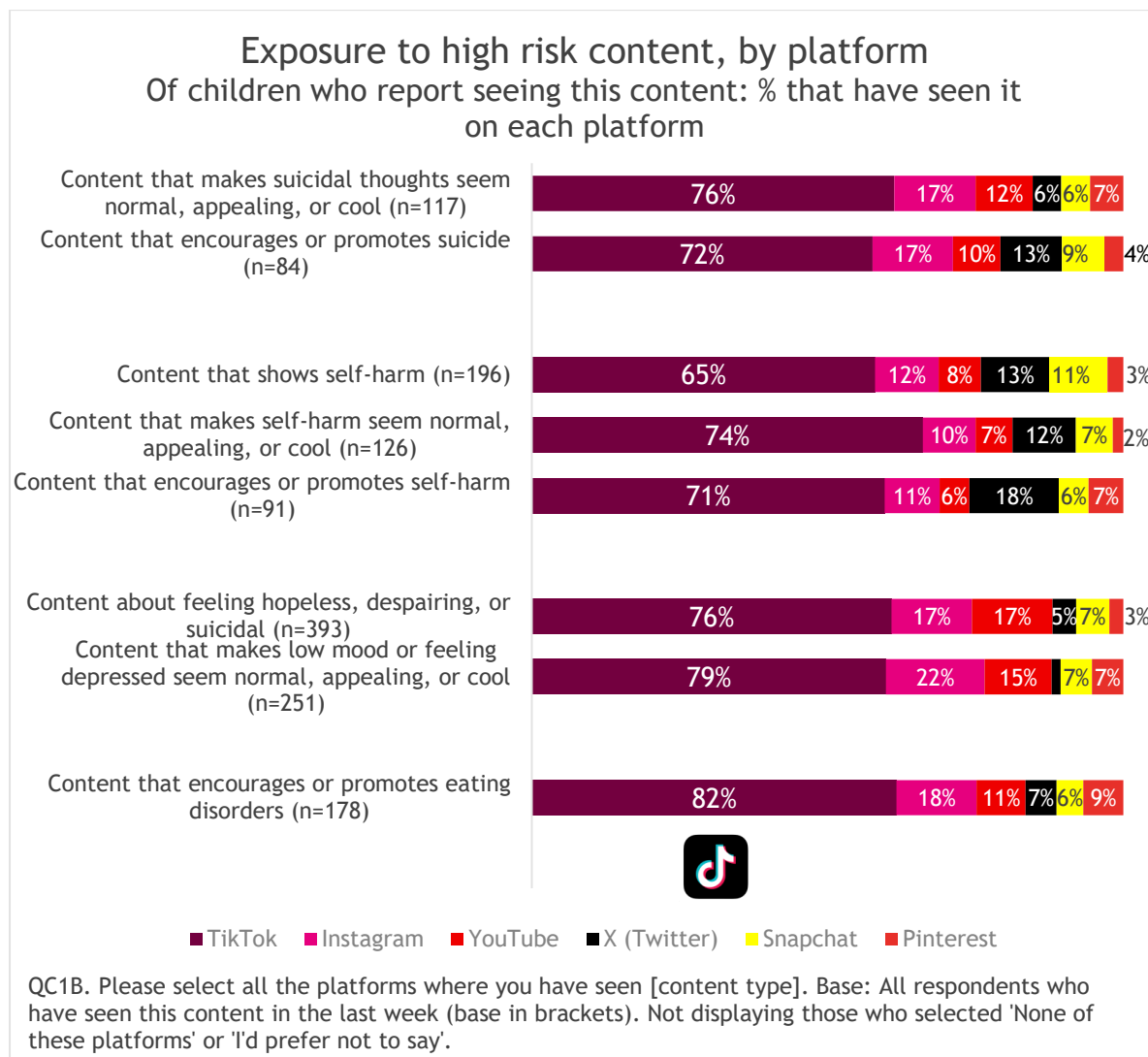
Chapter summary:

- Across all four themes, children are far more likely to recall seeing potentially harmful content on TikTok than on any other platform. For every type of high risk content, teens are at least three times as likely to report seeing this on TikTok than any other platform.
- When looking at each platform's mid-level users (who spend 30-120 minutes a day on the platform), TikTok users are the most likely to have seen high-risk content (29%), followed closely by X users (27%). All other platforms' mid-level users are less than half as likely to recall seeing high risk content.
- Suggested content plays a central role in children's exposure to potentially harmful content. On average across the 4 themes, 59% of children recall seeing potentially harmful content through recommender feeds. This highlights the significant role of algorithmic recommendations in driving exposure to this content.

Children are most likely to recall encountering every high risk content type on TikTok

Children are most likely to report seeing high risk content on TikTok. Among children who report seeing any high risk content, 76% report seeing it on TikTok, compared with 23% on Instagram, the next most commonly reported platform.

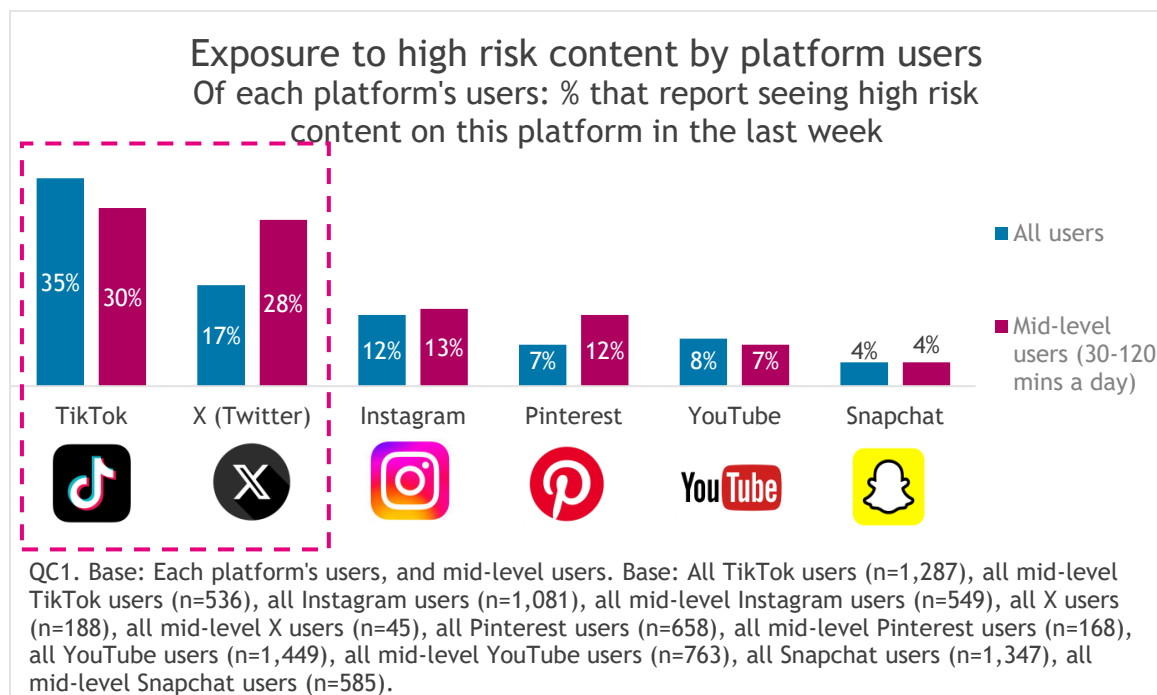
This pattern is consistent across every type of high risk content.



