Understanding Girls' Circle As An Intervention on Perceived Social Support, Body Image, Self-Efficacy, Locus of Control and Self-Esteem

A National Multi-setting Study of Changes in Adolescent Girls' Perceived Connection, Self-Perception and Body Image Utilizing The Girls' Circle Model.

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Abstract

The Girls' Circle is a support group for adolescent girls developed by Beth Hossfeld and Giovanna Taormina as a unique program that addresses the needs of girls by focusing on increasing connections, building empathic skills and developing resiliency. The present study evaluates the effectiveness of the Girls' Circle intervention on improving social support, body image, locus of control, self-efficacy, and self-esteem. Sixty-three girls from 9 support groups (comprising 5 - 15 girls each) across the United States completed the Multidimensional Scale of Perceived Social Support, the Body Parts Satisfaction Scale, the Nowicki-Strickland Personal Reaction Survey, Schwarzer's General Self-Efficacy Scale and the Rosenberg Self-Esteem Scale both before and after the 10 week Girls' Circle program. Results revealed a significant increase in social support, body image, and self-efficacy after completion of the program. Relevance, Theory, Methods, Results, Conclusion and Recommendations are discussed below.

Introduction

Adolescent girls face numerous challenges during the transition from childhood to adulthood (Feldman & Elliot, 1990; Gunnar & Collins 1988; Lerner & Foch, 1987). Threats to adolescent females' health and well being include suicide, substance abuse, sexually transmitted diseases, dieting, eating problems and eating disorders (Millstein, Petersen & Nightingale, 1993). Girls are three times more likely than boys to have experienced sexual abuse, a major pathway to delinquency (Office of Juvenile Justice Delinquency Prevention (OJJDP),1998). Many adolescent girls are victims or witnesses of violence and seek to leave home at an early age to escape the situation (Girls' Inc, 1998). Ten percent of girls between the ages of 15 and 19 years of age become pregnant (Kaiser Family Foundation,2003). Female adolescent peer relationships have been the source of numerous books and studies in recent years. Delinquency cases involving girls increased by 83 percent between 1988 and 1997 (OJJDP). Depression remains disproportionately high amongst adolescent girls, with about a 2 to 1 ratio of girls to boys with depression (Marcotte, Fortin, Potvin, & Papillon, 2002).

Girls' Circle

The Girls' Circle model, a structured support group for girls from 9-18 years, integrates relational theory, resiliency practices, and skills training in a specific format designed to increase positive connection, personal and collective strengths, and competence in girls. It aims to counteract social and interpersonal forces that impede girls' growth and development and has been utilized in a broad spectrum of settings with diverse populations and programs serving girls since 1994. The model intends to respond to recommendations from national organizations, including the National Council on Research for Women (NCRW,1998), the American Association of University Women (AAUW, 1991), the United Way of the Bay Area (2003), and the OJJDP (1998) that have pointed to the need for gender-relevant girls' programs that allow girls to voice their experiences, develop positive connections, and gain skills to pursue meaningful goals in education, careers, and relationships. While the programs in many youth-serving organizations aim to support girls, there are few studies to demonstrate the efficacy of a gender-specific model to support adolescent girls' development.

Theory

The Girls' Circle model is based upon the relational-cultural model of female psychology, identified and developed by Miller (1991) and further refined in relation to adolescent girls by feminist and relational theorists and scholars (Brown & Gilligan, 1992; Ward, 2000; Jordan, 1991, Ross, Leadbeater & Way, 1996; and others). "Relational-Cultural Theory (RCT) suggests that growth-fostering relationships are a central human necessity and disconnections are the source of psychological problems" according to the Jean Baker Miller Training Institute at Wellesley Stone Center. The theory views a girl's connections with others as a central organizing feature in her psychological make-up. The quality of these connections determines her overall psychological health, self-image, and relationships. Essential mechanisms of healthy connections include the capacity to voice experience honestly and to receive attentive, empathic listening. Lyn Mikel Brown and Carol Gilligan state that "connection and responsive relationships are essential for psychological development" and suggest the critical need for girls to have opportunity to experience authenticity within relationships with peers and adults, to counter the "crisis of connection" which characterizes adolescent female experience (Brown & Gilligan).

