Recent research conducted into girl’s pressures and issues in an outer London Borough underpins and informs the development of a programme to support the wellbeing of girls. A group of girls and young women who were presenting with a range of behaviours which were felt to be putting them at risk – both emotionally and physically in a wide range of contexts – were identified by inclusion managers and SENCOs in schools. Staff were keen to explore the reasons and contributory factors and to also ensure that the girl’s views were elicited. The general discourse around these young women appeared to be one of negativity in that they were regarded as putting themselves at risk due to their daily behaviour and apparent self-harming behaviours.

Feedback from staff within the local authority had also highlighted concerns regarding early sexualisation of these students and a range of substance abuse which seemed to put them at risk from males and also engaged them in negative patterns of self-harming behaviours which mitigated against personal and educational progression and development. It was therefore felt appropriate to conduct a series of focus groups in order to elicit the girl’s views – what was it that they felt concerned about and what kind of intervention or support at a school-based level might they consider most helpful?

**Literature Review**

Although girls have been out-performing boys in terms of academic achievement for the last 20 years, there does remain a concern regarding the specific achievements of white working-class pupils from both genders. Nationally, it is this group who are less likely to stay on in education and training (DfES, 2003) or enter higher education (Archer, Hutchings, Ross, Leatherwood & Gilchrist, 2003). There are also increasing concerns regarding the challenges faced by girls from within this vulnerable group and the problems that they seem to face in today’s increasingly complex and highly sexualised society. Concerns have increasingly been raised regarding the sexualisation of girls and the impact that this has on self-esteem, attitudes and behaviour within relationships and academic performance and achievement.

**Impact of the media**

The media provide ample evidence of the sexualisation of women, including music videos, television, magazines, films, music lyrics, sports media, video games, Internet and advertising (Gow, 1996; Granerholz & King, 1997; Krassas, Blauw, Camp & Wesslink, 2001; Lin, 1997; Plous & Neptune, 1997; Vincent, 1989; Ward, 1995). Studies which focus upon the media indicate very strongly that women as opposed to men are more frequently portrayed in a sexual fashion and are also subsequently objectified. These media images also further emphasise a narrow and unrealistic notion of physical beauty which has evident implications for the development of self-esteem and self-image of girls and young women (O’Donohue, Gold & McKay, 1997).

**Pressure through interpersonal relationships**

Girl’s relationships can also be seen as a source of sexualisation. Parents/carers may present girls and young women with the message that being physically attractive is one of the most important goals for them to achieve and some will provide access to plastic surgery in the attempt to reach the ideal (Brown & Gilligan, 1992). Research also shows that teachers can encourage girls to play at being
sexualised adult women (Martin, 1998) or maintain the belief that girls from specific ethnic backgrounds are hypersexual and therefore unlikely to achieve any real academic success in school (Rolon-Dow, 2004).

It is also evident that male and female peers contribute to this process. Peer pressure from both genders has been found to contribute to girls conforming to standards of thinness or sexiness (Eder, 1995; Nichter, 2000). A key concern is also the particular ways in which the process encourages boys to sexually objectify and harass girls. This kind of behaviour is also ‘normalised’ by the girls themselves via the process of self-objectification – the process whereby girls and young women learn to think of and treat them themselves as objects of other people’s (mainly boy’s and men’s) desires (Fredericks & Roberts, 1997; Mckinley & Hyde, 1996).

**The impact of sexualisation**

The unrealistic expectations on girls and young women to achieve the ‘ideal’ in terms of appearance has led to an increase in eating disorders and the number of young women having breast implants at an increasingly early age (Zuckerman & Abraham, 2008). Exposure to gender-stereotypical ideas and images also contributes to sexist attitudes and beliefs and sexual harassment and violence against women (Kilbourne & Lazarus, 1987). Sexual objectification can also be seen to enable and encourage a range of oppressions including employment discrimination and sexual violence alongside the trivialisation of women’s roles and accomplishments in the workplace (Fredrickson & Roberts, 1997).

The mainstreaming of the sex industry has also led to an increase in the number of girls and young women entering careers such as lap dancing or glamour modelling which require a ‘sexy’ image (Deeley, 2008) whilst the viewing of sexually objectifying images of young women has also been associated with more acceptance of violence within relationships (Kalof, 1999; Lanis & Covell, 1995). The increasing availability of pornography via advances in technology has also be seen as a contributory factor to the increase in acceptance of sexual aggression within relationships (Malamuth, Addison & Koss, 2000).

**Possible implications**

The report of the American Psychological Association’s (APA) Task Force (2007) on the sexualisation of girls concludes that it is vital for psychologists, educators, carers and community organisations to work together in order to encourage the development of curricula which enhance self-esteem based upon young people’s abilities and character as opposed to their appearance. The report also advocates increasing public awareness and the development of policy in this area in order to reduce sexualised images of girls in all forms of media and products and the development of positive portrayals of girls and young women as strong, competent and non-sexualised.

**Rationale and Research Objectives**

Such objectives formed the basis and the rationale of this current study in which a qualitative research paradigm that espoused an open-ended exploratory nature, using focus groups as a method of data collection, was employed.

