

Girls In-Between: Social, Emotional, Physical, and Sexual Development in Context

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Introduction

Girls' adolescent journeys are marked by the questions they ask about who they are relationally, physically, intellectually, culturally, and sexually. This search for self-definition, also known as identity work, takes place in a social context that profoundly shapes girls' experiences. Bullying, harassment, violence, and abuse are everyday experiences for many. They grow up in a society in which the media sexualizes women and girls from an early age. Discrimination based on gender, culture, race, ethnicity, class, sexual orientation, religion, and disability is damaging. Access to health care and effective education is uneven at best. Real life role models and mentors are not available to all girls, and for millions of teens, the Internet is the primary source of sexual and relationship information. Closer to home, family members may struggle with mental health issues and family communication may not address some of the most salient issues facing adolescent girls today. Young women themselves may confront the pain of depression, anxiety, substance abuse, body dissatisfaction and eating disorders, trauma, self-injury, suicidal ideation, and other psychological issues while trying to come to terms with who they are and who they are becoming.

A biopsychosocial model of girls' development provides a framework to examine these intersections of intrapersonal, interpersonal, and sociocultural factors. Unfortunately, a comprehensive approach to girls' development is not always considered in programming, education, or policy. The sexuality and reproductive health curricula used in many high schools focuses almost exclusively on biology, offering little guidance and information about the relational and emotional aspects of intimacy, attraction, sexuality, and reproduction (Christopher, 2001; Martinez, Abma, Copen, & National Center for Health Statistics, 2010). Quantitative and qualitative

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research reviewed in the following chapter indicates a number of external factors that are detrimental to girls as well as protective factors that help them thrive. The chapter concludes with recommendations for research, family life resources, programming, and policy considerations, which can enhance well-being for teen girls as they engage in their identity work.

Ideal Girlhood and Womanhood

Girlhood and womanhood are socially constructed and continually changing (Adams, 2005; Zaslow, 2009). Over the past 20 years the predominant image of adolescent girlhood has shifted away from that of the passive victim. Popular press books in the early 1990s, like Mary Pipher's *Reviving Ophelia* (1995) and Peggy Orenstein's *Schoolgirls* (1994), documented the damaging effects of society. Today, in the age of girl power media (Zaslow, 2009), the image of normative girlhood is a complex blend of self-determination, individuality, assertiveness, athleticism, sexual subjectivity, physical attractiveness, thinness, and niceness (Adams, 2005; Bettis, Jordan, & Montgomery, 2005; Choate, 2007; Girls, Inc., 2006; Zaslow, 2009). Zaslow (2009) posits that the image of the assertive and in-control girl emerged in part through the girl power movement of the 1990s. The image of the strong and sexy girl was then reinforced by media culture, zeroing in on millions of teen and young women consumers. Today's girls face pressure to meet this super girl image while at the same time fulfilling traditional ideas about being nice and attractive in their real life and online identities.

To further complicate the process, girls and young women must grapple with the culture's idealized notions of motherhood. While most adolescent females will eventually have children, not all will. Some may choose not to; some may be unable to have children. Some may raise children that have been adopted or birthed by others, and some may live in circumstances that make childbearing problematic at best. If teen girls can be provided with relationships, environments, and skills to foster psychological well-being, they will be better equipped to deal with whatever present and future challenges and decisions they must face. They will be more skilled at making decisions about relationships, intimacy, sexuality, reproduction, and motherhood. They will have more tools for communicating about and coping with related stresses, boundary setting, and avenues for seeking help. Girls and young women will have greater capacity for refuting the super girl, superwoman, and super mother myths that impair well-being.

“Who Am I Relationally?”

Relationships foster hardiness, growth, and resilience in girls. Through theory and qualitative research, Relational-Cultural Theory, RCT, provides a fresh understanding of girls' developmental trajectory. Rather than the historic emphasis on

adolescence as a time for developing individuality and autonomy, RCT places the nexus of development in relationship and connection. This corresponds with current neurobiological research on relationships and the brain (Siegel, 2007). According to RCT the teen years are a time of redefining connections with peers and parents. Multiple studies identify the best predictor of resistance to high-risk behaviors: having a good relationship with an adult, such as a teacher, coach, mentor, spiritual leader, or parent (Armstrong & Boothroyd, 2007; Jordan, 2005; Resnick et al., 1997).