Within the relational-cultural theory, the Girls' Circle model aims to increase protective factors and reduce risk factors in adolescent girls, as defined by resiliency researchers such as Benard.(2004). Hallmarks of the development of resiliency in youth are high expectations, caring and support, and meaningful participation within their communities. Positive identification with one's own cultural, ethnic, or racial group increases resiliency traits as well (Benard). To this end, a key component in the model is the council type format of one group member speaking at a time, with the expectation of attentive listening from other participants. This form of

communication intends to increase empathy skills on the part of the listeners, as well as a mutual empathic understanding amongst the whole group. From the relational perspective, "the deepest sense of one's being is continuously formed in connection with others and is inextricably tied to relational movement. The primary feature, rather than structure marked by separateness and autonomy, is increasing empathic responsiveness in the context of interpersonal mutuality" (Jordan, 1997). Empathic connection is an integral aim of the Girls' Circle model, to increase girls' psychological health in its' entirety, including self-efficacy, self-esteem, locus of control, social support, and body image.

Self-Efficacy

A growing body of research indicates the powerful role which self-efficacy plays in shaping individual behavior and the successful achievement of one's goals. "Selfefficacy refers to beliefs in one's capabilities to organize and execute the course of action required to manage prospective situations (Bandura, 1995). In the research based on Bandura's social cognition theory, notions of one's personal competence are more important to one's academic achievement, for example, than one's actual ability (Pintrich & Schunk, 1996). Self-efficacy beliefs have been shown to be one indicator of adolescent development in family environments, school achievement, and peer or social self-efficacy (Bradley and Corwyn, 2001). A study of European American and African American children aged 10 to 15 years sought to understand the role of self-efficacy in mediating and moderating the relation between home environment and well-being. Self-efficacy beliefs were found to be important influences in the home environment. Family self-efficacy beliefs were a factor in healthy adolescent development, and related to overall home environment experiences. For European Americans family self-efficacy beliefs was also related to achievement in school. For the African American children, there was a similar relationship between family self-efficacy beliefs and home environment, and less of a direct relationship in student achievement. The researchers accounted for this difference with the suggestion that efficacy beliefs and outcome expectancies are both aspects of motivation to act, and that based on oppressive experiences, African American students may have less confidence in the rewards of their efforts in school, an institution associated with the dominant society.

Self-efficacy beliefs have also been shown to play a significant role in student achievement (Alfassi, 2003). One such study that demonstrated the instrumental role self-efficacy plays in student achievement compared the instructional practices in two remedial high schools in Israel for their role in student achievement, one which applied a structured academic program and the other a conventional approach. The achievement scores of thirty-seven students enrolled in the learner centered structured academic program were compared to 15 students enrolled in the conventional remedial school. The study results showed significantly greater achievement by students in the structured approach and supported the idea that instructional designs which aim to increase student mastery will improve self-efficacy which, in turn, is a strong influence on achievement.

Another study sought to determine the degree to which each of the constructs of self-efficacy, self-concept, valuing school, and self-efficacy regarding self-regulation influence prediction of ones' academic achievement. Participants were 529 students in a public middle school in the Northeast. Survey results confirmed the importance of positive self-efficacy beliefs in shaping predictive behavior among the students in academic as well as general well-being domains (Pajares, 2001).

Self Esteem

Research on female's psychological development identifies adolescence as the most pivotal and vulnerable time for females. (Kling, Hyde, Showers, & Buswell, 1999). At the same time, it is an especially important period for the formation of selfesteem. However, research has indicated that adolescent girls experience a "freefall in self-esteem from which some will never recover" (Orenstein, 1994). For instance AAUW (1990) conducted a study on approximately 3,000 that focused on attitudes toward the self, family, friends, and school. Results revealed that adolescent girls experience a rapid decline of self-esteem. Moreover, lower levels of self-esteem have been correlated with a wide range of negative outcomes, including higher rates of teenage pregnancy, alcohol and drug abuse, juvenile delinquency, suicide, depression, social anxiety, and alienation (Gurney, 1986). Self-esteem has also been shown to be related to adolescent's body image dissatisfaction and dieting. Adolescents who report higher levels of body image dissatisfaction and dieting also report poorer self-esteem and are generally dissatisfied with other aspects of their lives (e.g., Folk, Pederson, & Cullari, 1993; Kelly, Ricciardelli, & Clarke, 1999; Lawrence & Thelen, 1995; Mendelson & White, 1982; Mendelson, White, & Mendelson, 1996).