It is clear that a high proportion of children's exposure to high risk content occurs on TikTok, although it is possible that this is driven in part by children spending more time on TikTok than other platforms. In order to account for this, the next section compares the likelihood of exposure to high risk content across platform users.

TikTok users are more likely than users of any other platform to report seeing high risk content

The chart below shows the likelihood of each platform's users to report seeing any high risk content in the last week. In order to account for children spending more time on TikTok, we also look at mid-level users (those who spend around 30-120 a minutes a day on this platform).



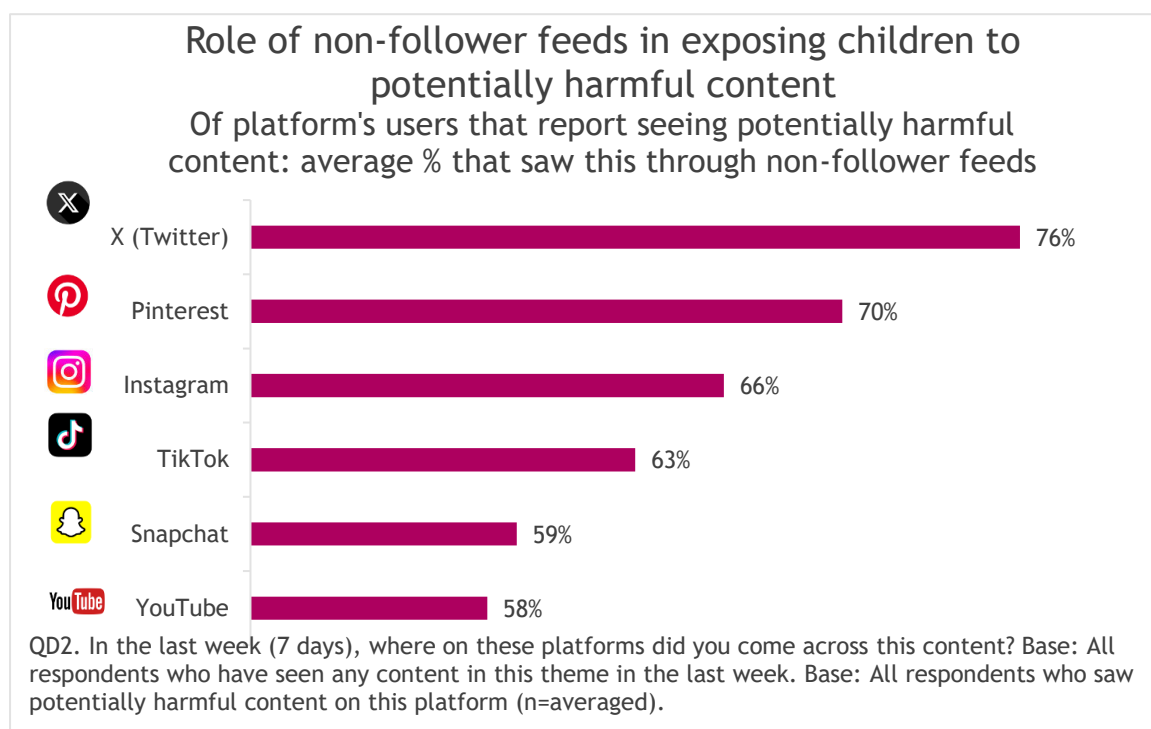
While TikTok users remain the most likely to report seeing any high risk content on this platform, when looking only at mid-level users to account for different amounts of time spent, X users narrow the gap to 2 percentage points (30% to 28%).

Mid-level YouTube and Snapchat users are the least likely to recall coming across high risk content on these platforms.

Children are most likely to encounter potentially harmful content through algorithmic recommendations, regardless of platform

For every platform, over half of children recall seeing potentially harmful content on non-follower feeds (referred to as recommender systems by Ofcom). This functionality is consistently the primary driver of exposure, across each theme and platform.¹⁴

The below chart shows the % of children who report seeing potentially harmful content on each platform, who were exposed to this through a non-follower feed, averaged across the four themes.



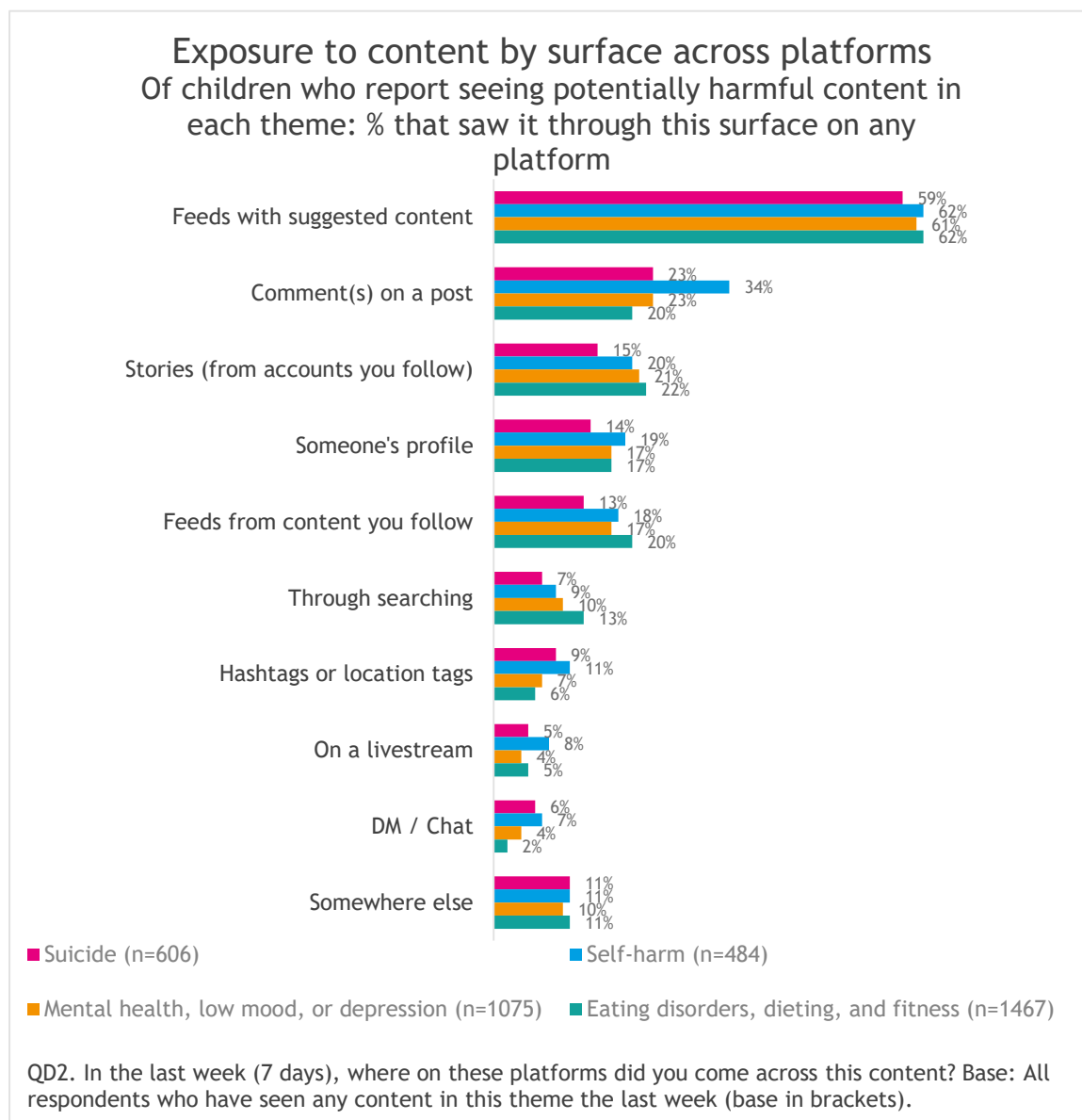
N.B. Comparisons between platforms are not always like-for-like, as the purpose and interface of each platform differs. While survey language was tailored to reflect each platform where possible, children may interpret the range of platform surfaces differently.

