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Adolescent Girls' Health in the Context of Peer and Community Relationships

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There's no denying that peers are very important to an adolescent girl: a best friend who knows her deepest secrets, a clique of friends who provide her with a sense of belonging and a shared identity outside of her family, an athletic team that enhances her skills and offers experiences in group coordination and shared accomplishment. The adolescent world often seems to revolve around the peer group. It is no surprise, then, that the peer group plays a critical role in the psychological and physical health of teenage girls. Peer relationships can be the best of times for some girls and the worst of times for others. Whether peers will enhance or cause harm to a teenage girl's development depends on the characteristics of the girls and boys with whom she spends her time and on the quality of those relationships.

This chapter begins with an overview of research on peers, first as sources of support and strength and second as sources of stress for adolescent girls. In both cases, studies show an impact of peers on girls' emotional and psychological well-being. For example, we discuss a form of behavior known as "relational aggression," in which a girl damages or threatens to damage someone else's relationships or social standing—for instance through the spreading of gossip. Research shows that this form of aggression is harmful not only to the victim but also to the aggressor. We review the limited available research on programs designed to reduce relational aggression by focusing on the instigators, and interventions aimed at helping their victims by involving supportive peers.

The chapter then shifts gears to consider the influence of peers on girls' physical health. We review research suggesting that the attitudes and behaviors of friends can increase or decrease health risks by shaping adolescents' use of substances, their sexual behavior, and other health behaviors. Finally, we expand our scope beyond the peer group to the larger communities in which girls live, focusing on the impact that organizations and supportive adults outside of the family can have on a girl's healthy development. The chapter closes with a discussion of future directions for research, particularly research that might lead to the development of interventions and social policies that enhance the health and well-being of adolescent girls.

PEERS AS SOURCES OF STRENGTH

As we move from childhood to adolescence, intimacy, loyalty, and trust become increasingly important aspects of our friendships. In their interactions with friends, adolescents share more of their personal thoughts and feelings and show more emotional reciprocity and understanding than do younger children. Some evidence indicates that this trend is more apparent in female friendships than in male friendships (Rubin, Bukowski, & Parker, 1998). In fact, intimacy, which is often defined as the ability to share one's thoughts and feelings with a friend, has been described as a central characteristic of girls' friendships (Brown, Way, & Duff, 1999). Thus, friendships provide adolescent girls with the opportunity to express their thoughts and emotions and to receive valuable support in coping with them.

During adolescence, girls spend a substantial amount of their time interacting with peers. In fact, it has been shown that both female and male high school students spend approximately one third of their waking hours with peers, not including time spent in the classroom (Rubin et al., 1998). This amount of time is particularly noteworthy because it represents twice the amount of time spent with parents and other adults. Indeed, in some domains friends equal or surpass parents as sources of support and advice. For example, it has been found that peers provide girls with a greater proportion of emotional help than do parents in day-to-day matters (Frey & Rothlisberger, 1996). Moreover, teenage girls report a greater number of supportive friends than supportive adults, perceive more support from their friends, and are more satisfied with support from friends than with support from adults (Colarossi, 2001). The importance of friends as sources of social support among teens is not only true in the United States. In a study conducted in the Netherlands, it was found that early adolescents perceive the most support from their parents, but that older adolescents perceive their best friends as being equally supportive as parents (Scholte, van Lieshout, & van Aken, 2001). Clearly, as girls mature during adolescence, friends become increasingly important sources of social support and companionship.