Body Image

Body image is a person's mental concept of his or her physical appearance, constructed from many different influences. Female adolescents' body images are often distorted due to peer and self-esteem (having a good opinion of one's self; self-complacency) influences. Negative body image can lead to eating disorders (Cash & Lavallee, 1997), depression, social-evaluative anxiety, sexual difficulties, and poor self-esteem (Cash, 1990). Perception of one's physical appearance has been consistently recognized to be the number one factor in predicting self-esteem (Harter, 2000), as well as associated with the onset of adolescence and pubertal development (Fabian & Thompson, 1989; Shore & Porter, 1990). Current research indicates that girls as young as 8 to 9 years of age have negative views of being overweight and high levels of body image dissatisfaction (Hill, 1993; Koff & Reirdan, 1991; Rolland, Farnhill, & Griffiths, 1997).

McCabe & Ricciardelli (2003) examined the perceived influence of parents, peers, and the media on body image and weight loss among adolescent boys and girls. The results indicated that there was a consistency in the perceived messages received from mother, father, best male friend, and best female friend in relation to

body image strategies. Also, perceived sociocultural pressures predicted all of the body image and body change strategies for adolescents. Furnham, Badmin & Sneade (2002) studied 235 adolescents to determine whether girls who are dissatisfied with their bodies have lower self-esteem. The study found that dissatisfaction with body image and weight was significantly correlated with low self-esteem. Similarly, McCabe and Ricciardelli (2003) surveyed 507 adolescents aged 8-11 to examine the role of gender, age and body mass index in the development of self-esteem, body image concerns, and weight loss. The researchers found that children with poor self-esteem were more dissatisfied with their bodies. The authors suggested that self-esteem is more likely to influence body image among girls than boys.

Locus of Control

Internal locus of control, the sense that one has influence upon one's own experiences, has been widely researched in recent years. It has been identified as a key determinant of resilience (Benard, 2004). However, relatively few studies have examined the relationship between age and locus of control beliefs, and little is known about the nature of locus of control changes in adolescent girls. Kulas (1996) conducted a study to investigate the development of locus of control in adolescence over a three year period of time. The participants included 84 7th graders (49 boys and 35 girls). The study found that there were no significant changes among boys and girls in locus of control over the three years of the study and that adolescence is a period of relative stability of locus of control. The study also found that females demonstrated more external locus of control than did males. Furthermore, a longitudinal study on locus of control with adolescent male and females revealed gradual shifts toward greater internalized locus of control in later years of high school (Chubb, Fertman, & Ross, 1997).

Perceived Social Support

Social support is defined as the experience or the perception of being cared for, valued, included, and/or guided by others, especially of one's family, peers, and/or community members. Reciprocity and mutuality of experience are also considered to be aspects of this construct, and the nature of social support is described as both a buffer against life stressors as well as an agent promoting health and wellness (Vaux, 1988). Social support from peers, teachers, and parents has been recognized as a protective factor for children and teens (Benard, 2004). Studies have shown the increased risk of adolescent problems in the absence of or decreased levels of parental support, and the buffering effects of parental support on student stress (Quamma & Greenberg, 1994).

Research on social support has shown it to be an important factor in predicting several positive outcomes in children and adolescents. In a study of 167 middle school students in a predominantly middle class community, social support of

parents, teachers, and peers were examined for their motivational influence on students' academic and prosocial goals. Perceived support from parents had predictive value related to academic goals, especially in early adolescence, while peer-related support showed more of a significant role in later middle school years (Wentzel,1998. Peer support influences adolescents' motivation for involvement in talent and sport activities (Alfeld-Liro, Eccles, Fredricks, et al, 1999). In a study about the role of peers in the motivation of teens to stay involved in talent and sport activities, researchers found that when teens had positive peer interactions within the context of the extra-curricular activities, they reported greater commitment and motivation toward these activities. Conversely, results indicated that teens whose activities did not include strong or positive peer relationships, or teens whose activities were apart from their peer groups, showed lower levels of commitment and motivation toward their talent and sport activities

Studies have also shown the importance of support from teachers and close friendships for adolescent girls (Kilpatrick-Demaray & Kerres-Malecki, 2003). Surveys of 1688 students in grades 3 – 12 from the midwest and eastern states indicated that girls rated the importance of support from friends, teachers and classmates higher than boys. Girls perceive higher levels of support, and they value social support more than boys, especially once they reach high school. These findings support the premise of Relational-Cultural theory as it relates to girls, that social connection is paramount to identity and health.