Relational resilience, according to Jordan (2005), includes the capacity for resistance through which girls can deal with their experience of the sociocultural world. Disempowering messages regarding gender, race, sexuality, and sexual orientation come from many places: home, close to home, the Internet, and the larger society (Collins, 2000; Jordan, 2005; Steiner-Adair & Barker, 2013). Resistance to these messages is vital for psychological well-being. In Ward's (2002) work with African American girls, she identifies four steps for developing healthy resistance to stereotypes, oppression, and discrimination:

1. Read it: examining the subtle and blatant discriminatory messages in their socio-cultural worlds is a first step.
2. Name it: learning to name specific stereotypes and oppressions such as racism, sexism, and class bias contributes to agency and strength.
3. Oppose the negative force: countering the internal and external impact of forces like racism means countering the associated self-hatred, hopelessness, and anger.
4. Replace it: empowering girls to develop and affirm a reality that is different from the one presented by the situation or culture can provide hope. For example, girls might resist racism by standing up for fairness and justice. They might oppose the sexual objectification of girls in the media by shining the light on advertisers and programs that represent real girls living empowered lives.

While environments free of discrimination, violence, trauma, and poverty are desired, protective factors include helping girls develop the capacity to connect as allies, creatively critique injustices, and take social action regarding inequities (Jordan, 2005; Lalik & Oliver, 2005; Prettyman, 2005; Ward, 2002). As Jordan (2005) poignantly notes, "Relational resilience involves movement toward mutually empowering, growth-fostering connections in the face of adverse conditions, traumatic experiences, and alienating social-cultural pressures" (p. 83).

Relational Stereotypes and Peer Relationships

How does this research on the centrality of relationships and healthy resistance sync with the stereotype of mean girls? Social aggression does exist in the world of children, appearing on the scene as early as age 3 (Underwood, 2003). Social aggression receives extensive media attention and is a source of concern for schools and families. Social aggression includes behaviors intended to harm friendships, social standing, and social esteem. The behaviors include, but are not limited to, exclusion, gossip, and rumors.

Social aggression is a complex dynamic for girls. Researchers have identified a number of possible reasons for this type of aggression in girls including media glorification of the mean, sassy girl; boredom; the wish to belong; and difficulties with effectively expressing anger or being assertive (Brown, 2003; Orpinas & Horne, 2006; Underwood, 2003).

Without oversimplifying a very complex phenomenon, it is important to observe the clash between two opposing cultural demands. The first, promoted in part by girl-power media culture, is the demand for girls to be in control and assertive. The second, entrenched in centuries of “good girl” messages, is the cultural mantra to be nice and kind, which includes avoiding the direct expression of anger (Bettis et al., 2005; Brown, 2003; Schoenberg, Salmond, & Fleshman, 2008; Simmons, 2009). Granted, kindness is an important pro-social skill. Experience and research show there are great benefits to the capacity for kindness in social relationships (Goleman, 1995; Lyubomirsky, 2008; Siegel, 2007). Being nice and kind becomes problematic when they interfere with girls’ capacity to be authentic, assertive, and to express anger effectively. Anger is a natural human emotion, signaling when something is amiss. Assertiveness is a tool that can be used to set things right. When girls are unable to directly and effectively express anger or be assertive, there are consequences. Girls and young women may become silent and isolated, even depressed (Brown & Gilligan, 1992) or they may express indirect anger in socially cruel ways (Simmons, 2009; Underwood, 2003). Brown and Gilligan (1992) aptly refer to this phenomenon as the tyranny of nice and kind. Girls and young women benefit from skills that help them navigate this complicated terrain; developing their capacities for authentic kindness, compassion, and empathy, as well as their ability to lead, be assertive, resolve conflict, and set boundaries. These skills are not only important to teen psychological health; they provide necessary scaffolding for women’s mental health.

Kin Relationships

Relational resilience is supported by relationships with at least one caring adult who sees the adolescent girl for who she really is, someone who can listen with heart and mind, and can provide validation and valuing. In some cases, these mentoring adults can provide puberty and sexuality education. Parents and extended family can play an important role in helping teens gain accurate knowledge and evaluate information received elsewhere. Past research shows that teens prefer to gain sexuality and relationship information from parents (Simanski, 1998); however, new research shows that millions of teens today use the Internet as their primary source for this information (Steiner-Adair & Barker, 2013). While the Internet is problematic in that it can sometimes expose children and teens to sexual content for which they are not yet ready, it can also be a safe, private place to gain information difficult to access in other ways. For example, lesbian, bisexual, and questioning teen girls may be encouraged to find supportive interactive Internet communities that serve as a resource during the exploration of their emerging identities (Petrovic & Ballard, 2005; Savin-Williams, 2007; Ward, Day, & Epstein, 2006).

Trauma and Relationships

Child abuse, sexual harassment, rape, and other forms of sexual assault are not uncommon in the lives of teen girls. Teen dating violence is pervasive. While three quarters of high school and college women report being victims of verbal aggression, one-third report physical aggression. Women who are not white, middle class, or heterosexual face particular challenges when admitting violence and getting help. Concerns include distrust of white authority and cultural demands to keep personal lives private. For lesbian teens, getting help may require revealing their sexual orientation (Smith, White, & Holland, 2003). The physical and psychological consequences of trauma can be long lasting, especially without early intervention. Identifying trauma and helping adolescent females to heal from these experiences is imperative for lifelong psychological health (Levine & Kline, 2007).

