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Gender and the Interplay of Source of Support and Peer Social Rejection on Internalizing Among Mexican American Youth

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Abstract

Gendered interpersonal processes may explain the elevated rates of internalizing symptoms among adolescent girls relative to boys. Two such processes are peer social rejection and social support. The current study assessed for gender differences in the effect of 7th grade peer social rejection on 10th grade internalizing symptoms, as well as the moderating effects of social support from family and from friends in a sample of 749 (49% female) Mexican American adolescents, an understudied population with a unique social culture. Peer social rejection significantly predicted increased internalizing symptoms for girls. Although buffering effects of social support were not found, there were significant moderating effects of both sources of support for boys, such that at low levels of social support, peer social rejection was associated with decreased internalizing symptoms, and at high levels of social support, peer social rejection was associated with increased internalizing symptoms. The results help unpack the nuances of the interpersonal processes that lead to differential adjustment for adolescent boys and girls at this critical developmental stage.

Introduction

Males and females have differing interpersonal processes (Taylor et al. 2000; Frydenberg and Lewis 1991) that may be linked to the higher rates of internalizing symptomatology that emerge in adolescence among females compared to males (e.g., García, Manongdo, and Ozechowski 2014). Peer social rejection is a particularly salient risk factor for internalizing problems in adolescence (Steinberg and Morris 2001; Brown 2004), particularly for girls (Beeri and Lev-Wiesel 2012), raising the possibility that peer social rejection may be a gender-specific risk factor for internalizing symptoms. One interpersonal coping strategy is social support, which has traditionally been conceptualized as a buffer against the negative effects of stress (Cohen and Wills 1985), although social support and peer social rejection

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are not mutually exclusive (Hodges, Boivin, Vitaro, and Bukowski 1999). However, the evidence for this effect has been mixed among adolescents (e.g., Ozer 2005; Desjardins and Leadbeater 2011), with accumulating evidence that the benefits of social support depend on culture (Kim, Sherman, and Taylor 2008) and gendered processes (Brittian, Toomey, Gonzales, and Dumka 2013), as well as the source of support (i.e., family and friends; Raffaelli et al. 2012). The current study used an ethnic-homogenous sample of Mexican American youth to examine gender differences in the interplay of peer social rejection and social support on internalizing symptoms.

Assessing these social processes among Latino youth, such as Mexican Americans, is critical because of their elevated rates of internalizing symptoms (Choi, Meininger, and Roberts 2006; Piña and Silverman 2004) and because they are the fastest growing youth population in the U.S. (U.S. Census Bureau 2012). Moreover, one of the defining characteristics of Mexican culture is *familism*, or strong attachment to families, involving high levels of support and emotional closeness (Sabogal, Marín, Otero-Sabogal, Marín, and Perez-Stable 1987). Using longitudinal data from a larger study (Roosa et al. 2008), this study sought to further our understanding of the social experience of Mexican American adolescent boys and girls. The study's aims were twofold: 1) to test gender differences in the effect of peer social rejection in the 7th grade on 10th grade internalizing symptoms, and 2) to examine the moderating impact of social support from family and social support from friends on this link for girls and boys.

The Optimal Matching Model

According to the buffering hypothesis, social support protects individuals against the negative effects of stress (Cohen and Wills 1985). Some research has shown social support protecting youth from internalizing problems related to various types of stressors (e.g., Ozer 2005), including peer social rejection (e.g., Beeri and Lev-Wiesel 2012). Among Mexican American emerging adults, social support protected against internalizing difficulties related to general and acculturative stress (Raffaelli et al. 2012; Crockett et al. 2007). However, there is also evidence suggesting that social support does not protect youth from internalizing problems (e.g., Khurana and Romer 2012), and may even be detrimental (e.g., Grant et al. 2000). For example, social support exacerbated the link between peer social rejection and internalizing difficulties among adolescents (Desjardins and Leadbeater 2011).

To account for inconsistencies in research on social support, the optimal matching model suggests that different stressors may require different types of support for buffering to occur, and a stressor-support mismatch could be detrimental (Cutrona 1990). That is, buffering effects will occur when the support functions are those that are most relevant to the stressors faced by the individuals (Cohen and McKay 1984). For example, individuals who have lost resources would benefit most from instrumental support (e.g., financial support, child care), whereas socially rejected individuals would benefit most from support in the form of companionship and social integration. Research has shown that individuals report more support satisfaction when the support type matched the domain of the stressor (Cutrona and Suhr 1992; Horowitz et al. 2001).

Although not outlined in the original model (Cutrona 1990), emerging evidence suggests that the source of support and individual characteristics are also important components to consider in obtaining stress-buffering effects. The source of support has been recognized as an essential component in understanding the mechanisms by which social support is protective (Lee and Goldstein 2016; Desjardins and Leadbeater 2011). Moreover, individuals may have different preferences for coping with stressors that may depend on one's cultural context (Kim et al. 2008) and gender (Brittian et al. 2013). Social support, particularly from family, may be especially beneficial for Mexican Americans due to their cultural value of *familism* (Sabogal et al. 1987), and some evidence corroborates this claim (Raffaelli et al. 2012). However, social support may also go against collectivist cultural norms of preserving group harmony by not burdening others (Taylor et al. 2004). Based on traditional gender norms, social support is a more socially acceptable form of coping for girls (Frydenberg and Lewis 1993). Indeed, females, compared to males, are also more likely to seek social support (e.g., Epstein-Ngo, Maurizi, Bregman, and Ceballo 2013) and accumulate greater levels of social support (e.g., Moilanen and Raffaelli 2010). However, girls may be more likely to use social support, especially from friends, in a detrimental way, such as to co-ruminate (i.e., passively discuss problems and focus on negative feelings), which has been shown to explain the elevated internalizing symptoms among adolescent girls relative to boys (Rose 2002).