Research generally shows that having positive peer relationships is linked with better psychological adjustment among adolescents (Rubin et al., 1998). For example, more support from peers is associated with lower levels of depressed affect, fewer thoughts of suicide, and higher levels of self-esteem (Boyce-Rodgers and Rose, 2002). Peer support also appears to buffer the effects of low parental support. Adolescents who are the recipients of negative parenting are at risk for a range of maladaptive outcomes (Repetti, Taylor, & Seeman, 2002). Positive peer relationships might serve as a protective factor for these at-risk adolescents. In one study, the link between negative parenting, such as poor supervision and unilateral parental decision making, and adolescent externalizing behavior (e.g., getting into fights or being disobedient at school) was mitigated among individuals who had good relationships with their peers (Lansford, Criss, Pettit, Dodge, & Bates, 2003). Thus, peer relationships can provide adolescents with important sources of strength and support and may provide some adolescents with positive experiences that are lacking in their relationship with their parents. Supportive peer relationships can be a buffer in times of stress and can lead to greater self-esteem. However, peer relationships are not always supportive and esteem-enhancing. The following section discusses the stresses and strains that are associated with problematic peer relationships.

PEERS AS SOURCES OF STRESS

We know that problems in peer relationships are related to a broad array of adjustment difficulties in childhood and adolescence (Repetti, McGrath, & Ishikawa, 1999). The correlates range from academic failure to delinquent behavior, to symptoms of depression, anxiety, and low self-esteem. The research literature addressing the kinds of problems children and adolescents experience in their peer relationships has developed along several distinct paths. One line of research investigates the correlates associated with being aggressive toward peers. This literature suggests that aggressive children are more likely than non-aggressive children to be disliked or rejected by their peers and that this type of peer rejection is

associated with a number of adjustment problems (Rubin et al., 1998). Another line of research has focused on the consequences of being targeted for peer aggression. The literature in this area shows that the victims of peer aggression are also at risk for a variety of psychological difficulties (Hawker & Boulton, 2000). Until quite recently, researchers failed to investigate these topics specifically among females. In the following sections, we will describe recent advances in the study of peer aggression and victimization by focusing on a type of behavior known as "relational aggression" in the research literature. This behavior is often assumed to be characteristic of female peer groups.

The Perpetrators of Relational Aggression

Few studies have investigated the types of behavior that can lead to problems in girls' peer relationships, despite evidence that such relationships are critically important in adolescence. Indeed, research has focused primarily on the behavioral patterns characteristic of boys who are disliked by their peers. For example, among children and adolescents, physical aggression is the most commonly cited predictor of peer rejection (Rubin et al., 1998). Because boys are more physically aggressive than girls (Maccoby, 1998), early work on the topic of peer rejection focused almost exclusively on males. More recently, however, researchers have begun to study the predictors and consequences of peer rejection specifically among females (Crick & Grotpeter, 1995). For example, Crick (1996) identified a relational form of aggression that predicted increased peer rejection over the course of a school year among preadolescent girls. This type of behavior, termed relational aggression, involves harming others through actual or threatened damage to peer relationships. Examples include threatening not to be friends with someone unless that person does what the aggressor wishes or excluding someone from a peer group as a means of retaliation. Most of the research on relational aggression to date has focused on middle-to-late childhood. The findings suggest that relationally aggressive girls are not only perceived negatively by the broader peer group but also have problematic relationships with their mutual friends

(Crick & Grotpeter, 1995; Grotpeter & Crick, 1996). This is cause for concern, particularly because positive peer relationships and friendships are important sources of social support for girls. Although little is known about relational aggression in adolescence, it appears that relationally aggressive teenage girls experience adjustment problems similar to those reported by younger children (Prinstein, Boergers, & Vernberg, 2001; Werner & Crick, 1999).

Most of the research on relational aggression and victimization has been conducted within the United States; however, some support exists for cross-cultural generalizability. For example, researchers working in Indonesia found that children and adolescents, particularly females, there made extensive reference to relationally aggressive behaviors when asked to describe disliked peers (French, Jansen, & Pidada, 2002). In a study of Italian children and preadolescents, relational aggression was associated with concurrent peer rejection and a decrease in peer acceptance over the course of a school year for both girls and boys (Tomada & Schneider, 1997). Thus, it appears that relational aggression may be a significant part of children and adolescents' interpersonal lives across cultures and may represent a widespread risk factor for social maladjustment.

