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VIOLENCES SUBIES DANS LES RELATIONS AMOUREUSES DES ADOLESCENTS ET APPRÉCIATION CORPORELLE : LE RÔLE MODÉRATEUR DU SOUTIEN PERÇU DES PARENTS ET DES AMIS

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Résumé

La violence dans les relations amoureuses (VRA) chez les adolescents est reconnue comme un problème majeur de santé publique entraînant de nombreuses conséquences négatives, y compris sur l'image corporelle des personnes qui en sont victimes. Cependant, à notre connaissance, aucune recherche n'a été menée concernant les associations longitudinales entre la VRA subie à l'adolescence et l'appréciation corporelle plus spécifiquement. De plus, l'effet modérateur potentiel du soutien social n'a pas été testé. Pourtant, ce soutien peut servir de facteur de protection contre la VRA et il peut également influencer l'image corporelle. La présente étude longitudinale cherchait donc à évaluer les liens entre la victimisation en contexte de relation amoureuse (VRA verbale/émotionnelle, VRA relationnelle, VRA comportements menaçants, VRA physique ou VRA sexuelle subie) et l'appréciation corporelle chez les adolescents et à tester le rôle modérateur du soutien des parents (les personnes qui jouent le rôle de mère et de père) et des amis. De surcroît, l'étude visait à examiner les liens entre l'appréciation corporelle et le soutien des parents et des amis, ainsi qu'à explorer les différences selon l'identité sexuelle et de genre. Les cinq temps de mesure de l'étude d'envergure *PRESAJ* (*Précurseurs des relations sexuelles et amoureuses des jeunes*) ont été utilisés. Dans cette étude, les participants proviennent de 23 écoles secondaires du Québec de milieux socio-économiques variés. Les données ont été collectées à l'aide d'un questionnaire autoadministré. L'échantillon était composé de 3 480 adolescents ($M_{âge}$ = 15,46 ; *ÉT*= 0,60), qui ont rempli au moins un des cinq temps de mesure (49,5 % filles, 50,5 % garçons, 74,2 % adolescents hétérosexuels et 25,8 % adolescents d'identité sexuelle autre qu'hétérosexuelle). Des

analyses de modélisation de courbes latentes multigroupes ont été effectuées. Les résultats ont mis en lumière que les adolescents ayant subi plus de VRA verbale/émotionnelle démontraient une appréciation corporelle plus faible au départ et que cet effet s'estompait avec le temps. De façon surprenante, une exposition plus élevée à des comportements menaçants en contexte de relation amoureuse au Temps 1 était associée à une légère amélioration de l'appréciation corporelle avec le temps. En lien avec le rôle modérateur du soutien des parents et des amis dans la relation entre la VRA subie et l'appréciation corporelle, aucun effet d'interaction ne s'était avéré significatif. Toutefois, le fait de percevoir du soutien de la mère, du père et des amis était associé à une meilleure appréciation corporelle au départ et à chaque temps de mesure, bien que ces effets initiaux se soient atténués partiellement au fil du temps. Enfin, l'appréciation corporelle des adolescents a diminué avec le temps chez l'ensemble des adolescents, les filles présentant une appréciation corporelle plus faible que les garçons au départ. Elle était aussi plus faible, avec un déclin plus marqué, chez les jeunes ayant rapporté une autre identité sexuelle qu'hétérosexuelle, en comparaison aux jeunes hétérosexuels. En somme, les résultats permettent une compréhension plus fine des trajectoires développementales de l'appréciation corporelle chez les adolescents exposés à de la VRA. Ils mettent en évidence des associations différenciées selon le type de VRA subie et ils soulignent l'importance du soutien social perçu comme facteur associé à une image corporelle plus positive, bien que ces effets tendent à s'atténuer avec le temps. Ces résultats fournissent des pistes susceptibles d'orienter et de bonifier les programmes de prévention et d'intervention en matière de VRA et d'image corporelle.

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Liste des abréviations symboles ou sigles

VRA……Violence dans les relations amoureuses

DV……...…..……..……Dating violence

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Introduction générale

Les relations amoureuses font partie intégrante du développement des adolescents et des jeunes adultes (Connolly et al., 2014). À l'adolescence, ces relations sont particulièrement centrales, pouvant jouer un rôle dans le développement de l'identité, dans la transformation des relations familiales, dans le développement de relations de proximité avec des amis, dans le développement de la sexualité, dans les réussites scolaires et dans la planification de la carrière (Furman & Shaffer, 2003).

La violence dans les relations amoureuses (VRA) chez les adolescents représente un problème de santé publique important (Wincentak et al., 2017). Il a été démontré que de subir de la VRA à l'adolescence est lié à une panoplie de conséquences négatives ultérieures (p. ex., Exner-Cortens et al., 2013; Park et al., 2018; Taquette & Monteiro, 2019), dont diverses répercussions sur la santé physique et mentale des jeunes (Hébert et al., 2018), notamment des conséquences négatives sur le plan scolaire, des niveaux plus élevés de dépression ainsi que des pensées suicidaires (Banyard & Cross, 2008). Parmi les autres conséquences néfastes de la VRA, un effet négatif sur l'image corporelle des victimes est observé (Bolívar-Suárez et al., 2022; Campbell & Soeken, 1999; Weaver et al., 2020). Toutefois, à notre connaissance, aucune étude longitudinale n'a encore examiné spécifiquement le lien entre différentes formes de VRA subie et l'appréciation corporelle chez les adolescents, ni identifié des facteurs susceptibles de modérer cette relation.

Pourtant, l'appréciation corporelle est positivement liée au bien-être psychologique et au développement global positif des jeunes (Urke et al., 2021). Étant donné que le soutien des parents (Banyard & Cross, 2008; Emanuels et al., 2022; Fitzpatrick, 2022), des amis (Richards & Branch, 2012; Richards et al., 2014) ou de ces deux sources (Hébert et al., 2019a; Traoré et al., 2024) peuvent agir comme facteurs de protection face à la VRA subie, et que ces soutiens peuvent également être positivement associés à l'image corporelle (Augustus-Horvath & Tylka, 2011; Gagné et al., 2020; Guest et al., 2022; Seiffge-Krenke et al., 2015), il importe de clarifier leur potentiel rôle modérateur.

Ainsi, cette étude longitudinale visait à documenter les liens entre les différentes formes de victimisation de VRA et l'appréciation corporelle durant l'adolescence, ainsi qu'à examiner l'effet modérateur du soutien perçu de la mère, du père et des amis dans ces associations. De plus, l'étude visait à évaluer les associations entre l'appréciation corporelle et le soutien des parents et des amis, ainsi qu'à explorer les différences selon l'identité sexuelle et de genre.

Violence dans les relations amoureuses

La VRA, également connue sous le nom de violence dans les relations intimes, peut être définie de plusieurs façons. L'Institut de la statistique du Québec (Bernèche, 2014) adopte la définition de Lavoie et ses collaborateurs (2009) qui réfère à tout comportement qui nuit au développement de l'autre, étant le partenaire amoureux, et qui compromet son intégrité psychologique, physique et sexuelle. De manière plus globale, la

violence dans les relations intimes peut être décrite comme un préjudice infligé par un partenaire intime, souvent dans le but de contrôler ou d'imposer sa volonté à son partenaire (Gendarmerie royale du Canada, 2025). Plus précisément, dans cette définition, le terme « partenaire intime » fait référence à une personne avec laquelle un individu entretient ou a entretenu une relation personnelle étroite impliquant par exemple des rapports sexuels réguliers, des contacts physiques ou un lien émotionnel. Il est ainsi possible de constater des similarités entre les divers termes utilisés dans la littérature pour décrire ce phénomène, mais l'expression VRA sera employée dans cet essai doctoral en raison de sa fréquence d'utilisation dans la littérature adolescente. La VRA chez les jeunes peut prendre différentes formes, qu'elles soient psychologiques, physiques, sexuelles ou liées à la cybervictimisation (Hébert et al., 2018). Dans le cadre de cet essai, la violence psychologique, physique et sexuelle sera abordée.

Violence psychologique

Selon la Gendarmerie royale du Canada (2025), la violence psychologique consiste en l'utilisation de mots ou de gestes destinés à exercer un contrôle sur un partenaire, à lui faire peur ou à porter atteinte à son estime de lui-même, dans l'intention de susciter des sentiments de honte, d'anxiété ou de désespoir. Il est à noter qu'il existe une variation considérable tant dans la terminologie que dans l'évaluation de la violence psychologique (Dokkedahl et al., 2019), où ce type de violence peut inclure plusieurs catégories. Parmi celles-ci, il peut y avoir du harcèlement, qui se manifeste par de l'attention et des contacts répétés non sollicités de la part d'un partenaire par un ensemble de tactiques ou de

menaces causant de la peur ou de l'inquiétude quant à sa propre sécurité ou à celle d'un proche de la victime (Centers for Disease Control and Prevention [CDC], 2025; Smith et al., 2018). La violence psychologique peut également englober l'agression psychologique, qui se caractérise par l'utilisation de la communication verbale et non verbale (p. ex., insultes, humiliation, contrôle coercitif, etc.) dans le but de causer des préjudices mentaux ou émotionnels à un partenaire ou de surveiller ou d'exercer un contrôle sur lui (CDC, 2025; Smith et al., 2018). Enfin, la violence psychologique est parfois désignée sous le terme de violence émotionnelle dans certains écrits consistant à l'utilisation d'insultes, de dénigrement, d'humiliation répétée, d'intimidation et de menaces de préjudices, notamment (World Health Organization, 2012).

Violence physique

La violence physique englobe un éventail de comportements qui impliquent des blessures ou des tentatives de blessures en utilisant la force physique envers un partenaire (CDC, 2025), allant de gifler ou bousculer à des actes plus graves tels que frapper avec un poing ou avec un objet dur, donner des coups de pied ou tenter de blesser en étranglant et même utiliser un couteau ou une arme à feu (Smith et al., 2018).

Violence sexuelle

La violence sexuelle, quant à elle, est caractérisée par des gestes qui consistent à forcer ou à tenter de forcer un partenaire à participer à des activités sexuelles, à des attouchements sexuels ou à des événements sexuels sans contact (p. ex., sextos, etc.)

lorsque le partenaire ne donne pas son consentement ou qu'il est incapable de le donner (CDC, 2025). L'utilisation de l'alcool ou de la drogue pour agresser sexuellement ou pour tenter d'agresser sexuellement, des menaces de conséquences si la personne refuse de participer à des activités sexuelles et un usage de la technologie pour photographier ou filmer des actes sexuels sans consentement en sont des exemples (Breiding et al., 2015; Macleod, 2013).

Prévalences de la VRA chez les adolescents

La littérature scientifique a mis en évidence que la VRA à l'adolescence est une problématique répandue. L'*Enquête québécoise sur la santé des jeunes du secondaire 2022-2023*, regroupant plus de 70 000 élèves de 1re à la 5e année du secondaire, rapporte que parmi les élèves ayant eu une relation amoureuse lors des 12 mois précédant la collecte de données (environ 42 % de l'échantillon), 36,7 % ont subi au moins une forme de VRA (Traoré et al., 2024). Plus précisément, 28,3 % ont révélé voir vécu de la VRA psychologique, 15,5 % de la VRA physique et 13,4 % de la VRA sexuelle. De surcroît, une recherche nationale effectuée aux États-Unis indique que parmi les 1 804 participants adolescents âgés de 12 à 18 ans ayant entretenu une relation amoureuse dans la dernière année (37 %), 68,7 % de ceux-ci ont souligné avoir vécu de la VRA (Taylor & Mumford, 2016). Plus spécifiquement, 65,5 % ont signalé avoir vécu de la VRA psychologique, 17,5 % de la VRA physique et 18 % de la VRA sexuelle.

Certaines études ont des conclusions divergentes concernant les différences entre les genres en ce qui a trait aux différentes formes de VRA subies à l'adolescence. Par exemple, Cotter (2021) dans le cadre de l'*Enquête sur la sécurité dans les espaces publics et privés* ayant sondé plus de 45 000 répondants canadiens n'a pas retrouvé de différence statistiquement significative entre les jeunes femmes et les jeunes hommes âgés de 15 à 24 ans en ce qui concerne la proportion de personnes ayant subi de la VRA au cours des 12 mois précédant leur enquête (29 % pour les filles et 26 % pour les garçons). De même, l'étude de Taylor et Mumford (2016) aux États-Unis auprès d'adolescents n'a soulevé aucune différence significative entre les deux genres (environ 69 % pour les adolescents et pour les adolescentes). Or, l'étude d'Hébert et ses collègues (2017) au Québec a révélé que les filles sont significativement plus nombreuses que les garçons à vivre au moins un épisode d'une forme de VRA (62,7 % de filles et 49,5 % de garçons) et à vivre chaque forme de VRA séparément. En effet, un plus grand pourcentage de filles que de garçons ont signalé avoir été victimes de VRA psychologique (56,4 % de filles et 45,8 % de garçons), de VRA physique (15,7 % de filles et 12,8 % de garçons) et de VRA sexuelle (20,2 % de filles et 5,7 % de garçons). Pour sa part, la vaste étude québécoise de l'Institut de la statistique du Québec (Traoré et al., 2024) rapporte aussi que les filles québécoises étaient proportionnellement plus nombreuses que les garçons québécois à avoir été victimes de VRA psychologique (33,8 % versus 22,3 %) et de VRA sexuelle (19,7 % versus 6,7 %), mais aucune variation significative n'a été observée entre les garçons et les filles quant à la VRA physique subie (16,2 % versus 14,7 %). Cette même constatation a été établie à l'échelle internationale puisqu'une méta-analyse a constaté qu'il y avait des

différences significatives concernant la VRA sexuelle, les filles signalant des taux plus élevés de victimisation (14 % versus 8 %), alors qu'aucune différence significative entre les genres n'a été observée pour la VRA physique (21 % pour les filles et pour les garçons; Wincentak et al., 2017). Cette dernière méta-analyse n'a pas étudié la violence psychologique.