Peer Social Rejection

As children transition into adolescence, they shift their social orientation from parents to peers (Steinberg and Morris 2001), and place greater importance on peer approval, making peer social rejection more salient (Brown 2004). Furthermore, peer social rejection peaks in middle school (Nylund, Bellmore, Nishina, and Graham 2007; Seals and Young 2003), suggesting that this is a critical time period to examine this stressor. Research has consistently shown peer social rejection as a risk factor for internalizing problems in adolescence (Platt, Kadosh, and Lau 2013; Crean 2004; Prinstein, Boergers, and Vernberg 2001).

Adolescent girls, compared to boys, are more adversely impacted by peer social rejection. They not only report greater amounts of rejection than boys (Beeri and Lev-Wiesel 2012; Desjardins and Leadbeater 2011), but also exhibit greater levels of internalizing symptoms associated with interpersonal stress and rejection (Rudolph 2002; Beeri and Leve-Wisel 2012). For example, one study found that the link between peer social rejection and internalizing symptoms was stronger for Latina female adolescents than their male counterparts (Prinstein et al. 2001), and another study found that peer social rejection predicts internalizing difficulties only for girls (Shochet, Smith, Furlong, and Homel 2011).

Female youth may be more affected by peer social rejection than males due to the greater value that they place on social bonds. Social networks are an adaptive means of protection against predatory threats for females (Taylor et al. 2000), and adolescent girls have been shown to be more integrated into and to participate more in their social networks than boys (Urberg, De Lencastre, Tolson, and Halliday-Scher 1995; Frydenberg and Lewis 1993). Their greater need for social connection may explain why girls have been shown to be more sensitive to rejection (Zimmer-Gembeck, Trevaskis, Nesdale, and Downey 2014), to appraise

rejection as more stressful (Seiffge-Krenke 1995), and to anticipate more negative emotional responses to rejection (Reijntjes, Stegge, and Terwogt 2006). Indeed, peer social rejection has been found to positively relate to depression for adolescent girls who place greater value in social bonds (Prinstein and Aikens 2004). In addition, Mexican American youth may be particularly vulnerable and sensitive to social rejection because of their collectivist culture, which is defined by interpersonal connectedness (Markus and Kitayama 1991).

Social Support

The effects of social support may depend on its source (Lee and Goldstein 2016). Some evidence suggests that social support from families may be more beneficial than from friends among youth (Desjardins and Leadbeater 2011; Hodges et al. 1999; Schmidt and Bagwell 2007). For example, family support was found to be more beneficial than friend support in protecting Mexican American emerging adults from internalizing problems (Crockett et al. 2007; Raffaelli et al. 2012), possibly due to the Mexican cultural value of *familism* (Sabogal et al. 1987). However, the Mexican cultural value of *simpatía*, or maintaining relational harmony by not burdening others (Kim, Soliz, Orellana, and Alamilla 2009), suggests that using social support from any source may not be a culturally acceptable form of coping, and, therefore, may not act as a buffer for Mexican American youth.

The effects of social support may also depend on gender. Although Mexican American female youth consistently report greater overall levels of social support, as well as social support from friends, than males (Moilanen and Raffaelli 2010; Gillock and Reyes 1999), the evidence for gender differences in the effects of social support is mixed. Some studies have not found gender differences in the effects of social support in adolescence. For instance, general support-seeking did not significantly predict internalizing symptoms one year later for both male and female youth (Khurana and Romer 2012). Another study found family support to be a better buffer than friend support in the link between acculturative stress and internalizing problems for both Mexican American male and female college students (Crockett et al. 2007).

Other studies suggest that social support may not be as beneficial for males as for females. One study found that the negative relation between social support, both from family and from friends, and loneliness was greater for female college students than their male counterparts (Lee and Goldstein 2016). A study of Mexican American youth found that seeking support from both family and friends exacerbated the link between family stress and internalizing difficulties for boys, but had no effect for girls (Liu, Gonzales, Fernandez, Millsap, and Dumka 2011). Social support may be detrimental for boys because it is an emotion-focused and passive form of coping that does not match male social norms of self-reliance and independence (Addis and Mahlik 2003), particularly Mexican American males who endorse traditional cultural norms that value *machismo* (Raffaelli and Ontai 2004).

