Your response

Question 1: To assist us in categorising responses, please provide a description of your organisation, service or interest in protection of children online.
Is this a confidential response? (select as appropriate) No
I am a Clinical Practitioner, Researcher, Consultant and the Digital lead for West Yorkshire Adversity, Trauma and Resilience framework, and educator/author about online harm to children and young people

Question 2: Can you identify factors which might indicate that a service is likely to attract child users?
Is this a confidential response? (select as appropriate) No
Children tell me in my practice that age ratings are enticing, spaces that allow for image sharing, services that their parents or siblings use, or similarly children in residential settings also explain that others having a platform or app is an attraction. Where spaces are 'seemingly forbidden' children tell me this creates a feeling of wanting to have, to see and to be a part of that app or platform and will find ways to get onto or into it (they see this as a challenge)

Question 3: What information do services have about the age of users on different platforms (including children)?
Is this a confidential response? (select as appropriate) [Please select]

Question 4: How can services ensure that children cannot access a service, or a part of it?

Is this a confidential response? (select as appropriate)

[Please select]

Question 5: What age assurance and age verification or related technologies are currently available to platforms to protect children from harmful content, and what is the impact and cost of using them?

Is this a confidential response? (select as appropriate)

[Please select]

Question 6: Can you provide any evidence relating to the presence of content that is harmful to children on user-to-user and search services?

Is this a confidential response? (select as appropriate)

No

Some direct evidence will be difficult to provide due to the confidentiality ethics of my profession as a child therapist. However, I have many instances in sessions, safeguarding reports and meetings, child in need meetings, child protection meetings, residential setting meetings and family court reports of children aged between 5 and 18 who have found (*using search engines, social media and peer-to-peer services including Limewire/FTP and tor services*) and have seen Porn, Abuse, torture, sexual violence and rape, Child Sexual Abuse images, Violence to animals or children, beheadings, self-injury,

Question 6: Can you provide any evidence relating to the presence of content that is harmful to children on user-to-user and search services?

self-mutilation, self-destructive behaviours (insertion of objects and substances into the body), hate speech, racism, sexism, gender dysphoria material and content, homophobic and gender-based crimes, misinformation, disinformation, medical procedures, accidents, war based crimes and events, journalism-related material that shows blood, gore and guts, misguided health information, surgery recommendations, exploitation material, radicalised material, gambling-related adverts and information, and gaming related harms. Recently encountering children under 10 who access peer-to-peer environments in VR and share intimate encounters with adults (VR-avatar sex)

The prevalence of this is based in small client cohorts who attend my clinic and are reporting their engagement with such material and this is not collected in a recorded manner (eg I do not have search results from the child's device). Children report they find this material on google, Facebook, Tiktok, Oculus/PS4, and gaming environments such as Roblox. Social media platforms such as Youtube and Discord are rated as the space in which this material is encountered at the highest rate.

Question 7: Can you provide any evidence relating to the impact on children from accessing content that is harmful to them?

Is this a confidential response? (select as appropriate)

No

PhD evidence: I am currently undertaking a PhD study in this area with evidence arising from children as young as 7 who report being harmed by gaming, video content and images. After a decade of working with children in clinical settings who encounter the direct impact of harm, who report; (cyber)trauma and PTS-D-like symptoms, emotional dysregulation, school avoidance, sleep disorders, anxiety, worries, nightmares, flashbacks, night terrors, eating disorders, body-related dysfunction such as IBS/stomach aches following viewing and engaging with such material. Re-enactment of pornography (in a 6 and 8-year-old and a number of 9 and 10-year-olds) gender dysphoria, body dysmorphia, health harms after ingesting alcohol and products containing alcohol or washing machine detergent, cinnamon and cough syrup. Self-harm using methods learned online, children who run away after having devices confiscated, or are given multiple devices by perpetrators, cyberbullying and children being exploited and selling images of body parts other than genitalia. Gaming-related stressors and emotionally heightened issues within homes, fighting, violence to parents and siblings or peers in residential settings, missing from school/home, repetition of hate speech, abusive language including sexualised content in schools from children under 7.

Harm to children, theory and findings: Younger children report the impact in a varied manner compared to older children, and this is due to psychosomatic responses being more prevalent in younger children compared to the ability of an older child who often has more verbal fluency and cognitive understanding of the reactions, responses and

impact they feel. Children with SEN, trauma, neurodivergent thinking, adversity and those who are classified as vulnerable (legal definition) report harm as having a longer-lasting impact, and often report PTS type reactions (as above)

Harm to children is not necessarily based on the type of content as defined by primary priority or priority content categories. The impact is based in child development, resilience, inner resources and stability of adults to be able to support a child. However, primary priority content is often reported much faster by the children, seemingly based on the education they receive about it.