Debate exists within the literature regarding gender differences in the use of relational aggression. Researchers originally thought that relational aggression is more commonly used by girls than it is by boys (Crick & Grotpeter, 1995). Indeed, there exists a popular stereotype that girls are more likely than boys to engage in these types of cruel and "catty" relational conflicts. However, recent findings have challenged this pervasive stereotype; relational aggression has been shown to occur at about the same rate among male and female peer groups (Paquette & Underwood, 1999; Prinstein et al., 2001). Thus, although the concept of relational aggression was first developed to investigate problems among female peer groups, it appears that both girls and boys manifest this aggressive behavioral pattern.

The Victims of Relational Aggression

The targets of relational aggression are referred to in the research literature as "victims." Although

the literature linking peer victimization to psychological maladjustment has focused largely on the victims of physical aggression, recent studies have uncovered similar associations between relational victimization and social-psychological maladjustment among preadolescent and adolescent girls (Crick & Grotpeter, 1996; Paquette & Underwood, 1999). For example, victims of relational aggression report greater levels of loneliness, depression, social anxiety, and social avoidance than do their nonvictimized peers (Crick & Grotpeter, 1996; Crick & Nelson, 2002). In research conducted in Australia, adolescent girls reported feeling confused, experiencing a loss of self-confidence, and being anxious about future relationships following an experience of relational victimization (Owens, Shute, & Slee, 2000). Because relational aggression is damaging to friendships and inclusion within a peer group, and because females are characterized by relational interaction and close friendship (Maccoby, 1998), being targeted for relational aggression might be particularly distressing for females. Recent findings have supported this notion. In one study, girls and boys reported experiencing relational victimization at about the same frequency, but girls were more likely than boys to recall specific incidents of relational victimization and to report more negative thoughts and feelings following such incidents. Moreover, the frequency of experiencing relational victimization was more strongly related to low self-worth among girls than it was among boys (Paquette & Underwood, 1999).

INTERVENTIONS

Given the importance of peer relationships, intervention and prevention programs that help adolescent girls form and maintain positive social bonds can go a long way toward enhancing their well-being. Many intervention programs have been developed to enhance peer relationships; however, few of them focus specifically on relational aggression. Because the perpetrators and the victims of relational aggression experience significant social and psychological adjustment difficulties, it is important to develop and implement empirically supported programs that can reduce the occurrence of relational aggression.

However, the literature on relational aggression is in its infancy and there has been little research on this topic. Most of the programs designed to help aggressors change their behavior have focused on physical aggression. One research team, however, has developed an intervention program designed specifically for relationally aggressive girls (Leff, Goldstein, Angelucci, Cardaciotto, & Grossman, in press). The goals of this program are to decrease relationally aggressive girls' tendency to make hostile attributions about their peers' intentions and to increase levels of prosocial behavior. The first of these goals is based on the premise that relationally aggressive individuals tend to attribute negative intent to others in ambiguous provocation situations and that such attributions increase the likelihood of behaving aggressively (Crick, 1995). This intervention program is certainly a commendable first step; however, no data have yet been reported evaluating its success. Moreover, since this program was designed for use with African American elementary school girls, we do not know how well it will generalize to children in other ethnic groups and at different ages. The time is now for psychologists to turn their attention to developing and empirically evaluating programs to reduce relational aggression among adolescents from a wide variety of groups.