¹⁴ This question was asked at theme level (suicide and suicidal thoughts; self-harm; mental health, low mood, and depression; and eating disorders, dieting, and fitness), rather than being asked about specific types of potentially harmful content.

Comments and stories also drive exposure to potentially harmful content

More than half of children reporting exposure to potentially harmful content, recall seeing this on feeds with suggested content. This highlights the role that algorithmic recommendations play in exposing children to potentially harmful content.

Across all themes, teens are more likely to recall being exposed to harmful content via recommender feeds (57% for content related to suicide, 60% for other themes) than any other surface.



After recommender feeds, two other surfaces also play a notable role in exposing children to potentially harmful content:

- User comments are the second most common surface across platforms driving exposure to content related to suicide (22%), self-harm (34%) and mental health, low mood, and depression (23%), and the third most common surface for content related to eating disorders, dieting and fitness (20%).

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- Stories (from followed accounts) are the second most common surface driving exposure to content related to eating disorders, dieting and fitness (22%), and third for content related to suicide and suicidal thoughts (15%), self-harm (20%), and mental health, low, mood and depression (21%).

Deep dive: Exposure to high risk content is highest on TikTok

This section focuses on the prominent role that TikTok plays in driving children's exposure to potentially harmful content, bringing together analysis from each chapter of this report.

Children spend more time on TikTok than other platforms

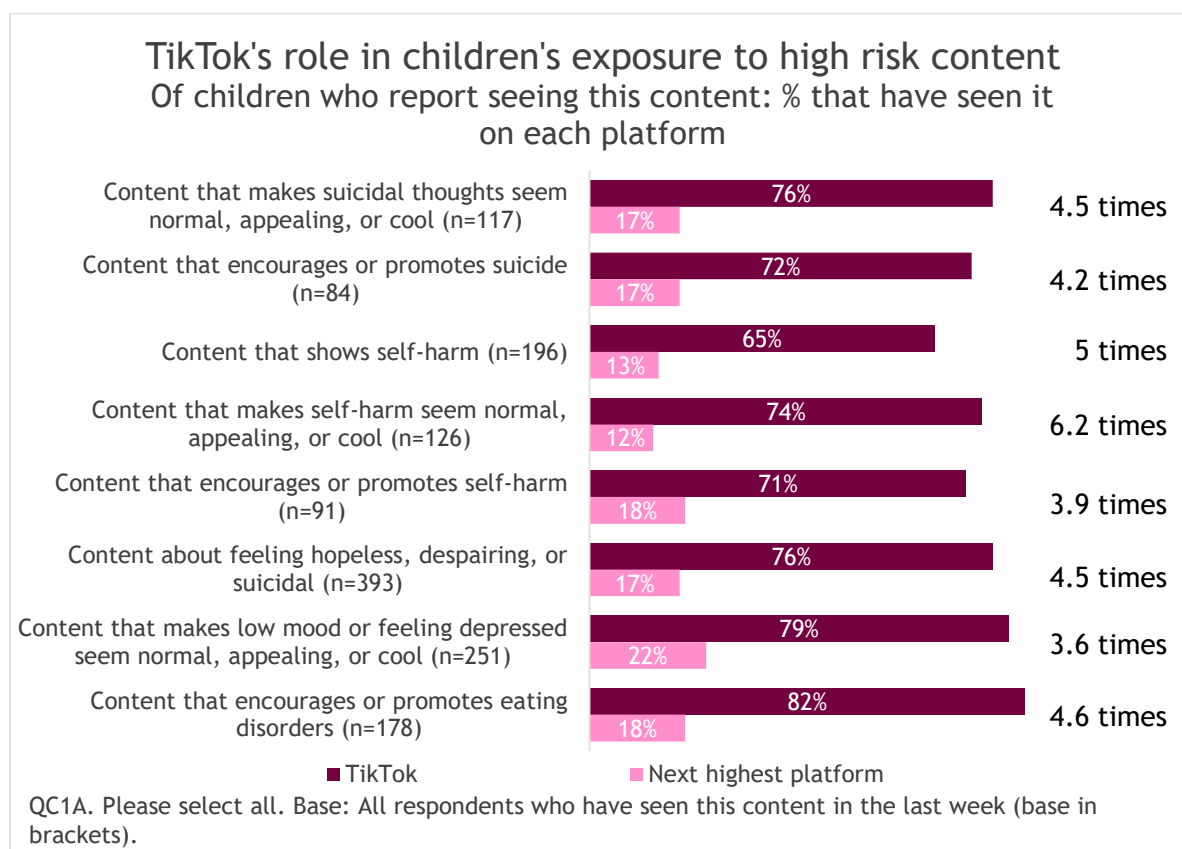
Most children aged 13-17 use TikTok. TikTok users spend longer on the platform than users of any other widely used social media platform.

More than half (51%) report spending more than two hours a day on TikTok, more than twice the proportion of YouTube users (20%), the next highest platform.

