

SUMMARATIVE OVERVIEW

This article entails a nine-year review of research; firstly, focusing on 2018 findings of selected age groups and findings from the control groups. Individuals focused on perceptions of themselves, and their social and peer pressure influences. On a consistent basis, these children revealed low self-esteem and a high risk of vulnerability to bullying. The low self-esteem predisposed them to a myriad of behaviors and influences, that in each individual situation, allowed them to be bullied or become a contributing factor to bullying. Feeling insecure of themselves and their physical appearances and the fear of not being accepted by their peers were dominant themes. The data revealed that the school aged children felt fearful of being alone or outcast; and to not participate meant that they might be targeted themselves. Data suggested bullying was consistent with someone who had something different; or appeared different, then the perceived norm. Fear of alienation from the peer group and becoming a victim themselves were the main themes as to why children participated as bystanders in the experience. They felt they had to still hold on to the element of social pressure and not support the victim.

Most of the students felt they could not stop the bullying and felt powerless. The school aged children demonstrated alienating behaviors, and varying degrees of aggressive behavior in school aged boys. Individuals that bullied expressed the lowest self-esteem and did not take accountability for their actions; however, were able to sustain their status in the social structure. It was revealed that these individuals had high levels of stress in their personal lives. The children who were victims had consistently low self-esteem and felt powerless and overwhelmed and totally detached from their peer group. Cyberbullying is also a consistently growing concern among school aged children.

The youth aged thirteen to eighteen revealed lower self-esteem than the school aged children. The teenagers presented with higher levels of stress and physical\mental signs of anxiety and depression. Teenagers showed a consistent attachment to influences from the peer group with regards to bullying; however, the main causative stressor was gossip, cyberbullying, and aggressive behavior from the males and females. The bully demonstrated a detachment and used excuses to validate their behavior. They sustained their position in the social structure. The bystanders participated passively through lack of action and participating in gossip or violence. The victim remained withdrawn and social isolation occurred in most situations []. Cyberbullying and slanderous comments (defamation of character) created a realm of anxiety and stress for teenaged youth. Lack of support, and\or lack of ability to cope, put them at risk for further social isolation and\or long-term problems with depression, drug dependency, and anxiety. The children and teenaged groups revealed bullying is a topic that nobody wants to discuss or be associated with. A control group of randomly selected individuals was used in this study.

THE EMBRACE HEALTH SELF ESTEEM ASSESSMENT TOOL

The Embrace Health Self-Esteem Assessment Tool comprises of measuring consistency of self perception, perception of physical appearance, emotional and mental health connectedness to self-esteem, role identification, social identification, ethical self, general health and wellness, home environment and supports. This tool, in conjunction with questionnaires and interviews, has provided significant data. To ensure clinical accuracy, the self esteem measurement scale is

an adaptable tool which comprises of a series of analysis based on subjective and objective data. Measurements on a scale of 0 to 5 provide benchmark responses, and correlates them to a score.

What constitutes a healthy self-esteem?

It is feeling level and well about oneself in a way that is realistic and encompasses positive responses. It is reflective to the whole self and all of the facets of self. Inclusive of roles and life experiences. An adaptive self-esteem can balance interpretation of stimuli and idealism and still feel sustained within their own self. Self-Esteem is constantly changing and evolving and is a state that can be nurtured and supported to enhance a more quality approach and experience in life. An adaptive self-esteem means something different to each individual and evolves and adapts through stages of the health-illness continuum.

Reflective Realities for Canadian Children and Youth

The children and youth of Canada are profoundly affected by low self-esteem. Its impact perpetuates the realm of bullying and significantly affects the wellbeing of children and youth

Embrace Health Self Esteem Research and Development has focused for nine years on the causative factors of low self esteem and its various stimuli. The Embrace Health Self Esteem Assessment Tool was developed to measure consistency and awareness of self perception, perception of physical appearance, emotional and mental health connectedness to self esteem, role identification, social identification, ethical self, health, wellness, and home environment and support structures.

This data has brought forth innovative correlations and strategies that impact bullying and mental health issues such as anxiety, depression, and suicide prevention.

Self esteem is an integral facet to the well being of children and youth in Canada. Based on the nine years of comprehensive research and development at Embrace Health, Canadian children and youth struggle with the sustenance of their individual self esteem.