Conséquences

Tout d'abord, il est essentiel de préciser qu'il peut y avoir une variation en termes de fréquence et de gravité des conséquences lorsqu'il est question de VRA (CDC, 2024). Les résultats d'une revue systématique regroupant 35 articles indiquent que les problèmes récurrents liés à la VRA à l'adolescence comprennent entre autres une estime de soi plus faible, des symptômes dépressifs, des troubles psychiatriques, de la consommation abusive de drogues, des comportements sexuels à risque et un plus faible rendement scolaire (Taquette & Monteiro, 2019). Dans le cadre de leur étude longitudinale effectuée auprès de 5 681 adolescents états-uniens qui, au départ, étaient âgés de 12 à 18 ans, Exner-Cortens et ses collègues (2013) ont pu constater d'autres conséquences de la VRA. Effectivement, cinq ans après la victimisation, les femmes ayant subi des VRA ont signalé une augmentation du tabagisme, de la consommation épisodique d'alcool, des symptômes dépressifs et des idées suicidaires. Les hommes, cinq ans après la victimisation, ont rapporté une augmentation de la consommation de marijuana, des comportements antisociaux et des idées suicidaires. De plus, les femmes et les hommes victimes de VRA au début de la collecte de données étaient plus nombreux à se déclarer victimes de VRA

cinq années plus tard comparativement aux participants femmes et hommes n'ayant pas été victimes de VRA au début de la collecte. Enfin, en concordance avec les études citées précédemment, il a été établi à l'aide de l'analyse de 12 études que de vivre de la VRA à l'adolescence engendre des conséquences à court terme et à long terme influençant sur une série d'indicateurs de bien-être (Park et al., 2018). Parmi ces répercussions, il y a entre autres des impacts sur la santé psychologique (p. ex., difficulté à penser clairement, sentiment d'être seul/isolé, sentiment d'être irritable/bouleversé, symptômes de dépression, symptômes d'anxiété, symptômes de stress post-traumatique, comportements suicidaires, etc.), sur le fonctionnement relationnel (p. ex., conflits avec la famille et les amis, hostilité, impacts sur le sentiment de connectivité dans la famille, etc.) et sur la santé physique (p. ex, plaintes physiques, problèmes de comportement alimentaire, comportements sexuels à risque, consommation de substances, etc.). Parmi toutes les conséquences préjudiciables, l'image corporelle a été moins étudiée.

Appréciation corporelle

L'image corporelle est un concept multidimensionnel et complexe (Cash, 2002; Grogan, 2021; Pruzinsky & Cash, 2004; Tylka & Wood-Barcalow, 2015). Cash (2004) la conceptualise comme une expérience psychologique aux multiples facettes d'*embodiment* allant au-delà de l'apparence physique et englobant, entre autres, les perceptions ainsi que les attitudes par rapport à soi liées au corps, dont les croyances, les pensées, les sentiments et les comportements qu'un individu entretient envers son propre corps. Aussi, l'auteur ajoute que les expériences subjectives qu'un individu entretient à l'égard de son apparence

peuvent avoir une influence plus marquante que la réalité objective ou sociale de cette apparence. L'appréciation corporelle est une facette de l'image corporelle positive, consistant à adopter des opinions favorables à l'égard du corps, à l'accepter dans ses caractéristiques uniques (poids, forme et imperfections), à le respecter en répondant à ses besoins en plus d'opter pour des comportements sains ainsi qu'à protéger l'image corporelle en rejetant les représentations médiatiques irréalistes du prototype de l'idéal mince (Avalos et al., 2005). L'appréciation corporelle, en d'autres mots, témoigne donc d'une approbation inconditionnelle et d'un respect du corps (Avalos et al., 2005).

L'étude de Swami et ses collègues (2018) stipule que l'appréciation corporelle est la facette de l'image corporelle positive étant le plus grand prédicteur des indices de bien-être (émotionnel, psychologique et social). Par exemple, une meilleure appréciation corporelle est associée positivement au bien-être psychologique et au développement global positif des jeunes (Urke et al., 2021) ainsi qu'à l'environnement scolaire des adolescents (Marta-Simões et al., 2022). Une meilleure compréhension des facteurs susceptibles d'influencer positivement et négativement l'appréciation corporelle à l'adolescence est nécessaire puisque cet indicateur semble jouer un rôle central dans le développement du bien-être des jeunes.

Soutien social perçu

Il est essentiel de documenter les facteurs de protection associés à différents parcours de jeunes victimes de VRA (Hébert et al., 2019b). Parmi ceux-ci, le soutien

social, défini comme l'aide ou le réconfort apporté par l'entourage pour faire face à divers stresseurs biologiques, psychologiques ou sociaux (American Psychological Association [APA], n.d.), constitue un facteur particulièrement prometteur. Il peut provenir de relations interpersonnelles variées (p. ex., famille, amis, collègues, groupes de soutien, etc.) et prendre des formes pratiques, matérielles ou émotionnelles (APA, n.d.). Allant dans ce sens, Cohen (2004) considère le soutien social comme étant une source de ressources psychologiques et matérielles disponibles via le réseau social d'un individu, améliorant sa capacité à faire face au stress. De manière générale, le soutien social à l'adolescence peut prédire le bien-être subjectif en augmentant la satisfaction de la vie et les émotions positives tout en diminuant les émotions négatives (Ronen et al., 2016). Plus spécifiquement, le soutien de la famille, des amis et de l'école est corrélé positivement au bien-être psychologique des adolescents (Arslan, 2018).

Au cours de l'adolescence, une transformation du soutien social est constatée : le soutien parental perçu tend à diminuer, tandis que celui des amis tend à augmenter jusqu'à atteindre un niveau comparable à celui du soutien parental en moyenne avant l'âge de 16 ans (Helsen et al., 2000). En effet, entre 8 et 14 ans, on observe un changement dans les préférences des adolescents, qui commencent à privilégier leurs pairs plutôt que leurs parents pour trouver réconfort et soutien émotionnel, même si pour la plupart d'entre eux, les parents restent une base sécurisante et la principale source de détresse liée à la séparation (Zeifman & Hazan, 2008). Conformément à cette perspective, si le soutien social apporté par les parents a un effet tampon sur le stress dans les situations d'urgence,

les amis offrent quant à eux un soutien essentiel dans les affaires quotidiennes, constituant une source de soutien émotionnel dans la vie de tous les jours (Frey & Röthlisberger, 1996). Il est donc pertinent d'examiner le rôle protecteur à la fois du soutien des parents et de celui des amis à l'égard de divers problèmes prévalents au cours de cette période.

D'une part, le soutien parental émotionnel à l'adolescence renforce l'estime de soi au fil du temps et il est associé à une diminution de la détresse psychologique (Boudreault-Bouchard et al., 2013). D'autre part, un soutien plus élevé des amis à l'âge de 14 ans serait lié à une détresse psychologique plus faible à ce moment et sur 10 ans (Dion et al., 2016). Ainsi, face à l'adversité, ces types de soutien peuvent être importants et ils pourraient agir comme facteurs de protection mais, à notre connaissance, aucune étude n'a évalué le potentiel rôle modérateur du soutien des parents et des amis en contexte de VRA et d'appréciation corporelle chez des adolescents.

Cet essai doctoral s'est intéressé aux liens entre la VRA subie, l'appréciation corporelle et le soutien social perçu (des parents et des amis) à l'adolescence. Ces concepts ainsi que ces liens font l'objet de l'article du chapitre premier. Plus précisément, le présent essai doctoral visait à mieux comprendre les associations longitudinales entre le fait de subir au moins une forme de VRA (verbale/émotionnelle, relationnelle, comportements menaçants, physique ou sexuelle) et l'appréciation corporelle, en plus d'examiner le rôle modérateur du soutien des parents (les personnes qui jouent le rôle de mère et de père) et des amis dans ces liens. Il visait également à évaluer les liens entre l'appréciation

corporelle et le soutien des parents et des amis, de même qu'à explorer les différences en fonction de l'identité sexuelle et de genre. Cet essai a été rédigé en anglais sous la forme d'un article scientifique qui sera bientôt soumis à la revue *Body Image.* L'article, présenté dans le chapitre premier, s'intitule *Feeling Good While Being Hurt? A Longitudinal Study of Dating Violence, Body Appreciation and the Buffering Role of Parent and Friend Support in Adolescence.*

Chapitre premier

Feeling Good While Being Hurt? A Longitudinal Study of Dating Violence, Body Appreciation and the Buffering Role of Parent and Friend Support in Adolescence

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Highlights

- Verbal/emotional DV predicts lower body appreciation; this effect fades over time.
- Threatening DV slightly increases body appreciation over time.
- Social support is linked to body appreciation but does not moderate DV effects.

Abstract

Dating violence (DV) among adolescents is recognized as a major public health issue. Improving our understanding of the dynamics surrounding DV victimization is essential, especially by examining its associated consequences and potential protective factors. This longitudinal study aimed to examine the associations between DV (verbal/emotional, relational, threatening behavior, physical, and sexual) and body appreciation among adolescents while also exploring the moderating role of perceived support (from mother, father, and friends) and of gender and sexual identities. The sample consisted of 3,480 teenagers (M_{age} = 15.46; *SD* = 0.60), who completed at least one of the five waves of the study (49.5% girls, 50.5% boys; 74.2% heterosexual adolescents). Adolescents who experienced more verbal/emotional DV initially showed lower body appreciation although this effect faded over time. Surprisingly, teenagers who were exposed to threatening behavior saw an increase in body appreciation over time. Social support (from mother, father, and friends) did not moderate the relationship between experienced DV and body appreciation. Furthermore, perceived support from the mother, father, and friends was associated with higher body appreciation at baseline and at each wave, although the strength of these initial associations partially diminished over time. Differences were also found according to gender and sexual identity. The findings provide novel insights into the relationships between DV and body appreciation over time and identify targets for DV prevention and intervention programs. They also highlighted the significance of social support in addressing body image concerns during adolescence.

Keywords: Intimate partner violence, body image, parental support, peer support, teen, gender identity, sexual identity.

Feeling Good While Being Hurt? A Longitudinal Study of Dating Violence, Body Appreciation, and the Buffering Role of Parent and Friend Support in Adolescence

Dating violence (DV) is a form of intimate partner violence (Centers for Disease Control and Prevention [CDC], 2025), that can be described as any behavior that causes psychological, physical, or sexual harm in the context of an intimate relationship with a current or ex-partner, including psychological abuse, controlling behaviors, physical aggression, and sexual coercion (World Health Organization, 2024). DV is quite prevalent among youth, many of whom are navigating their first intimate relationships, learning to establish related boundaries (Johnson et al., 2015). For example, results of a Canadian study conducted among 8,194 high school adolescents revealed that 62.7% of girls and 49.5% of boys experienced at least one episode of DV in the past 12 months (Hébert et al., 2017). Teen DV is not only prevalent but also profoundly impacts the lifelong health, opportunities, and overall well-being of adolescents, their families, and their communities (CDC, 2025). Indeed, DV is negatively associated with a range of mental health, psychological and interpersonal issues in teenagers (e.g., suicidal ideation and attempts, depressive symptoms, physical complaints, use and abuse of a range of substances, and arguments/fights with family and friends; Park et al., 2018). However, less is known about its relationship with body image. Because DV often involves criticism, control, and objectification, especially in adolescent relationships, it may directly undermine

how youth perceive and value their own body. This is particularly relevant given that body appreciation is positively associated with numerous benefits for adolescents over time, such as psychological well-being, and overall positive development (Urke et al., 2021). Identifying factors that may undermine its development is therefore crucial. Accordingly, the present study examined the longitudinal associations between DV and body appreciation among adolescents over five years.

DV and Body Image

Since romantic involvement is known to play a pivotal role in promoting and maintaining a more favorable body image in adulthood (Laus et al., 2018), it is imperative to examine how the body image of DV victims may evolve during adolescence. To the best of our knowledge, no study to date has directly examined the association between DV and body appreciation in adolescence. The existing research has been conducted on adjacent constructs and on older age groups. For example, in adolescent and young adult populations, one study has found significant associations between DV and body dissatisfaction. Bolívar-Suárez et al. (2021) reported that body dissatisfaction was associated with DV (physical violence, sexual violence, coercion, and humiliation) in a Colombian sample aged 14-25 years in their cross-sectional study. Also, experiencing violence by an intimate partner among women has been linked to negative body-related outcomes. For example, psychological abuse, physical assault, and sexual coercion by an intimate partner have been positively associated with body shame (Weaver et al., 2020), while intimate partner sexual assault has been positively linked to a more negative body image (Campbell & Soeken, 1999).

Taken together, these findings suggest a link between DV and body image disturbances (e.g., body dissatisfaction, body shame) rather than on body appreciation. Furthermore, these studies did not investigate how different forms of DV might differentially impact body appreciation during adolescence, a critical developmental period for both identity formation and body image development. Notably, diminished body appreciation has been observed in the aftermath of sexual assault among college women (Sall et al., 2024), highlighting the need to examine this outcome in the context of DV during adolescence.

Body Appreciation

Grogan (2022) broadly defined body image as the perceptions, thoughts, and feelings an individual has about his own body. This multidimensional concept encompasses both positive body image and negative body image, which are two distinct concepts that do not lie on the same continuum (e.g., a positive body image should not be represented by low levels of negative body image; Tylka & Wood-Barcalow, 2015). Among the facets of a positive body image is body appreciation, involving people holding positive opinions about their bodies, accepting them in their unique characteristics (weight, body shape, and imperfections), respecting them by tending to their needs, adopting healthy behaviors, and protecting their body image by rejecting unrealistic media representations of the thin-ideal prototype (Avalos et al., 2005). It is worth noting that adolescence is a period marked by social, cultural, physical, and psychological changes, making it a time that particularly influences the development of body image (Voelker et al., 2015). In addition, a longitudinal study spanning 15 years observed that the onset of

adolescence appears to be a critical time for the evolution of body image throughout life (Wang et al., 2019).

Several studies have examined how individuals of different genders and sexual identities appreciate their bodies. A literature review analyzing 40 scientific articles concluded that women tend to report lower levels of body appreciation compared to men (He et al., 2020), a finding consistent with other studies conducted in various countries (Aimé et al., 2020; Góngora et al., 2020; Lobera & Ríos, 2011; Swami et al., 2016b). However, some studies found no significant gender differences in body appreciation (Davis et al., 2020; Soulliard & Vander Wal, 2019; Swami et al., 2016a), and one study even reported that women exhibited higher body appreciation than men (Quittkat et al., 2019). Regarding sexual and gender diversity, cisgender and transgender boys revealed higher levels of body appreciation than cisgender and transgender girls, with no significant difference observed between heterosexual compared to sexually diverse and gender-diverse youth (Paquette et al., 2022a). In contrast, Lee (2023) and Soulliard and Vander Wal (2019) found that sexual minority people scored significantly lower in body appreciation than heterosexual people. Another study showed that, in descending order, cisgender heterosexual boys, followed by sexually diverse and gender diverse boys, reported the highest levels of body appreciation, followed by cisgender heterosexual girls, sexually diverse and gender diverse girls, and finally non-binary individuals from sexually diverse and gender diverse backgrounds (Paquette et al., 2022b). Given the divergent and few results on the subject, it is important to further investigate gender and sexual identity differences on body appreciation (He et al., 2020; Paquette et al., 2022a; Soulliard & Vander Wal, 2019).