TikTok accounts for the majority of children's exposure to high risk content

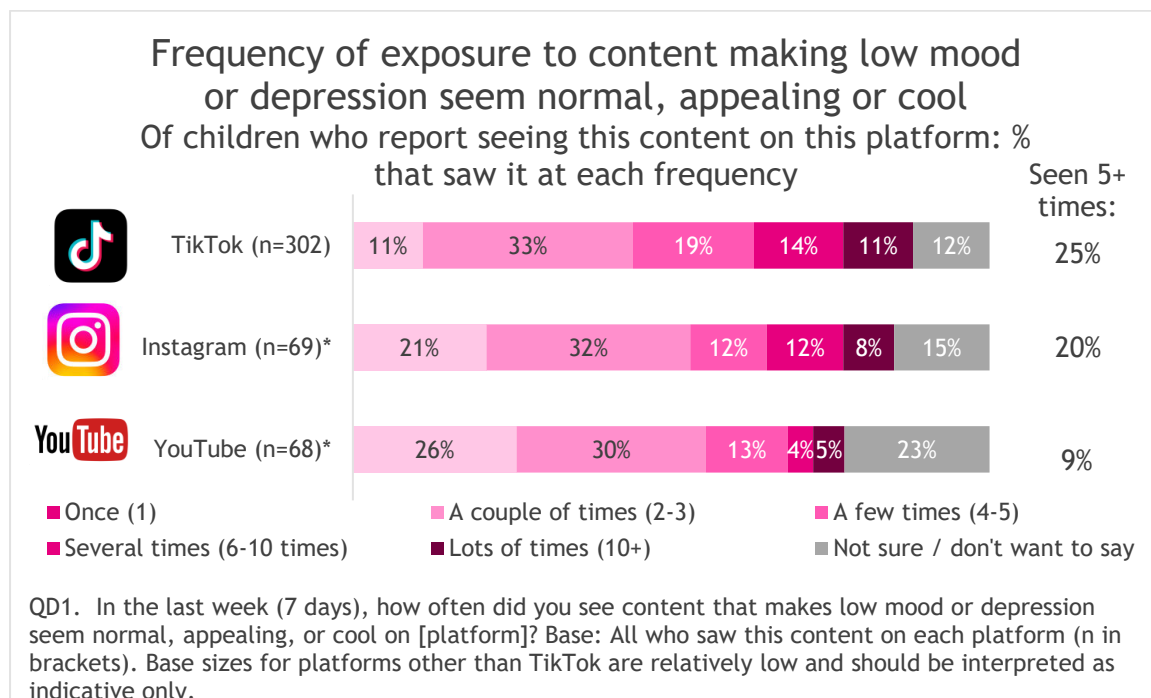
Among those who report seeing any high risk content in the last week, 76% report seeing it on TikTok.

Across every type of high risk content, exposure on TikTok is at least three times higher than on the next most commonly reported platform. The chart below compares exposure on TikTok with the next most commonly reported platform for each type of high risk content.



In some cases, children who have seen content on TikTok have seen it many times. The chart below shows *content about feeling hopeless, despairing, or suicidal*, the most

commonly seen high risk content type¹⁵. Of children who report seeing this on TikTok, a quarter (25%) report exposure more than 5 times in the week, and 11% report seeing this more than 10 times in the last week, higher than any other platform.



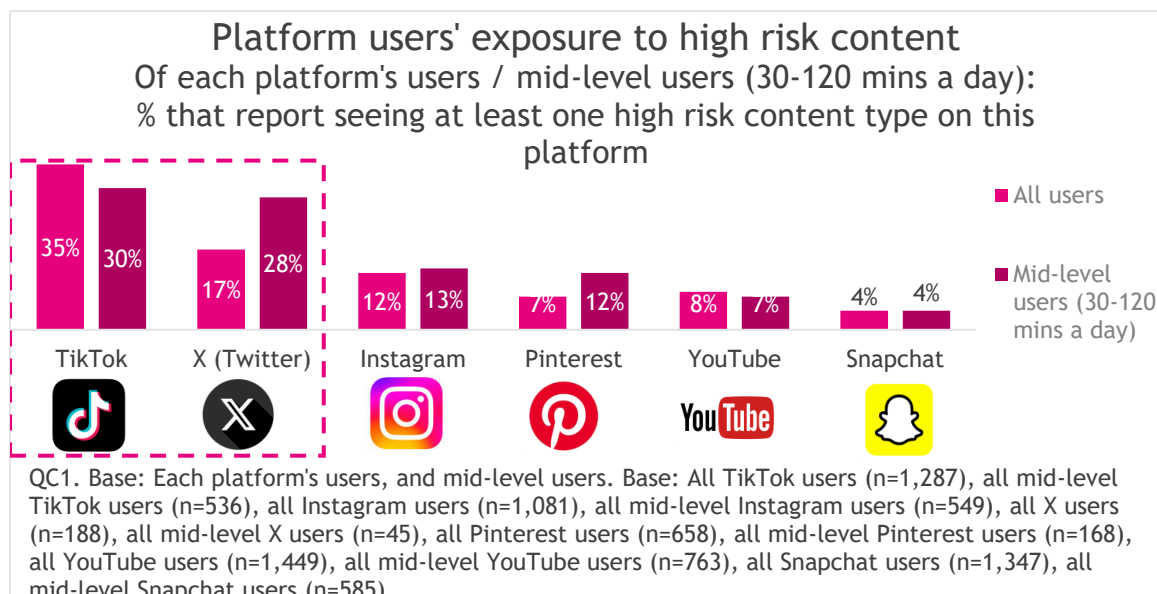
TikTok users remain the most likely to report seeing high risk content, even after accounting for differences in time spent on each platform

TikTok users spend substantially longer on the platform than users of other social media platforms, which may contribute to higher levels of exposure to high risk content. To explore this, exposure was analysed among mid-level users only, defined as those who spend between 30 and 120 minutes a day on a platform.

TikTok users remain the most likely to report exposure to high risk content after accounting for differences in time spent on each platform. Only X users report similar levels of exposure. This suggests that higher exposure on TikTok is not solely explained by the amount of time children spend on the platform. Among all platform users, TikTok users are more than twice as likely to report seeing high risk content as X users, the next highest group.

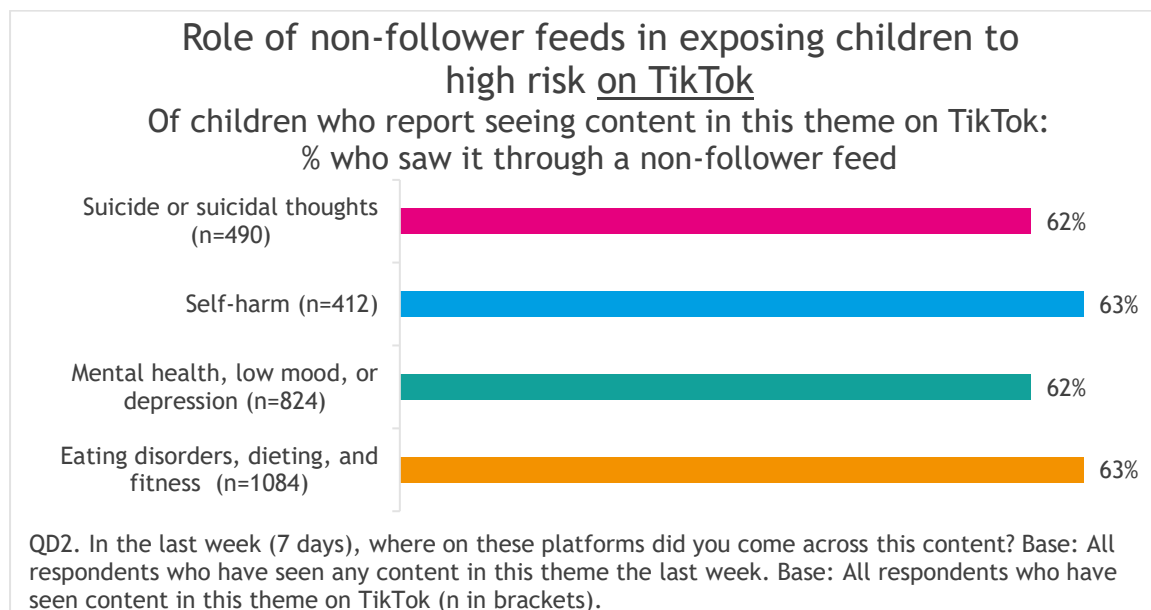
¹⁵ For platforms other than TikTok, Instagram and YouTube, too few children saw this content in the last week on this platform to make robust comparisons. The base sizes for Instagram and YouTube have been noted as small, but suitable for indicative comparisons.