Convenience sampling was used in relation to the schools and the selection of the participant students.

**Participants**

The characteristics of the participants are summarised in Table 1.

<table>
<thead>
<tr>
<th>Focus group</th>
<th>Number of participants</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Year group</th>
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</thead>
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<td>White British</td>
<td>Female</td>
<td>10</td>
</tr>
<tr>
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<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>5 White British and 1 Black A/C* British</td>
<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>White British</td>
<td>Female</td>
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<td>6</td>
<td>4</td>
<td>White British</td>
<td>Female</td>
<td>6</td>
</tr>
</tbody>
</table>

* A/C Afro-Caribbean

**Procedure**

Focus groups were undertaken with the participants. A key function of focus groups is to gain views on products, programmes, services and institutions (Stewart & Shamdasani, 1998). They are basically semi-structured interviews with the added value of interaction in a group, with the discussion focussed around one identified theme (Kruger, 1994).
The questions posed were as follows:

- Do you think ‘girls’ are at risk?
- What does being at risk mean to you?
- Are they more at risk than boys? If so what are girls doing that is putting them at risk/in danger?
- When do things go wrong for girls? When do they need help?
- How could schools help young girls to be safer? happier?
- Is it important for women to work to have a career?
- Should girls have careers and should they progress?
- Are they equal to men?
- How important is school?
- Should women be financially independent of men?
- How do culture/media impact on you? How do the images you see in the press and on TV make you feel and think and behave?
- What’s important in life? Is life a quest for happiness? Are we entitled to be happy? What does being fulfilled mean?
- Who do you respect as a woman? Who wouldn’t you respect and why? Role models - who are they? Who are these people who have it all?
- Why do people engage in risky or self harming behaviours like taking drugs or belonging to gangs? What causes them to do this and what influences the way they do or do not cope?
- What do you think can be done to monitor, control or prevent bullying? What do you think would or does work?
- Do you ever feel lonely or stressed and what helps you?
- What is your definition of a good ‘girl friend’?

Data Collection and Analysis

The data were coded using an inductive Thematic analysis (Braun & Clarke, 2006) approach that allowed the development of categories and themes directly from the data. This ensured that all views including those not anticipated, were reflected in the reporting of the findings.

Findings

In this study, it has been possible to identify general themes, and to describe patterns across data via a ‘bottom up’ data-driven approach as described above. In brief, the themes identified were as follows:

Theme 1: Safety issues

It was recognised that girls were generally less safe and more vulnerable to crime than boys when they were on the streets and that they sometimes made themselves more vulnerable by dressing in revealing clothes which might attract attention.

The risk of being raped was mentioned in the majority of focus groups as was the difficulties faced by girls in trying to get home safely after drinking and socialising in general.

Theme 2: Relationships

The difficulties faced by girls from within their own relationships with each other were mentioned in all focus groups and peer pressure and relational aggression were described as key issues and concerns.

The pressure to have sex was also highlighted and also the concern around the fact that boys would expect girls to behave in the same way as women they had observed via pornographic material on the Internet.

Bullying of girls by both genders was perceived to be a major concern in all focus groups.

Theme 3: Media pressures

The pressure to look good and achieve the so-called ideal was highlighted in all focus groups and the fact that boys particularly were seen to expect girls to match up to such images was a real cause for concern.

Theme 4: Valuing Education/careers

The importance of education as a means of achieving success in the workplace was highlighted alongside the difficulties faced by girls feeling trapped in their own contexts and helpless in terms of breaking out and achieving real success.

The fact that the media tend to focus on celebrity culture and do not always show successful women who have and are working hard to achieve and be successful was also raised.

Theme 5: Financial independence

Being financially independent of men was deemed to be a good thing in terms of being
able to make your own choices and decisions and particularly important should there be a break down in the relationship.

**Theme 6: Happiness/Wellbeing**

Happiness was equated with feeling good about oneself, having positive relationships with significant others and enough money to live reasonably well and without too much stress.

Ways of coping with stressful relationships or events ranged from self-harm as a coping mechanism at one end of the continuum to strategies emanating from positive psychology at the other.

**Theme 7: Role models**

Many of the participants identified celebrities as being role models but generally in a negative sense. Those who had overcome or encountered difficulties were deemed to be more positive role models and the majority of participants cited their mothers or other significant female family members as role models for them.

**Conclusion**

The findings of this study have illustrated that there are a range of factors that impact upon girls and young women as they attempt to negotiate their roles within a complex and often challenging social context. Together, these factors pose challenges to both the girls and young women concerned and also to those who support them in both the social and learning contexts.

**Implications of findings and the development of the programme**

Most importantly for this publication, these findings also help to form the evidence-base for the development of a curriculum for girls and young women attending a range of educational contexts which focuses upon:

- Gender awareness and equality
- Positive peer relationships
- Confidence, self-esteem and safety of girls and young women
- Management of stress, peer pressure and relational and sexual bullying
- Awareness of sexualisation in both the media and social and learning contexts
- Skills and strategies to assertively highlight and tackle sexualisation and misogyny in both the social and learning contexts
- The promotion of positive role models
- Teenage relationship abuse
- Wellbeing and ‘happy habits’

**Establishing the programme**

**A child-centered model**

This girls curriculum aims to promote well-being by building positive relationships within a nurturing and child-centered approach. This builds upon resilience factors and protective factors within the school context.