Parental and Friend Support

Despite the well-documented negative outcomes associated with exposure to DV (e.g., Park et al., 2018), not all adolescents appear to be equally affected. This variability suggests that certain protective factors may mitigate the impact of DV. Social support showed a robust link with psychological adjustment across diverse outcomes (e. g., mental health, depression, stress, etc.), sources of support (e. g., friends, peers, family, etc.), ages, and cultural groups, with perceived support exerting a stronger association than received support (Zell & Stockus, 2025). Also, social support has been identified as a key developmental resource because it not only promotes overall well-being through strong social integration but also buffers the negative effects of stress when individuals perceive that responsive interpersonal support is available (Cohen & Wills, 1985), and it can act as coping assistance (Thoits, 1986). In this regard, social support may play a protective role in the association between DV and body appreciation.

On the one hand, it has been documented that maternal and friend support are positively related to appearance satisfaction in adolescence (Gagné et al., 2020) and that both paternal and maternal support can enhance adolescent girls' body image (Seiffge-Krenke et al., 2015). Moreover, a study revealed that the two most influential factors on adolescent body image development were, in descending order, parents and friends (Dacles et al., 2021). Finally, perceived social support is associated with better body appreciation among emerging adult women (Augustus-Horvath & Tylka, 2011), and friend support has been recognized as a factor that improves body appreciation in adolescent girls in interventions (Guest et al., 2022).

On the other hand, regarding DV in adolescence, a meta-analysis suggests that parental support is a significant protective marker against physical DV (Emanuels et al., 2022). Likewise, perceived social support, including parental support, can play a protective role against some outcomes associated with DV, such as reducing suicidal ideation, and this, significantly only among girls (Banyard & Cross, 2008). A study carried out among girls found that parents who provide support play a crucial role in helping them end DV (Fitzpatrick, 2022). In addition, friend support for adolescent girls is associated with fewer DV instances (Richards & Branch, 2012; Richards et al., 2014). Finally, considering parental support and friend support, Hébert et al.'s (2019) meta-analysis revealed that these types of support can act as protective factors against DV, but that these associations are of small magnitude. Similarly, Traoré et al. (2024) observed that the prevalence of DV was lower among adolescents who reported greater parental supervision, as well as stronger support from family and friends.

Therefore, it is relevant to examine the protective role of both parental and friend support, which could play a moderating role in the relationship between experiencing major forms of DV among adolescents and body appreciation. This investigation will help clarify the mechanisms involved in DV by targeting a potential consequence of DV (lower body appreciation) and identifying a potential protective factor (parental and friend support).

Current Study

The purpose of this longitudinal study, involving five waves (one measure per year), was to examine 1) the associations between DV (i.e., verbal/emotional, relational, threatening behavior, physical, and sexual) and body appreciation among

adolescents and 2) the moderating role of parental (mother and father figure) and friend support as well as gender and sexual identities in these relationships. Based on the literature, the following hypotheses are proposed: 1) experiencing DV during adolescence will be negatively associated with body appreciation over time and 2) maternal, paternal, and friend support will moderate the relationship between experiencing DV and body appreciation over time, such that for adolescents perceiving higher levels of these sources of support, compared to those perceiving lower levels, the links between DV and body appreciation will be of weaker magnitude. Moroever, this study explored potential differences according to gender and sexual identities.

Method

Participants

The data from the first five waves (2018-2023) of a large-scale longitudinal study [masked for review] were used. To participate in the study, at wave 1, adolescents had to 1) be at least in the third year of high school, 2) be at least 14 years old, 3) be enrolled in the high school where data collection took place, and 4) be able to read and understand French or English. Students did not need to be in a relationship or have had sexual relations to participate in the research project. They came from 23 public and private high schools in [masked for review], including nine schools in urban areas and 14 schools in rural areas, to ensure sample diversity.

Of the 3,717 respondents who completed at least one of the fifth waves, 219 were excluded because they did not answer the question on gender identity. In addition, 17 teenagers reported having a gender other than girl or boy or their gender varied across the study (eight reported “non-binary, gender fluid or something else

[e.g., genderqueer]," five reported "other," three reported "indigenous or other cultural gender minority identity (e.g., two-spirit)," and one reported different gender identities across waves). Given this small subsample, we were not able to include them in the analyses to allow the models to be estimated.[1]

The final sample used for analyses consisted of 3,480 adolescents (M_{age} = 15.46; SD = 0.60), who completed at least one of the five data waves of the study (49.5% were girls, 50.5% were boys, 74.2% were heterosexual adolescents, and 25.8% were sexually diverse reporting a sexual identity other than heterosexual at one or more waves). Among the participants who were sexually diverse, 19.85% indicated a sexual identity that varied across measurement times, 1.64% identified as "bisexual," 0.66% identified as "pansexual," 0.49% identified as "gay or lesbian or homosexual," 0.20% identified as "heteroflexible," 0.11% identified as "asexual," 0.06% identified as "queer," 0.06% identified as "other," and 0.03% identified as "homoflexible." In addition, 1.21% reported "None of the above," so they did not identify with any of the categories presented in the questionnaire, 1.01% reported "I do not know yet or I am currently questioning my sexual orientation," and 0.46% reported "I don't want to answer." Wave 1 was completed by 2,784 participants, wave 2 was completed by 1,911 participants, wave 3 was completed by 2,676 participants, wave 4 was completed by 1,411 participants, and wave 5 was completed by 1,372 participants. Among those participants, only those who were in a couple relationship in the past 12 months in at least one of the fifth waves were

[1] Data on these participants (e.g., means, standard deviations, etc.) are available from the last author for researchers interested in conducting meta-analyses involving adolescents with diverse gender identities in relation to the outcomes examined in the present study.

included. Therefore, a total of 699 adolescents took part in the five measurement sessions.

The majority of participants identified as [masked for review] culture (66.3%), 13.7% identified as [masked for review] culture, and 20% reported other cultural identities ([masked for review], etc.). Most teenagers had a mother and a father (95.3%).

Procedure

Of the 50 schools contacted, 17 did not respond to emails or calls, and 10 refused to participate, mainly due to commitments to other research projects. Wave 1 data collection took place between November 2018 and May 2020, wave 2 between November 2019 and March 2021, wave 3 between October 2020 and March 2022, wave 4 between November 2021 and December 2022, and wave 5 between October 2022 and November 2023. During waves 1 to 3, research assistants who had received prior training visited high schools once a year during a designated class period to administer the self-report questionnaire, after describing the research project and answering study-related questions. During the period from April 2020 to June 2020, due to restrictions caused by the COVID-19 pandemic resulting in school closures, some participants (2.4% from the first wave and 22.4% from the second wave) were invited to complete the questionnaire at home using an electronic link sent to them. Starting from wave 4, the questionnaires were completed online using the contact information students had provided at wave 3. In all cases, the research project was explained to the adolescents, and they had the choice to participate. Once students provided their informed consent, following the presentation of the information form, they could begin filling out the electronic questionnaire using

Qualtrics Research Suite software. Completion of the questionnaire took between 30 and 45 minutes. Three attention check questions were randomly distributed; thus, if the students failed at least two out of the three questions, their data were considered invalid (Thomas & Clifford, 2017). Because the questionnaire was anonymous (i.e., no identifying information was collected), the participants were asked to answer a few specific questions at the beginning of each wave to generate a unique code, allowing their responses to be matched across waves (Ripper et al., 2017; Yurek et al., 2008). A gift card was offered as compensation for their participation in each wave (10$ at waves 1 to 3, 15$ at wave 4 and 18$ at wave 5). This procedure obtained ethical approval from [masked for review].

Measures

Sociodemographic Characteristics

Sociodemographic information was collected (e. g., age, family situation, culture, etc.) using a questionnaire developed by the research team.

Gender Identity

Gender identity was measured using a single item recommended by Bauer et al. (2017): “What gender or gender identity do you identify with?” Response options included “male,” “female,” “indigenous or other cultural gender minority identity (e.g., two-spirit),” “non-binary, gender fluid, or something else (e.g., genderqueer),” and “other” (with a space for specification). The adolescents completed this item in each wave. Participants who consistently identified as either female or male across waves were categorized as girls and boys. Those who identified with a gender other than 'girl' or 'boy', or reported a change in their gender identity over time, were classified as gender diverse.

Sexual Identity

Sexual identity was assessed using a single item recommended by Weinrich (2014): "People describe their sexual orientation in different ways. Which expression best describes your current sexual orientation? If no expression describes you, check 'None of the above' and write the answer that describes you personally." Response options included "straight," "I do not know yet or I am currently questioning my sexual orientation," "gay or lesbian or homosexual," "heteroflexible," "homoflexible," "bisexual," "queer," "pansexual," "asexual," "none of the above," "I don't want to answer," and "other" (with a space for specification). This measure was administered in each wave. Adolescents who identified as straight and maintained their sexual identities across the waves were categorized as heterosexuals. Those who identified with a sexual identity other than heterosexual, or reported a change in their sexual identity over time, were classified as sexually diverse.

Romantic Relationships

Information regarding adolescent romantic relationships was collected. A definition for "going out with someone" was provided: "Going out with someone means you are dating the person, forming a couple. This relationship may have lasted only a few days or many weeks, months, or years." Adolescents who had been in a romantic relationship in the past 12 months were then asked to answer questions about DV.

Dating Violence

To assess DV, the *Conflict in Adolescent Dating Relationships Inventory* (CADRI; Wolfe et al., 2001) was used, specifically the 10-item short form of this

questionnaire (CADRI-S; Fernández-González et al., 2012) or a version translated by the research team of these items. The "victim" subscale was used in our questionnaire, including two items on each of the five subscales: verbal/emotional violence (e.g., "My partner spoke to me in a hostile or mean tone of voice"), relational violence (e.g., "My partner spread rumors about me"), threatening behavior (e.g., "My partner threatened to hurt me"), physical violence (e.g., "My partner kicked, hit, or punched me"), and sexual violence (e.g., "My partner touched me sexually when I didn't want them to"). The scale is a four-point Likert scale (from 0 = Never: This has never happened in your relationship to 3 = Often: This has happened 6 times or more in your relationship). The participants had to check the box that corresponded to the best estimate of how many times the stated conflict situations had occurred with the person they had in mind (current or past partner) in the past 12 months. For each form of DV, a high score indicates a high frequency of experienced DV. Parameter estimates, composite reliability coefficients (ω: McDonald, 1970), and alpha coefficient of scale score reliability for this measure are reported in Table 1.

Table 1.

Fully invariant standardized factor loadings and uniquenesses for the DV constructs (verbal/emotional, relational, threatening behavior, physical and sexual) from wave 1 to 5

	Violence									
	VERB		RELA		THRE		PHYS		SEXU	
	λ	δ	λ	δ	λ	δ	λ	δ	λ	δ
Item 1	.659	.566	.741	.451	.810	.344	.809	.346	.674	.546
Item 2	.875	.234	.834	.304	.857	.265	.750	.438	.872	.240
M|λ|	.767		.788		.834		.780		.773	
ω	.746		.767		.820		.756		.753	
Standardized Correlations										
RELA	.505									
THRE	.513		.407							
PHYS	.509		.310		.775					
SEXU	.407		.453		.450		.381			

Note. All loadings are statistically significant at $p < .01$; ω: McDonald composite reliability coefficients; M|λ|: average standardized loading; VERB: verbal/emotional violence; RELA: relational violence; THRE: threatening behavior; PHYS: physical violence; SEXU: sexual violence.

Body Appreciation

The scale used to measure body appreciation is the short form of the *Body Appreciation Scale-2* (Tylka et al., 2022) or the items of this short form from the French-translated and validated version by Kertechian and Swami (2017). This measure consisted of three items (e.g., "I respect my body"), and all items were rated on a five-point Likert scale (ranging from 1 = never to 5 = always). The participants had to indicate how true the statements were for them. Scores ranged from 3 to 15. An average of the scores was calculated, and higher scores indicated better body appreciation. The psychometric properties of this scale are reported in Table 2.

Table 2.
Standardized factor loadings and uniquenesses for body appreciation across time and groups

	Body appreciation - Boys									
	Wave 1		Wave 2		Wave 3		Wave 4		Wave 5	
	λ	δ	λ	δ	λ	δ	λ	δ	λ	δ
Item 1	.606	.633	.616	.621	.667	.555	.630	.603	.620	.615
Item 2	.617	.619	.674	.545	.721	.480	.874	.237	.868	.246
Item 3	.808	.347	.815	.335	.822	.325	.825	.319	.818	.330
M|λ|	.677		.702		.737		.776		.769	
ω	.721		.747		.782		.824		.817	
	Body appreciation – Girls									
	Wave 1		Wave 2		Wave 3		Wave 4		Wave 5	
	λ	δ	λ	δ	λ	Δ	λ	δ	λ	δ
Item 1	.638	.593	.642	.588	.619	.617	.643	.586	.614	.623
Item 2	.763	.417	.817	.333	.828	.315	.881	.224	.864	.253
Item 3	.831	.310	.834	.305	.838	.298	.834	.304	.814	.338
M|λ|	.744		.764		.762		.786		.764	
ω	.791		.811		.809		.833		.812	

Note. All loadings are statistically significant at $p < .01$; ω: McDonald composite reliability coefficients; M|λ|: average standardized loading.

Perceived social support

To assess perceived support (psychological/emotional; Vignoli & Mallet, 2004), the *Inventory of Parents and Peer Attachment* (IPPA; Armsden & Greenberg, 1987), designed for adolescents, was selected. Specifically, the four items from the "trust" subscale taken from the validated and translated French short version of the questionnaire (Vignoli & Mallet, 2004), or their original English counterparts, were presented to the students. There are three versions of this scale: one concerning the mother (or the person who plays the role of the mother), another concerning the father (or the person who plays the role of the father), and the last one concerning friends (e.g., "My mother trusts my judgment," "My father trusts my judgment," and "My friends trust my judgment"). Each item was rated on a five-point Likert scale (from 1 = almost never or never true to 5 = almost always or always true). The participants had to choose the response that described how true the item was for them. The "Not applicable" option was also available. A total score was computed for each participant for each category of actors. Scores ranged from 4 to 20, with higher scores indicating better support. The psychometric properties of this scale were good, with Cronbach's alpha coefficients ranging from .80 to .92, indicating good internal consistency, and omega coefficients ranging from .83 to .93, reflecting strong overall scale reliability.

