

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:	Research into children's online experiences consistently demonstrates that many harmful encounters occur without deliberate search behaviour. Children frequently encounter harmful material through recommendation systems that organise feeds, search results, and suggested content streams. Recommendation algorithms are designed to maximise engagement by identifying content that sustains attention and emotional intensity. In practice, this often leads to the amplification of material relating to themes such as emotional distress, self-harm narratives, body dissatisfaction, or extreme dieting practices. Children experiencing ordinary adolescent distress may therefore be drawn into clusters of content framed as "coping mechanisms" or "support communities" but which gradually normalise or encourage harmful behaviour. The incidence of such encounters is therefore closely connected to the design of recommendation systems. Harmful material becomes visible not merely because it exists but because algorithmic systems identify vulnerable users and prioritise emotionally charged content likely to maximise engagement. This mechanism suggests that measuring the incidence of harmful content purely by the quantity of harmful material available online may underestimate the true scale of risk. The critical factor is not only the existence of harmful content but the <i>probability</i> that recommendation systems will deliver such content to vulnerable users.
The quantity, prevalence or presence of specific kind(s) of PPC, PC or NDC	Confidential? –N

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on regulated services and the frequency with which children are encountering this content.	Incidence must be measured by Algorithmic Velocity rather than static presence. GPT-5's 53% failure rate shows that models generate PPC dynamically.
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.	Confidential? – N N/A
The services or types of service where children are most likely to encounter specific kind(s) of PPC, PC or NDC.	Confidential? – N
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 harms associated with exposure to online material relating to self-harm, suicide, or eating disorders can be severe and long-lasting. Exposure may contribute to the normalisation of harmful behaviour, reinforce feelings of hopelessness or body dissatisfaction, and create online environments in which harmful behaviours appear socially validated. However, the severity of harm is often shaped by patterns of repeated exposure rather than isolated encounters. When algorithmic systems repeatedly recommend related content, children may experience escalating engagement with harmful narratives. Over time, this can produce immersive environments in which harmful behaviour is normalised through repetition and peer validation. This pattern resembles what public-health researchers describe as <i>cumulative exposure risk</i>, where harm emerges gradually through repeated reinforcement rather than through a single event. In digital environments structured by algorithmic recommendation, this form of cumulative exposure may be particularly difficult for children to recognise or escape. Consequently, the severity of harm cannot be understood solely in relation to the intrinsic harmfulness of individual pieces of content. It must also be understood in

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	relation to the systemic amplification mechanisms that produce sustained exposure.
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.	Confidential? –N Severity is cumulative; a "Recommended for You" loop of 50+ body-image-shaming posts (NDC) creates a physiological stress response identical to explicit PPC.
Any causal links between a child encountering specific kind(s) of PPC, PC or NDC and subsequently suffering physical or psychological harm.	Confidential? –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 encountering specific kind(s) of PPC, PC or NDC.	Confidential? –N
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:	Generative AI systems introduce new dimensions of risk for children. Unlike traditional social media feeds, conversational AI systems interact directly with users and can simulate empathy, emotional validation, and personalised guidance. These systems are typically designed to sustain conversation and maintain engagement. As a result, they may respond sympathetically to expressions of distress or reinforce narratives presented by the user. While such responses may appear supportive, they can create risks for vulnerable users. In some cases, conversational systems may inadvertently reinforce harmful beliefs or validate maladaptive coping strategies. Because the interaction is personalised and conversational, the user may perceive the system as a supportive interlocu-

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	tor rather than as an automated system. This dynamic introduces the possibility of self-reinforcing interaction loops, in which harmful ideation is repeatedly mirrored or validated by the system. For young users seeking guidance or emotional support, this may increase psychological reliance on AI systems and deepen engagement with harmful narratives. Such risks highlight the need for regulatory frameworks that consider interactive AI systems alongside traditional user-generated content platforms.
Any kind of PPC or PC in the Act should cease to be categorised as content harmful to children.	Confidential? –N
Any kind of PPC would be more appropriately categorised as PC.	Confidential? –N
Any kind of PC would be more appropriately categorised as PPC.	Confidential? –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:	Policy Recommendations 1. <i>Upgrade Body Stigma Content to PPC:</i> Given the 2026 evidence that these filters are functionally identical to eating disorder instructions in their impact on child health. 2. <i>Strict Liability for "Helpful" AI:</i> Any AI that utilizes "conversational persistence" (follow-up questions) during a sensitive mental health query should be subject to immediate HET penalties. 3. <i>Mandatory Transparency:</i> Ofcom must have the power to subpoena internal "red-teaming" logs to prevent the kind of data suppression revealed in the Zuckerberg testimony. I strongly recommend upgrading "Appearance-Altering Algorithms" (Body Stigma content) to PPC. These filters are "gateway drugs" to eating disorders, and their promotion to minors should trigger the "Highest Duty of Care".

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	Ofcom should define "Safety" by the absence of financial incentives for harm. Effectiveness should be measured by a platform's willingness to implement "Friction" —such as mandatory pauses in scrolling—even when it reduces profit.
Evidence that the kind(s) of content pose a material risk to an appreciable number of children.	Confidential? –N
Evidence that the kind(s) of content pose a risk of significant harm to children.	Confidential? –N
Evidence to support each kind of content being categorised as either PPC or PC.	Confidential? –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.