This report will present the findings on contributing factors to low self esteem, and its direct relationship to bullying. Canadian children and youth are experiencing a perpetual state of low self esteem that is manifested by powerlessness and cycles of bullying. Bullying and its realms has become a dysfunctional way of displacing stress and is utilized as a defense mechanism. Putting others down builds the self-esteem of individuals who struggle with their own self-esteem. The bombardment of social norms, media, and lack of effective supports, has created a population plagued by self doubt and insecurity. Children and youth are unable to comprehend their own self worth and individuality.

Canadian children and youth are struggling with low self esteem, manifested by cycles of bullying. Bullying and its realms have become a dysfunctional way of displacing stress, acting as a defense mechanism. Belittling of others builds the self-esteem of individuals who lack self-esteem. The bombardment of social norms, media, and lack of effective supports, has created a population plagued by self doubt and insecurity. Children and youth struggle to comprehend their own self worth and individuality.

There is a tendency to generalize a solution for children and youth who are struggling with low self esteem and problems of bullying. This is problematic as each scenario and individual involves a unique response, perception, and position which ultimately cannot be resolved by the means of denial or referral to certain professional help. Until we recognize the

complexity of issues that affect children and youth, such as peer pressure to conform, stresses caused by real and perceived expectations, and the duality of identity politics perpetuated by one's presence (or lack thereof) on social media, our understandings of the repercussions of low self esteem and bullying will continue to exist on a one dimensional, ineffective plane – despite the multitude of factors and platforms catering to the vulnerable, developing minds of our youth. People are advocating for awareness, and yet there is a great disjunction and shallowness in their understanding; whereby the complexity and profoundness of human behavior in the age of social media and tech bombardment is underestimated in its impacts on a micro to macro level.

There exists an ignorance and denial based approach, which does not effectively address the complexity of self esteem as a driving force behind action, consequence, and the cycles of bullying. With the latest technology and social platforms, bullying and self esteem is extended to another dimension; whereby youth are inextricably concerned with their identity as it becomes intertwined to an existence on an online profile. No longer is it only a matter of dealing with physical and verbal abuse, but the possibility of sharing information as defamation of character becomes widespread. Furthermore, youth who do not participate in online activity will feel isolated or out of the current trend; and thus, compulsivity to constantly connect on a screen becomes the new norm of conversation and self validation. Our research illustrates the ignorance and inability to communicate; not only concerning the youth, but also the role of parental figures who play a critical role in their foundations and moral ground. In review our present understanding of self-esteem and its implications in the health and wellness of children and youth needs further awareness. Supporting reasonable strategies to be an individual and encouraging children and youth to nurture their own unique personalities and to build on strength and accept themselves is an essential first step. Self awareness and self-reflection exercises can facilitate a review of oneself and goals and or personal traits both physically and psychologically. It can be a measurable reality check that can help reduce stress and support one's overall self-esteem. It can be challenging due to the fact so much of our formative thought processes involve subliminal norms and concepts of association of the way we believe someone or something should look or be like. These are societal norms; it is making these subconscious connections brought to the level of conscious awareness that individuals can see with more clarity. First step is for each child or youth to feel better about their own individuality.

Embrace Health has worked diligently at Self-Esteem Research and the Development of data and strategies to support building stronger more resilient children and youth. We have comprehensive programs that support positive conflict resolutions and open the perspectives to understanding oneself to a higher level through self-esteem support and self actualization. These supports make children and youth feel more confident and positive with themselves which facilitates better health and wellbeing and less need to bully in general. Focusing on the individuality of oneself opens perspectives to the individuality of others.

Embrace Health has many creative approaches and plans to bring awareness and advocacy to the need to be kind and show empathy and respect each others individuality. Our mission and focus is to put a conscious end to bullying. The dysfunctional patterns need to stop and be replaced with positive affirmations like the strategies at Embrace Health. We shall continue to advocate and pursue policy and law advancements to facilitate change. We advocate that our programs be implemented and mainstreamed through all schools and communities to embrace the lives of Canadian children and youth. Embrace Health shall form partnerships and make positive differences. We have the solutions and supports Canadian children and youth need to be healthy and adaptable young people now and in the future.