“Who Am I Physically?”

Preteen and teen girls experience many bodily changes. Biopsychosocial theory considers these changes in the context of girls’ social and emotional worlds. In the USA the average age of girls’ first menstrual cycle is about 12½ years of age. For most girls, it takes another 2 years before the menstrual cycle is stable and mature (Grumbach & Styne, 1998).

Girls and young women have feelings about these bodily changes. Girls frequently compare themselves to others and find themselves lacking. Girls not only compare themselves to their peers, whom they may see as more attractive and thinner: they compare themselves to media images that have been air brushed and digitally altered, resulting in an impossible standard of beauty. The celebrity culture that abounds adds to the harmful message that appearance is the most important asset for girls and women. In the words of one young woman, “A girl could be anyone—as long as she was pretty” (Lemish, 1998, p. 155).

The convergence of bodily changes, media messages, and intra- and interpersonal factors coincide with a dramatic increase in body dissatisfaction for girls around puberty (Barker & Galambos, 2003). For girls between the ages of 8 and 11, approximately 50 % rated their weight as important and expressed the desire to be thinner (Ricciardelli, McCabe, Holt, & Finemore, 2003). Girls’ relational worlds are complicated by these physical changes as well. They must cope with whether these changes come early or later. Early maturing females, for example, may exhibit heightened romantic and sexual interests (Brown, Halpern, & L’Engle, 2005; Pearson, Kholodkov, Henson, & Impett, 2012). Girls must also deal with how their female friends, and boys and men in general, respond to their changing bodies. Experiences with sexual harassment and other forms of objectification may become everyday challenges (Charmaraman, Jones, Stein, & Espelage, 2013; Stein, 1995, 1997).

Navigating environments, like school, takes on a new dimension. With the start of menstruation girls must figure out how to manage their periods at school. They report wondering, “How am I going to change my tampon during a 4 min class

change and get to class on time?” “What if my teacher won’t let me out of class?” and “What if the boys find out?” (Fingerson, 2005a, 2005b). Girls may feel that their school environment is not a welcoming place for their changing bodies, which adds another dimension to body dissatisfaction.

Hormonal Factors

An extensive discussion of hormonal factors during puberty and adolescence is beyond the scope of this chapter and is discussed in greater in the chapter “Menstruation and Premenstrual Dysphoric Disorder: Its Impact on Mood.” However, a comprehensive perspective of girls’ development would be inadequate if premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD) were not mentioned. PMS is common in teen girls. In one study of girls 13–18 (mean age 16.5 years), 31 % of the participants met the emotional, physical, and behavioral criteria for PMS (Vichnin, Freeman, Lin, Hillman, & Bui, 2006).

Cultural Messages About Girls’ Appearance: The Internet and Other Media

Ubiquitous media messages sustain the culture of dieting and thinness in the USA (Lamb & Brown, 2006). Fredrickson and Roberts (1997) provide objectification theory as a tool for both cultural analysis and research. They posit that a culture that objectifies girls and women can result in girls and women objectifying themselves. They describe a peculiar developmental experience in which girls view themselves from an early age through the eyes of others, looking at themselves from the vantage point of the external world. Media outlets such as fashion magazines and MTV have been shown to decrease girls’ moods and increase their body dissatisfaction. Grabe and Hyde (2009) found that self-objectification in adolescent girls mediated a direct relationship between music television consumption and body esteem, dieting, depressive symptoms, anxiety, and interestingly, confidence in math ability. Daniels (2009) looked at how young women respond to images of women in magazines and found that the least body shame was evoked by images of the performance-focused woman athlete. Sexualized images evoked greater levels of shame.

Objectification and self-objectification have been shown to have a negative psychological impact on adolescent girls. For some young women, self-objectification has been associated with shame, anxiety, and self-degradation (Hirschman, Impett, & Schooler, 2006; Slater & Tiggemann, 2002). Further research suggests that exposure to media that objectifies girls and young women may contribute to these common psychological difficulties in girls: depression or depressed mood, eating disorders, and low self-esteem. Kim and her colleagues (2007) underscore that a culture of objectification leads to thinking, feeling, and behaving in ways that sustain

stereotyped gender relationships and power inequities. Other research indicates that this sexualized cultural climate can decrease both mental focus and confidence.

Alternatively, ethnic and cultural factors may sometimes play a protective role in girls' levels of self-objectification and body satisfaction (Granberg, Simons, & Simons, 2009). Several studies have postulated that there may be cultural factors in the African American community that contribute to positive self-views of adolescent girls who do not meet the thin-ideal of the dominant white culture. More investigations are needed to understand the nuances of this phenomenon for African American teen girls.

