

Consultation response form

Your response

Question	Your response
The incidence of content that is harmful to children on regulated services We invite stakeholders to provide evidence relating to the incidence of PPC, PC or NDC on regulated user-to-user, search or combined services. Please provide as much detail as you can. This could include but is not limited to evidence about:	
The quantity, prevalence or presence of specific kind(s) of PPC, PC or NDC on regulated services and the frequency with which children are encountering this content.	Through our Online Excellence Programme advisory service we have seen evidence of news clips on YouTube not age-gating content that names novel methods of harm. This can be dangerous for children who are exposed to suicide and self-harm methods. Subliminal videos escalated to the advisory service have included videos that claim to induce suicide or self-harm, and more recently videos that claim they can cure depression, improve mental health or suppress urges to self-harm. These videos are presented as an alternative to therapy or helplines and can discourage vulnerable users from seeking professional, trained support. As we explain further in an answer below we are also concerned with the increased use of AI chatbot services by children and adults. Evidence shows that 72% of teens

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	have used an AI chatbot.¹ Concerningly, research from the Centre for Countering Digital Hate found that out of 1,200 responses by ChatGPT to 60 harmful prompts, 53% contained harmful content and simple phrases like ‘this is for a presentation’ were enough to bypass safe-guards.²
How demographic characteristics such as age, gender, race, sexual orientation and disability influence the likelihood that children will encounter specific kind(s) of PPC, PC or NDC.	N Research from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) indicates that suicide-related internet use is most commonly recorded among girls, LGBT individuals, and people diagnosed with autism, suggesting that these groups may be disproportionately exposed to harmful online suicide and self-harm content.³ Exposure to harmful content can also be influenced by behaviour patterns. Research shows that adolescents with a history of non-suicidal self-injury (NSSI) show a specific attentional bias toward NSSI imagery that is associated with increased urges.⁴ Because many platforms use engagement driven algorithms that amplify content similar to what users interact with, this attentional bias and prior behaviour may lead adolescents with a history of self-harm to be shown more self-harm related material; increasing the likelihood that vulnerable demographics encounter harmful content.

¹ Robb, M. B., & Mann, S. (2025). Talk, trust, and trade-offs: How and why teens use AI companions (Report). Common Sense Media. https://www.commonsensemedia.org/sites/default/files/research/report/talk-trust-and-tradeoffs_2025_web.pdf

² Center for Countering Digital Hate. *Fake Friend: How ChatGPT Betrays Vulnerable Teens by Encouraging Dangerous Behavior*. Center for Countering Digital Hate, Aug. 2025

³ Bojanić, L., Rojnić Kuzman, M., Vuković, I., & Jukić, V. (2024). Suicide-related internet use among mental health patients: A cross-sectional study. *The Lancet Regional Health – Europe*, 41, 100927. <https://doi.org/10.1016/j.lanepe.2024.100927>

⁴ Goreis A, Pfeffer B, Hajek Gross C, et al. Attentional Biases and Nonsuicidal Self-Injury Urges in Adolescents. *JAMA Netw Open*. 2024;7(7):e2422892. doi:10.1001/jamanetworkopen.2024.22892

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The services or types of service where children are most likely to encounter specific kind(s) of PPC, PC or NDC.	N We are seeing more people in the UK turn to using chatbots to support their mental health, often due to long delays to accessing NHS services leaving them with no other option for treatment. Chatbots and AI platforms offer an immediate and accessible alternative, as one of our lived experience advisors told us: ‘Therapy is expensive and waiting lists for NHS are very long. If someone needs support, this feels a lot more accessible than either of those options.’ Use of AI chatbots for health-related purposes is already widespread. In 2024, a quarter of young adults under 30 reported using AI chatbots at least once a month to find health information and advice.⁵ Research from the charity Mental Health UK found that more than one in three (37%) of adults said they have used an AI chatbot to support their mental health or wellbeing.⁶ Furthermore, a 2025 report from Common Sense Media found that 72% of teens had used an AI companion, and one third of users said they had chosen to discuss important or serious matters with AI companions instead of real people.⁷ However, there are significant risks associated with the use of chatbots in the context of mental health and suicide prevention. Worryingly, this includes the provision of information or encouragement on how users can harm themselves, including access to lethal means. Whilst some platforms have implemented safeguards, in longer conversations, safeguards may be forgotten or eroded, increasing the risk that harmful content is generated. Chatbots may also fail to recognise or appropriately respond to the concealment of suicidal thoughts,