Self Esteem On The Decline: Brief Summary of Findings

Figure 1: Overview of Self-Esteem Assessment Analysis for Children Ages 5-7

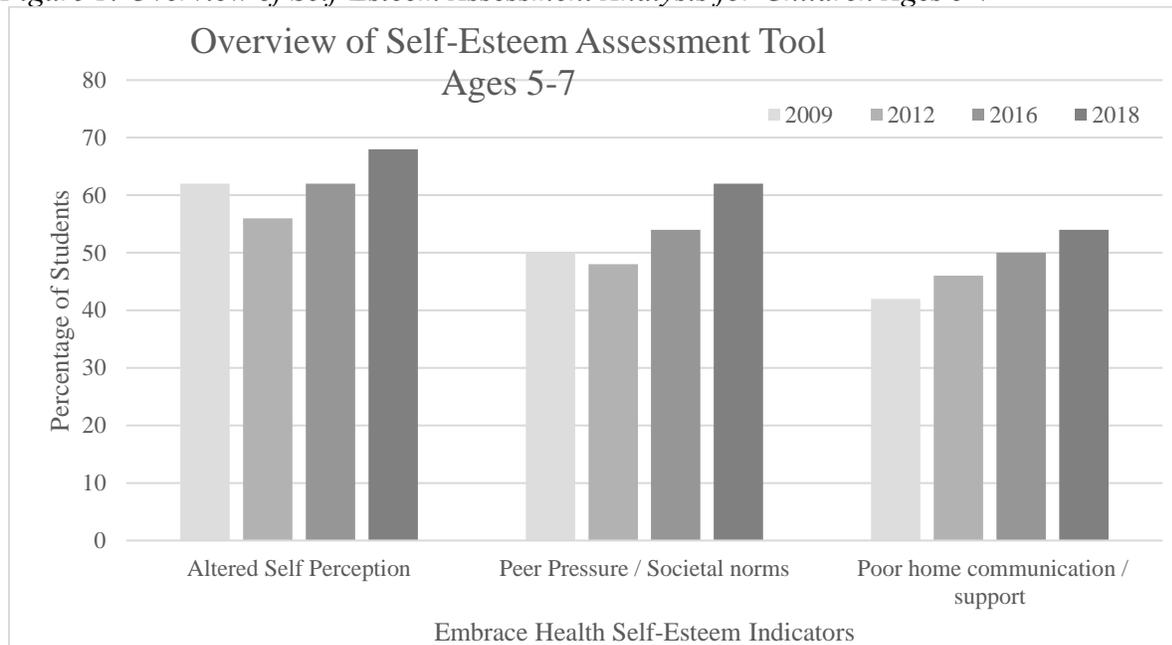


Figure 1: Percentages are based on the Embrace Health Self Esteem Assessment Tool indicators relative to self perception (altered self perception); social identification (peer pressure and societal norms); and home environments, communications and supports (poor home communication). Measurement determined according to a scale of 0 to 5. Findings were all below 2, indicating low self esteem, feelings of powerlessness, increased social and peer influences, fear, anxiety, stress, depression, and increased occurrences of bullying. Inability to communicate and/or find comfort in home environment leading to lack of support lead to increased anxiety and stress for youth; for issues on bullying and stresses. For altered self perception, students had negative responses regarding themselves concerning body image or general self; comparing themselves to others, and finding discontent with their own selves. For 2009, 62% of the students stated negative comments about themselves, and finding discontent. By 2018, a 6% increase in altered self perception was demonstrated. Social identification (peer pressure \ societal norms) revealed most students rated between 1 and 2, which supports low self esteem with social identification.

Indicators of social identification reveal that self esteem is heavily influenced by social media and peer pressure. Students extremely attached to their peers; students feeling pressure to constantly conform; and shifts in peer dynamics create high stress. In 2009, 50% of five to seven year olds scored low self esteem (indicated by a 1 and 2); expressed “not wanting to be alone” and “had to be with friends”; revealing significant impacts caused by social media, social activity, and peer dynamics. The indicator of Home Environment, Communication and Support revealed it was difficult for the children to find support about bullying or other social stresses. Families would talk briefly and try to encourage new friends. Families have difficult time talking about it and providing life skills. Families just want them to find new friends.