Cultural Messages About Girls' Bodies and Appearance: School, Family, and Peers

The emphasis on girls' appearance takes place in schools and families, as well as in the media. School environments send both subtle and blatant messages to girls about their bodies (Larkin & Rice, 2005). Lalik and Oliver (2005) shine light on one school region's practice of the annual Beauty Walk, female contestants only, as a fundraiser for the Parent Teacher Organizations. Student to student sexual harassment is a far too common experience for teen girls and young women (American Association of University Women & Harris Interactive, 2001; Charmaraman et al., 2013). Even though it is addressed in Federal law Title IX, teachers admit they frequently do not know how to identify sexual harassment when it occurs between students. Due to limited or lack of training, they are often uncertain about effective ways to respond when it does occur (Ali & US Department of Education, Office for Civil Rights, 2010; Stein, 1995, 1997).

Parents also send strong messages to their daughters about appearance. Parents may express concern about their daughter's appearance, grooming, and weight. Physical self-care is a developmental task, one that comes more easily to some girls than others. Parents can be critical of their daughter's appearance, wanting them to meet the cultural standards of thinness and beauty (APA Report on the Sexualization of Girls, 2007). In addition, there is a growing body of research that suggests a primary variable influencing the way a girl feels about her body is the way her mother feels about her own adult body (Tiggemann & Lynch, 2001).

The degree of self-objectification a girl experiences can vary over time and circumstance. Researchers identify specific interventions, which may help girls and young women decrease self-objectification in the face of media messages. For example, Greco and her colleagues (2008) incorporate cognitive behavioral and mindfulness-based approaches to help adolescent girls and young women build skills for mindful media consumption. They teach adolescent girls to identify unhelpful thoughts after viewing magazine images and encourage use of a cognitive diffusion intervention to decrease the power of these thoughts as well as improve mood. Daubenmier (2005) and others (Brown & Gerbarg, 2005) have evaluated the role of ongoing yoga practice as an effective intervention for decreasing

self-objectification, stress, anxiety, and depression. In addition, media education can help girls increase their capacity to critique cultural messages and take social action regarding objectification (Lalik & Oliver, 2005; Prettyman, 2005).

“Who Am I Sexually?”

Some researchers question whether the definition of adolescent sexual health should be the same as adult sexual health (Halpern, 2006). The World Health Organization, WHO, defines sexual health as “the integration of the somatic, emotional, intellectual, and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication, and love” (WHO, 1975, p. 41). The National Commission on Adolescent Sexual Health (Sexuality Information and Education Council of the United States, 1995) supports the idea of applying this perspective to adolescence, since adolescent sexual health includes positive interpersonal relationships, emotional expression, intimacy, and personal body perceptions. In addition, many researchers (Graber & Sontag, 2006; Halpern, 2006; Tolman, Striepe, & Harmon, 2003) support this notion of an “integrated lens that captures biology, behavior, and the cultural, social, and physical aspects of an adolescent’s environment” (Halpern, 2006, p. 9). That said, no unique criteria for adolescent sexuality have been identified.

Adolescent girls receive messages about their emerging sexual identities from multiple sources: the media, Internet, school, parents, siblings, and peers (Impett, Schooler, & Tolman, 2006; Steiner-Adair & Barker, 2013; Strahan et al., 2008; Sutton, Brown, Wilson, & Klein, 2002). Some of these messages are imposed, like the ubiquitous sexualization of girls and women in the media. Other information comes to girls accidentally, like walking in on a sibling masturbating, finding a used condom in a parent’s bedroom, or unknowingly opening a pornographic YouTube video sent as a prank by a friend. Girls learn at school through both direct and indirect communication, as well as the school infrastructure. For example, a health class may focus on the biological aspects of sexuality, neglecting the relational and emotional aspects. At lunch girls may observe or participate in sexual name calling and conversations about sexual reputations.

In terms of sexual activity, the majority of girls in the USA will have engaged in intercourse by the time they are ages 17–18 (Frost & Alan Guttmacher Institute, 2001). At the same time, girls are strongly discouraged from engaging in intercourse and reproduction during the teen years due to a variety of risk factors. Existing research identifies three categories of messages about sexuality:

1. Messages that objectify and sexualize girls and women and invalidate girls’ experiences of sexual development.
2. Messages that emphasize sexual risk.
3. Messages about positive sexual health and identity.

Messages That Sexualize Girls

As the discussion of objectification earlier in this chapter notes, there is reason for concern about the impact of objectification and sexualization on girls in this culture. Criteria that help distinguish between healthy sexuality and sexualization assist in research, education, and policy. Sexualization includes basing a person's value exclusively on his or her sexual appeal or behavior, omitting other characteristics or sexually objectifying an individual, such as imposing adult sexuality on children (APA Task Force on the Sexualization of Girls, 2007).