Despite these mixed findings, the evidence more consistently points to social support, particularly from friends, as detrimental for adolescent girls, but not for boys. Social support has been shown to accentuate the relation between stress and internalizing problems for girls, but to have no effect for boys (Grant et al. 2000), a trend that was also found among Mexican American youth (Brittian et al. 2013). Friend support may drive these harmful

effects for girls, as friendship closeness was found to more strongly predict increases in anxiety for girls than boys (La Greca and Lopez 1998), and to accentuate the link between rejection and depression for females and not males (Schmidt and Bagwell 2007). Social support may be detrimental for girls because they have been shown to use their relationships, particularly friendships, in a maladaptive way to ruminate on stress and negative feelings (Rose, Smith, Glick, and Shwartz-Mette 2016), which, in turn, leads to internalizing problems (Rose 2002).

The Current Study

The current study contributes to the understanding of gendered, interpersonal pathways to internalizing symptoms among adolescents in several ways. First, it uses a longitudinal design, assessing effects across 7th to 10th grade, among a sample of Mexican American youth, an understudied population with unique social experiences. Second, expanding on the optimal matching model (Cutrona 1990), this study sought to assess the effects of the source of support (family and friends) and gender differences in these processes within a Mexican American cultural context. A focus on family support is especially warranted as it has been hypothesized to be uniquely important as a protective factor for Mexican origin youth. Third, the effects of social support were examined in relation to a particularly salient stressor for adolescents, peer social rejection, which has been shown to peak in the 7th grade (Seals and Young 2003). All of the models controlled for 7th grade internalizing symptoms, economic hardship as an indicator of socioeconomic status, and nativity of mother and adolescent. Scholars often control for socioeconomic status because of confounding associations with socioemotional development and stress response (Bradley and Corwyn 2002). Nativity is included due to prior evidence that access to family support and risk for internalizing symptoms may vary based on the generation of migration to the U.S. (e.g., Almeida, Subramanian, Kawachi, and Molnar 2011).

Based on established theory and the existing literature, peer social rejection in the 7th grade was expected to predict internalizing symptoms in the 10th grade for both genders; however, this relation was expected to be stronger for girls than for boys. Although the extant literature is mixed, the evidence more strongly points to social support from friends exacerbating the link between peer social rejection and internalizing symptoms for girls, and to social support from family acting as a buffer for both girls and boys. Thus, we tentatively hypothesized that: 1) social support from family in the 7th grade would act as a buffer for both boys and girls in the link between 7th grade peer social rejection and 10th grade internalizing symptoms; and 2) social support from friends in the 7th grade would accentuate the effects of 7th grade peer social rejection on 10th grade internalizing symptoms for girls, but would have no effect for boys.

Method

Participants

The data were from a longitudinal study of Mexican American families in a large southwestern metropolitan area (Roosa et al. 2008). This study recruited 749 families that met the following criteria: a) families had a 5th grader; b) mother and child agreed to

participate; c) the mother was the child's biological mother, lived with the child, and self-identified as Mexican or Mexican American; d) the child's biological father was of Mexican origin; e) the child was not severely learning disabled; and f) no step-father or mother's boyfriend was living with the child. The current study used data from two waves, when the child was in the 7th and 10th grades, in order to assess peer processes during the transition to adolescence.

Nearly 95% ($n = 710$) and 85% ($n = 640$) of the original sample participated when the child was in the 7th and 10th grades, respectively. Descriptive statistics were based on when the child was in the 7th grade. The mean age of the adolescents (49% female) was 12.81 years ($SD = 0.45$). The mean age of mothers was 38.36 years ($SD = 5.77$), and mothers reported an average of 11.80 ($SD = 3.43$) years of education. Annual incomes ranged from less than \$5,000 to more than \$95,000, with a mean range of \$35,001 – \$40,000. The majority of youth were interviewed in English and were born in the U.S. (87% and 70%, respectively), whereas the majority of mothers were interviewed in Spanish and were born in Mexico (69% and 74%, respectively).

Families from the original sample who had dropped out when their child was in the 7th and 10th grades were compared with those that completed interviews on gender, economic hardship, nativity of mom and child, peer hassles and conflict, relational aggression, social support from family and friends, internalizing symptoms, family income, household structure, and language of interview. There were mostly no differences, except: 1) in the 7th grade, adolescents who were retained in the study reported more baseline relational aggression than those who dropped out ($t(747) = -2.37, p < .05$); 2) in the 10th grade, families who were retained in the study reported more baseline income than those who dropped out ($t(730) = -2.96, p < .01$); and 3) in the 10th grade, adolescents who were retained in the study were more likely to have been born in the U.S., and adolescents who dropped out were more likely to have been born in Mexico ($\chi^2(1) = 4.68, p < .05$).

Procedure

A combination of random and purposive sampling was used to recruit families from 47 public, religious, and charter schools representing the metropolitan area's economic, cultural, and social diversity. These schools were chosen from 237 potential schools with at least 20 Latino students in the fifth grade. Potential schools were identified based on the cultural context of the communities for which they serve: a) the Mexican American population density; b) the percentage of elected and appointed Latino office holders; c) the number of churches providing services in Spanish; d) the number of locally-owned stores selling traditional Latino goods; and e) the presence of traditional Mexican-style stores. The score from each indicator was standardized and summed to create a community cultural context score. The five schools with the highest Mexican cultural context scores were chosen to represent Mexican ethnic enclaves. Additional schools were systematically selected from the remaining schools by choosing a random starting point within the 10 lowest cultural context scores and selecting every 9th school to represent the complete spectrum of community contexts. Intraclass correlations (ICCs) of all study and control variables showed minimal variation by school ($M = .001, SD = .06$).