CHILDREN'S EXPOSURE TO SUICIDE, SELF-HARM, AND EATING DISORDER CONTENT ON SOCIAL MEDIA



Algorithmic recommendations are a key source of exposure to potentially harmful content, including on TikTok

Children are most likely to encounter content through non-follower feeds generated by recommender systems, regardless of platform. The chart below shows the proportion of children who report seeing each theme on TikTok, reporting exposure to this theme through a non-follower feed.



For each potentially harmful content type, more than 6 in 10 (62%/63%) TikTok users who report exposure to this content in the last week, report seeing this through a recommender feed (e.g. For You page).

CHILDREN'S EXPOSURE TO SUICIDE, SELF-HARM, AND EATING DISORDER CONTENT ON SOCIAL MEDIA

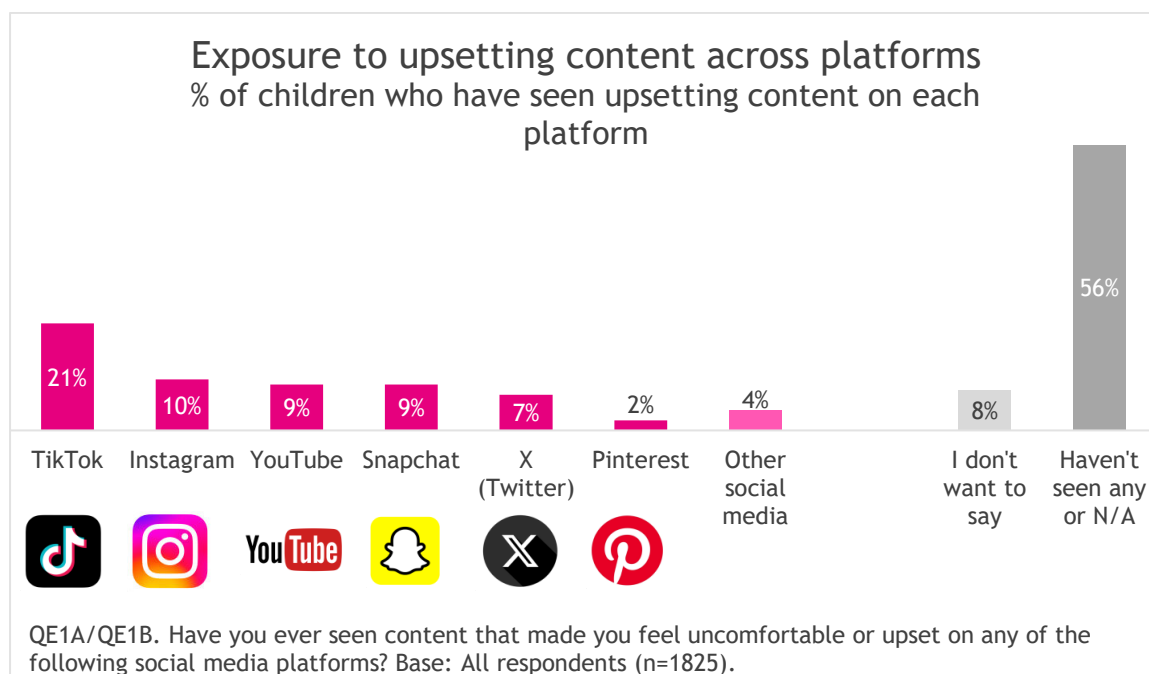
High levels of algorithmically-recommended potentially harmful content are not unique to TikTok. However, because TikTok accounts for such a large proportion of overall exposure, its recommender system is likely to be a significant source of children's exposure to this content.

TikTok is also the platform where children are most likely to recall seeing upsetting content¹⁶

Moving on from specific themes of content, children were asked to recall any exposure to content that made them uncomfortable or upset.

Children are most likely to report seeing upsetting content on TikTok. Around one in five children (22%) report seeing upsetting content on the platform, more than double the proportion who report seeing it on Instagram (10%), the next highest platform.

Among TikTok users, 27% report seeing upsetting content on the platform. This is similar to X users (28%), but higher than among users of other platforms, with Instagram the next highest at 15%.



Of the children who report seeing content they find upsetting on TikTok, 30% feel that there is nothing they can do to avoid seeing this content again, or feel unsure about what they can do to avoid it.

¹⁶ See chapter 4 for more detail.

4. Children's responses to content they find upsetting or uncomfortable

Moving beyond the specific themes of content explored throughout, this chapter explores the extent to which children are exposed to content they find upsetting or that makes them uncomfortable. The chapter also covers the extent to which children feel like they can avoid seeing similar content again and any actions taken after seeing it.

Chapter summary:

- A third of children (33%) recall ever seeing content that makes them uncomfortable or upset on social media.
- This proportion is higher among girls and children with low wellbeing.
- More than twice as many children recall seeing upsetting content on TikTok (22%) than the next most common platform (Instagram, 10%).
- Users of Snapchat, Pinterest and X are least likely to feel able to avoid repeat exposure to upsetting content.
- Users of TikTok, Instagram and YouTube are comparatively more likely to feel that they can take action, but around 1 in 3 users are unsure or do not feel that there is anything they can do.
- Almost two-thirds (64%) of those who have seen upsetting content on a platform, have used an app differently in response, including a quarter (26%) who have used the platform less.

Further:

- 53% recall reporting or disliking upsetting content
- 42% recall reflecting on or speaking about upsetting content
- 41% recall engaging with upsetting content

A third (33%) of children recall ever seeing content that makes them uncomfortable or upset on social media

This includes 32% who recall seeing this content on selected social media platforms (TikTok, Instagram, X, Pinterest, YouTube, Snapchat). A further 4% recall seeing upsetting content on other social media platforms.

More than half (55%) report that they have not seen content that makes them uncomfortable or upset on any social media platform (9% prefer not to say).

The proportion of children who have *ever* seen content making them upset or uncomfortable is in line with the proportion who recall seeing high risk content in the last week (34%).