Numerous studies indicate that support groups, as stand alone structures or as integrated components within schools and communities, are an effective setting in which to strengthen self-esteem, and to improve body image and social connection (Waggoner, 1999),(Conklin ,2002),(Benard, 2004). Research (Laszlo, 2001) on the support group, Girls' Circle, set out to determine the effectiveness of a group intervention with adolescent girls relative to their level of self-esteem. The participants were enrolled in sixth and seventh grade, and each group had six girls who met one time a week for six weeks. Results indicated that the participants' self-esteem improved overall from pre-test to post-test. The adolescents in the support groups valued the group process, support and curriculum of the class

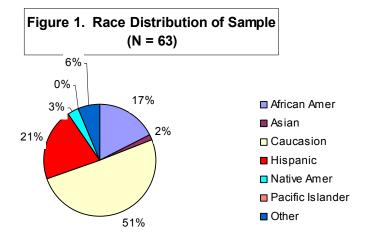
Hypotheses

The purpose of the present study was to learn if the gender-specific program, Girls' Circle, has a positive impact on self- efficacy, self- esteem, perceived body image, locus of control, and perceived social support amongst girls who participated in Girls' Circle programs. The hypothesis was that participation in the Girls' Circle model would have a positive impact on each of the aforementioned areas of psychological health for adolescent girls.

Method

Participants

Sixty-three girls ranging in age from 10 to 17 years (Mean age = 13) were recruited to participate in 9 separate Girls' Circle support group programs from across the United States and Canada. Each group consisted of 5-9 girls from various backgrounds. Race, Family Income, and Location distributions are presented in Figures 1, 2 and 3, respectively (see following page).



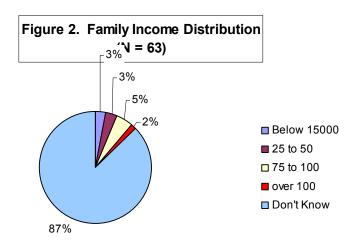
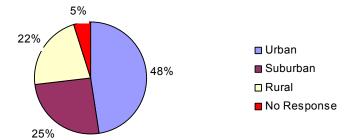


Figure 3. Local Area Distribution (N = 63)



Materials

Participants completed a battery of questionnaires assessing demographic variables, Self-Esteem, Locus of Control, Self-Efficacy, Body Image Satisfaction, and Social Support. Each of these scales is described below.

Self Esteem. This variable was assessed using the Rosenberg Self-Esteem Scale (Rosenberg, 1965), a 10-item self-report instrument measuring the individual's self worth.

Locus of Control. The 21 item Nowicki-Strickland Personal Reaction Survey (Nowicki and Strickland, 1972) measured the extent to which people believe that their lives are determined by external circumstances or their own behavior.

Self-Efficacy. Schwarzer's General Self-Efficacy Scale (Jerusalem & Schwarzer, 1992), a 10-item questionnaire, was administered to determine the participants' attitudes regarding self-reliance.

Body Image. The Body Parts Satisfaction Scale-Revised (BPSS-R; Berscheid, Walster & Bohrnstedt, 1973), a 25-item questionnaire, was used to measure the degree to which participants feel comfortable with their own bodies.

Social Support. The Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1998) is a 12-item questionnaire that evaluated the participants' perception of the role that friends, family and peers play in their lives. Also included in the battery were 8 items used to collect demographic information.

Procedure

A pretest – posttest design was employed to evaluate the effectiveness of the Girls' Circle curriculum in nine separate classes. Prior to the beginning of the class, the facilitators administered the pre-test questionnaire packet containing the measures described above. The participants were given 45 minutes to fill out and complete the packet.