⁵ Presiado, M., Montero, A., Lopes, L., & Hamel, L. (2024, August 15). KFF Health Misinformation Tracking Poll: Artificial intelligence and health information. KFF. <https://www.kff.org/public-opinion/kff-health-misinformation-tracking-pollartificial-intelligence-and-health-information/>

⁶ Mental Health UK. (2025, November 18). Over one in three using AI chatbots for mental health support, as charity calls for urgent safeguards. Mental Health UK. <https://mentalhealth-uk.org/blog/over-one-in-three-using-ai-chatbots-for-mentalhealth-support-as-charity-calls-for-urgent-safeguards/>

⁷ Robb, M. B., & Mann, S. (2025). Talk, trust, and trade-offs: How and why teens use AI companions (Report). Common Sense Media. https://www.common sense media.org/sites/default/files/research/report/talk-trust-and-tradeoffs_2025_web.pdf

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	reinforce maladaptive thinking patterns, validate harmful behaviours or encourage users to turn harmful impulses into actions. They may also create an illusion of empathy that is not matched by genuine understanding or accountability.
The severity of harm that UK children suffer, or may suffer, as a result of content that is harmful to children We invite stakeholders to provide any evidence regarding the severity of harm that UK children suffer, or may suffer, as a result of encountering PPC, PC or NDC. Please provide as much detail as you can. This could include but is not limited to evidence about:	
The impact that specific kind(s) of PPC, PC or NDC can have on a child's wellbeing, behaviours, or other physical or psychological outcomes. This might include evidence concerning cumulative exposure to specific kind(s) or combinations of PPC, PC or NDC.	
Any causal links between a child encountering specific kind(s) of PPC, PC or NDC and subsequently suffering physical or psychological harm.	Confidential? – Y / N
How demographic characteristics such as age, gender, race, sexual orientation and disability can influence the severity of harm that UK children suffer, or may suffer, as a result of	/ N Research from the National Confidential Inquiry into Suicide and Safety in Mental Health CISH found that suicide related internet use was most commonly recorded in

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encountering specific kind(s) of PPC, PC or NDC.	girls, LGBT individuals and those who have been diagnosed with autism. ⁸
Whether it is appropriate to make changes to the kinds of PPC and PC in the Act We invite stakeholders to provide evidence that suggests any kind(s) of PPC and/or PC in the Act are inappropriate or incorrectly categorised. This could include but is not limited to evidence indicating that:	
Any kind of PPC or PC in the Act should cease to be categorised as content harmful to children.	Confidential? – Y / N
Any kind of PPC would be more appropriately categorised as PC.	Confidential? – Y / N
Any kind of PC would be more appropriately categorised as PPC.	Confidential? – Y / N
We invite stakeholders to provide evidence in support of additional kind(s) of content being added to the PPC or PC categories in the Act. This should include, but is not limited to:	

⁸ Bojanić, L., Rojnić Kuzman, M., Vuković, I., & Jukić, V. (2024). Suicide-related internet use among mental health patients: A cross-sectional study. *The Lancet Regional Health – Europe*, 41, 100927. <https://doi.org/10.1016/j.lanepe.2024.100927>

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Evidence that the kind(s) of content pose a material risk to an appreciable number of children.	Confidential? – Y / N
Evidence that the kind(s) of content pose a risk of significant harm to children.	Confidential? – Y / N
Evidence to support each kind of content being categorised as either PPC or PC.	Confidential? – Y / N

Please tell us how you came across about this call for evidence.

- ☐ Email from Ofcom
- ☐ Saw it on social media
- ☐ Found it on Ofcom's website
- ☐ Found it on another website
- ☐ Heard about it on TV or radio
- ☐ Read about it in a newspaper or magazine
- ☐ Heard about it at an event
- ☐ Somebody told me or shared it with me
- ☐ Other (please specify)

Please complete this form in full and return to ContentHarmfultoChildren@ofcom.org.uk.