Hirschman and colleagues (2006) studied self-objectification as it relates specifically to sexuality. The study underscores the variability of self-objectification and sexual development in late adolescent females. Young women who rated higher on the self-objectification survey measure were less comfortable talking about sex and expressed regret about having sex. Lower levels of self-objectification were associated with expressed positive attitudes about sexuality, more comfort talking about sexuality, and engagement in sexual experimentation. Hirschman and colleagues (2006) advocate that teaching skills that decrease self-objectification may enhance girls' greater sexual health, agency, sexual satisfaction, and partner communication.

Messages About Sexual Risk

Teen pregnancy, STDs, and traumatic experiences are all risks of sexual activity. The USA saw a rise in teen pregnancies between 2005 and 2007 for all racial/ethnic groups, except Hispanics (Centers for Disease Control and Prevention, 2010). Poverty has a negative effect on adolescents, and is associated with poorer physical and psychological health and an increased likelihood of teenage pregnancy (Boothroyd and Olufokunbi, 2001; East, Khoo, & Reyes, 2006). Armstrong and Boothroyd (2007) found that having a baby dramatically changed the trajectories of many girls' lives. Teen girls' experiences of parenting were found to be further complicated when the baby had medical issues, families were unsupportive, or teens experienced postpartum mood or anxiety disorders. Pregnancy also altered friendships and access to education.

Teen pregnancy is not the only risk in sexual activity. Another concern for parents and public health officials is sexually transmitted diseases. Rape, dating violence, and other forms of sexual assault and trauma are also on the risk list. Research on parental communication about sexuality has found that parents tend to focus on the physical and emotional dangers of sexuality (Lefkowitz & Espinosa-Hernandez, 2007; Lefkowitz & Stoppa, 2006). Because of these dangers and because of values or religious beliefs, parents may encourage postponing sexual intercourse until marriage or a certain age. However, parents may find direct communication about sexuality and sexual behavior quite uncomfortable. Other factors that interfere with communication

in urban households may be limited energy and feelings of overwhelm due to long work hours and chronic stress. In some households it is also difficult to find private, one-on-one time with teens. In some studies, adolescent girls have reported they themselves are more comfortable obtaining sexual information from other kin, like grandparents, aunts, or older siblings.

Messages About Positive Sexual Health and Identity

An integrated lens that allows examination of the intrapersonal, interpersonal, and sociocultural dimensions of normative sexuality in teens is vital and vastly understudied. At least three areas of further study will contribute necessary information:

1. Qualitative research that gives voice to girls' and young women's narratives about their emerging sexual selves. Research like Tolman's (2002) groundbreaking work *Dilemmas of Desire* is a useful model for illuminating girls' subjective experience of their sexuality. Tolman brings to life the voices and lived experiences of urban and suburban teen girls as they attempt to understand and respond to their own sexuality in relation to the contradictory cultural messages that bombard them. Other qualitative studies have provided a window into girls' diverse developmental trajectories by investigating: middle school girls' sexuality narratives told through exploratory photography (Charmaraman & McKamey, 2011); Black American adolescent girls sexual self-definitions constructed through use of the media (Stokes, 2007); and lesbian girls and the role of Internet chat rooms for information, connecting with others, and anonymity (Petrovic & Ballard, 2005).
2. Research that examines parent and teen communication about positive sexual health, including ways in which parents help adolescents interpret messages from outside sources (Lefkowitz & Espinosa-Hernandez, 2007; Lefkowitz & Stoppa, 2006). This parental role is especially relevant today given that teens' information about sexual intimacy and romance comes largely from the Internet (Steiner-Adair & Barker, 2013). Positive sexual development themes to be addressed by parents and daughters might include sexual desire, sexual pleasure, and even orgasm. While this has not yet been widely studied, Rosenthal and Feldman (1999) did find that 94 % of high school girls had never discussed sexual desire with their fathers and 76 % had never discussed desire with their mothers. Discussing desire explicitly may be difficult; however, some parents may approach these topics through more socially acceptable themes, like physical attractiveness (Lefkowitz & Espinosa-Hernandez, 2007).
3. Research to improve the effectiveness of programming in school and community environments through promoting learning about positive sexual well-being (Diamond, 2006; Graber, Nichols, Lynne, Brooks-Gunn, & Botvin, 2006). Curricula with a biological emphasis on reproduction are not as effective as curricula that address the relational contexts of teens' sexual lives (Christopher, 2001; Martinez et al., 2010). Education about love, attraction, dating, and desire may

provide a more holistic and relevant perspective. Further study of the cognitions and experiences influencing sexual self-concept is needed (O’Sullivan, 2005; O’Sullivan, Meyer-Bahlburg, & McKeague, 2006).