Curriculum. A ten week curriculum was utilized in each girls' circle. Groups met once per week for either 90 or 120 minutes per session. The curricula addressed areas of girls' lives including friendship, self-image, body-image, relationships, assertiveness, and self-talk. Weekly themes were integrated into the Girls' Circle circle format, and verbal and creative activities focused on the theme for the week. For example, the theme for week one was "Friendships and Bonding", with objectives such as "to unite girls in their experience of getting to know one another; to explore the meaning of "true" friendship; to learn from each other the key elements of healthy friendships; and to develop trust, bonding, and healthy friendships". Activities included: creating group guidelines, and dyad interviews. On week eight, the theme was "Body Image and Body Messages". Objectives were: to

explore messages girls encounter in everyday life through magazines, movies, television; to critique the messages and their impact on girls' self-images; to empower girls to express their own messages or statements and to raise awareness in terms of where these messages come from, i.e. family, friends, peers, culture; to brainstorm healthy responses to these messages. Activities included: Identifying Magazine Images, Exploration and Reflection and "Pie of Influence" posters. After the 10-week curriculum was completed, the participants once again completed the battery of questionnaires.

Results

The mean pre- and post-test scores for each variable appear in Table 1 (below). It was hypothesized that post-test scores would be significantly greater than pre-test scores for each variable, suggesting improvement on each of these measures.

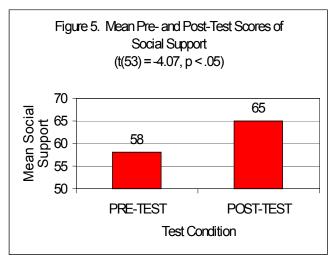
Table 1

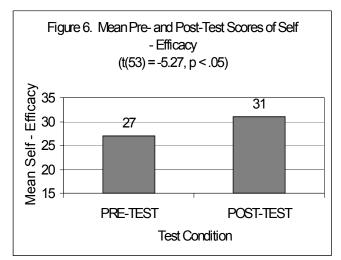
Mean and Standard Deviation* Values of the Pre-test and Post-test Conditions for Each Dependent Variable

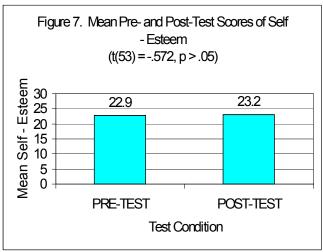
Girls' Circle Curriculum Dependent	Pre	Post
Body Image	107.11 (24.58)	113.11 (24.73)
Social Support	58.29 (14.35)	65.06 (16.21)
Self Efficacy	27.42 (5.00)	30.55 (4.65)
Self – Esteem	22.94 (2.58)	23.16 (3.08)
Locus of Control	12.62 (3.60)	13.77 (3.51)

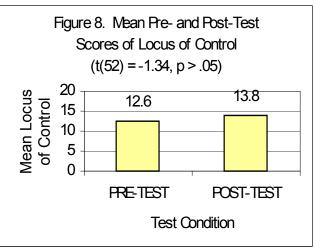
^{*}Standard deviations appear in parentheses

Statistical analyses incorporating the paired-samples t-test revealed a significant increase in Body Image scores (Figure 4), Perceived Social Support (Figure 5) and levels of Self-Efficacy (Figure 6). Results indicate that all three variables improved at the end of the 10-week Girls' Circle curriculum. No such improvement occurred for measures of Self-Esteem (Figure 7) or Locus of Control (Figure 8). Pre- and post-test scores for these variables were found to be statistically equivalent









Discussion

The aim of this study was to explore the effectiveness of the Girls' Circle model and curricula in improving girls' self-esteem, self-efficacy, locus of control, perceived social support, and perceived body image. Findings of significant increases in perceived social support, self-efficacy, and perceived body image support the hypothesis that the Girls' Circle model is effective as a gender-specific intervention for girls. Results were not significant in self-esteem and locus of control, although data indicated movement in the directions sought.

Self-Efficacy

Girls' responses indicated significant changes in self-efficacy after the ten weeks of participation in the Girls' Circle program. The results on the Schwarzer Self-Efficacy scale, which has had solid, international and cross-cultural application for two decades (Schwarzer & Scholz, 2000), indicates the positive impact a circle experience can have on a girls' sense that she can do what she needs or desires to do to achieve her goals. The Girls' Circle curricula attempts to promote safe spaces in which girls can take risks and gain mastery through a variety of social-emotional and skill-building activities, and can challenge self-concepts. For example, one activity instructs participants to identify negative self-statements such as "I'm terrible at school" and to re-state such statements as positive ones, such as "I can pass my classes; I can ask for help if I need it."