Data Analytic Strategy

Model Estimation

Descriptive statistics were computed using SPSS 29. The other analyses were conducted using the maximum likelihood robust estimator in Mplus 8.7 (Muthén & Muthén, 2018) in conjunction with full information maximum likelihood (FIML)

procedures to handle missing data within, and across, time waves. FIML procedures made it possible to use the data from the full sample of participants who completed questionnaires of at least one wave (participants provided a total of 10,153 time-specific ratings). FIML relies on the assumption that missing data are missing at random, which means that it is robust to attrition processes linked to the variables included in the analytical model (including the variables themselves at previous time points). This makes FIML very robust to longitudinal attrition processes (Enders, 2022; Graham, 2012). Of the 3,480 participants who completed the body appreciation scale, 80% answered wave 1, 64.9% answered wave 2, 76.9% answered wave 3, 40.5% answered wave 4, and 39.4% answered wave 5. Missing data within time waves ranged from 0–15.8% at wave 1, 0–7.74% at wave 2, 0–11.55% at wave 3, 0–6.17% at wave 4, and 0–3.86% at wave 5. Due to the complexity of the analyses (i.e., multigroup latent curve modeling [LCM]), predictors were estimated in separate measurement models, and factor scores from these models were then added to the fully latent (i.e., estimated from the invariant body appreciation measurement model) LCM. All models included *a priori* correlated uniquenesses among matching indicators of the constructs used over time to avoid inflated stability estimates (Marsh, 2007).

The participants' ratings of body appreciation were represented via a one-factor confirmatory factor analytic (CFA) model at each time point, resulting in a five-factor longitudinal CFA model. Once the measurement invariance of these constructs was ascertained (i.e., up to strict invariance; see below for the invariance sequence), the most invariant model was converted to a linear LCM, following which we also included a quadratic function to test for curvilinear growth in body

appreciation (Bollen & Curan, 2006). For the LCM, the scale of the time-specific factors was set using the referent indicator approach to freely estimate the means and variances of the intercept and slope factors in the original metric of the scale. The participants' ratings on all predictors were represented via a CFA incorporating three factors for psychological violence (i.e., verbal/emotional violence, relational violence, and threatening behavior), one factor for physical violence, and one factor for sexual violence at all measurement occasions (25 factors in total). For the predictor model, the scale was set using the standardized factor approach to interpret the effects on body appreciation in a standardized unit (i.e., with a sample mean of 0 at the first measurement occasion). Factor scores were saved from the most invariant predictor model and added as time-invariant and time-varying predictors in the LCM.

For the body appreciation measure, we simultaneously conducted invariance across groups (boy vs. girl) and time (five measurement occasions; Millsap, 2011). Although we attempted the same for the predictors, we encountered convergence issues and relied solely on longitudinal tests of invariance for these constructs. Tests of measurement invariance were conducted in the following sequence: (i) configural invariance (same model, with no additional constraint), (ii) weak invariance (same factor loadings), (iii) strong invariance (same factor loadings and item intercepts), (iv) strict invariance (same factor loadings, item intercepts, and item uniquenesses), (v) invariance of the latent variances and covariances, and (vi) latent mean invariance. For the body appreciation measure, correlated uniquenesses were fixed to equality, starting with the configural model to assist with model convergence. For the predictor models, tau-equivalent constraints were imposed after the assessment

of weak invariance for all predictors due to the factors being defined by two items each (e.g., Morin & Maïano, 2011).

For body appreciation LCM, we tested invariance across groups following a sequence (Grimm et al., 2016). The following sequence was used: i) time-specific residuals were constrained across groups, ii) the latent variance and covariance of the growth factor were fixed across groups, and iii) the latent means of the growth factors. These constraints were then removed to test the effects of time-invariant predictors on the growth factors (i.e., as the growth factor means and variances now become factor intercepts and residual variances), and time-varying predictors on the time-specific residuals (as these are now predicted residual variances). For tests of predictive similarity, we first estimated a model allowing i) the effects of the time-varying predictors to vary across groups. Then, we fixed ii) the effects of the predictors (i.e., regression slopes) to equality between groups, iii) the intercept of the intercept factor, iv) the intercept of the slope factor, v) the residual variance of the intercept factor, and vi) the residual variance of the slope factor to equality across groups. For explorative purposes, we tested the interactions between the DV factors (i.e., verbal/emotional, relational, threatening behavior, physical, and sexual) and the support factors (i.e., maternal, paternal, and friends) using the same sequence. Retaining the most invariant model from the above sequences, we added time-varying predictors to test their effects on time-specific residuals. The following sequence was used: i) free effects across time and groups, ii) effects fixed to equality across time, iii) effects fixed to equality across time and group, iv) residuals fixed to equality across time, and v) residuals fixed to equality across time and groups. For the time-varying predictors, we estimated this sequence separately for i)

psychological violence (verbal/emotional, relational, and threatening behavior), ii) physical and sexual violence, and iii) support (maternal, paternal, and friends) due to the complexity of the model and convergence issues when attempting to include everything in a single model.

Given the well-documented sample size dependency and oversensitivity to minor misspecifications of the chi-square test of exact fit (χ^2), we relied on the sample-size independent goodness-of-fit indices to assess model fit (Hu & Bentler, 1999; Marsh et al., 2005): values greater than .90 and .95 on the comparative fit index (CFI) and the Tucker-Lewis index (TLI), as well as values smaller than .08 and .06 on the root mean square error of approximation (RMSEA), respectively, support adequate and excellent model fit. For tests of measurement invariance, common guidelines (Chen, 2007; Cheung & Rensvold, 2002) suggest that the invariance hypothesis can be considered to be supported when a model does not result in a CFI or TLI decrease greater than .01, or in an RMSEA increase greater than .015, relative to the previous model. These guidelines were also used for tests of predictive similarity.

Results

Measurement Models

Goodness-of-fit results for all preliminary measurement models, the LCMs, and the predictive models are reported in the supplementary material (Table S1). These results support the partial invariance of body appreciation ratings over time. Specifically, the fit indices for the configural model were excellent and did not decrease in a way that exceeded the guidelines for the weak invariance model. However, for the next two models (i.e., strong and strict), all three model fit indices

worsened beyond acceptable limits based on the guidelines (ΔCFI > .01; ΔTLI > .01; ΔRMSEA > .015). A detailed examination of the modification indices associated with the failed model and of the parameter estimates associated with the last supported models revealed that the lack of invariance was limited to a subset of parameters, allowing us to estimate the solution of partial strong and partial strict invariance. Specifically, equality constraints had to be relaxed on the intercepts of Item 1 (higher at wave 1 for both groups and higher in the girl group relative to the boy group) and Item 6 (higher at wave 5 and wave 4 for both groups and lower at wave 1 relative to wave 2 and wave 3; higher in the girl group). To obtain a strict partial model that fit the data as well as the strong partial model, equality constraints had to be relaxed on the uniquenesses for Items 6 (for both groups: highest at wave 1, then wave 2, and then wave 3 and lowest at wave 4 and wave 5, which were equal to each other; higher in the boy group) and 1 (higher at wave 3 for girls and lower at wave 3 for boys relative to the other time points, higher in the girl group relative to the boy group). This strict partial model was retained and converted to an LCM. Parameter estimates, composite reliability coefficients (ω: McDonald, 1970), and alpha coefficient of scale score reliability for this model are reported in Table 2 and support the adequacy of this solution. For the LCM, we compared the linear model with the quadratic model. Although the model fit indices improved for the quadratic model, the out-of-bound parameter estimates (i.e., the negative variance of the quadratic factor) did not support this model. Further fixing the quadratic variance to be within bounds led to a quadratic mean and variance that were not statistically significant, thus failing to support the quadratic mode. The linear model was thus retained for further tests of invariance.

For the predictor measurement models (i.e., verbal/emotional violence, relational violence, threatening behavior, physical violence, and sexual violence), the full measurement invariance of the scale was up to the latent variance/covariance model. To investigate the partial invariance of the latent variance/covariance model, we first estimated a model in which only the latent variances were fixed to equality across groups and time, followed by a model in which only the latent covariances were fixed to equality across groups and time. These two models revealed that the drop in CFI and TLI was mainly due to the latent variances being fixed to equality. Investigating modification indices and parameter estimates from the latent variance model, we relaxed the equality constraint on the variance of the sexual violence factor at wave 3, which was roughly twice as large as at the other time points. Using this partial model, the invariance of the latent means was also supported, allowing us to save factor scores in standardized units (i.e., $M = 0$, $SD = 1$) for all factors across all time points, except for sexual violence at wave 3 (i.e., $M = 0$, $SD = 1.39$). Parameter estimates, composite reliability coefficients (ω: McDonald, 1970), and alpha coefficient of scale score reliability for this model are reported in Table 1 and support the adequacy of this solution.

Descriptive Results

Of the 62.9% ($n = 1,751$) adolescents who reported dating a person or forming a couple at wave 1, 73.4% ($n = 1,286$) reported dating a person or forming a couple in the past 12 months. In this group, 33.7% ($n = 433$) reported experiencing verbal/emotional violence, 13.1% ($n = 168$) reported relational violence, 2.8% ($n = 36$) reported threatening behavior, 5.2% ($n = 67$) reported physical violence, and 6.2% ($n = 79$) reported sexual violence in the past 12 months. For parsimony,

descriptive results for DV, body appreciation, and social support from wave 1 and wave 5 are presented by gender identity groups (see Table 3) and sexual identity groups (see Table 4).

Table 3.
Descriptive statistics at wave 1 and wave 5 according to gender identity

Wave	Variables	Girl					Boy				
		n	*M*	*%*	SD	Range	*n*	*M*	*%*	SD	Range
1	Body appreciation	1425	11.09		2.51	3-15	1355	12.37		2.47	3-15
	VERB	655	.72	36.6	1.26	0-6	628	.49	30.7	.93	0-6
	RELA	655	.27	14.4	.82	0-6	627	.21	11.8	.69	0-5
	THRE	655	.05	3.1	.41	0-6	628	.04	2.5	.32	0-4
	PHYS	655	.07	3.7	.47	0-6	627	.11	6.9	.52	0-6
	SEXU	655	.15	9.3	.59	0-6	628	.04	2.9	.32	0-4
	ZIPAM	1415	17.08		3.30	4-20	1334	17.62		2.71	4-20
	ZIPAP	1349	16.53		3.68	4-20	1287	17.16		3.19	4-20
	ZIPAF	1420	16.84		2.87	4-20	1345	16.56		2.81	4-20
5	Body appreciation	872	11.12		2.39	3-15	500	11.91		2.39	3-15
	VERB	606	1.03	50	1.44	0-6	300	1.05	51	1.38	0-6
	RELA	606	.12	6.3	.53	0-4	300	.18	10	.67	0-6
	THRE	606	.05	3.5	.36	0-6	300	.11	6.3	.54	0-6
	PHYS	606	.04	3.3	.27	0-2	300	.19	10.3	.73	0-6
	SEXU	606	.10	6.3	.51	0-6	300	.02	2	.20	0-2
	ZIPAM	870	16.90		3.57	4-20	496	17.22		2.99	4-20
	ZIPAP	833	16.18		4.07	4-20	487	16.41		3.55	4-20
	ZIPAF	872	17.25		2.62	4-20	500	16.93		2.67	4-20

Note. M: mean; SD: standard deviation; Range: Observed range; VERB: verbal/emotional violence; RELA: relational violence; THRE: threatening behavior; PHYS: physical violence; SEXU: sexual violence; ZIPAM: maternal support; ZIPAP: paternal support; ZIPAF: friend support; %: percentage of participants who reported at least one DV experience.

Table 4.
Descriptive statistics at wave 1 and wave 5 according to sexual identity

Wave	Variables	Heterosexual					Sexually diverse				
		n	*M*	%	SD	Range	*n*	*M*	%	SD	Range
1	Body appreciation	2024	11.91		2.52	3-15	756	11.20		2.64	3-15
	VERB	946	.56	32.8	1.04	0-6	337	.74	36.5	1.30	0-6
	RELA	946	.22	12.2	.71	0-5	336	.31	15.8	.90	0-6
	THRE	946	.04	2.3	.28	0-4	337	.09	4.2	.54	0-6
	PHYS	946	.08	5.2	.43	0-6	336	.12	5.4	.65	0-6
	SEXU	946	.08	5	.43	0-6	337	.16	9.5	.61	0-6
	ZIPAM	2000	17.53		2.88	4-20	749	16.83		3.38	5-20
	ZIPAP	1916	17.03		3.40	4-20	720	16.32		3.58	4-20
	ZIPAF	2012	16.81		2.77	4-20	753	16.42		3.03	4-20
5	Body appreciation	919	11.70		2.31	3-15	453	10.82		2.53	3-15
	VERB	612	1.04	51.3	1.39	0-6	294	1.03	48.3	1.50	0-6
	RELA	612	.14	7.5	.59	0-6	294	.15	7.5	.59	0-4
	THRE	612	.06	3.9	.33	0-4	294	.11	5.4	.59	0-6
	PHYS	612	.11	6.5	.52	0-6	294	.06	3.7	.37	0-4
	SEXU	612	.04	3.3	.27	0-4	294	.15	8.2	.64	0-6
	ZIPAM	915	17.43		3.08	4-20	451	16.18		3.77	4-20
	ZIPAP	881	16.68		3.68	4-20	439	15.45		4.14	4-20
	ZIPAF	919	17.20		2.60	4-20	453	16.99		2.74	5-20

Note. M: mean; SD: standard deviation; Range: Observed range; VERB: verbal/emotional violence; RELA: relational violence; THRE: threatening behavior; PHYS: physical violence; SEXU: sexual violence; ZIPAM: maternal support; ZIPAP: paternal support; ZIPAF: friend support; %: percentage of participants who reported at least one DV experience.