“Who Am I Emotionally?” Psychological and Emotional Well-Being

Protective Factors

A number of psychological, public health, and educational investigations have explored the protective factors that appear to help girls thrive in the face of difficulty. Several protective factors like relational resilience and media literacy have been discussed earlier in this chapter. The following list includes protective factors that have emerged in the literature and which are relevant to those working with teens and young women:

- *Relational Resilience and Resistance*: Relationships are vital for girls’ psychological well-being and growth (Armstrong & Boothroyd, 2007; Jordan, 2005). Girls also benefit from the capacity to resist damaging stereotypes and negative messages about gender, race, class, and sexual orientation. “To the extent that girls feel they are part of mutually growth-fostering relationships in which they care about others and are cared about as well, they will experience a sense of flexibility, worth, clarity, creativity, zest, and the desire for more connection” (Jordan, 2005, p. 85).
- *Self-Awareness and Self-Management (Emotional Regulation)*: Emotional regulation skills, particularly mindfulness, help girls and young women cope more effectively with feelings of depression, anxiety, and impulses to self-injure (Goleman, 1995; Greco et al., 2008; Hollander, 2008; Siegel, 2007).
- *Body Satisfaction and Low Levels of Self-Objectification*: Studies show that young women fare better with greater body satisfaction and less self-objectification (Barker & Galambos, 2003).
- *Social Agency and Self-Efficacy*: Developing an internal focus of control and sense of social agency is good for girls (Armstrong & Boothroyd, 2007; Brown, 2003; Ward, 2002).
- *Positive Gender Identification*: Determining ways to help girls feel good about being a girl and providing them with positive role models of womanhood is vital (Taylor, Gilligan, & Sullivan, 1995).
- *Positive Cultural Identity*: Helping girls develop a positive cultural identity has been shown to be important for overall psychological well-being (Fordham, 1993; Fullwood, 2001; Taylor et al., 1995).
- *Self-Esteem, Self-Respect, and Self-Compassion*: Currently, there are interesting discussions in the literature about these three constructs. The research on self-respect and on self-compassion both suggests that these constructs may be more

useful than self-esteem when thinking about girls' development. While that debate continues, it appears clear that one or all of these constructs can function as protective factors in girls' lives (Neff, 2011).

- *Future Orientation*: The capacity to envision a positive future has been considered a long-standing protective factor for girls' psychological health (Fullwood, 2001).
- *Awareness, Accurate Knowledge and Skills Regarding Health, Including Sexual and Reproductive Health*: Access to accurate information and effective skills for self-care and self-determination is important (Fullwood, 2001).

Common Psychological Issues Facing Teen Girls Today

Despite the trend to identify a biological base for all mental health issues, there is extensive research to support the notion that external factors contribute to adolescent girls' psychological challenges. The most common psychological issues for teen girls include:

- *Self-criticism and self-degradation*: Girls can be self-denigrating and confronted with a harsh inner critic. Classic research by Carol Dweck and her colleagues (Dweck and Goetz, 1978; Dweck and Reppucci, 1973) found that girls' expectations of future performances are affected more by past or present failures than by successes. Girls blame themselves more than boys do. While optimism plays an important role in resilience (Lyubomirsky, 2008; Seligman, 1991), girls may have a steeper slope to climb than boys in order to develop this skill.
- *Depression*: Before puberty, the prevalence of mood disorders is about the same in boys and girls—3 to 5 %. By mid-adolescence, girls are more than twice as likely to be diagnosed with a mood disorder (Jack & Ali, 2010; Nolen-Hoeksema & Girgus, 1994; Steingard, 2013). As previously noted, researchers have found correlations between depression or depressed mood and self-objectification (Grabe & Hyde, 2009).
- *Stress*: Life stressors exist on many dimensions, from poverty and lack of adult support to achievement pressure and perfectionism (Cohen-Sandler, 2006; Girls, Inc, 2006). Other common stresses include social cruelty and bullying (Mikami & Hinshaw, 2006; Orpinas & Horne, 2006), sexual harassment, and challenges related to learning disabilities. Stress can exacerbate any number of psychological and physical symptoms, including PMS and depression.
- *Body dissatisfaction and eating disorders*: Research shows that living in a culture that significantly objectifies girls puts them at risk for disliking their bodies and attempting to manipulate their bodies through dysfunctional or disordered eating (Dinsmore & Stormshak, 2003).
- *Anxiety*: One in eight children suffers from anxiety and it often co-occurs with other disorders, like depression and eating disorders. Studies show that girls self-report two to three times more worries than boys, as well as greater fear intensity (Gullone, 2000).