The recruitment materials explaining the project were sent home with all 5th graders in the 47 selected schools. Computer Assisted Personal Interviews, lasting about 2.5 hours, were conducted in the homes of 749 families (73% of those eligible). To obtain consent, trained, bilingual interviewers gave consent forms to the parents and assent forms to the child and read each aloud while participants followed along on their copies. The interviewers, who were blind to hypotheses, then interviewed each participating family member separately. The interviewers read the consent forms, questions, and response options aloud in the participants' preferred language to control for variation in literacy. Participants were paid \$50 and \$55 when the child was in the 7th and 10th grade, respectively. All procedures were approved by the university's institutional review board and followed American Psychological Association ethical standards (see Roosa et al. 2008 for a complete description of the recruitment and study procedures).

Measures

Validated translated versions of the measures in Spanish were used when available. For those measures that were not previously available in Spanish, questionnaires were translated and back translated by licensed Spanish translators (Foster and Martinez 1995). Discrepancies in the meaning of the original and back-translated items were resolved through a consensus team approach that included the investigators and a third bilingual, professional translator who had extensive experience with the local Spanish-speaking community.

Peer social rejection—Peer social rejection was assessed through adolescent self-report on two highly correlated scales ($r = .48$), peer hassles and conflict and relational aggression, which were converted to a z score and combined by calculating the mean of the z scores.

Peer hassles and conflict—The adolescents responded to the 14-item peer hassles and conflict subscale of the Multicultural Events Scale for Adolescents (Gonzales, Tein, Sandler, and Friedman 2001). Only the seven items tapping into rejection were included in this study (e.g., "Other kids told mean stories or lies about you"). The response options were 1 = *happened* or 2 = *did not happen* in the past three months, and the peer hassles and conflict score was computed by counting the number of items reported as 1 = *happened*, with higher counts indicating greater hassles and conflict with peers. Cronbach's alpha in the current sample was .72.

Relational aggression—The adolescents responded to the five items from the Relational Aggression Scale (Prinstein et al. 2001) addressing acts of relational aggression directed towards them (e.g., "A kid your age left you out of an activity or conversation that you really wanted to be included in") by answering the frequency of the behavior on a scale from 1 (*almost never or never*) to 5 (*almost always or always*). The relational aggression score was computed by averaging responses from the five items, with higher scores indicating greater relational aggression. Cronbach's alpha in the current sample was .79.

Social support from family and friends—The family and friend subscales of the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, and Farley 1988) assessed social support from family members living in the same household and from

friends. Each subscale had four items (e.g., “Your family/Your friends really try to help you”), which the adolescents responded to using a scale from 1 (*not at all true*) to 5 (*very true*). The scores were computed by averaging the four-items in each subscale, with higher scores indicating greater social support. Cronbach’s alpha in the current sample was .83 for family and .87 for friends.

Internalizing symptoms—The combined mother- and child-report of internalizing symptoms were measured when the child was in the 7th and 10th grades using the computerized version of the Diagnostic Interview Schedule for Children (Shaffer, Fisher, Lucas, Dulcan, and Schwab-Stone 2000). Symptoms over the past year were assessed (e.g., “Was there a time in the last year when you/your child felt sad or depressed for a long time each day?”). The symptom counts for mood and anxiety disorders were summed with higher scores indicating greater internalizing symptoms. This scale has been successfully translated into Spanish (Bravo, Woodbury-Fariña, Canino, and Rubio-Stipec 1993) and has demonstrated validity and reliability with Mexican Americans (Roberts, Roberts, and Xing 2006).

Economic hardship—The mothers responded to the Economic Hardship Scale’s four subscales: inability to make ends meet (two items; “Think back over the past 3 months and tell us how much difficulty you had with paying your bills”), not enough money for necessities (seven items; “Your family had enough money to afford the kind of home you needed”), economic adjustments and cutbacks (nine items; “In the last 3 months, has your family changed food shopping or eating habits a lot to save money?”) and financial strain (two items; “In the next 3 months, how often do you expect that you and your family will experience bad times such as poor housing or not having enough food?”; Barrera, Caples, and Tein 2001). Prior psychometric analyses provide support for an overall economic hardship scale based on these four subscales, and also show that it operates equivalently across ethnicities (Anglo and Mexican American) and language use (English and Spanish; Barrera et al. 2001). A z-score composite of the four scales was computed with higher scores indicating greater economic hardship.

Nativity status—The nativity status of mother and adolescent were measured by the mother’s report to the question “In what country was your child/you born?” The answers were coded as 1 (U.S.), 2 (Mexico), and 3 (Some other country). None of the participants endorsed option 3; thus, this variable was treated as a two-category variable.

Gender—Gender was measured by adolescent report of their sex.

Data Analytic Plan

The correlations between all study variables and covariates were assessed by gender to ensure the associations between variables were in the expected directions. Structural equation modeling (SEM) was used to test the study hypotheses, using Mplus version 7 (Muthén and Muthén 2006). As indicated earlier, the participants were nested within 47 schools; however, because the ICCs of the study and control variables were very low, analyses were conducted at the individual level. As there was 5% attrition at the time

adolescents were in the 7th grade, full-information maximum likelihood (FIML; Enders 2010) and the inclusion of baseline study variables as auxiliaries in the models were used to handle missing data. This approach reduced bias due to missing data and allowed testing of the models on the full, original sample of 749 participants, preserving statistical power and sample representativeness.