At the other end of the spectrum should be interventions to help the victims of relational aggression. Programs have not been designed specifically for this purpose; however, interventions have been developed to address peer victimization more generally. Most are based on the premise that peers are important sources of social support and might serve as buffers in times of stress. Befriending programs, for example, train students to provide care and support for peers who are victimized. This involves teaching students to offer victims companionship in activities, engage in active listening, and learn assertiveness and leadership skills in order to offer direct support to distressed peers (Cowie, Naylor, Chauhan, & Smith, 2002). Research has shown that adolescents without friends are more likely to be victimized than adolescents with friends (Boulton, Trueman, Chau, Whitehead, & Amatya, 1999); therefore, programs that encourage students to offer friendship and support to victim-

ized peers might be particularly effective in mitigating the potential negative effects of relational victimization. Other types of intervention programs involving peer support include mediation, mentoring, and counseling. The goal of mediation, or conflict resolution, is to defuse conflicts among students by taking a "no blame" approach. This approach is designed to help participants come away from the process with a sense that they have reached a resolution that is fair for all parties. Mentoring involves an experienced role model who helps his or her distressed peers develop problem-solving skills, while counseling involves someone who is trained by a qualified professional to develop a broad array of peer counseling skills. In a study designed to evaluate the effects of a school-based peer support system, it was found that adolescent females generally had more knowledge than their male peers about the system itself, who the supporters were, and how to contact them (Cowie et al., 2002). Although only a small percentage of victimized students actually utilized the support system, a great majority of the participants perceived the system to be useful or very helpful. This is promising news and should serve as an impetus to develop and evaluate more peer intervention programs. Because relational victimization is very subtle and likely to go undetected by school personnel, peer intervention programs might be particularly useful in this domain.

THE ROLE OF PEERS IN HEALTH RISK AND HEALTH ENHANCEMENT BEHAVIORS

The increasing autonomy associated with adolescence can be exhilarating as girls find that they have greater freedom to decide how, and with whom, to spend their time. However, the activities of teenage girls in our society can, and often do, include behaviors that pose serious threats to their health. Cigarette smoking, drug and alcohol abuse, and risky sexual behaviors are problems that threaten the health of teenage girls both in the short and long term. The impact of these behaviors is magnified by the fact that habits and lifestyles set in place during the teenage years often persist into adulthood. Why do some girls develop a healthy lifestyle—for example one that

includes exercise, a healthy diet, avoidance of substances, and safe sexual behavior—while others engage in behaviors that pose health risks? There are obviously many contributing factors, such as a girl's personality and the attitudes and behaviors that she has observed growing up in her family (Repetti et al., 2002). In addition, because the influence of peers, as compared to parents or other adults, increases during this period, psychologists have been interested in the contribution that the peer group makes in shaping the health behaviors of teenagers. The role of peers is especially salient because the impulsive behaviors that pose the greatest health risks for teens typically take place in the context of the peer group.

Cigarette Smoking and Substance Use

We know that teenagers emulate the behaviors that they observe in their peers, in part to facilitate their own acceptance within the group. So it is not surprising that the smoking behavior of friends predicts an adolescent's own use of cigarettes. One longitudinal study followed a large group of 14–17-year-olds for six months. The investigators found that teens whose friends smoked at the start of the study were more likely to smoke (or to smoke more), and those with friends who did not smoke were less likely to smoke (or to smoke less) six months later (Biglan, Duncan, Ary, & Smolkowski, 1995).

Somewhat more surprising are research findings indicating that a more intense involvement with the peer group, in general, is associated with an increased use of cigarettes, alcohol, and other substances. One study assessed the degree to which a teen was oriented toward her peers by asking questions such as whether she turns to her peers or to her parents when she has problems. The researchers found that the adolescents who were more strongly oriented toward their peers also used more substances. Interestingly, a teen's peer orientation completely mediated the effect of maternal nonresponsiveness on substance use (Bogenschneider, Wu, Raffaelli, & Tsay, 1998). In other words, teens whose parents were less warm and available were more likely to use substances such as tobacco, beer, wine, and marijuana. How-

ever, the evidence suggested that the peer group played a critical role in the way that the parent-child relationship influenced a teen's use of these substances. Teenage girls (and boys) who had troubled relationships with their mothers became more oriented toward their peers, which in turn led to greater substance use. Once again we see evidence suggesting that the influence exerted by the teen peer group is intertwined with characteristics of the family. Here a poor parent-child relationship seemed to drive adolescents toward a more intense focus on the peer group and greater risk of substance use. In research mentioned above, supportive relationships with peers buffered the impact of poor parenting (Lansford et al., 2003).