- *Self-injury*: Non-suicidal self-injury includes behavior like cutting, burning, picking, and hitting. It occurs more frequently in female adolescents than in males. In fact, a study of ninth grade boys and girls found that non-suicidal self-injury in girls occurred at a rate three times that of boys at the same age (Barrocas, Hankin, Young, & Abela, 2012; Hollander, 2008).
- *Posttraumatic stress disorder (PTSD)*: Being female or an ethnic minority increases the risk of trauma and poor outcomes (Briere, 2004). Girls are vulnerable to high-impact trauma like rape, sexual and physical abuse, and dating violence. Women are twice as likely to receive a PTSD diagnosis. Girlhood trauma leads to higher risk of re-victimization and psychological and physical health problems (Worell & Goodheart, 2006).

Early intervention makes a difference in the outcomes for these young women. Prevention programs designed to build protective factors hold promise. Protective factors can help girls and young women be embodied, authentic, empowered, and relationally engaged. Development of these protective factors in adolescence supports girls as they cope with the stresses of their lives and prepares them for the challenges of adulthood.

Relational Resilience and Resistance

Providing opportunities for all girls and young women to be involved in mentorship experiences coincides with Judith Jordan's (2005) work on relational resilience. Schools are an obvious environment for providing mentorship for girls. Teachers, counselors, and older students can help girls develop protective factors and connect with their strengths. However, not all girls and young women will stay in school. This underscores the importance of additional environments, such as community programs and religious communities, that can provide support and life-skill education.

Role Models

Schools and community programs are in the unique position to shine the light on women role models. Speaker events, discussion groups, and other formats can be used to help adolescent girls connect with real women whose lives demonstrate alternatives to the idealized and unrealistic view of womanhood. Discussions of the roles of gender, race, culture, class, sexual orientation, physical ability and disability, and religion can be part of the dialogue, helping young women raise awareness about these powerful external factors that influence their individual and collective stories (American Psychological Association Task Force on the Sexualization of Girls, 2010).

Connecting with Peers

Group experiences reduce isolation, enhance identity development, and provide a place for support, skill building, and cultural critique. Group experiences can also be designed to include embodied activities as diverse as self-defense and yoga. Peer groups provide space for developing knowledge and skills for healthy relationships and dating violence prevention (Taylor, Stein, Mumford, & Woods, 2013).

Media Literacy

School- and community-wide efforts to help teens become media savvy should no longer be considered a luxury. The more education provided for parents, the more active they can be in helping girls become media smart. A positive approach to media literacy, rather than a fear-based one, can be incorporated into school curriculum, especially since research indicates the media's impact on the developing identities of girls. Some teachers and program leaders have effectively used television characters, story plots, and photography projects as springboards for educational discussions in the classroom and at home.

Intellectual training in active cultural criticism is part of effective media literacy and digital citizenship. Girls can be encouraged to creatively critique idealized images of girlhood, boyhood, womanhood, and manhood as well as messages about race and class. Girls can practice resisting the message that appearance is their most valuable commodity. They can learn to appreciate their bodies for their abilities and wisdom (Lamb & Brown, 2006; Steiner-Adair & Sjostrom, 2006). Communities can develop media awards for positive portrayals of girls as strong, competent, and non-sexualized. Communities can also recognize companies that develop gender-free toys and products (APA Task Force on the Sexualization of Girls, 2007; Ward et al., 2006).

Positive School Climate

Evaluate the Environment

A systemic evaluation of the school or program environment may reveal blatant and subtle situations that disempower or objectify girls and young women. Organizations can examine direct and indirect communication and stereotypes about gender, power, sexuality, relationships, and class. Questions to consider include:

- What are the physical resources and campus attitudes regarding menstruation and other body needs of girls?
- How does the school educate in regard to sexual harassment, and how does it respond when incidents occur?
- How does the school provide for and celebrate girls' sports when compared to boys' sports?

- How does the curriculum address the role of women in history, science, and other disciplines?
- What educational opportunities are provided for teen girls who are parenting?

The evaluation process should also consider the available social and emotional learning programs, including mindfulness education, and comprehensive sexuality education.

Comprehensive Social and Emotional Learning

A number of protective factors fall under the rubric of social and emotional learning: self-awareness, self-management of emotions, social awareness, relational skills, and responsible decision-making. Contemporary educational and neuroscience research indicate that mindfulness skills can be a major player in helping youths develop these capacities (Siegel, 2007). As suggested by Jordan (2005), girls will develop these skill sets more effectively when they are taught by those who believe in them and who can listen with heart and mind.

Comprehensive Sexuality Education

Comprehensive sexuality education goes beyond a biological emphasis and considers the relational contexts of sexuality (Martinez et al., 2010). Creative, student-centered, developmentally focused ways of teaching this content need to be encouraged. Appropriate discussions about sex and relationships can incorporate small group breakouts, case studies, role-play, storytelling, visual arts, and performance, providing students and program participants with concrete scenarios. The most effective programming for youth often includes programming for nuclear and extended families (Lefkowitz & Stoppa, 2006). Role-play, skill building, discussion, and support among parents may increase their comfort in, and skills for, talking about tough topics. In addition, some parents may benefit from the opportunity to have conversations that help them become more comfortable with their own sexual selves and to be clear about their sexual values in order to communicate more effectively with their children. Parents might also benefit from more broad-based education about protective factors, the sexualization of girls, digital citizenship, and media literacy. Parents can be encouraged to identify and establish rituals to celebrate girls' changing bodies and developmental markers, like a first period.