Multi-group SEMs were used to examine gender differences in the main effect of 7th grade peer social rejection on 10th grade internalizing symptoms, as well as the moderation of friend and family social support in the link between peer social rejection and internalizing symptoms. The existence of a moderation effect is interlinked with the path coefficients of the predictor, moderator, and the predictor $\times$ moderator interaction to the outcome, as well as the variances of these variables. Accordingly, gender differences in the friend support moderation model was tested by first testing a model that constrained the path coefficients of 7th grade peer social rejection, friend social support, and the peer social rejection $\times$ friend social support interaction to 10th grade internalizing symptoms, as well as the variances of these variables, to be equal for males and females, and then comparing this constrained model to a model that had no such constraints (i.e., a gender-specific model). If the fit of the constrained model was significantly worse than the fit of the gender-specific model, then the gender-specific model was retained for the hypothesis testing. Gender differences in the family social support moderation model was also tested with this strategy, as well as the main effect model.

Using this analytic approach, the study examined: 1) the main effect of 7th grade peer social rejection on 10th grade internalizing symptoms, 2) the moderating effect of 7th grade social support from friends on the link between 7th grade peer social rejection and 10th grade internalizing symptoms; and 3) the moderating effect of 7th grade social support from family on the link between 7th grade peer social rejection and 10th grade internalizing symptoms. For significant interactions, simple slopes investigating the directions and magnitudes of the link between 7th grade peer social rejection and 10th grade internalizing symptoms at different levels of social support were probed, specifically one standard deviation above the mean (i.e., high level), mean, and one standard deviation below the mean (i.e., low level) of social support (see Aiken and West 1991). Economic hardship, 7th grade internalizing symptoms, and the nativity of mother and child were included as control variables in all the models tested.

Results

Preliminary Analyses

Table 1 presents the means and standard deviations of all study and control variables by gender. None of the variables exceeded 2 for skewness and 7 for kurtosis (West, Finch, and Curran 1995). Table 2 presents the correlations of all study and control variables by gender. As expected, internalizing symptoms in the 7th and 10th grades were significantly correlated for both genders. For the covariates, 7th grade economic hardship was significantly correlated with more 10th grade internalizing symptoms for females, but not for males; having a mother born in Mexico was significantly related to less 10th grade internalizing symptoms for males, but not for females. As anticipated, 7th grade peer social rejection, and

its two indicators, were all significantly related to more internalizing symptoms in both the 7th and 10th grades for both genders. Seventh grade social support from family was significantly correlated with less internalizing symptoms in both the 7th and 10th grades for both genders. Seventh grade social support from friends, on the other hand, was only significantly correlated with less internalizing symptoms in the 7th grade for males.

Gender Differences

Multi-group SEMs examining gender differences in the main effect model, the friend social support moderation model, and the family social support moderation model showed that the constrained models had significantly worse fit than the gender-specific models ($\chi^2 = 23.23$, $df = 3$, $p < .001$ for the main effect; $\chi^2 = 41.83$, $df = 6$, $p < .001$ for the friend social support moderation; $\chi^2 = 24.01$, $df = 6$, $p < .001$ for the family social support moderation). As indicated in Table 2, part of the source of these differences was that males and females had different levels of 7th grade friend social support and 10th grade internalizing symptoms. In the ensuing sections, the results of the gender-specific models are presented.

Main Effect

The gender-specific model examining the main prospective effect of 7th grade peer social rejection on 10th grade internalizing symptoms showed that 7th grade peer social rejection significantly predicted increased 10th grade internalizing symptoms for females ($b = 1.35$, $SE = .59$, $p = .02$), but not for males ($b = -.46$, $SE = .50$, $p = .34$). The standardized regression coefficient for the significant main effect for females is .12, which corresponds to a small effect (Standardized $B = .14$, .39, .59 for small, medium, and large effects, respectively; Fritz and MacKinnon 2007).

Moderation Models

The gender-specific friend social support moderation model showed that 7th grade social support from friends significantly moderated 7th grade peer social rejection on 10th grade internalizing symptoms for males ($b = 1.23$ ($B = .17$, a small effect), $SE = .44$, $p = .006$), but not for females ($b = .94$, $SE = .69$, $p = .17$; see Fig1a). For males, the simple effects of 7th grade peer social rejection on 10th grade internalizing symptoms were then assessed at high, mean, and low levels of 7th grade social support from friends (see Fig1b). At low levels of friend support, peer social rejection was associated with decreased internalizing symptoms ($b = -.89$, $SE = .52$, $p = .09$). At mean levels of friend support, peer social rejection was associated with increased internalizing symptoms ($b = .16$, $SE = .52$, $p = .75$). At high levels of friend support, peer social rejection was associated with increased internalizing symptoms ($b = 1.23$, $SE = .75$, $p = .10$).