Figure 2: Overview of Self-Esteem Assessment Analysis for Children Ages 8-12

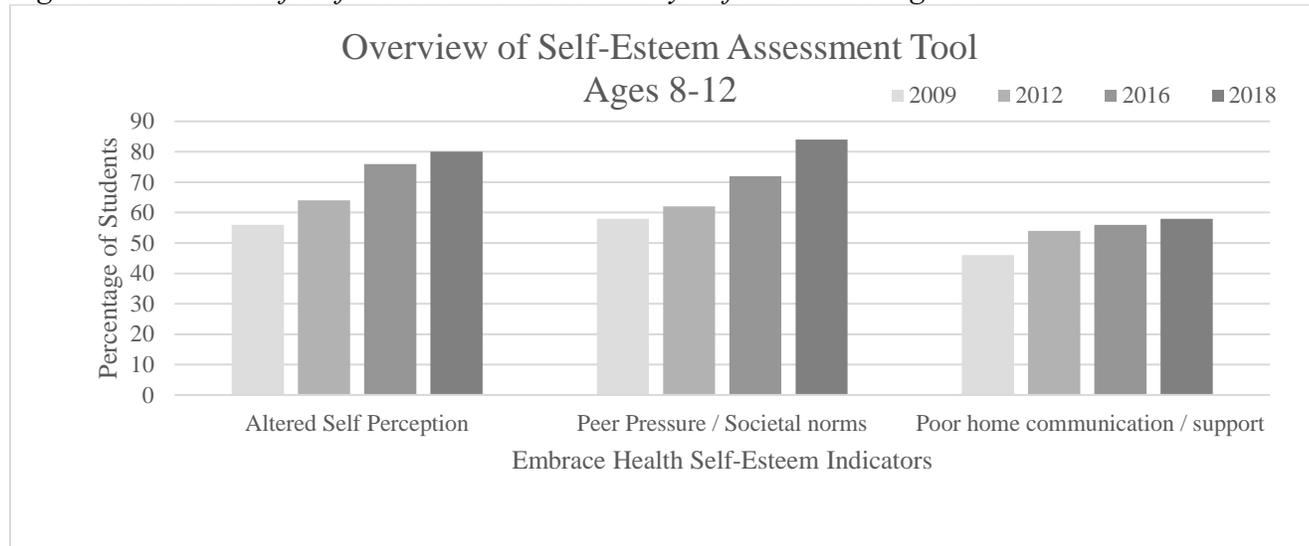


Figure 2: Percentages are based on the Embrace Health Self Esteem Assessment Tool indicators relative to self perception (altered self perception); social identification (peer pressure and societal norms); and home environments, communications and supports (poor home communication). Measurement determined according to a scale of 0 to 5. Findings were all below 2, indicating low self esteem, feelings of powerlessness, increased social and peer influences, fear, anxiety, stress, depression, and increased occurrences of bullying. Inability to communicate and/or find comfort in home environment leading to lack of support lead to increased anxiety and stress for youth; for issues on bullying and stresses. For altered self perception, students had negative responses regarding themselves concerning body image or general self; comparing themselves to others, and finding discontent with their own selves. For 2009, 56% of the students stated negative comments about themselves, and finding discontent.

Significant decreases in self esteem by a 24% margin. By 2018, 80% of students revealed altered self perception. Students revealed negative comments about body image and wanting to “look different” or “change” parts of their appearance “to fit in”. Social identification (peer pressure \ societal norms) revealed most students rated between 1 and 2, which supports low self esteem with social identification. Indicators of social identification reveal that self esteem is heavily influenced by social media and peer pressure. Students extremely attached to their peers; students feeling pressure to constantly conform; and shifts in peer dynamics create high stress. In 2009, 58% of eight to twelve year olds scored low self esteem (indicated by a 1 and 2); expressed despair “when not with a group” and “had to be communicating with peers”; revealing significant impacts caused by social media, social activity, and peer dynamics. The indicator of Home Environment, Communication and Support revealed that most students wanted to “not discuss issues with family” and found it “hard to bring up topics most of the time”. Families find it difficult to discuss certain topics and communication was difficult. Bullying was a topic hardly spoken about. Students revealed they spent minimal time talking about life skills and conflict resolution with their families. Students did not want all the attention cause it makes it worse.