Self-efficacy is also enhanced through positive ethnic identity (Benard, 2004; Rotheram, 1996). It is possible that the narrative and self-expressive aspects of the Girls' Circle curricula increase girls' beliefs in their abilities and capacities, in part because they have experienced themselves as significant and effective members of their groups. These groups often reflect girls' varied ethnicities, and engage girls in reflection, recognition, and expression of meaningful family and cultural experience. One activity, for example, asks girls to write or draw and share personal representations of favorite family traditions, a family hero/heroine, a challenge the family survived, and a special belonging that signifies one's culture. Increased positive identification and empathic interest from the group may be factors that promote self-efficacy. As research has established a clear and important link between one's beliefs regarding one's abilities and outcomes in important domains such as academics, home environment, and peer relationships, the positive improvement in self-efficacy beliefs demonstrated in this study suggests the potential value of the Girls' Circle model as a component in the promotion and attainment of wellness activities for girls.

Body Image

These findings support data in previous research that link body image and social support, in which girls' self-perceptions are influenced by their peers and families. O'Dea and Abraham's (2000) results were consistent with previous

research in regards to positive changes in body image and intervention programs. They found significantly improved body satisfaction of the intervention students and changed aspects of their self-esteem. Also, social acceptance, physical appearance, and athletic ability became less important for the intervention students and more important for the control students. Many of the control students significantly decreased their body weight, while the weight of the intervention students increased. Further, one year after the intervention, positive body image and attitude changes were still present. These changes were a result of the participation in the program.

One goal of the Girls' Circle model is to strengthen girls' physical self-image. The model addresses girls' body image in particular aspects of the curriculum, in which cultural, family, and peer messages about girls' bodies are identified, explored, and challenged. Also, during sessions, girls are welcome to express feelings and thoughts. Because a lack of recognition of emotions and physical sensations has been associated with risk factors for eating disorders (Goleman, 1995), the Girls' Circle curricula addresses feeling recognition in targeted activities related to body image, but also, in numerous gender-relevant topics.. This study supports research by Laszlo (2001) which showed that support from peers increased positive body image. Support and intervention groups not associated with Girls' Circle also revealed improvement in body awareness, body anxiety, self-esteem and self-worth (Rankin, 1974; O'Dea & Abraham, 2000).

Also, the Girls' Circle curricula includes facilitated discussions and activities that invite girls to express experiences in verbal or creative form. These discussions incorporate critical thinking strategies, in which participants identify and question attitudes, norms, and practices, such as media techniques, that influence their attitudes and behaviors. The intended outcome is for girls to recognize the influences shaping their perceptions, the impact of those perceptions, and the capacity for personal choice and decision making within such aspects of their self image. Such awareness and problem solving skills development has been associated with "better psychological and social adjustment, lower levels of depression and anxiety, greater hope, better physical health, and better coping with adversity" (Benard, 2004).

Perceived Social Support

The data reveal significant increases in perceived social support, supporting the hypothesis. This finding supports earlier studies showing belonging and connection increased through support group processes (Graczyk, 2000). This research suggests that prevention and intervention programs promoting social and emotional wellness in adolescents should focus on group success and the ability to develop and maintain supportive friendships. Other research has noted that support and intervention groups should continue to promote positive messages toward adolescents (Rosenbledt, 2003, Benard, 2004).

Empathic interactions are hallmarks of supportive relationships (Goleman, 1995). Resiliency research maintains that children and youth who have supportive and caring relationships with at least one adult in their community are likely to succeed despite severe hardship (Benard, 2004). According to scholars (Miller, 1991; Jordan, 1997), the key ingredient in girls' connections is mutual empathic interaction. In the Girls' Circle model, girls voice experiences in verbal or creative form to an attentive, listening group consisting of peers and one or two adult facilitator(s). These activities are conducive to group cohesion and bonding, and set into motion the empathic reciprocity, increasing perception of social support.

Self-Esteem & Locus of Control

This study did not reveal significant changes in self-esteem nor locus of control for participants of the Girls' Circle. However, increases are noted in the data. Why wouldn't self-esteem show significant increase when social support, body image, and self-efficacy did so? Possible responses might include the question of whether ten weeks is a sufficient time frame for measurable differences in global self-esteem, or whether the Rosenberg Self-Esteem Scale is an adequate measure for short-term changes. The Rosenberg measure may be confused by participant mood variables (Robertson & Simons, 1989). Further, the Rosenberg Scale is very general, though relatively simple to use. A tool that is specific to domains, and therefore likely to be more useful in analysis and recommendation, is the Harter Self-Perception Profile for Adolescents (Harter, 1988). This scale may be better suited to ascertain specific areas of girls' perceived strengths as well as global self-worth. Additionally, the State Self-Esteem Scale (Linton & Marriott, 1995) may be better suited to assess short term changes. One positive perspective on the relatively neutral outcome on self-esteem changes in this study may be that girls' self-esteem is buffered by participation in the girls' circle program. This concept considers the results as bucking the downward trend shown in surveys about girls' self-esteem during the early and middle adolescent years (AAUW, 1991).