Integrative Model of DV, Body Appreciation, and Social Support

Results of the body appreciation LCM supported the invariance of all parameters, with the exception of the intercept factor's mean (boy group = 4.075; girl group = 3.629), indicating that initial body appreciation levels were slightly lower for the girl group than for the boy group. Both groups displayed a decrease in body appreciation (b = -.035, p < .01; β = -.227) and statistically significant variability of the intercept (b = .555, p < .01) and slope (b =.024, p < .01) factors, indicating heterogeneity in terms of initial body appreciation levels and change in

body appreciation levels over time. Moreover, a negative intercept-slope correlation was observed (b = -.042, p < .01), indicating a steeper decrease for participants with initially higher body appreciation levels. The parameter estimates for the final LCM are reported in Table 5.

Table 5.
Parameter estimates for the final body appreciation latent curve model

	Boys	Girls
Parameter	Estimate (s.e.)	Estimate (s.e.)
Intercept mean	4.075 (.022)**	3.629 (.030)**
Unstandardized Slope mean	-.035(.007)**	-.035(.007)**
Standardized Slope mean	-.227 (.045)**	-.227 (.045)**
Intercept variability	.555 (.025)**	.555 (.025)**
Slope variability	.024 (.003)**	.024 (.003)**
Intercept-slope correlation	-.042 (.007)**	-.042 (.007)**
SD(εyi)_T1-T5	.412 (.008)**	.412 (.008)**

Note. s.e. = standard error of the estimate; SD(εyi) = Standard deviation of the time-specific residual; * p ≤ .05; ** p ≤ .01.

Model fit indices for the predictive models generally support the full model of predictive similarity (i.e., equal regression slopes, residuals variances of the growth factors, and intercept of the slope factor). In line with the results of the LCM, equality constraints had to be freed on the intercept growth factor (i.e., initial levels) to account for lower levels of body appreciation in the girl group. The results from the partial model of predictive similarity are presented in Table 6.

Table 6.
Unstandardized and standardized effects of the time invariant predictors

	Intercept Factor			Slope Factor		
	b (s.e.)	*B (Boy)*	*B (Girl)*	*b* (s.e.)	*B (Boy)*	*B (Girl)*
VERB_T1	-.109 (.042)**	-.077**	-.106	.030 (.013)*	.095*	.130
RELA_T1	.039 (.036)	.035	.040	-.008 (.013)	-.033	-.038
THRE_T1	-.086 (.059)	-.064	-.078	.037 (.017)*	.124*	.152
PHYS_T1	.065 (.050)	.064	.056	-.029 (.015)	-.130	-.115
SEXU_T1	-.043 (.040)	-.027	-.044	.015 (.012)	.044	.072
ZIPAM_T1	.126 (.024)**	.149**	.179	-.018 (.007)*	-.095*	-.116
ZIPAP_T1	.163 (.023)**	.203**	.224	-.015 (.007)*	-.083*	-.093
ZIPAF_T1	.175 (.020)**	.232**	.232	-.032 (.007)**	-.188**	-.189
SEXIDENTITY	-.104 (.037)**	-.051**	-.066	-.026 (.013)*	-.057*	-.073

Note. VERB: verbal/emotional violence; RELA: relational violence; THRE: threatening behavior; PHYS: physical violence; SEXU: sexual violence; ZIPAM: maternal support; ZIPAP: paternal support; ZIPAF: friend support; SEXIDENTITY: sexual identity (0 = heterosexual; 1 = sexually diverse at at least one measurement time); * = p <.05; ** = p < .01.

These results reveal that participants experiencing more verbal/emotional DV had lower initial body appreciation levels (b = -.109, p < .01), but this detrimental effect faded over time (i.e., positive effect on the slope factor; b = .030, p < .05). Surprisingly, participants who initially reported higher levels of threatening behavior from their partners showed an increase in body appreciation over time (b = .037, p < .05). Of the thirty interaction effects tested, only three reached statistical significance, and none were of substantive magnitude, leading us to exclude these effects from subsequent analyses.

In terms of sexual identity, participants who identified as non-heterosexual or who reported a change in their sexual identity over time (sexually diverse) initially displayed lower body appreciation levels (b = -.104, p < .01) and a steeper decrease in body appreciation levels over time (b = -.026, p < .05).

A positive effect on initial body appreciation levels was observed for maternal support (b = .126, p < .01), paternal support (b = .163, p < .01), and friend support (b = .175, p < .01), with all three effects partially fading over time, as indicated by a negative effect on the slope factor (maternal support: b = -.018, p < .05; paternal support: b = -.015, p < .05; friend support: b = -.032, p < .01). In terms of time-varying predictions, the model fit indices supported the full similarity of the effects (i.e., equal effects on time-specific body appreciation levels across groups [girls and boys] and time and equal time-specific residuals across groups and time). These results revealed a positive state-like deviation in body appreciation at each measurement occasion for participants reporting higher time-specific levels of maternal (b = .088, p < .01), paternal (b = .106, p < .01), and friend (b = .076, p < .01) support. These results are presented in Table 7.

Table 7.
Unstandardized and standardized effects for the time varying predictors

		Boy				
	b (s.e.)	Wave 1 - *B*	Wave 2 - *B*	Wave 3 - *B*	Wave 4 - *B*	Wave 5 - *B*
VERB_T1	-.004 (.020)	-.003	-.003	-.004	-.003	-.003
RELA_T1	.004 (.016)	.003	.003	.004	.002	.003
THRE_T1	.004 (.017)	.002	.003	.004	.003	.003
PHYS_T1	.000 (.018)	.000	.000	.000	.000	.000
SEXU_T1	.005 (.013)	.003	.003	.005	.002	.004
ZIPAM_T1	.088 (.014)**	.093**	.101**	.100*	.095**	.096**
ZIPAP_T1	.106 (.015)**	.117**	.124**	.127**	.120**	.117**
ZIPAF_T1	.076 (.011)**	.089**	.093**	.097**	.100**	.093**
		Girl				
	b (s.e.)	Wave 1 - *B*	Wave 2 - *B*	Wave 3 - *B*	Wave 4 - *B*	Wave 5 - *B*
VERB_T1	-.004 (.020)	-.004	-.004	-.004	-.003	-.004
RELA_T1	.004 (.016)	.004	.003	.004	.003	.003
THRE_T1	.004 (.017)	.003	.004	.003	.002	.002
PHYS_T1	.000 (.018)	.000	.000	.000	.000	.000
SEXU_T1	.005 (.013)	.005	.006	.008	.005	.004
ZIPAM_T1	.088 (.014)**	.112**	.119**	.120**	.117**	.105**
ZIPAP_T1	.106 (.015)**	.130**	.141**	.139**	.135**	.125**
ZIPAF_T1	.076 (.011)**	.090**	.093**	.092**	.088**	.086**

Note. VERB: verbal/emotional violence; RELA: relational violence; THRE: threatening behavior; PHYS: physical violence; SEXU: sexual violence; ZIPAM: maternal support; ZIPAP: paternal support; ZIPAF: friend support; * = p <.05; ** = p < .01.

Discussion

The present study investigated the longitudinal associations between various forms of DV experienced and body appreciation, as well as the potential moderating role of perceived support from parents and friends, and of gender and sexual identities in a large sample of [masked for review] adolescents. Overall, the results partially supported our hypotheses. Specifically, only verbal/emotional DV was linked to lower body appreciation. Contrary to expectations, threatening behavior was associated with a slight increase in body appreciation over five years. Support from mothers, fathers, and friends was consistently related to higher body appreciation across waves but did not moderate the associations between DV and

body appreciation. Gender and sexual identity differences were also observed: girls reported lower body appreciation than boys, and sexually diverse youth exhibited both lower body appreciation and a steeper decline over time compared to heterosexual peers.

DV and Body Appreciation

Concerning the links between DV and body appreciation, only the participants who were exposed to higher frequency of verbal/emotional DV reported lower body appreciation at wave 1. These findings align with previous studies in adult women, which have shown a positive correlation between intimate partner violence, such as psychological abuse, physical assault, and sexual coercion, and body shame (Weaver et al., 2020), as well as between sexual assault by a partner and a more negative body image (Campbell & Soeken, 1999). These results are also consistent with the study of Bolívar-Suárez et al. (2021), that reported a significant and positive relationship between DV (physical violence, sexual violence, coercion, and humiliation) and body dissatisfaction among youths aged 14-25 years. However, this negative association faded over time, suggesting that the impact of this form of violence may be short-lived. As adolescents get older, they may increasingly rely on coping strategies, such as avoiding isolation, communicating their situation, asking for advice, or turning to their mother or other trusted individuals (Pastor-Bravo et al., 2023), which could help reduce the negative effects on body image. Future research could explore the coping mechanisms that help mitigate the negative impacts of past verbal/emotional DV.

Unexpectedly, higher initial exposure to threatening behavior was associated with an increase in body appreciation over time. Notably, the prevalence of

threatening behavior in our sample was low (ranging from 2.3% to 6.3% across groups), suggesting that this positive association may reflect the characteristics of a small atypical subgroup rather than a generalizable pattern. Alternatively, it is possible that some adolescents perceive a decline in threatening behavior over time, which could foster hope and contribute to a restoration of body appreciation. Another possible explanation could be that adolescents minimize, trivialize, or misinterpret threatening behavior. For example, threatening behaviors could be perceived as signs of jealousy or possessiveness and misinterpreted by adolescents as evidence of love, care, or attachment rather than as DV. In accordance with this concept, Ruiz-Palomino et al. (2021) found significant negative associations between romantic love myths and adolescents' perceived severity of abusive behaviors. Specifically, myths related to possession, dedication, and exclusivity were linked to lower perceived severity in adolescent boys, while myths about the omnipotence of love were associated with lower perceived severity in adolescent girls (Ruiz-Palomino et al., 2021). Furthermore, beliefs such as jealousy being a demonstration of love (myth of jealousy) and the idea that relationships should last forever (marriage myth) were associated with a lower perceived severity of abusive behaviors in regression models (Ruiz-Palomino et al., 2021).

Further research using diverse methodologies and measurement tools is needed to deepen our understanding of the relationship between DV and body appreciation in adolescence. As Webb et al. (2015) suggested, creating a multidimensional measure of positive body image could help standardize assessments and better capture overall body image. Otherwise, exploring both positive (e.g., body acceptance and love) and negative (e.g., body dissatisfaction)

facets of body image could also provide a more comprehensive view of these associations.

Social Support as a Moderator in the Relationship Between DV and Body Appreciation

Contrary to our hypotheses, no significant interaction effects were found for support from mothers, fathers or friends in the relationship between experienced DV and body appreciation. This may suggest that parental and friend support, when occurring outside the context of adolescents' romantic relationships, is less influential, possibly because romantic relationships are more private and foster emotional autonomy. In line with this idea, Zeifman and Hazan (2008) noted that, for adolescents by ages 15 to 17 years, peers often become primary attachment figures, and many adolescents identify a romantic partner as their main attachment figure and emotional support. Consequently, the perceived support from parents and friends may have a weaker influence on body-related self-perceptions, as the romantic partner tends to play a more prominent role. It would be interesting to further clarify these dynamics through alternative analytical approaches. For instance, social support could be examined in combination with other methods, such as single-case analyses, to capture its evolution over several years in connection with romantic relationships experiences and their correlates (e. g., body appreciation). Additionally, it may be valuable to explore other potential moderators that could shape the association between DV and body appreciation, including social media exposure, peer socialization processes, or broader sociocultural factors.

Body Appreciation and Social Support

Concerning the association between social support and body appreciation, perceiving support from mothers, fathers, and friends was associated with higher levels of body appreciation at wave 1 and at each subsequent measurement point in our study. These findings correspond with research that has found a significant positive relationship between these forms of social support and body image (Augustus-Horvath & Tylka, 2011; Gagné et al., 2020; Guest et al., 2022; Seiffge-Krenke et al., 2015). Thus, parents and friends are linked to the development of body image (Dacles et al., 2021). It is possible that cultural ideals and beliefs related to body image may indeed be reinforced by significant individuals in adolescents' immediate environments, such as family and friends (Voelker et al., 2015). This effect seems more immediate or short-term, as the strength of these initial effects partially decreased over time. Thus, these sources of support or the perception of it may change over time, whether or not in alignment with the evolving needs of adolescents, ultimately making parental and friend support less effective in maintaining a positive body image over time. It would be interesting to investigate other potential variables with a more sustained impact on body appreciation throughout adolescence and early adulthood (e.g., studying the effect of siblings, given that siblings can influence the body image perspective of both adolescents and adults; Dacles et al., 2021).

Body Appreciation Over Time, by Gender and Sexual Identities

Overall, body appreciation declined over time, although initial levels of body appreciation and trajectories over time vary, highlighting adolescence as a key period for body image development due to the significant sociocultural, physical, and psychological changes that occur between the ages of 12 and 18 (Voelker et al.,

2015). Consistent with prior article, this decline aligns with evidence that body dissatisfaction and body image distortion often peak during adolescence (Littleton & Ollendick, 2003). The trajectories were not uniform across groups: adolescents who began with higher levels of body appreciation experienced a steeper decline over time. This pattern may suggest an initial or a heightened exposure to factors that can negatively shape body image during adolescence, such as pubertal changes, media influences, and broader sociocultural pressures (Voelker et al., 2015), particularly among those who initially perceived their bodies more positively.

Gender differences were also observed. At wave 1, boys showed significantly higher body appreciation than girls, which is consistent with previous studies (Aimé et al., 2020; Góngora et al., 2020; He et al., 2020; Lobera & Ríos, 2011; Swami et al., 2016b). Features of social media (quantifiable feedback, available 24/7, etc.), when intersecting with adolescent developmental factors (e.g., pubertal development, salience of peers, and social status) and sociocultural gender socialization processes (e.g., overemphasis on physical attractiveness, objectification, and sexualization), create the "perfect storm" for intensifying girls' body image concerns (Choukas-Bradley et al., 2022), which may be a reason why girls report lower levels of body appreciation. For instance, the appearance norms women face in everyday life are more rigid, homogenous, and pervasive than those faced by men, and these norms, as typically experienced by women, are more damaging to body image (Buote et al., 2011). Apart from the gender difference at the initial body appreciation level, there is invariance in the results; therefore, the relationships obtained between the variables are the same for boys and girls.