Recollection of seeing upsetting content is higher among:

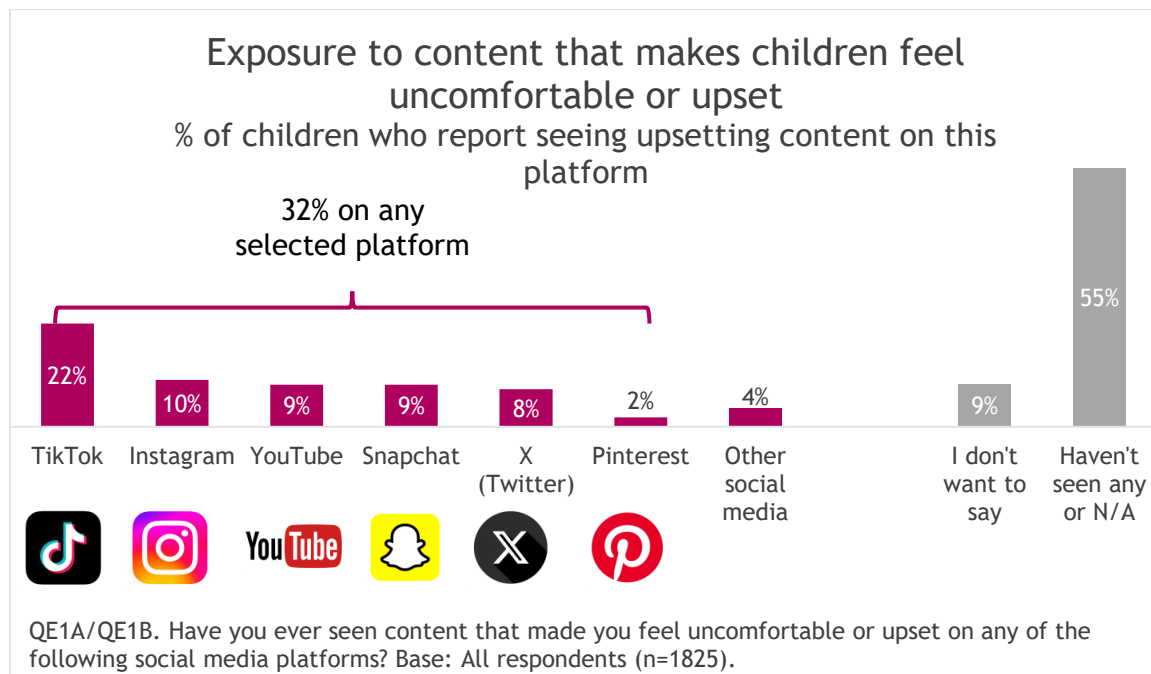
- Children aged 15-17 (37% vs 24% of 13-14s)
- Girls (38% vs 27% of boys)
- Those with low wellbeing (44% vs 31% with medium and 19% with high wellbeing)

Unlike exposure to most specific high risk content types, children with SEN are not more likely to recall seeing content that makes them uncomfortable or upset, compared to those without SEN.

N.B. Unlike the previous questions which focus on exposure in the last week, these questions ask whether children have ever seen this content.

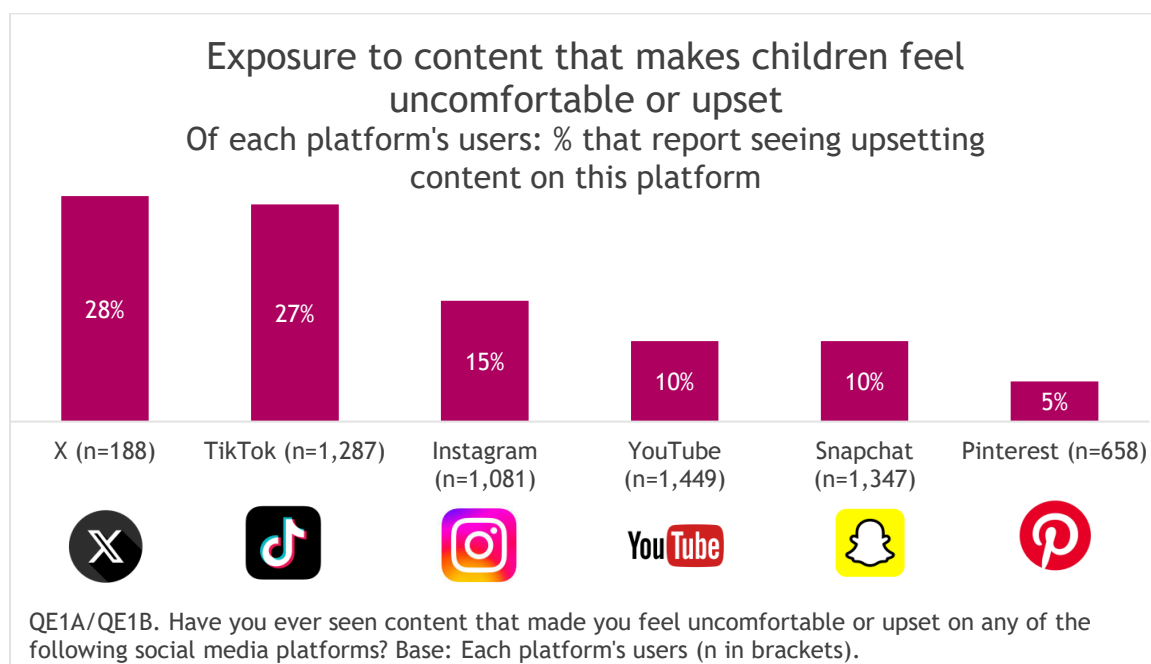
Children are twice as likely to recall seeing upsetting content on TikTok compared to other platforms

This chart shows the proportion of all children who report seeing upsetting content on each platform.