The present self-esteem outcome was consistent with Royse (1998) who conducted a study to examine if participation in Girls Scouts and the use of a scouting curriculum was beneficial for increasing the self-esteem of female adolescents. There was no noticeable improvement in self-esteem when the preand post-tests were compared for the girls participating in troops or clubs. Similar findings were obtained by Marmorosh and Corazzine (1997), who examined the effectiveness of teaching group members how to use their group identity outside of the therapy group in order to enhance self-esteem. Their findings suggest that their intervention was effective among those individuals who were long-time members of their groups.

Locus of control findings were consistent with other locus of control studies of adolescents, including Kulas (1996), which assessed changes in the development of locus of control over a three year period with 84 7th graders (49 boys and 35 girls) and found no significant changes for girls or boys. That study suggested that there is

a relative stability of locus of control during the adolescent years, wherever it falls on the scale. However, girls demonstrated more external locus of control than did boys. Changes in one's perception of control are likely to take time, repeated experiences, and an integration of the meaning of one's perspective and its' influence on outcomes. For girls and young women of color, a marginzalized population in our culture, movement in the direction of internalization of locus of control may be a distinctly relevant measure of empowerment. Increases in the girls' internal locus of control were evident in the study, indicating gains in girls' awareness of personal power.

Strengths and Limitations

This study had several limitations. There was no control group, so that comparisons cannot be made with girls with similar demographics who did not participate in the program. Instructions were unclear for a few participants; some tests were discarded because more than one answer was circled. Racial-ethnic groups such as Native American girls and Asian American girls were under-represented. Certain assessment scales were not completely age-appropriate for this age group; thus a couple of items used language unfamiliar to some girls. Some girls' reading levels were not compatible with the level required of the scales, so they were unable to participate. Socio-economic levels were not available in this study. The survey asked girls to identify monthly household income by selecting an approximate figure among several choices. The greatest percentage of girls responded that they did not know the approximate monthly income in their household. Number of participants per group varied from 5 – 15 girls, raising the question of results differing among different sized groups. As in other studies of support groups, facilitator style, time allotments for group activities, and other interactional variables may impact results.

The study's strengths include: the geographical diversity of settings across the United States; the diversity of programs which participated such as schools, after school programs, and youth groups; the girls' racial-ethnic diversity which is representative of girls in a large number of youth-focused organizations nationally; the number of participants in this initial study (63); the findings match several other studies indicating value of girls' groups for adolescents' social connection and perceived body image; the validated scales were manageable for most participants; several of the scales are nationally or internationally recognized and have been applied in adolescent groups in multiple studies; and finally, the study was gender-specific to girls.

Recommendations

The present study points toward next steps for research, to better understand how the Girls' Circle model affects girls. Questions which further research can shed light on are: What impact does the Girls' Circle model have on girls' resiliency? How are Girls' Circle groups different in impact on girls' self-efficacy, body image, social

connection, or other criteria from girls' groups that use different models? How does the impact differ for girls who participate in gender-specific groups or no groups? How does the Girls' Circle model increase other program goals for girls, such as reducing high risk behaviors such as drug, alcohol, or tobacco use? What sorts of measures can best reflect the gender-specific experiences of girls' self-regard? What impact can the Girls' Circle model have on relational, resiliency, and self-efficacy aspects for girls of Native American, Asian, or other descent? When the Girls' Circle model is paired with varied organizations' own curricula, are girls able to enjoy the same or greater benefits?

Conclusion

The present study provides quantitative data that show significant positive changes for girls in key areas of their development: their sense of belonging, their perception and acceptance of their own bodies, and their belief in their ability to accomplish meaningful actions and goals in their lives. While this is the first study of the Girls' Circle model, it is important because it provides evidence for the effectiveness of providing a female-responsive circle format that serves girls' developmental needs.

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