Figure 3: Overview of Self-Esteem Assessment Analysis for Children Ages 13-15

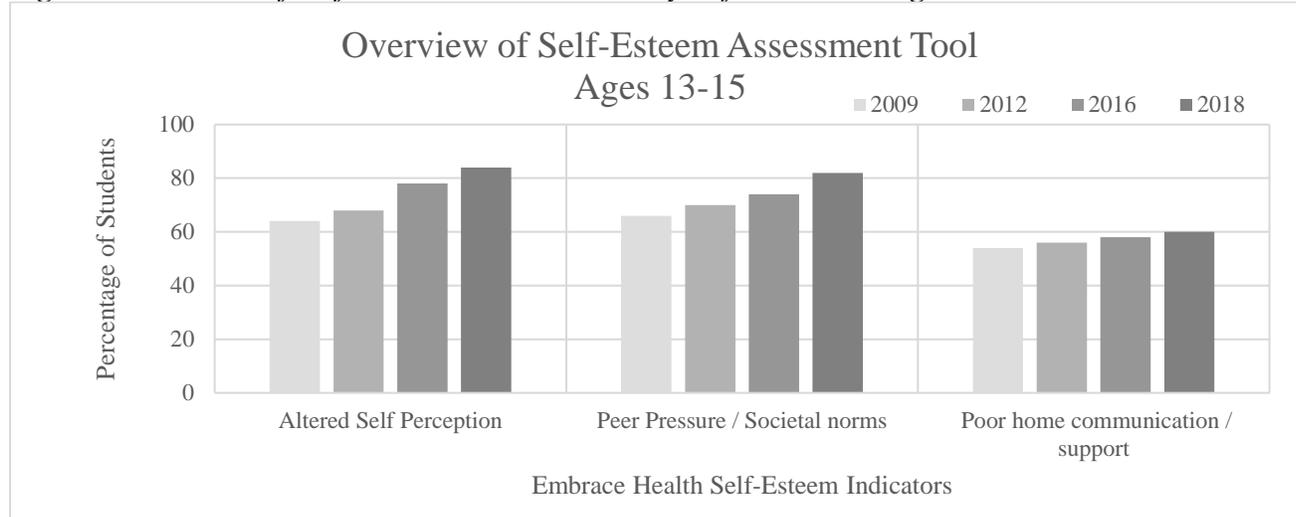


Figure 3: Percentages are based on the Embrace Health Self Esteem Assessment Tool indicators relative to self perception (altered self perception); social identification (peer pressure and societal norms); and home environments, communications and supports (poor home communication). Measurement determined according to a scale of 0 to 5. Findings were all below 2, indicating low self esteem, feelings of powerlessness, increased social and peer influences, fear, anxiety, stress, depression, and increased occurrences of bullying. Inability to communicate and/or find comfort in home environment leading to lack of support lead to increased anxiety and stress for youth; for issues on bullying and stresses. For altered self perception, students had negative responses regarding themselves concerning body image or general self; comparing themselves to others, and finding discontent with their own selves. For 2009, 62% of the students stated negative comments about themselves, and finding discontent.

Significant decreases in self esteem by a 20% margin. By 2018, 84% of students revealed altered self perception. Students revealed negative comments about body image and wanting to “look different” or “change” parts of their appearance “to fit in”. Social identification (peer pressure \ societal norms) revealed most students rated between 1 and 2, which supports low self esteem with social identification. Indicators of social identification reveal that self esteem is heavily influenced by social media and peer pressure. Students extremely attached to their peers; students feeling pressure to constantly conform; and shifts in peer dynamics create high stress. In 2009, 66% of thirteen to fifteen year olds scored low self esteem (indicated by a 1 and 2); they felt that they needed to be in a group and “always connecting with peers”; further revealing significant impacts caused by social media, social activity, and peer dynamics. The indicator of Home Environment, Communication and Support revealed that most students did not want to discuss things with family. Students chose not to seek support with family because it was difficult to discuss certain topics. Families find it difficult to discuss certain topics and communication was difficult. Bullying was a topic hardly spoken about. Students revealed they spent minimal time talking about life skills and conflict resolution with their families.