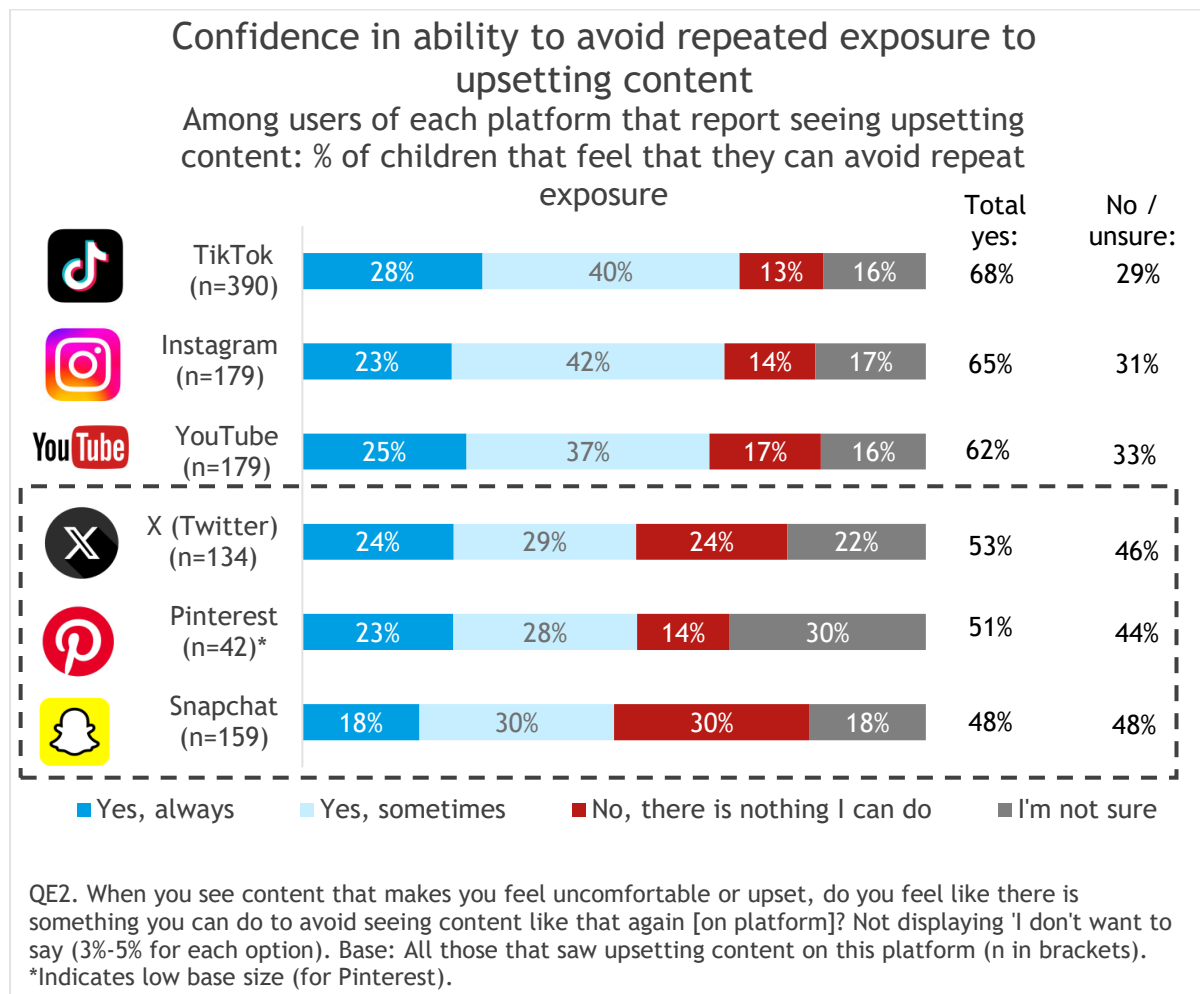


Exposure on TikTok is higher for children with low wellbeing (29%), girls (29%), and those aged 15-17 (25%).

Among platform users, TikTok users and X users are the most likely to report seeing upsetting content.



Users of Snapchat, Pinterest and X are least likely to feel able to avoid repeat exposure to upsetting content



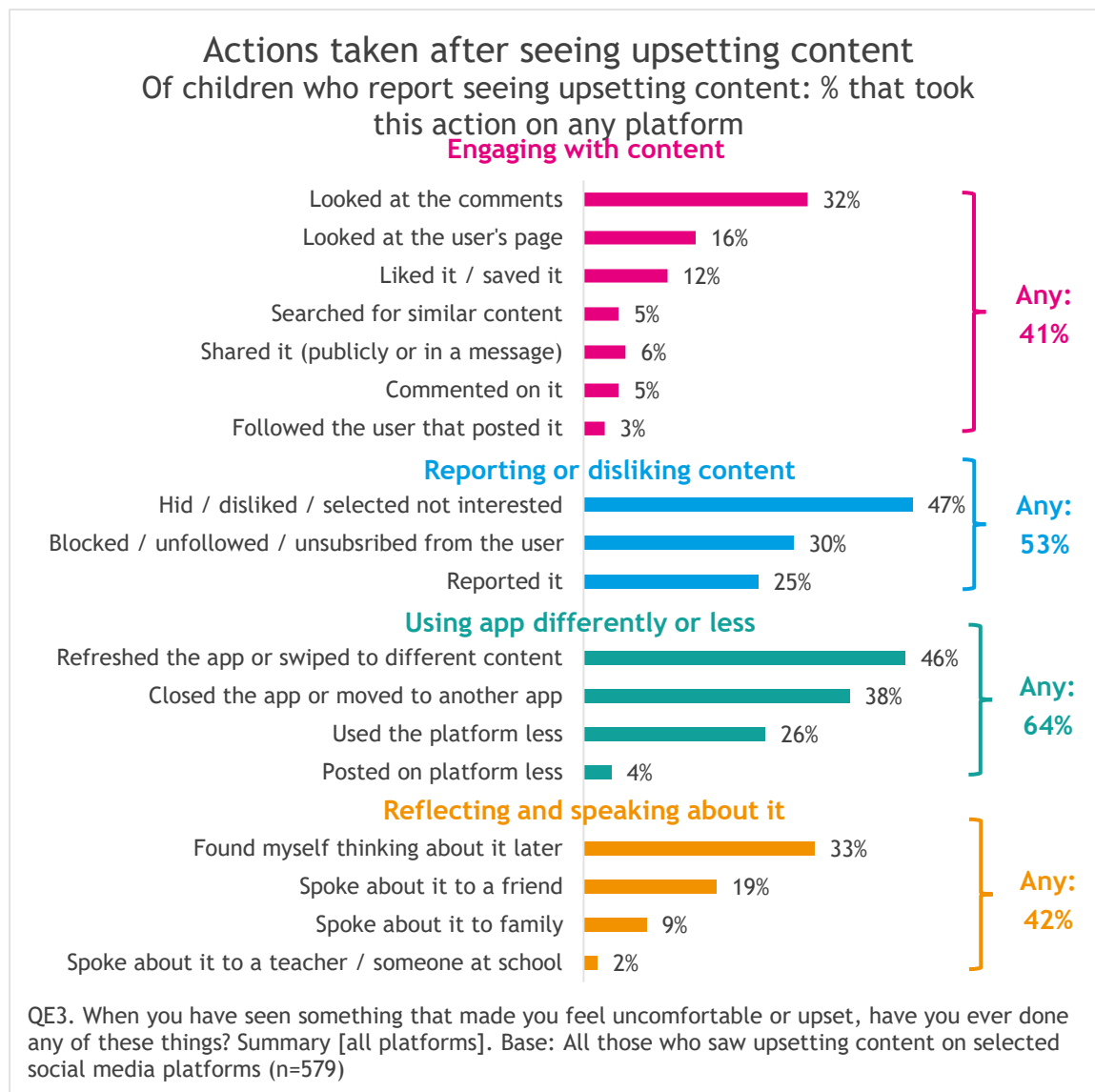
Children are most likely to feel there is nothing they can do to avoid seeing upsetting content on Snapchat (30%), with a further 18% not sure about what they can do. X and Pinterest users are also less likely than users of other platforms to feel there is something they can do in this situation.

Fewer users of TikTok, Instagram and YouTube feel there is nothing they can do to avoid repeat exposure to content they find upsetting. For each of these platforms, around a quarter say they feel there is always something they can do to avoid repeat exposure (28%, 24% and 25% respectively).

This indicates that across all platforms, many children do not feel empowered to control the content that they are exposed to.

Children are likely to use apps differently or less when faced with content they find upsetting or uncomfortable

Children who report seeing upsetting content were asked which platforms they had seen it on and what actions they had taken in response on each platform. The following chart outlines the proportion of children who report taking each action type (on any platform).



Almost two-thirds (64%) report using an app differently or less as a result of seeing upsetting content. Within this proportion, 25% report using platforms less as the result of seeing upsetting content and 4% report posting less content. This suggests that children may be less likely to participate and express themselves online when harmful content is not effectively addressed.

Many children report taking action after seeing upsetting content, including reporting or disliking it, reflecting on it, discussing it with others, or engaging with it

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More than half of children (53%) say they have reported or disliked upsetting content. Within this group, children are almost twice as likely to hide or dislike content (46%) as to formally report it (24%).