Risky Sexual Behaviors

Although most girls become sexually active during the teenage years, their adoption of safe sex behaviors (e.g., fewer partners, use of condoms) varies quite a bit. Some of that variability can be accounted for by the behavior of their peer group. Research suggests that friends influence the sexual behavior of teenage girls—in particular their use of safe sex behaviors and the delay of their sexual debut, both of which reduce the risk of pregnancy and serious health problems, such as sexually transmitted diseases and HIV infection. Researchers have found that the sexual activity of teenage girls is similar to the sexual behavior, or at least the *perceived* sexual behavior, of their friends. For example, in a study of 300 African American 9–15-year-olds living in public housing, the perceived behavior of friends (i.e., their sexual activity and condom use) was positively associated with the rate at which the sexual activity of girls (and boys) progressed with age and the degree to which condom use was maintained with age (Romer et al., 1994). The sexual behavior of preadolescents and adolescents seemed to mirror the behavior of their friends. Those who believed that their friends were sexually active and did not use condoms were more likely to become sexually active at an early age and were less likely to use condoms themselves. Other studies also indicate that both girls and boys whose friends are not sexually active are more likely to delay first

intercourse (Whitbeck, Yoder, Hoyt, & Conger, 1999). Thus, as with cigarette smoking, we find similarity in the sexual behaviors and practices of friends.

Research studies suggest, however, that there is more involved here than mere imitation of one specific class of behaviors. Having friends who engage in any number of antisocial behaviors seems to increase the chances that a girl will engage in risky sexual behavior. Friendships with teens who are delinquent, aggressive, or who abuse substances, increases the likelihood that an adolescent girl will have an early sexual debut, become pregnant, and engage in high-risk sexual behaviors (Scaramella, Conger, Simons, & Whitbeck, 1998; Whitbeck et al., 1999). There is some suggestion in the research literature that associating with troubled peers is linked to more risk-taking behavior in general, and that risk taking simply extends to include risky sexual activity (Scaramella et al., 1998). In contrast, having friends who aspire to more prosocial goals is associated with delay of first sexual intercourse (Whitbeck et al., 1999).

Health Enhancement Behaviors

There is other evidence suggesting that the attitudes and behavior of friends can go a long way toward helping teenage girls stay healthy. One group of researchers has examined a wide variety of health-enhancing behaviors, such as maintaining a healthy diet, getting regular exercise and adequate sleep, good dental hygiene, and regular seatbelt use (Jessor, Turbin, & Costa, 1998). They find that having friends who model conventional behavior, such as getting good grades in school and being involved with their families and community, is associated with the adoption of more of these healthy practices. Another study showed how the support and encouragement of friends can help teens maintain a healthy lifestyle. The investigators followed a group of children who were treated for obesity when they were between the ages of 6 and 12. Ten years after treatment, they examined the participants' weight and lifestyle. Two correlates of better long-term weight regulation were having a friend who discouraged bad eating and participating in exercise with a roommate (Epstein, Valoski, Wing, & McCurley,

1994). In this study, the health attitudes and behaviors of friends facilitated weight regulation among adolescents and young adults who had been obese as children.

Research clearly points to a close correspondence between the health practices and risky behaviors of adolescents and their friends. Of course, friends are not randomly assigned to teenage girls. A girl chooses to spend her time with peers who appeal to her and who are accepting and encouraging of her friendship. We know that a correlation between the health-risk and health-enhancing behaviors of girls and the characteristics and behaviors of their friends does not represent a one-way direction of influence. Peers do exert an influence, but girls also seek out friends whose attitudes and behaviors are attractive to them.