The participants who reported a sexual identity other than heterosexual (sexually diverse youths) initially also exhibited lower body appreciation than their heterosexual peers, consistent with previous studies (Lee, 2023; Soulliard & Vander Wal, 2019). In addition, the body appreciation of these participants declined more steeply over time compared to their heterosexual counterparts. Based on the minority stress theory, sexual minorities may experience chronic social stress because they occupy an identity status that can be stigmatized by mainstream society (Morrison & McCutcheon, 2012). Although this exposure can serve as a source of strength and resilience, it can have deleterious impacts on psychological and physical well-being in relation to body image (e.g., "failing" to achieve a certain physique, body shame, body surveillance, and dissatisfaction with specific features of the body; Morrison & McCutcheon, 2012).

Practical and Clinical Implications

Given that DV represents a significant public health problem (Wincentak et al., 2017), it is important to better understand the consequences of DV and the factors that can mitigate these consequences. Our current investigation revealed differentiated links between DV and body appreciation while demonstrating that support from parents and friends is positively and significantly associated with body appreciation, although its effects tend to diminish over time. Thus, this study enriches our understanding of the links uniting the variables DV, body appreciation, and perceived support from parents and friends. These results may inform prevention and intervention efforts targeting teenagers affected by DV and body image issues. Furthermore, this suggests the relevance of raising awareness of the social support component, which can help maintain healthy level of body appreciation.

Limitations

Although this study has some important strengths, such as a large sample of adolescents, a longitudinal design involving five waves, and advanced statistical modeling techniques (Ducan & Ducan, 2009), it has its limitations. First, this study was limited by its reliance on binary gender categories and high school students. This limitation restricts our ability to understand how the variables examined may differ across a broader spectrum of gender identities and across high school dropout youth. Future research should include a larger number of gender-diverse participants and should be carried out in out-of-school contexts to provide a more comprehensive and inclusive perspective, as well as more generalizable results. Second, to maintain student engagement during data collection, the use of short scales was prioritized. Therefore, only the "trust" subscale of the IPPA (Armsden & Greenberg, 1987) was administered to measure perceived support from mother, father, and friends. Consequently, only one dimension of the construct was assessed. While this approach reduces respondent burden, administering all three subscales (i.e., trust, communication, and alienation) would have been preferable for capturing a broader assessment of support, that may better capture the possible protective function of social support. Finally, another limitation relates to the use of self-report questionnaires, which may result in social desirability bias, as individuals often seek to present themselves in a more favorable light (Fisher, 1993). This tendency can significantly distort the data collected, particularly on sensitive topics where respondents may be unwilling or unable to provide accurate information due to ego-defensive motives or efforts at impression management (Fisher, 1993).

Conclusion

Given the developmental importance of body image, combined with the high prevalence and associated negative impacts of DV in adolescence, this study investigated the longitudinal associations between DV and body appreciation in a large sample of adolescents and examined whether perceived support from parents and friends and gender and sexual identities moderated these associations. The findings highlight the potential impact of verbal/emotional DV on adolescents' body appreciation and underscore the consistent positive association between perceived support and body appreciation. Although no moderating effect of social support was found, the results reinforce the importance of fostering supportive relationships during adolescence. Despite its limitations, this study contributes to a relatively understudied area by examining these links over time and considering gender and sexual identities. However, further work is needed to deepen our understanding of how parent and friend support may shape body image outcomes in the context of DV.

Ethical Approval

The research project was approved by [masked for review].

Informed Consent

Informed consent was obtained from all the surveyed participants.

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CRediT Authorship Contribution Statement

Gabrielle Roy: Conceptualization, Writing – original draft, Writing – review & editing. Sophie Bergeron: Funding acquisition, Writing – review and editing. Simon

Houle: Formal analyses. Martine Hébert: Writing – review and editing. Jacinthe Dion: Funding acquisition, Supervision, Writing – review and editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work presented in this paper.

Date Availability

Data will be made available on request.

References

Aimé, A., Fuller-Tyszkiewicz, M., Dion, J., Markey, C. H., Strodl, E., McCabe, M., Mellor, D., Granero Gallegos, A., Pietrabissa, G., Alcaraz- Ibánez, M., Bégin, C., Blackburn, M-È., Caltabiano, M., Castelnuovo, G., Gullo, S., Hayami-Chisuwa, N., He, Q., Lo Coco, G., Mauro Manzonie, G.,… Maïano, C. (2020). Assessing positive body image, body satisfaction, weight bias, and appearance comparison in emerging adults: A cross-validation study across eight countries. *Body Image*, *35*, 320-332. https://doi.org/10.1016/j.bodyim.2020.09.014

Armsden, G. C., & Greenberg, M. T. (1987). The Inventory of Parent and Peer Attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, *16*(5), 427-454. https://doi.org/10.1007/BF02202939

Augustus-Horvath, C. L., & Tylka, T. L. (2011). The acceptance model of intuitive eating: A comparison of women in emerging adulthood, early adulthood, and middle adulthood. *Journal of Counseling Psychology*, *58*(1), 110-125. https://doi.org/10.1037/a0022129

Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: Development and psychometric evaluation. *Body Image*, *2*(3), 285-297. https://doi.org/10.1016/j.bodyim.2005.06.002

Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, *14*(9), 998-1013. https://doi.org/10.1177/1077801208322058

Bauer, G. R., Braimoh, J., Scheim, A. I., & Dharma, C. (2017). Transgender-inclusive measures of sex/gender for population surveys: Mixed methods evaluation and recommendations. *PLoS ONE*, *12*(5), 1-28. https://doi.org/10.1371/journal.pone.0178043

Bolívar-Suárez, Y., Gómez, J. A. M., Yanez-Peñúñuri, L. Y., Anacona, C. A. R., & Gómez, A. M. G. (2021). Self-esteem, body image, and dating violence in Colombian adolescents and young adults. *Journal of Interpersonal Violence*, *37*(13-14), NP11628-NP11651. https://doi.org/10.1177/0886260521994588

Bollen, K. A., & Curran, P. J. (2006). *Latent curve models: A structural equation perspective*. John Wiley & Sons.

Buote, V. M., Wilson, A. E., Strahan, E. J., Gazzola, S. B., & Papps, F. (2011). Setting the bar: Divergent sociocultural norms for women's and men's ideal appearance in real-world contexts. *Body Image, 8*(4), 322-334. https://doi.org/10.1016/j.bodyim.2011.06.002

Campbell, J. C., & Soeken, K. L. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women*, *5*(9), 1017-1035. https://doi.org/10.1177/1077801299005009003

Centers for Disease Control and Prevention. (2025, January 14). *Teen dating violence.* https://www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html

Chen, F. F. (2007). Sensitivity of goodness of fit indexes to lack of measurement. *Structural Equation Modeling*, *14*, 464-504. https://doi.org/10.1080/10705510701301834

Cheung, G. W., & Rensvold, R. B. (2002). Evaluating goodness-of fit indexes for testing measurement invariance. *Structural Equation Modeling: A Multidisciplinary Journal*, *9*(2), 233-255. https://doi.org/10.1207/S15328007SEM0902_5

Choukas-Bradley, S., Roberts, S. R., Maheux, A. J., & Nesi, J. (2022). The perfect storm: A developmental–sociocultural framework for the role of social media in adolescent girls' body image concerns and mental health. *Clinical Child and Family Psychology Review*, *25*, 681-701. https://doi.org/10.1007/s10567-022-00404-5

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*(2), 310-357. https://doi.org/10.1037/0033-2909.98.2.310

Dacles, D. D. M., Baguilat, I. D., Del Rosario, F. Y. G., & Maslang, K. L. (2021). Exploring uniformity in diversity: A comparative study of Filipino adolescents and adults' perspectives on body image and its correlates. *World Journal of Social Sciences and Humanities*, 7(3), 126-135. https://doi.org/10.12691/wjssh-7-3-5

Davis, L. L., Fowler, S. A., Best, L. A., & Both, L. E. (2020). The role of body image in the prediction of life satisfaction and flourishing in men and women. *Journal of Happiness Studies*, *21*, 505-524. https://doi.org/10.1007/s10902-019-00093-y

Duncan, T. E., & Duncan, S. C. (2009). The ABC's of LGM: An introductory guide to latent variable growth curve modeling. *Social and Personality Psychology Compass*, *3*(6), 979-991. https://doi.org/10.1111/j.1751-9004.2009.00224.x

Emanuels, S. K., Toews, M. L., Spencer, C. M., & Anders, K. M. (2022). Family-of-origin factors and physical teen dating violence victimization and perpetration: A meta-analysis. *Journal of Child and Family Studies*, *31*, 1957-1967. https://doi.org/10.1007/s10826-021-02221-w

Enders, C. K. (2022). *Applied Missing Data Analysis, Second Edition*. Guilford

Fernández-González, L., Wekerle, C., & Goldstein, A. L. (2012). Measuring adolescent dating violence: Development of 'Conflict in Adolescent Dating Relationships

Inventory' short form. *Advances in Mental Health*, *11*(1), 35-54. https://doi.org/10.5172/jamh.2012.11.1.35

Fisher, R. J. (1993). Social desirability bias and the validity of indirect questioning. *Journal of Consumer Research*, *20*(2), 303-315. https://doi.org/10.1086/209351

Fitzpatrick, J. M. (2022). Perceived parental support in teen dating violence. *Social Work*, *67*(2), 165-174. https://doi.org/10.1093/sw/swac008

Gagné, A. S., Blackburn, M-È., Auclair, J., Jean, M., Brault, M. C., & Dion, J. (2020). Appearance esteem trajectory according to three different sources of support among adolescents over a school year. *Journal of Youth and Adolescence*, *49*, 2190-2202. https://doi.org/10.1007/s10964-020-01324-9

Góngora, V. C., Licea, V. C., Chams, M. R. M., & Thornborrow, T. (2020). Assessing the measurement invariance of a Latin-American Spanish translation of the Body Appreciation Scale-2 in Mexican, Argentinean, and Colombian adolescents. *Body Image*, *32*, 180-189. https://doi.org/10.1016/j.bodyim.2020.01.004

Graham, J. W. (2012). *Missing Data: Analysis and Design*. Springer.

Grimm, K. J., Ram, N., & Estabrook, R. (2016). *Growth modeling: Structural equation and multilevel modeling approaches*. Guilford Publications.

Grogan, S. (2022). *Body image: Understanding body dissatisfaction in men, women and children* (4th ed.). Routledge.

Guest, E., Zucchelli, F., Costa, B., Bhatia, R., Halliwell, E., & Harcourt, D. (2022). A systematic review of interventions aiming to promote positive body image in children and adolescents. *Body Image*, *42*, 58-74. https://doi.org/10.1016/j.bodyim.2022.04.009

He, J., Sun, S., Zickgraf, H. F., Lin, Z., & Fan, X. (2020). Meta-analysis of gender differences in body appreciation. *Body Image*, *33*, 90-100. https://doi.org/10.1016/j.bodyim.2020.02.011

Hébert, M., Blais, M., & Lavoie, F. (2017). Prevalence of teen dating victimization among a representative sample of high school students in Quebec. *International Journal of Clinical and Health Psychology*, *17*(3), 225-233. https://doi.org/10.1016/j.ijchp.2017.06.001

Hébert, M., Daspe, M. È., Lapierre, A., Godbout, N., Blais, M., Fernet, M., & Lavoie, F. (2019). A meta-analysis of risk and protective factors for dating violence victimization: The role of family and peer interpersonal context. *Trauma, Violence, & Abuse*, *20*(4), 574-590. https://doi.org/10.1177/1524838017725336

Hu, L.-T., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6*(1), 1-55. https://doi.org/10.1080/10705519909540118

Johnson, W. L., Manning, W. D., Giordano, P. C., & Longmore, M. A. (2015). Relationship context and intimate partner violence from adolescence to young adulthood. *Journal of Adolescent Health, 57*(6), 631-636. https://doi.org/10.1016/j.jadohealth.2015.08.014

Kertechian, S., & Swami, V. (2017). An examination of the factor structure and sex invariance of a French translation of the Body Appreciation Scale-2 in university students. *Body Image*, *21*, 26-29. https://doi.org/10.1016/j.bodyim.2017.02.005

Laus, M. F., Almeida, S. S., & Klos, L. A. (2018). Body image and the role of romantic relationships. *Cogent Psychology*, *5*(1), 1496986. https://doi.org/10.1080/23311908.2018.1496986

Lee, M. (2023). Validation and measurement invariance of a Korean version of the Body Appreciation Scale-2 in cisgender sexual minorities and heterosexual adults. *Body Image*, *47*, 101625. https://doi.org/10.1016/j.bodyim.2023.101625

Littleton, H. L., & Ollendick, T. (2003). Negative body image and disordered eating behavior in children and adolescents: What places youth at risk and how can these problems be prevented? *Clinical Child and Family Psychology Review*, *6*(1), 51–66. https://doi.org/10.1023/A:1022266017046

Lobera, I. J., & Ríos, P. B. (2011). Spanish version of the Body Appreciation Scale (BAS) for adolescents. *The Spanish Journal of Psychology*, *14*(1), 411-420. https://doi.org/10.5209/rev_SJOP.2011.v14.n1.37

Marsh, H. W. (2007). Application of confirmatory factor analysis and structural equation modeling in sport/exercise psychology. In G. Tenenbaum & R. C. Eklund (Eds.), *Handbook of sport psychology* (pp. 774-798). Wiley.

Marsh, H. W., Hau, K.-T., & Grayson, D. (2005). Goodness of Fit in Structural Equation Models. In A. Maydeu-Olivares & J. J. McArdle (Eds.), *Contemporary psychometrics* (pp. 275-340). Erlbaum.

McDonald, R. P. (1970). The theoretical foundations of principal factor analysis, canonical factor analysis, and alpha factor analysis. *British Journal of Mathematical and Statistical Psychology*, *23*(1), 1-21. https://doi.org/10.1111/j.2044-8317.1970.tb00432.x

Millsap, R.E. (2011). *Statistical approaches to measurement invariance*. Taylor & Francis.

Morin, A. J. S., & Maïano, C. (2011). Cross-validation of the very short form of the Physical Self-Inventory (PSI-VS): Invariance across genders, age groups, ethnicities and weight statuses. *Body Image*, *8*(4), 404-410. https://doi.org/10.1016/j.bodyim.2011.06.005

Morrison, T. G., & McCutcheon, J. M. (2012). Body image among gay, lesbian, and bisexual individuals. In T. F. Cash (Ed.), *Encyclopedia of body image and human appearance* (pp. 103-107). Academic Press.

Muthén, L.K., & Muthén, B. (2018). *Mplus User's Guide*. LCA: Muthén & Muthén.