Access to a supportive network can function as a protective factor, supporting and promoting resiliency within a community context, to combat severe risk factors such as homelessness. In a school context, protective factors such as having at least one significant and caring relationship with an adult; clearly being a school which demonstrates concern for and commitment to pupils’ self-esteem, wellbeing, independence, self-efficacy, and emotional health; and school teachers who freely offer time and space to listen, can impact positively upon the resiliency of young people.

These findings informed the development of a child-centred approach. The main tenets of the model adopted include taking into account the individual needs of each member, looking at the reasons behind different behaviours rather than reacting to the behaviours themselves, and promoting the right of the young person to choose and communicate, whilst accepting these choices and not basing judgements upon them.

**The practical application for school-based staff**

**Issues in multi-agency working and the development of a joint approach between clinicians and teachers**

When developing this programme, practitioners thought that there was potential for tension between the needs and expectations of the senior management team in terms of educational and behavioural boundaries and expectations and the clinical staff in terms of their therapeutic approach as described above. They felt that clear and open communication, trust and respect of professional expertise would be required to prevent conflict and achieve professionally appropriate approaches and outcomes.

The team at our pilot school originally identified two school-based counsellors and an Assistant Psychologist to work with the Consultant Educational Psychologist to develop the programme and agree the approach. The adoption of the child-centered approach as described above did subsequently result in some tension in the area of behaviour management.
and expectation. There was a sense that teaching staff were less comfortable with what they perceived to be an ‘unboundaried’ forum, with girls having the freedom to move around and express themselves in inappropriate language. This was seen by the clinicians as key to ensuring the development of confidence, self expression and feelings of ultimate safety within the clinical relationship. For school-based teaching staff the concerns remained, however, around how ‘in control’ the clinicians were of the process and ensuring the safety and behaviours of the girls in line with school-based expectations.

There was some evidence of a tension between those adhering primarily to a strong behaviourist tradition and those who were aiming to incorporate clinical and what they perceived to be more emotionally intelligent approaches. In effect, the challenge was how to make the clinical intervention ‘fit’ with the educational approach. In order to attempt such innovative practice and to begin to ensure that staff could successfully work together in order to do this, it was agreed that the team be broadened to incorporate members of the care team – one of whom also had experience in teaching. The programme could then be developed and delivered by these members of staff working as a team.

Agreeing that the clinical principles and approaches would be maintained within a more boundaried context ensured that school expectations regarding behaviour were adhered to. The approach would therefore also incorporate the knowledge and skills base of care and teaching staff would then become the key objective. This would involve regular meetings to ensure the development of the programme and its sustainability with both younger and older groups of girls and young women being targeted in separate interventions. This on-going dialogue would then ensure agreed approaches and content of the sessions which ensured the wellbeing of girls within this context. It would also provide a forum for transparent working and approaches which would also ensure that all staff – both clinical and teaching/care staff could operate within a safe and purposeful framework agreed by all.

**Overall aims of the programme**

Consequently, the aim of the 16 session programme is to build a therapeutic environment that allows and promotes autonomy, emotional resilience and open communication. This statement can be broken down into three main objectives:

1. Promote emotional resilience within the group members
2. Assist in the development of the skills associated with positive communication
3. Support group members with a view to further developing self-regulation

The contents of the sessions clearly reflect the concerns and themes arising from the focus groups.

**The session structure**

The sessions are generally structured as follows although there are some differences between the sessions:

- Welcome
- Group Rules
- Talk Time
- Ice Breaker
- Core Activity/Activities & Additional Activities
- Reflections and Feedback
- Target Setting
- Compliments to Close
- Relaxation

**A few points to note**

Having now delivered and trialled this evidence-based programme in both a special and mainstream context, it is very important to finally highlight a few points which may impact upon delivery by facilitators in the future. It is very important that the facilitator(s) make themselves aware of the contents and aims of each of the sessions in the programme so as to ensure that their selection (if they choose not to deliver all of the sessions in sequence) is entirely appropriate to the target group. It may be appropriate to select a more focused set which focus on key areas such as relationships or self-image. This will also need to be planned with time constraints in mind as some institutions may not be able to allocate sufficient time in any one or two term block to actually deliver all of these sessions in sequence.

It should also be noted that the images selected for the programme to date have been done so with groups of girls currently in mainstream and special education within the UK. These may well not be entirely suitable or appropriate in other
contexts and it may be necessary to source alternative images which have more meaning and relevance to the specific group of girls being targeted. The existing framework and contents of the sessions will remain pertinent, it is simply that the facilitator(s) will have to source some additional images at some points in the course of delivering the programme.

Overall, it is hoped that this evidence-based programme will provide a genuinely meaningful experience for the target groups of girls and young women in terms of really addressing their concerns and anxieties whilst also providing them with a range of tools and strategies to more effectively maintain and further develop their overall wellbeing and mental health.

References