ADOLESCENT GIRLS' COMMUNITY RELATIONSHIPS

As influences outside the family become increasingly important during adolescence, girls' social worlds expand to include new contexts of interaction. Community members, such as coaches, guidance counselors, teachers, and other non-family adults become valuable sources of support as adolescents develop increasing independence from their parents. Unfortunately, there has been very little research on adolescent girls' sense of community or their experiences in the larger community.

Strong community connections might help adolescents become resilient and develop adaptive coping skills. Some research suggests that adolescents living in cohesive communities that provide many social and emotional resources engage in fewer risk behaviors and enjoy better mental health (Call et al., 2002). In many communities, organizations have been developed to provide adolescents with the opportunity for social interaction and support. Such organizations include religious and musical groups, sports teams, and after-school programs. Service learning, which involves performing voluntary service in the community under the guidance of supportive adults, is one type of activity designed to enhance adolescents' sense of community cohe-

siveness. Service learning is intended to provide adolescents with a constructive role to fill, to enhance their self-esteem and social adjustment, and to reduce feelings of alienation from peers and the community (Call et al., 2002). When a girl joins a community organization, she has the opportunity to meet and interact with a diverse group of peers. Moreover, she becomes acquainted with adults in the community who can be important sources of emotional support. Girls also report learning practical skills in community organizations, such as time allocation and the ability to set and achieve reasonable goals (Dworkin, Larson, & Hansen, 2003). Thus, community activities can help adolescent girls strengthen their social bonds and develop a wider range of social resources and competencies.

CONCLUSIONS

The research discussed in this chapter highlights the important role that peers and the community play in the health and development of adolescent girls. However, every question that is addressed by research prompts new questions. For example, studies of peers sometimes uncover complex interactions between peer and family relationships, intriguing findings that raise new questions. What are the circumstances that drive some teens with inadequate or nonsupportive parents toward peers and substance use, but drive others to supportive friends who buffer them from the negative consequences of poor family relationships? What are the characteristics of close friendships that provide teenage girls with the kind of support that helps them through difficult times, and what are the characteristics of friendships that fail to do so? Better information about the qualities of teenage girls' relationships with peers is needed in order to understand how friendships act to enhance or harm well-being.

Given the importance of peer relationships for girls' healthy development, it is critical to understand how girls form and maintain social bonds that are supportive. Recent research on relational aggression points to one of the ways that those social bonds can be threatened. We could find no research on the motivations for this form of social

aggression. In what ways do adolescents believe that they benefit by damaging others' relationships? The attributions made by relationally aggressive teens and by their victims represent a promising avenue for research, in part because cognitions can be an effective point for intervention. Currently there is an inadequate knowledge base to guide the design of interventions that repair and improve the peer relationships of teenage girls. Investigations exploring both the positive and the negative aspects of teens' social interactions and relationships will ultimately suggest strategies that can be used to help girls form and keep friendships that promote their health and development.

Why do some teens have friendships with peers who model attitudes and behaviors that are prosocial and health-enhancing, while others spend their time with peers who engage in risky and health-threatening behaviors? Part of the answer clearly lies in a child's personality and family rearing environment. However, we do not know the degree to which similarities in smoking, substance abuse, and sexual behaviors between adolescents and their friends are due to the initial formation of social groups consisting of like-minded members versus the tendency of adolescents to conform to the behavioral norms of their peer group. Disentangling the various individual and social processes that result in similarities in the health behaviors of friends is critical to the development of interventions to reduce risky behaviors during adolescence. A better understanding of peer influence on health behaviors may also inform social policies that encourage healthy behavioral norms among adolescents.

Finally, we found very little research on the ways that the larger community contributes to the health and well-being of adolescent girls. We suspect that, as with the peer group, neighborhood organizations and adults outside of the family can play an especially important role for girls whose relationships at home are troubled. Studies of the conditions under which communities succeed and the conditions under which they fail to serve this type of compensatory function can help to inform social policy. For example, research can direct policy makers toward the development and placement of resources in

communities so that they are readily available to, and are likely to be used by, the girls who need them most.

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