Health and Psychological Interventions

Research suggests that physicians, nurse practitioners, and mental health providers benefit from solid training in the following: the biopsychosocial model, confidentiality for teens, positive sexual identity development, the impact of the culture's

sexualization of girls, digital life realities, teen dating violence, sexual orientation issues, common psychological challenges, and the latest research on the role of hormonal factors (APA Task Force on the Sexualization of Girls, 2007; Pinto, 2004; Steiner-Adair & Barker, 2013; Tolman, Spencer, Rosen-Reynoso, & Porche, 2003). Training for professionals can help ensure much needed early intervention, which is often neglected. For example, in one investigation (Armstrong & Boothroyd, 2007), 66.7 % of the teen girls studied exceeded the criterion on at least one mental health indicator at some point during the course of the 4-year study, indicating some level of emotional distress. In contrast, not more than 5 % reported receiving a mental health service during any year of the study.

Public Health and Policy Leaders

Policy leaders and public health advocates are in a key position to encourage both universal and selective interventions. Universal interventions apply to all individuals within the school, program, or community. Selected interventions are designed to meet the specific needs of a subgroup, like adolescent girls who self-injure or teens who are pregnant.

It can be valuable to involve youth in the policy-making process. Creating opportunities for dialogue between adolescent girls and policy makers is important. In particular, girls may contribute to conversations about teen dating violence, the sexualization of girls, and digital citizenship—all public health priorities.

Protective factors promote girls' and young women's psychological well-being and relational resilience. In addition, these factors equip girls to cope more effectively with present and future challenges. Research, school and community programming, family life resources, health and psychological interventions, and public policy all have important roles to play in ensuring that teen girls have the relationships and environments needed for positive growth.

Conclusion

Psychological and relational health is profoundly important in the lives of adolescent females. Protective factors not only serve girls during their challenging teen years, but they also fortify young women as they move into adulthood with its inevitable difficulties and stresses. Reproductive mental health in adulthood is enhanced by general psychological well-being in adolescence. In order to promote positive mental health for adolescent girls and young women, society must address intrapersonal, interpersonal, and sociocultural factors.

Research can provide insight into the diverse experiential and developmental trajectories of girls as they grow toward womanhood. It can also increase the understanding of protective factors. However, more research is needed. The literature on both sexualization and positive, healthy sexuality will be enhanced by further

investigations into the diverse experiences of girls including girls of color; lesbians, bisexuals, those questioning, and transgendered girls; young women from different cultures, ethnicities, and religions; girls with disabilities; and young women from all socioeconomic groups. In addition, investigations are needed to determine:

- The various ways girls construct their attitudes, beliefs, and ideas about girlhood, womanhood, relationships, attractions, intimacy, sexuality, sexual orientation, and reproductive choices.
- Best practices for social and emotional learning for the development of protective factors.
- Effective media literacy education, including Internet literacy and digital citizenship.
- The needs of the understudied population of pregnant teens and mothers who are still in their adolescent years, including mental health needs, like postpartum mood and anxiety disorders.
- The most effective sexuality and human development education in high school, middle school, and in the elementary school years.

Further research will inform education, community programming, family life resources, health and mental health interventions, and policy in creating a world for healthy girls and women.

Resources

Sites for Teen Girls and Young Adult Women

- <http://sexetc.org>—This site is designed as a tool for teens and young adults seeking accurate information about sexuality and relationships.
- <http://www.iwannaknow.org>—Designed for teens and young adults, this website is a project of the American Sexual Health Association.
- <http://www.newmoon.com>—New Moon is written by, and for, girls ages 8–13 and covers a wide range of relevant and important topics.
- <http://www.teenvoices.com>—Teen Voices is an online resource that covers empowering topics reflecting the lives of diverse and real teen girls and young women.

Online Resources for Professionals Working with Girls and Young Women

- Girls Inc. Media Literacy (<http://www.girlsinc.org/about/programs/media-literacy.html>)—Content and programs can be used to enhance media literacy and resistance to damaging media messages.

- Hardy Girls, Healthy Women (<http://www.hardygirlshealthywomen.org/>)—This organization, founded by Lyn Mikele Brown, offers a wide range of online training resources and tangible products to support those who seek to empower girls.
- Institute for Girls' Development (<http://www.instituteforgirlsdevelopment.com>)—The Institute was founded by chapter author, Melissa J. Johnson, Ph.D. The articles and videos associated with this link provide information for professionals, parents, and young women on diverse and timely topics.

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