Figure 4: Overview of Self-Esteem Assessment Analysis for Children Ages 16-18

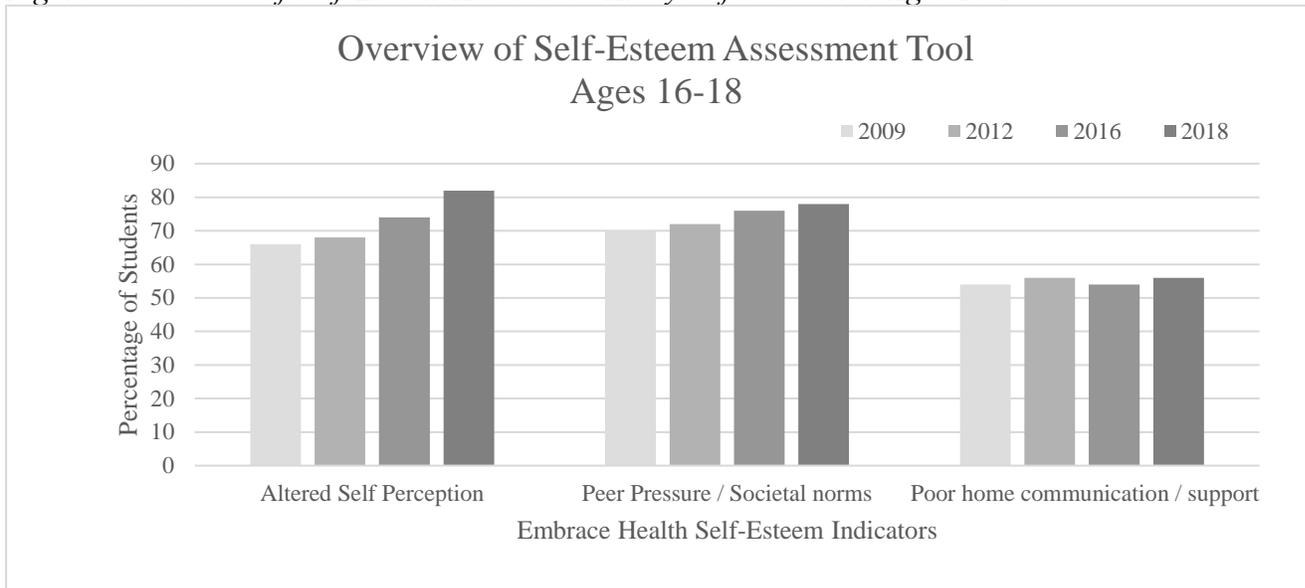


Figure 4: Percentages are based on the Embrace Health Self Esteem Assessment Tool indicators relative to self perception (altered self perception); social identification (peer pressure and societal norms); and home environments, communications and supports (poor home communication). Measurement determined according to a scale of 0 to 5. Findings were all below 2, indicating low self esteem, feelings of powerlessness, increased social and peer influences, fear, anxiety, stress, depression, and increased occurrences of bullying. Inability to communicate and/or find comfort in home environment leading to lack of support lead to increased anxiety and stress for youth; for issues on bullying and stresses. For altered self perception, students had negative responses regarding themselves concerning body image or general self; comparing themselves to others, and finding discontent with their own selves. Wanting to have plastic surgery and or admitting to dieting to an extreme. In 2009, 66% of the students stated negative comments about themselves, and finding discontent. Significant decreases in self esteem by a 16% margin. By 2018, 82% of students revealed altered self perception. Students revealed negative comments about body image and wanting to improve their appearance “to fit in”. behaviors of anorexia and bulimia revealed as pressures increased to look better. Social identification (peer pressure \ societal norms) revealed most students rated between 1 and 2, which supports low self esteem with social identification. Indicators of social identification reveal that self esteem is heavily influenced by social media and peer pressure.

Students extremely attached to their peers; students feeling pressure to constantly conform; and shifts in peer dynamics create high stress. In 2009, 66% of sixteen to eighteen year olds scored low self esteem (indicated by a 1 and 2); they felt that a peer group was necessary for survival and that they were always on social media connecting. The indicator of Home Environment, Communication and Support revealed that most students did not want to discuss things with family. Students did not want to discuss social things with parents or family, no matter what it was. Bullying was a topic hardly spoken about. Students revealed they spent minimal time talking about life skills and conflict resolution with their families.

PROLOGUE

EMBRACE HEALTH VITAL SIGNS REPORT TO FOLLOW.

Specific information; additional research to follow shortly.

Colorized graphs included on separate documentation to ensure full readability.

Indicators for stimuli affecting health and wellness of children and youth to be submitted.