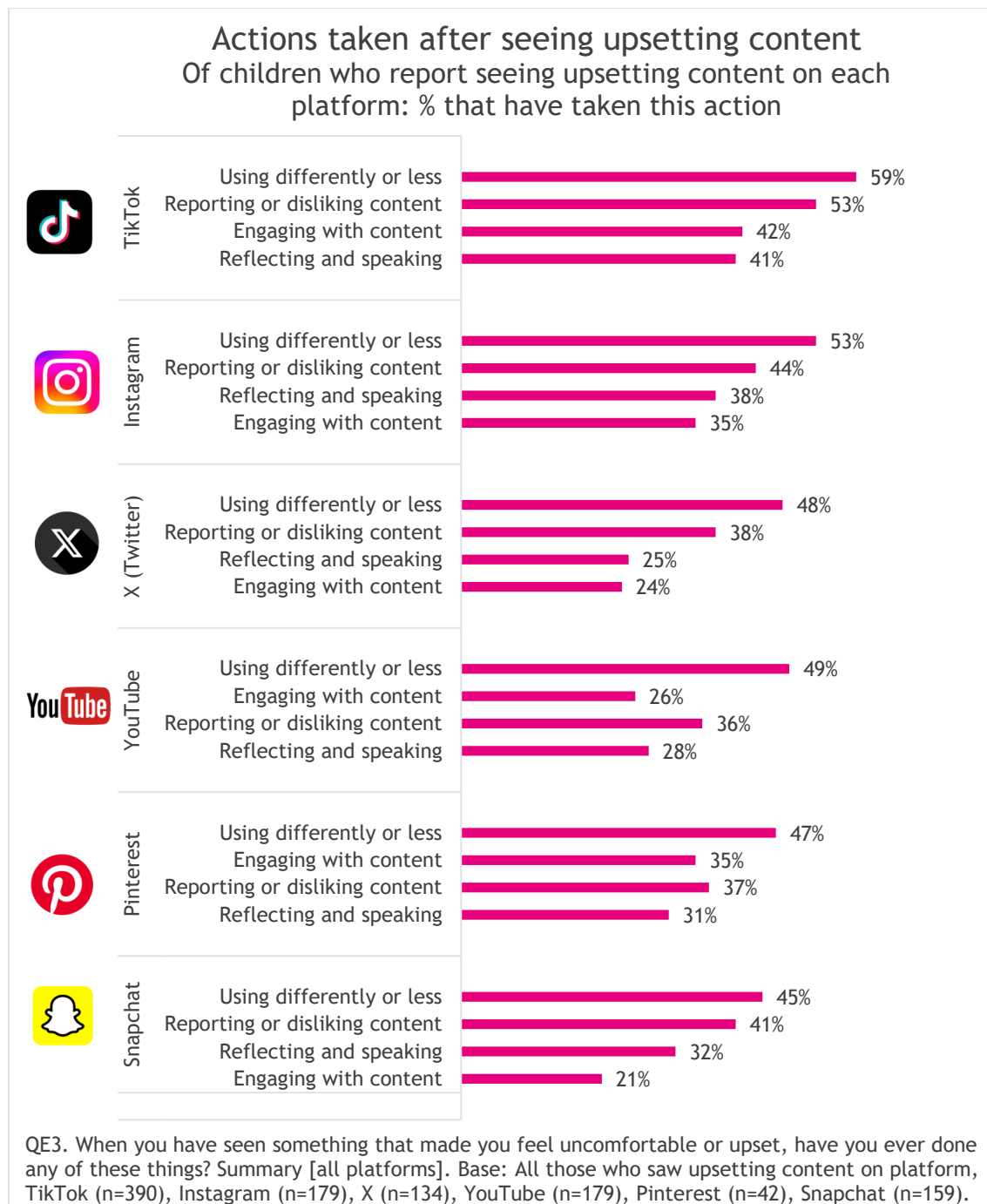
Many children also discuss upsetting content with others. More than two in five (43%) report reflecting on the content or discussing it with a friend, family member, teacher, or other trusted person. In some cases, these responses may be beneficial, particularly where children seek support from a trusted adult.

However, some responses may reflect a more lasting impact. Among the 34% of children who report continuing to think about upsetting content after seeing it, this may indicate that the content has had an ongoing effect. Girls (38%), those with low wellbeing (42%), and those who have been exposed to any high risk content (42%), are all more likely to have found themselves thinking about this content later.

Despite the content in question making users feel uncomfortable, 41% of children report engaging with this content - in particular by looking at comments (32%) or the user's page (16%) and liking the content (13%). This highlights the risk that encountering upsetting content may lead to further exposure for some children.

TikTok users are more likely than users of any other platform to report taking action after seeing upsetting content

The following chart outlines the proportion of each platform's users who recall seeing upsetting content, that have then taken action within the four categories in response.



TikTok users are the most likely to report taking action after seeing upsetting content across all four categories. This may partly reflect the greater amount of time children spend on the platform, giving them more opportunities to respond to content.

CHILDREN'S EXPOSURE TO SUICIDE, SELF-HARM, AND EATING DISORDER CONTENT ON SOCIAL MEDIA

In order to control for this, an index was generated to look at the relative likelihood of taking an action in each category for each platform.¹⁷ This shows the proportion of total actions taken on each platform that are in each category.

	Using differently or less	Reporting or disliking	Engaging with content	Reflecting / speaking
TikTok	30%	27%	22%	21%
Instagram	31%	26%	22%	21%
X (Twitter)	36%	28%	19%	18%
YouTube	35%	19%	26%	20%
Pinterest	31%	23%	26%	21%
Snapchat	32%	29%	23%	15%

Looking at the relative likelihood of taking these actions across platforms:

- **Using an app differently or less:** X and YouTube users are more likely to do this, while TikTok users are less likely to
- **Reporting or disliking:** X and Snapchat users are more likely to do this, while YouTube users are least likely to
- **Engaging with content:** YouTube and Pinterest users are most likely to do this (with comments playing a significant role in this), while X users are least likely to
- **Reflecting on content or speaking about it after:** TikTok and Instagram users are more likely to do this, while X users are least likely to

¹⁷ To create this index, we added the % for each category of action for each platform to create a total, and divided each category of action by this total. As such, rather than showing the likelihood to take an action, they show which actions make up a higher or lower proportion of total actions taken on this platform. Differences in this index are indicative.

Appendix

Approach to measuring mental wellbeing

In this research, the SWEMWBS is used to assess mental wellbeing. This is a shortened version of the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), with 7 items and a conversion table to estimate the equivalent on the full WEMWBS.

This validated measure asks respondents to rate their thoughts and feelings over the last two weeks on a scale indicating how often they feel, with a range of positive measures.

All children who completed the survey were asked the 7 items. Answers were coded in line with the SWEMWBS guidance, and processed with the conversion table included with the licence.

This led to 551 children being classified as low wellbeing, 1026 as medium wellbeing, and 211 as higher wellbeing. A further 37 children were not classified as they answered 'I prefer not to say' for more than 2 items. While no national benchmark exists for children, this distribution appears to be in line with other research conducted with teenagers.

It should be noted that in last year's research, wellbeing was calculated via an alternative method, in which each child's scores across questions were averaged, and all children's scores were averaged. In last year's approach, children were designated as:

- Low wellbeing if their individual average was a standard deviation below the overall average
- Higher wellbeing if their individual average was a standard deviation above the overall average.

Comparisons with last year's wellbeing findings should be made with caution, as a different approach was used to calculate mental wellbeing. This year, the standardised measure has been used as designed.



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