Paquette, M. M., Dion, J., Bőthe, B., & Bergeron, S. (2022a). Validation of the Body Appreciation Scale-2 in cisgender, heterosexual and sexual and gender minority adolescents and sexuality-related correlates. *Body Image*, *43*, 193-204. https://doi.org/10.1016/j.bodyim.2022.09.001

Paquette, M. M., Dion, J., Bőthe, B., Girouard, A., & Bergeron, S. (2022b). Heterosexual, cisgender and gender and sexually diverse adolescents' sexting behaviors: The role of body appreciation. *Journal of Youth and Adolescence*, *51*(2), 278-290. https://doi.org/10.1007/s10964-021-01568-z

Park, Y., Mulford, C., & Blachman-Demner, D. (2018). The acute and chronic impact of adolescent dating violence: A public health perspective. In D. A. Wolfe et J. R. Temple (Eds.), *Adolescent Dating Violence. Theory, Research, and Prevention* (pp. 53–83). Academic Press. https://doi.org/10.1016/B978-0-12-811797-2.00003-7

Pastor-Bravo, M. D. M., Vargas, E., & Medina-Maldonado, V. (2023). Strategies to prevent and cope with adolescent dating violence: A qualitative study. *International*

Journal of Environmental Research and Public Health, *20*(3), 2355. https://doi.org/10.3390/ijerph20032355

Quittkat, H. L., Hartmann, A. S., Düsing, R., Buhlmann, U., & Vocks, S. (2019). Body dissatisfaction, importance of appearance, and body appreciation in men and women over the lifespan. *Frontiers in Psychiatry*, *10*, 864. https://doi.org/10.3389/fpsyt.2019.00864

Richards, T. N., & Branch, K. A. (2012). The relationship between social support and adolescent dating violence: A comparison across genders. *Journal of Interpersonal Violence*, *27*(8), 1540-1561. https://doi.org/10.1177/0886260511425796

Richards, T. N., Branch, K. A., & Ray, K. (2014). The impact of parental and peer social support on dating violence perpetration and victimization among female adolescents: A longitudinal study. *Violence and Victims*, *29*(2), 317-331. https://doi.org/10.1891/0886-6708.VV-D-12-00141R1

Ripper, L., Ciaravino, S., Jones, K., Jaime, M. C. D., & Miller, E. (2017). Use of a respondent-generated personal code for matching anonymous adolescent surveys in longitudinal studies. *Journal of Adolescent Health*, *60*(6), 751-753. https://doi.org/10.1016/j.jadohealth.2017.01.003

Ruiz-Palomino, E., Ballester-Arnal, R., Giménez-García, C., & Gil-Llario, M. D. (2021). Influence of beliefs about romantic love on the justification of abusive behaviors among early adolescents. *Journal of Adolescence, 92,* 126-136. https://doi.org/10.1016/j.adolescence.2021.09.001

Sall, K. E., Miller, J. C., Jansen, E., Shonrock, A. T., Byrd, R., & Carels, R. A. (2024). Sexual assault among college women: The role of survivor acknowledgment, rape myth acceptance, weight bias, and body appreciation. *Journal of Interpersonal Violence*, *39*(11-12), 2687-2707. https://doi.org/10.1177/08862605231223993

Seiffge-Krenke, I., Persike, M., & Shulman, S. (2015). Gendered pathways to romantic attachment in emerging adults: The role of body image and parental support. *European Journal of Developmental Psychology*, *12*(5), 533-548. https://doi.org/10.1080/17405629.2015.1044963

Soulliard, Z. A., & Vander Wal, J. S. (2019). Validation of the Body Appreciation Scale-2 and relationships to eating behaviors and health among sexual minorities. *Body Image*, *31*, 120-130. https://doi.org/10.1016/j.bodyim.2019.09.003

Swami, V., Ng, S. K., & Barron, D. (2016a). Translation and psychometric evaluation of a Standard Chinese version of the Body Appreciation Scale-2. *Body Image*, *18*, 23-26. https://doi.org/10.1016/j.bodyim.2016.04.005

Swami, V., Von Nordheim, L., & Barron, D. (2016b). Self-esteem mediates the relationship between connectedness to nature and body appreciation in women, but not men. *Body Image*, *16*, 41-44. https://doi.org/10.1016/j.bodyim.2015.11.001

Thoits, P. A. (1986). Social support as coping assistance. *Journal of Consulting and Clinical Psychology, 54*(4), 416-423. https://doi.org/10.1037/0022-006X.54.4.416

Thomas, K. A., & Clifford, S. (2017). Validity and mechanical turk: An assessment of exclusion methods and interactive experiments. *Computers in Human Behavior, 77*, 184-197. https://doi.org/10.1016/j.chb.2017.08.038

Traoré, I., Simard, M., & Julien, D. (2024). Violence. In I. Traoré, M. Simard et D. Julien (Eds.), *Enquête québécoise sur la santé des jeunes du secondaire 2022-2023. Résultats de la troisième édition.* (3rd ed., pp. 601-673). Institut de la statistique du Québec.

https://statistique.quebec.ca/fr/fichier/enquete-quebecoise-sante-jeunes-secondaire-2022-2023.pdf

Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image*, *14*, 118-129. https://doi.org/10.1016/j.bodyim.2015.04.001

Tylka, T. L., Linardon, J., Wood-Barcalow, N. L., Daníelsdóttir, S., & Fuller-Tyszkiewicz, M. (2022). Short forms of the Body Appreciation Scale-2 (BAS-2SF): Item selection and psychometric evaluation. *Body Image*, *41*, 308-330. https://doi.org/10.1016/j.bodyim.2022.04.001

Urke, H. B., Holsen, I., & Larsen, T. (2021). Positive youth development and mental well-being in late adolescence: The role of body appreciation. Findings from a prospective study in Norway. *Frontiers in Psychology*, *12*, 696198. https://doi.org/10.3389/fpsyg.2021.696198

Vignoli, E., & Mallet, P. (2004). Validation of a brief measure of adolescents' parent attachment based on Armsden and Greenberg's three-dimension model. *European Review of Applied Psychology*, *54*(4), 251-260. https://doi.org/10.1016/j.erap.2004.04.003

Voelker, D. K., Reel, J. J., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, *6*, 149-158. https://doi.org/10.2147/AHMT.S68344

Wang, S. B., Haynos, A. F., Wall, M. M., Chen, C., Eisenberg, M. E., & Neumark-Sztainer, D. (2019). Fifteen-year prevalence, trajectories, and predictors of body dissatisfaction from adolescence to middle adulthood. *Clinical Psychological Science*, *7*(6), 1403-1415. https://doi.org/10.1177/2167702619859331

Weaver, T. L., Elrod, N. M., & Kelton, K. (2020). Intimate partner violence and body shame: An examination of the associations between abuse components and body-focused processes. *Violence Against Women*, *26*(12-13), 1538-1554. https://doi.org/10.1177/1077801219873434

Webb, J. B., Wood-Barcalow, N. L., & Tylka, T. L. (2015). Assessing positive body image: Contemporary approaches and future directions. *Body Image*, *14*, 130-145. https://doi.org/10.1016/j.bodyim.2015.03.010

Weinrich, J. D. (2014). On the design, development, and testing of sexual identity questions: A discussion and analysis of Kristen Miller and J. Michael Ryan's work for the National Health Interview Survey. *Journal of Bisexuality*, *14*(3-4), 502-523. https://doi.org/10.1080/15299716.2014.952052

Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence*, *7*(2), 224-241. https://doi.org/10.1037/a0040194

Wolfe, D. A., Scott, K., Reitzel-Jaffe, D., Wekerle, C., Grasley, C., & Straatman, A. L. (2001). Development and validation of the Conflict in Adolescent Dating Relationships Inventory. *Psychological Assessment*, *13*(2), 277-293. https://doi.org/10.1037/1040-3590.13.2.277

World Health Organization (2024, March 25). *Violence against women*. https://www.who.int/en/news-room/fact-sheets/detail/violence-against-women

Yurek, L. A., Vasey, J., & Sullivan Havens, D. (2008). The use of self-generated identification codes in longitudinal research. *Evaluation Review*, *32*(5), 435-452. https://doi.org/10.1177/0193841X08316676

Zeifman D., & Hazan C. (2008). Pair bonds as attachments: Reevaluating the evidence. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical implications* (pp. 436-455). Guilford Press.

Zell, E., & Stockus, C. A. (2025). Social support and psychological adjustment: A quantitative synthesis of 60 meta-analyses. *American Psychologist, 80*(1), 33-46. https://doi.org/10.1037/amp0001323

Table S1.

Goodness-of-fit information for the measurement models and latent curve models

Body appreciation	df	χ^2	CFI	TLI	RMSEA	RMSEA 90% CI	$\Delta\chi^2$ (df)
1. Configural	130	258.590*	.989	.982	.024	.020;.028	
2. Weak	148	367.018*	.981	.973	.029	.025;.033	111.899 (18)*
3. Strong	166	895.087*	.936	.918	.050	.047;.053	584.620 (18)*
3a. Partial Strong	164	737.384*	.949	.935	.045	.042;.048	412.563 (16)*
3b. Partial Strong	162	625.209*	.959	.947	.041	.037;.044	286.928 (14)*
3c. Partial Strong	160	537.295*	.967	.956	.037	.033;.040	196.035 (12)*
3d. Partial Strong	158	457.192*	.974	.965	.033	.029;.037	102.168 (10)*
4. Strict	185	1198.133*	.910	.898	.056	.053;.059	582.277 (27)*
4a. Partial Strict	183	956.424*	.932	.922	.049	.046;.052	389.121 (25)*
4b..Partial Strict	181	807.325*	.945	.936	.045	.041;.048	277.641 (23)*
4c. Partial Strict	179	597.872*	.963	.957	.037	.033;.040	122.638 (21)*
4d..Partial Strict	177	551.359*	.967	.961	.035	.032;.038	84.915 (19)*
5. LCM Linear	196	627.237*	.962	.959	.036	.032;.039	
6. LCM Quadratic	188	532.979*	.970	.966	.032	.029;.036	
7. LCM Homoscedastic	204	652.673*	.960	.959	.036	.033;.039	25.447 (8)*
8. 7 + Inv Residuals (G)	205	653.156*	.960	.959	.035	.032;.039	26.240 (1)*
9. 8 + Invariant VC	208	664.575*	.960	.959	.036	.033;.039	11.588 (3)*
10. 9 + Invariant Means	210	836.468*	.945	.945	.041	.038;.044	178.111 (2)*
11. 9 + Inv Slope Mean	209	674.147*	.959	.959	.036	.033;.039	10.798 (1)*
Violence (Verbal, Relation, Threat, Physical and Sexual)							
1. Configural	775	1175.390*	.957	.932	.014	.013;.016	
2. Weak	795	1174.799*	.959	.937	.014	.012;.016	22.318 (20)
3. Weak ETEC	800	1223.773*	.954	.930	.015	.013;.016	18.402 (5)*
4. Strong	820	1290.491*	.949	.924	.015	.014;.017	103.489 (20)*
5. Strict	860	1370.537*	.945	.922	.015	.014;.017	66.001 (40)*
6. Latent VC	920	1578.260*	.929	.905	.017	.016;.018	131.057 (60)*

7. Latent V	880	1512.935*	.932	.905	.017	.016;.019	50.809 (20)*
8. Latent C	900	1429.568*	.943	.922	.015	.014;.017	62.080 (40)*
9. Partial Latent VC	919	1474.436*	.940	.920	.016	.014;.017	97.017 (59)*
10. Latent Means	939	1532.261*	.936	.916	.016	.015;.017	88.573 (20)*
TIP							
1. Effects Free	430	996.196*	.957	.952	.028	.025;.030	
2. Predictive Similarity	448	1038.786*	.955	.952	.028	.025;.030	42.678 (18)*
3. 2 + Equal Intercept	449	1154.976*	.946	.942	.030	.028;.032	82.656 (1)*
4. 2 + Equal Slope	449	1047.752*	.954	.951	.028	.026;.030	9.245 (1)*
5. 4 + Equal Intercept V	450	1048.466*	.954	.951	.028	.025;.030	0.740 (1)
6. 5 + Equal Slope V	451	1048.584*	.954	.951	.028	.025;.030	0.260 (1)
TVP – (Sexual and Physical Violence)							
1. Effects Free	671	1380.683*	.950	.947	.025	.023;.026	
2. Effects EQ (T)	687	1394.290*	.950	.948	.024	.022;.026	14.561 (16)
3. Effects EQ (T & G)	689	1394.095*	.950	.948	.024	.022;.026	0.629 (2)
4. 3 + Residual EQ (T)	697	1425.439*	.949	.947	.025	.023;.026	28.310 (8)*
5. 4 + Residuals EQ (G)	698	1429.911*	.949	.947	.025	.023;.026	3.490 (1)
TVP – Violence (Verbal, Relation, Threat)							
1. Effects Free	781	1580.021*	.946	.942	.024	.023;.026	
2. Effects EQ (T)	805	1615.007*	.945	.943	.024	.022;.026	35.254 (24)
3. 2 + Effects EQ (G)	808	1616.952*	.946	.943	.024	.022;.026	2.514 (3)
4. 3 + Residual EQ (T)	816	1649.005*	.944	.942	.024	.023;.026	28.282 (8)*
5. 4 + Residuals EQ (G)	817	1653.490*	.944	.942	.024	.023;.026	3.426 (1)
TVP – Support (Mother, Father, Friends)							
1. Effects Free	781	1500.208*	.949	.945	.023	.021;.025	
2. Effects EQ (T)	805	1519.072*	.949	.947	.023	.021;.024	20.690 (24)
3. 2 + Effects EQ (G)	808	1525.183*	.949	.947	.023	.021;.024	6.077 (3)
4. 3 + Residual EQ (T)	816	1557.613*	.947	.946	.023	.021;.025	29.547 (8)*
5. 4 + Residuals EQ (G)	817	1565.454*	.947	.945	.023	.021;.025	5.385 (1)*

Note. * $p < .05$; df: degrees of freedom; χ^2 = chi-square; CFI: comparative fit index; TLI: Tucker-Lewis index; RMSEA: root mean square approximation; C.I.: 90% confidence intervals for the RMSEA, $\Delta\chi^2$: Chi-square difference test; Inv: Invariant; ETEC: Tau Equivalent Constraints; TIP: Time Invariant Predictors; TVP: Time Varying Predictors; V: Variance; VC: Variance & Covariance; EQ: Equal; (T): Time; (G): Group.