Survey Evidence: I have overseen the language and approach used for two (trauma-informed) surveys called 'if not know when?' which have taken place in the last 2 years and are presenting evidence of harm to children from the ages of 6 upwards. Available from Online Safety UK (www.onlinesafetyuk.com)

Practice and Survey evidence: I am overseeing the digital harms stream for West Yorkshire Health and Care Partnership, Trauma-informed County project, which has involved further studies supported by the VRU and is evidencing harm to children and young people as part of this project. The reports can be obtained from Social Finance, though these are mainly applicable to West Yorkshire at this point in time.

Written evidence in the public domain: I have presented some of the evidence from clinical practice and theory in a further two books written for Routledge Psychology

Note: The impact on the child is often based on extraneous and external factors also as well as the material encountered, and there can be the same level of impact from illegal priority content as legal and harmful content and material viewed.

Is this a confidential response? (select as appropriate)

No

This is not fully understood by services, as robust, longitudinal research and clinical research is lacking with the harms identified above and so screening for these would require training in trauma, PTS-D in children when using these online spaces. This may be too complex for services to do and is much more about evidence-based responses to the Bill/organisations at this stage. I feel much of the harm assessment tools or processes currently in place lack child development and trauma as a lens with which to assess such impact. Speculation about harm when delivered and shared by the mainstream media does little to help this area.

Question 8: How do services currently assess the risk of harm to children in the UK from content that is harmful to them?

Services themselves do not seem to know how to assess for these harms and so questions are often omitted, insufficient, or biased in their presentation. It is difficult to screen without asking leading questions which can also be problematic.

Question 9: What are the exacerbating risk factors services do or should consider which may have an impact on the risk of harm to children in the UK?

Is this a confidential response? (select as appropriate)

No

The provision of services that allow User-generated content to be hosted, shared, downloaded or re-uploaded without adequate safeguards, such as age verification, ISP or address-based identification processes creates a space where children can access this material easily. Furthermore, the lack of safeguarding processes (age/watershed/identification) to watch or view content that is lacking in age ratings means that children can view material suitable for audiences that would be rated in the same way as Cinema, TV or Video. Material that is uncovered, autoplays or lacks cognitive type obstacles to view, allows for easy access to material that could otherwise be difficult or creates friction with which to access. Where age ratings can or are used there are currently what feels like a lack of identification or friction based steps in place which create access to such material.

Question 10: What are the governance, accountability and decision-making structures for child user and platform safety?

Is this a confidential response? (select as appropriate)

No

I would suggest that a developmental lens is used to create systems where children will be, so that adequate thinking about trauma, abuse and neglect is considered as this can lead to circumnavigation, parental neglect or lack of guidance or access to the material (and spaces where people educate children in how to avoid detection). Platforms consider and create the systems they want to put into place should a child encounter this type of material and make this accessible for other platforms to emulate and or improve on. Collaboration in how to protect children needs to be at the heart of these decisions, structures and governance.

Question 11: What can providers of online services do to enhance the clarity and accessibility of terms of service and public policy statements for children (including children of different ages)?

Is this a confidential response? (select as appropriate)

No

Evidence in education suggests that children understand simple terminology (eg Feynman techniques, SEN education policies and KCSIE legislation). Using accessible language and define jargon or terms that are legal, confusing or may not be understood by a child or vulnerable adult. Too often children and parents in my practice are confused by terms like privacy and data, information use, opt-out and in clauses, standard clause certificates, privacy policies and more.

Question 12: How do terms of service or public policy statements treat 'primary priority' and 'priority' harmful content?[1]

Is this a confidential response? (select as appropriate)

[Please select]

Question 13: What can providers of online services do to enhance children's accessibility and awareness of reporting and complaints mechanisms?

Is this a confidential response? (select as appropriate)

[Please select] No
Education from campaigns, adverts, easy-to-find report mechanisms, easy to understand processes (jargon removed) and a follow up process that can signpost to support services

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[1] See A1.2 to A1.3 of the call for evidence for more information on the indicative list of harms to children.

Question 13: What can providers of online services do to enhance children's accessibility and awareness of reporting and complaints mechanisms?

Question 14: Can you provide any evidence or information about the best practices for accurate reporting and/or complaints mechanisms in place for legal content that is harmful to children, or users who post this content, and how these processes are designed and maintained?