The gender-specific family social support moderation model showed that 7th grade social support from family significantly moderated 7th grade peer social rejection on 10th grade internalizing symptoms for males ($b = 1.41$ ($B = .14$, a small effect), $SE = .48$, $p = .003$), but not for females ($b = 1.49$, $SE = .95$, $p = .12$; see Fig2a). For males, the simple effects of 7th grade peer social rejection on 10th grade internalizing symptoms were then assessed at high, mean, and low levels of 7th grade social support from family (see Fig2b). At low levels of

family support, peer social rejection was associated with decreased internalizing symptoms ($b = -1.25$, $SE = .54$, $p = .02$). At mean levels of family support, peer social rejection was associated with decreased internalizing symptoms ($b = -.28$, $SE = .48$, $p = .56$). At high levels of family support, peer social rejection was associated with increased internalizing symptoms ($b = .67$, $SE = .62$, $p = .28$).

Alternate Model Analyses

As a check on the robustness of these findings, a multi-group SEM that included both the moderation of friend and family social support in the 7th grade on the link between 7th grade peer social rejection and 10th grade internalizing symptoms was tested for gender differences. The constrained model had significantly worse fit than the gender-specific model ($\chi^2 = 45.12$, $df = 9$, $p < .001$). Consistent with the results of the separate moderation models, the gender-specific combined model showed that both 7th grade social support from friends and from family significantly moderated 7th grade peer social rejection on 10th grade internalizing symptoms for males ($b = 1.02$ ($B = .15$, a small effect), $SE = .44$, $p = .02$ for friend support; $b = 1.27$ ($B = .12$, a small effect), $SE = .50$, $p = .01$ for family support), but not for females ($b = .23$, $SE = .72$, $p = .75$ for friend support; $b = 1.42$, $SE = 1.06$, $p = .18$ for family support). For males, the simple effects at high, mean, and low levels of 7th grade social support from friends and from family showed a similar, albeit attenuated, trend to those conducted in separate models; however, some attenuation would be expected with the inclusion of additional predictors in the model.

Discussion

Interpersonal processes vary for males and females (Urberg et al. 1995), and these gender differences may contribute to the elevated rates of internalizing problems among females compared to males that emerge in adolescence (García et al. 2014). This study examined the impact of a salient adolescent interpersonal stressor, peer social rejection, on internalizing difficulties. In addition, this study expanded on cultural theory of collectivist norms for social support (Taylor et al. 2004) and the centrality of the family in Mexican culture (Sabogal et al. 1987; Stein et al. 2014), as well as the optimal matching model (Cutrona 1990), by assessing the impact of the source of social support (friends and family) and gender differences in these social processes in a longitudinal study of Mexican American youth, a population with elevated levels of internalizing problems (Choi et al. 2006).

The findings showed that peer social rejection in the 7th grade significantly predicted increased internalizing symptoms in the 10th grade for girls. Unexpectedly, 7th grade friend social support was not detrimental for females and 7th grade family social support was not protective for either gender in the link between 7th grade peer social rejection and 10th grade internalizing symptoms. For boys, there were significant interactions between peer social rejection and social support, such that at high levels of both family and friend social support, 7th grade peer social rejection was associated with increased 10th grade internalizing, and at low levels of both sources of social support, 7th grade peer social rejection was associated with decreased 10th grade internalizing symptoms. These results were found after

controlling for 7th grade internalizing symptoms, as well as economic hardship and the nativity of mother and child.

The significant main effect of peer social rejection on internalizing symptoms for girls aligns with prior research (Shochet et al. 2011; Prinstein et al. 2001). Adolescent girls may generally be more affected by peer social rejection because of the greater value they place on social bonds than boys. Adolescent girls have been shown to invest more into building close relationships than boys, who are less connected to their social environments (Frydenberg and Lewis 1993; Urberg et al. 1995). Because of this greater emphasis on their social networks, adolescent girls have been shown to be more sensitive to and negatively impacted by rejection (Zimmer-Gembeck et al. 2014; Prinstein and Aikens 2004). Indeed, rejection sensitivity mediated the link between peer social rejection and internalizing problems among adolescents (London, Downey, Bonica, and Paltin 2007).

Although girls invest more into their social connections than boys (Urberg et al. 1995), some evidence suggests that closeness in friendships has a more detrimental effect in the link between peer social rejection and internalizing problems among adolescent girls (La Greca and Lopez 1998; Schmidt and Bagwell 2007), possibly due to co-rumination that occurs in girls' friendships (Rose 2002). Thus, we tentatively hypothesized that social support from friends would exacerbate the effect of peer social rejection on internalizing symptoms for girls, yet this hypothesis was not supported. Peer social rejection was not exacerbated by elevated levels of social support for females, perhaps because middle school peer social rejection had significant main effects to predict increased internalizing symptoms for females overall, regardless of their levels of social support.