Is this a confidential response? (select as appropriate)

No

Children report (aka disclosing) when they feel safe with a trusted other and have some information about the process. This is often how disclosures of sexual, and domestic abuse or neglect take place in the real world with practitioners. Information about harmful material reports can be difficult to design as this would likely increase reporting if such material.
However again this is where a developmental lens can be appropriate to assist children who may feel scared, have educational or learning needs, may be worried about the process and think they may get into trouble for telling. This is what I am told by children about why the don't report. (they also believe their devices will be taken from them too)

Question 15: What actions do or should services take in response to reports or complaints about online content harmful to children (including complaints from children)?

Is this a confidential response? (select as appropriate)

No

Children need to feel informed throughout a process to make the decision to report in the first instance. If their experiences so far are reporting material and getting no response from the platform (this often happens to me let alone children) then it can feel like the matter is not important, and so when there is a big, difficult or important issue to report their past experience forms the decision making for the next one.

The provision of explanations can go a long way to create an atmosphere of making the child feel heard.

Question 16: What functionalities or features currently exist that are designed to prevent or mitigate the risk or impact of content that is harmful to children? A1.21 in the call for evidence provides some examples of functionalities.

Is this a confidential response? (select as appropriate)

[Please select]

Question 17: To what extent does or can a service adopt functionalities or features, designed to mitigate the risk or impact of content that is harmful to children on that service?

Is this a confidential response? (select as appropriate)

[Please select]

Question 18: How can services support the safety and wellbeing of UK child users as regards to content that is harmful to them?

Is this a confidential response? (select as appropriate)

No

Question 18: How can services support the safety and wellbeing of UK child users as regards to content that is harmful to them?

Wellbeing is more than signposting to services, though this is a helpful aspect of a reporting process. Understanding that children find all manner of things harmful means this is going to require a developmental lens applying to welfare and wellbeing. The provision of kite marked/established and evidenced supportive education is one level of ensuring that when a child sees something they feel is harmful to them that they know they are not weird, weak or stupid. Normalising the practice of reporting and staying in touch with children to guide them through the entire process is child-centred and focused on their wellbeing.

Question 19: With reference to content that is harmful to children, how can a service mitigate any risks to children posed by the design of algorithms that support the function of the service (e.g. search engines, or social and content recommender systems)?

Is this a confidential response? (select as appropriate)

[Please select]

Question 20: Could improvements be made to content moderation to deliver greater protection for children, without unduly restricting user activity? If so, what?

Is this a confidential response? (select as appropriate)

[Please select]

Question 21: What automated, or partially automated, moderation systems are currently available (or in development) for content that is harmful to children?

Is this a confidential response? (select as appropriate)

[Please select]

Question 22: How are human moderators used to identify and assess content that is harmful to children?

Is this a confidential response? (select as appropriate)

[Please select]

Question 23: What training and support is or should be provided to moderators?

Is this a confidential response? (select as appropriate)

No

Trauma-applied and wellbeing education by practitioners versed in this area and through regular supervisory services that are trauma-informed and applied. Recognition of what harm actually is and how this shows up in the body, relationships, brain plasticity, work and life. How to ensure they can access the best versions of themselves (psychological aspects and flow-trigger processes) through acknowledging Cybertrauma and vicarious burnout before the before. Learn what afterburn is and why this is toxic. Have services that are horizontal, not hierarchical and have a policy of empathy, and compassion with workplace resilience in all embers of staff from recruitment to role. Interviews that assess for a proclivity to burnout via child trauma-and attachment-based questionnaires.

Question 24: How do human moderators and automated systems work together, and what is their relative scale? How should services guard against automation bias?

Is this a confidential response? (select as appropriate)

[Please select]

Question 25: In what instances is content that is harmful to children, that is in contravention of terms and conditions, removed from a service or the part of a service that children can access?

Is this a confidential response? (select as appropriate)

[Please select]

Question 26: What other mitigations do services currently have to protect children from harmful content?

Is this a confidential response? (select as appropriate)

[Please select]

Question 27: Where children attempt to circumvent mitigations in place on a service, what further systems and processes can a service put in place to protect children?

Is this a confidential response? (select as appropriate)

[Please select]

Question 28: Other than those covered above in this document (the call for evidence), are you aware of other measures available for mitigating the risk, and impact of, harm from content that is harmful to children?

Is this a confidential response? (select as appropriate)

No

Education for children, through conversations at home and in education settings by practitioners who understand the motivations and desires of children and can discuss with them, behaviours that are based in attachment, risk taking, connection seeking and how their brains and bodies work. Current education in online behaviours and e-safety tends to follow a 'don't do' approach. Child development is key to changing behaviours.

Upon accessing harmful material the space around online harms currently feels punitive and pathologising towards children (and parents) and so reporting and discussions of this result in similar patterns to child abuse. Shame precedes silence and being able to support a child to prevent PTS-D and trauma requires the ability to feel safe and have conversations.