It was expected that social support from family would protect both socially rejected adolescent girls and boys from internalizing problems. This hypothesis was not supported, which is surprising given that Mexican Americans have strong familial ties and support due to *familism* (Sabogal et al. 1987). Indeed, Mexican American youth of both genders have reported greater levels of familial support than support from other sources (Gillock and Reyes 1999), and have exhibited familial support as a buffer against internalizing problems (Crockett et al. 2007; Raffaelli et al. 2012); however, these latter studies had many diverging elements from the current study. For instance, these studies assessed the interplay of family support with other types of stress. As peer social rejection is a particularly salient stressor for adolescents (Platt et al. 2013), it is possible that family support does not have a protective role for socially rejected youth. Furthermore, these studies used samples of emerging adults, not adolescents. Adolescence is a period of separation-individuation from the family, particularly parents (Koepke and Denissen 2012). It is well established that the normative developmental trajectory of family relationships, particularly the parent-child relationship, is curvilinear, such that perceived closeness and support of parents decrease and negative interactions and conflict with parents increase across adolescence, followed by improved relationship quality during the transition to early adulthood (Collins, Laursen, Mortensen, Luebker, and Ferreira 1997; Seiffge-Krenke, Overbeek, and Vermulst 2010; De Goede, Branje, and Meeus 2009). Thus, it is possible that family social support does not have the same buffering qualities during adolescence as youth strive for independence. Indeed,

emerging evidence suggests that parental support loses its buffering capacity in adolescence (Hostinar, Johnson, and Gunnar 2015).

This study did find that social support from both family and friends moderated the link between peer social rejection and internalizing symptoms for boys, such that at high levels of support, peer social rejection was associated with increased internalizing symptoms, and at low levels of support, peer social rejection was associated with decreased internalizing symptoms. The exacerbating effect predicted for girls was shown for boys instead, but only for boys reporting higher levels of social support in middle school. This finding is similar to findings from another study, also conducted with middle school aged (7th grade) Mexican American adolescents, that showed friend support exacerbates the link between interpersonal stress and internalizing problems for Mexican American boys, but not girls (Liu et al. 2011). Boys reporting higher levels of social support may place greater value in their social bonds; thus, similar to the main effects of peer social rejection found for girls, these boys may be more vulnerable to rejection and more sensitized to future experiences of peer social rejection. Another possibility is that the use of social support may not match the collectivist cultural value of maintaining relational harmony by not burdening others, referred to as *simpatía* in Mexican culture (Kim et al. 2009). Thus, boys who use social support to cope may be concerned with the negative social consequences, such as bringing shame (*veguenza*), disrupting group harmony, and receiving criticism from others (Kim, Sherman, Ko, and Taylor 2006; Taylor et al. 2004), which have been shown to lead to greater distress (Mojaverian and Kim 2012).

The protective effects of low social support found for boys in this study were also surprising and may be related to socially accepted forms of coping for boys versus girls. Boys tend to be less connected (Urberg et al. 1995), and are less likely to cope by seeking social support (Hampel and Petermann 2005) because it may go against male norms of self-reliance and emotional control (Addis and Mahlik 2003). Boys are more likely to endorse coping strategies involving independence and active coping (Frydenberg and Lewis 1991; Ojeda and Liang 2014), which may be especially adaptive for Mexican American boys who endorse *caballerismo* (a positive masculine image; Ojeda and Liang 2014) and *machismo* (a masculine image of independence, virility, and capability; Raffaelli and Ontai 2004). That is, social support may not align with traditional male gender roles. Thus, one possible interpretation of the relation between peer social rejection and decreased internalizing for Mexican American boys with low support may be that these boys use other coping resources and may take pride in their ability to handle problems on their own. Another possibility is that socially rejected boys may be more likely to exhibit callous-unemotional traits that may make them less vulnerable to rejection; however, these boys may also be more prone to exhibit distress in forms other than internalizing symptoms. More research is needed to replicate these finding and tease out the reasons for the unexpected effects of social support for boys.

Although this study had many strengths, including extensive procedures for recruiting and retaining participants, a large sample, and a longitudinal, prospective design, there were several limitations. First, the significant effects of this study were small even though a large sample was used. Second, methodological issues may have impacted results. For instance,

our measure of social support did not capture the complexity of this construct. Different aspects of social support, such as security and companionship, may have diverging effects on the link between peer social rejection and internalizing problems in adolescence (Bagwell and Schmidt 2011), and may vary by gender (Epstein-Ngo et al. 2013) and source (Moilanen and Raffaelli 2010). Future research needs to consider individual characteristics, such as gender and culture, as well as the various aspects of social support, in identifying the optimal stress-support matches that produce buffering effects. Another methodological limitation was that only adolescent-report of study variables was used, with the exception of the combined adolescent- and mother-report of internalizing symptoms. Adolescents may provide the best singular measure of their internal states (De Los Reyes et al. 2012); however, self-reports may be weighted by reporting bias, such as under or over reporting peer social rejection to avoid victim status or for sympathetic gains, respectively. Reports from other sources may provide different information or a more holistic picture. For example, peer-nominations can provide information as to whether or not an adolescent is actively rejected or just socially withdrawn (Coie, Terry, Lenox, and Lochman 1995). A third limitation concerns the generalizability of the findings. This sample of Mexican American adolescents from a southwestern metropolitan area may not be representative of all Mexican Americans, other Hispanic youth, or adolescents in general. As eligibility criteria required that no step-father or mother's boyfriend be living in the household, these findings may not generalize to youth from less common family structures, such as step families. Finally, data for this study were taken from the two waves of a larger longitudinal study (Roosa et al. 2008), and data were missing due to attrition, which may have biased the results; however, attrition was low and a conservative approach was used to handle missing data to help mitigate such biases.

Conclusion

The current study found evidence for gender differences in the interpersonal predictors of internalizing problems in a sample of Mexican American youth, an understudied population with a unique social culture. Specifically, the findings suggest that peer social rejection prospectively leads to elevated levels of internalizing symptoms for adolescent girls and for boys who report higher levels of social support in middle school. Further, this study found no evidence that social support buffered or mitigated the effects of peer social rejection, despite a large body of research that has shown social support buffering effects in relation to other types of stressors for adolescents (Ozer 2005), including in Mexican American samples (Raffaelli et al. 2012). Instead, this study found that low levels of friend and family social support protected boys from the negative effects of peer social rejection. The varying degree of importance adolescent girls and boys place in their social connections may explain the differential patterning of these effects. It also may be possible that Mexican cultural norms for coping and traditional gender roles contributed and may also explain why social support did not act as a buffer against peer social rejection. However, more research is needed across diverse samples to identify the optimal matches for stress-buffering effects, and to unpack the complexities of peer social rejection, social support, and other culture- and gender-linked interpersonal processes that lead to differential adjustment between boys and girls at this critical developmental stage. Nevertheless, this work has implications for

programs that target adolescent adjustment, as several current interventions aim to strengthen social support and are not tailored by gender (e.g., Cervantes, Goldbach, and Santos 2011). These findings suggest that one size fits all recommendations for support seeking may not be advisable.

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Fig1a. Seventh grade friend social support as a moderator of 7th grade peer social rejection on 10th grade internalizing symptoms, by gender

Note. All variables are in 7th grade, unless indicated. Control variables are in gray.

Unstandardized regression coefficients and standard error in parentheses are reported by gender. Bold coefficients above and to the left of paths represent males. * $p < .05$. ** $p < .01$. *** $p < .001$.

Fig1b.

Simple effects of 7th grade peer social rejection on 10th grade internalizing symptoms at high, mean, and low levels of 7th grade social support from friends for males

Fig2a. Seventh grade family social support as a moderator of 7th grade peer social rejection on 10th grade internalizing symptoms, by gender

Note. All variables are in 7th grade, unless indicated. Control variables are in gray.

Unstandardized regression coefficients and standard error in parentheses are reported by gender. Bold coefficients above and to the left of paths represent males. * $p < .05$. ** $p < .01$. *** $p < .001$.

Fig2b. Simple effects of 7th grade peer social rejection on 10th grade internalizing symptoms at high, mean, and low levels of 7th grade social support from family for males

Note. * $p < .05$

Table 1

Descriptive statistics of study variables by gender

	Females				Males			
	n (%)				n (%)			
U.S. Nativity of Child	266 (72.7)				260 (67.9)			
U.S. Nativity of Mom	87 (23.8)				105 (27.4)			
	Min.	Max.	N	Mean	SD	N	Mean	SD
Economic Hardship	–	–	347	0.00	3.02	356	0.00	3.33
Peer Hassles and Conflict	0	7	349	1.88	1.84	361	1.54	1.71
Relational Aggression	1	5	349	1.45	0.61	361	1.53	0.65
Family Social Support	1	5	349	4.39	0.69	361	4.38	0.70
Friend Social Support	1	5	349	4.36	0.69	361	3.78	0.91
Internalizing	0	16	348	13.89	8.53	360	12.51	7.47
Internalizing (10 th grade)	0	16	314	13.83	9.42	321	10.50	6.95

Note. All variables in the 7th grade, unless indicated; Min. and Max. represent possible range. Economic hardship was a z-score composite of four subscales, each with a different range of scores.

Table 2

Correlations of study variables by gender

	1	2	3	4	5	6	7	8	9	10
1. Child Nativity	–	.40**	.22**	–.07	–.04	–.04	–.01	–.03	–.06	–.11
2. Mom Nativity	.30**	–	.24**	–.10	–.07	–.11*	–.11*	.00	–.03	–.12*
3. Economic Hardship	.21**	.23**	–	.06	.04	.06	–.09	–.04	.18**	.09
4. Peer Social Rejection	.02	.01	.13*	–	.84**	.87**	–.23**	–.22**	.43**	.18**
5. Peer Hassles and Conflict	.04	–.05	.13*	.88**	–	.47**	–.21**	–.18**	.41**	.15**
6. Relational Aggression	.00	.08	.09	.86**	.51**	–	–.18**	–.19**	.34**	.15**
7. Social Support from Family	.08	–.02	–.11*	–.24**	–.24**	–.18**	–	.31**	–.22**	–.16**
8. Social Support from Friends	.04	–.01	–.02	–.21**	–.15**	–.21**	.30**	–	–.15**	–.09
9. Internalizing	–.02	.00	.19**	.43**	.45**	.28**	–.20**	–.04	–	.48**
10. Internalizing (10 th grade)	–.03	–.01	.11	.33**	.36**	.21**	–.16**	–.05	.52**	–

Note. All variables are in the 7th grade, unless indicated. The upper triangle presents the correlations of males ($N = 361$) and the lower triangle presents the correlations of females ($N = 349$). Nativity was coded as 1=United States, 2=Mexico.

* $p < .05$, two-tailed.

** $p < .01$, two-tailed.