Conclusion de l’essai

Le présent essai doctoral avait pour objectifs d'étudier les associations longitudinales sur cinq temps de mesure entre la victimisation en contexte de relation amoureuse (VRA verbale/émotionnelle, VRA relationnelle, VRA comportements menaçants, VRA physique ou VRA sexuelle subie) et l'appréciation corporelle chez les adolescents et à investiguer le rôle modérateur du soutien des parents (les personnes qui jouent le rôle de mère et de père) et des amis. De plus, l'étude visait à examiner les liens entre l'appréciation corporelle et le soutien des parents et des amis, ainsi qu'à explorer les différences selon l'identité sexuelle et de genre.

En résumé, les résultats montrent que les adolescents ayant été exposés à davantage de VRA verbale/émotionnelle présentaient une appréciation corporelle plus faible au départ, mais cet effet s'atténuait avec le temps. De façon surprenante, ceux ayant subi davantage de comportements menaçants en relation amoureuse au T1 ont vu leur appréciation corporelle légèrement s'accroître avec le temps. Aucun effet modérateur significatif du soutien perçu (de la mère, du père et des amis) n'a été trouvé dans le lien entre la VRA et l'appréciation corporelle. Toutefois, toutes ces sources de soutien étaient liées à une meilleure appréciation corporelle au départ et à chaque moment de mesure, bien que ces effets se sont estompés partiellement avec le temps. Parmi les autres résultats observés, les filles avaient une appréciation corporelle plus faible que les garçons au T1

et celle-ci a diminué chez les deux genres au fil du temps. Par ailleurs, les jeunes s'identifiant à une identité sexuelle autre qu'hétérosexuelle à au moins un temps de mesure ont rapporté une appréciation corporelle plus faible, ainsi qu'une diminution plus marquée, que celle des jeunes hétérosexuels.

Plusieurs explications potentielles et pistes de réflexion sont abordées dans l'article scientifique concernant les résultats obtenus. Globalement, l'hypothèse stipulant que le fait de subir de la VRA à l'adolescence sera négativement associé à l'appréciation corporelle a été partiellement confirmée puisque des liens différenciés entre le fait de subir de la VRA et l'appréciation corporelle ont été retrouvés. Cela suggère que cette association mériterait d'être approfondie dans d'autres études à travers d'autres populations et avec d'autres instruments de mesure afin de bien cerner la dynamique présente. Il serait aussi intéressant d'étudier les stratégies d'adaptation utilisées par les adolescents leur permettant d'atténuer les conséquences relatives à la VRA avec le temps (p. ex., éviter l'isolement, communiquer leur situation, demander conseil ou se tourner vers leurs mères ou d'autres personnes plus expérimentées; Pastor-Bravo et al., 2023) et de vérifier si les adolescents ont tendance à minimiser, banaliser ou mal interpréter les comportements liés à de la VRA subie. Par exemple, Ruiz-Palomino et ses collaborateurs (2021) ont trouvé une corrélation négative et significative entre des mythes liés aux relations amoureuses et la gravité perçue des comportements abusifs par les adolescents, donc de futures recherches questionnant les VRA devraient considérer cet enjeu.

De plus, l'hypothèse émise affirmant que le soutien de la mère, du père et des amis modérerait la relation entre le fait d'être victime de VRA et l'appréciation corporelle a été infirmée. Il est possible de penser dans ce contexte que le soutien des parents et des amis devient trop externe à la relation amoureuse que l'adolescent entretient pour agir comme rôle modérateur entre la VRA vécue et l'appréciation corporelle. D'ailleurs, une étude a révélé que, chez des adolescents âgés de 15 à 17 ans, leur partenaire amoureux était devenu leur principale figure d'attachement et de soutien émotionnel (Zeifman & Hazan, 2008). Il est donc possible que l'influence des parents et des amis soit éclipsée par celle du partenaire amoureux, notamment en ce qui a trait aux perceptions de soi liées à l'image corporelle. Il serait cependant important d'étudier d'autres potentielles variables pouvant modérer la relation entre la VRA subie et l'appréciation corporelle (p. ex., exposition aux réseaux sociaux, processus de socialisation entre pairs, facteurs socioculturels plus larges, etc.).

Cependant, les résultats ont révélé que le soutien perçu de la mère, du père et des amis était associé à une plus grande appréciation corporelle au début de l'étude et à chaque moment de mesure, ce qui souligne l'importance de l'environnement social immédiat dans le développement de l'image corporelle à l'adolescence (Voelker et al., 2015). Toutefois, cet effet semble diminuer avec le temps, suggérant que le soutien des parents et des amis, bien qu'important au départ, pourrait ne pas suffire à maintenir une image corporelle positive à long terme, ce qui invite à explorer d'autres facteurs plus durables. Il est donc possible de suggérer fortement que les parents et les amis devraient faire partie des

personnes ciblées par des campagnes de prévention et de promotion efficace en matière d'image corporelle.

Par ailleurs, une diminution de l'appréciation corporelle a été observée, avec une variabilité significative entre les individus quant aux niveaux initiaux et quant à l'évolution de cette appréciation corporelle dans le temps, suggérant une hétérogénéité. Cette baisse est plus marquée chez ceux qui présentaient initialement une forte appréciation corporelle. Ces résultats confirment que l'adolescence, période de profonds changements, affecte particulièrement le développement de l'image corporelle (Voelker et al., 2015), d'autant plus que les adolescents sont particulièrement vulnérables à l'insatisfaction corporelle et aux distorsions de l'image corporelle (Littleton & Ollendick, 2003).

Aussi, le fait que les filles présentaient des niveaux initiaux plus faibles d'appréciation corporelle pourrait être expliqué en partie par des caractéristiques des réseaux sociaux, interreliés avec des facteurs développementaux (p. ex., développement pubertaire, importance des pairs et statut social) et des processus socioculturels de socialisation du genre (p. ex., accent excessif mis sur l'attrait physique, l'objectivation et la sexualisation; Choukas-Bradley et al., 2022), ainsi que par les normes sociales d'apparence plus rigides, homogènes et persuasives auxquelles les filles font face au quotidien (Buote et al., 2011).

De surcroît, les participants s'identifiant à une identité sexuelle autre qu'hétérosexuelle à au moins un temps de mesure rapportaient, dès le départ, une appréciation corporelle plus faible que leurs pairs hétérosexuels et cette appréciation a diminué davantage avec le temps. Selon la théorie du stress des minorités, cette baisse pourrait s'expliquer par le stress social chronique vécu par les minorités sexuelles, pouvant nuire au bien-être psychologique et physique, notamment en lien avec l'image corporelle (Morrison & McCutcheon, 2012).

Finalement, cette étude s'est focalisée sur une conséquence de l'exposition à la VRA (appréciation corporelle) et sur un facteur ayant comme potentiel d'atténuer cette conséquence (soutien perçu des parents et des amis). Les résultats fournissent des pistes susceptibles d'orienter et de bonifier les programmes de prévention et d'intervention en matière de VRA et d'image corporelle. Ils suggèrent notamment que le soutien social pourrait être une cible importante des interventions sur l'image corporelle auprès des adolescents et des jeunes adultes. D'ailleurs, ces résultats pourront guider l'adaptation des cours d'éducation à la sexualité étant dorénavant intégrés obligatoirement au cursus scolaire des élèves depuis la rentrée scolaire 2024-2025 au Québec et adressant notamment l'image corporelle et les violences dans les relations intimes. Enfin, cet essai apporte une contribution intéressante aux connaissances scientifiques, surtout considérant que la VRA à l'adolescence constitue un facteur de risque de la violence vécue à l'âge adulte (Cui et al., 2013; Exner-Cortens et al., 2017; Exner-Cortens et al., 2013; Manchikanti Gómez, 2011).

Références de l'introduction et de la conclusion

American Psychological Association. (n.d.). *Social support*. Repéré le 20 avril 2025 à https://dictionary.apa.org/social-support

Arslan, G. (2018). Social exclusion, social support and psychological wellbeing at school: A study of mediation and moderation effect. *Child Indicators Research*, *11*(3), 897-918. https://doi.org/10.1007/s12187-017-9451-1

Augustus-Horvath, C. L., & Tylka, T. L. (2011). The acceptance model of intuitive eating: A comparison of women in emerging adulthood, early adulthood, and middle adulthood. *Journal of Counseling Psychology*, *58*(1), 110-125. https://doi.org/10.1037/a0022129

Avalos, L., Tylka, T. L., & Wood-Barcalow, N. (2005). The body appreciation scale: Development and psychometric evaluation. *Body Image*, *2*(3), 285-297. https://doi.org/10.1016/j.bodyim.2005.06.002

Banyard, V. L., & Cross, C. (2008). Consequences of teen dating violence: Understanding intervening variables in ecological context. *Violence Against Women*, *14*(9), 998-1013. https://doi.org/10.1177/1077801208322058

Bernèche, F. (2014, mai). La violence dans les relations amoureuses chez les jeunes : des liens avec certains comportements à risque? Des résultats tirés de l'Enquête québécoise sur la santé des jeunes du secondaire 2010-2011. *Zoom santé, 44*. https://statistique.quebec.ca/fr/fichier/no-44-la-violence-dans-les-relations-amoureuses-chez-les-jeunes-des-liens-avec-certains-comportements-a-risque-des-resultats-tires-de-enquete-quebecoise-sur-la-sante-des-jeunes-du-secondaire-2010-2011.pdf

Bolívar-Suárez, Y., Gómez, J. A. M., Yanez-Peñúñuri, L. Y., Anacona, C. A. R., & Gómez, A. M. G. (2022). Self-esteem, body image, and dating violence in colombian adolescents and young adults. *Journal of Interpersonal Violence*, *37*(13-14), NP11628-NP11651. https://doi.org/10.1177/0886260521994588

Boudreault-Bouchard, A.-M., Dion, J., Hains, J., Vandermeerschen, J., Laberge, L., & Perron, M. (2013). Impact of parental emotional support and coercive control on adolescents' self-esteem and psychological distress: Results of a four-year

longitudinal study. *Journal of Adolescence*, *36*(4), 695-704. https://doi.org/10.1016/j.adolescence.2013.05.002

Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). *Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 2.0*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/31292

Buote, V. M., Wilson, A. E., Strahan, E. J., Gazzola, S. B., & Papps, F. (2011). Setting the bar: Divergent sociocultural norms for women's and men's ideal appearance in real-world contexts. *Body Image*, *8*(4), 322-334. https://doi.org/10.1016/j.bodyim.2011.06.002

Campbell, J. C., & Soeken, K. L. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women*, *5*(9), 1017-1035. https://doi.org/10.1177/1077801299005009003

Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. Dans T. F. Cash, & T. Pruzinsky (Éds.), *Body image : a handbook of theory, research, and clinical practice* (pp. 38-45). Guilford Press.

Cash, T. F. (2004). Body image: past, present, and future. *Body Image*, *1*(1), 1-5. https://doi.org/10.1016/S1740-1445(03)00011-1

Centers for Disease Control and Prevention. (2024, 16 mai). *About Intimate Partner Violence*. https://www.cdc.gov/intimate-partner-violence/about/index.html

Centers for Disease Control and Prevention. (2025, 14 janvier). *Teen Dating Violence*. https://www.cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html

Choukas-Bradley, S., Roberts, S. R., Maheux, A. J., & Nesi, J. (2022). The Perfect Storm: A Developmental–Sociocultural Framework for the Role of Social Media in Adolescent Girls' Body Image Concerns and Mental Health. *Clinical Child and Family Psychology Review*, *25*(4), 681-701. https://doi.org/10.1007/s10567-022-00404-5

Cohen, S. (2004). Social Relationships and Health. *American Psychologist*, *59*(8), 676-684. https://doi.org/10.1037/0003-066X.59.8.676

Connolly, J., McIsaac, C., Shulman, S., Wincentak, K., Joly, L., Heifetz, M., & Bravo, V. (2014). Development of Romantic Relationships in Adolescence and Emerging

Adulthood: Implications for Community Mental Health. *Canadian Journal of Community Mental Health*, *33*(1), 7-19. https://doi.org/10.7870/cjcmh-2014-002

Cotter, A. (2021, 26 avril). *Violence entre partenaires intimes au Canada, 2018 : un aperçu*. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-fra.htm

Cui, M., Ueno, K., Gordon, M., & Fincham, F. D. (2013). The Continuation of Intimate Partner Violence From Adolescence to Young Adulthood. *Journal of Marriage and Family*, *75*(2), 300-313. https://doi.org/10.1111/jomf.12016

Dion, J., Matte-Gagné, C., Daigneault, I., Blackburn, M.-E., Hébert, M., McDuff, P., Auclair, J., Veillette, S., & Perron, M. (2016). A prospective study of the impact of child maltreatment and friend support on psychological distress trajectory: From adolescence to emerging adulthood. *Journal of Affective Disorders*, *189*, 336-343. https://doi.org/10.1016/j.jad.2015.08.074

Dokkedahl, S., Kok, R. N., Murphy, S., Kristensen, T. R., Bech-Hansen, D., & Elklit, A. (2019). The psychological subtype of intimate partner violence and its effect on mental health: protocol for a systematic review and meta-analysis. *Systematic Reviews*, *8*(1), 198. https://doi.org/10.1186/s13643-019-1118-1

Emanuels, S. K., Toews, M. L., Spencer, C. M., & Anders, K. M. (2022). Family-of-Origin Factors and Physical Teen Dating Violence Victimization and Perpetration: A Meta-Analysis. *Journal of Child and Family Studies*, *31*(7), 1957-1967. https://doi.org/10.1007/s10826-021-02221-w

Exner-Cortens, D., Eckenrode, J., Bunge, J., & Rothman, E. (2017). Revictimization After Adolescent Dating Violence in a Matched, National Sample of Youth. *Journal of Adolescent Health*, *60*(2), 176-183. https://doi.org/10.1016/j.jadohealth.2016.09.015

Exner-Cortens, D., Eckenrode, J., & Rothman, E. (2013). Longitudinal Associations Between Teen Dating Violence Victimization and Adverse Health Outcomes. *Pediatrics*, *131*(1), 71-78. https://doi.org/10.1542/peds.2012-1029

Fitzpatrick, J. M. (2022). Perceived Parental Support in Teen Dating Violence. *Social Work*, *67*(2), 165-174. https://doi.org/10.1093/sw/swac008

Frey, C. U., & Röthlisberger, C. (1996). Social support in healthy adolescents. *Journal of Youth and Adolescence*, *25*(1), 17-31. https://doi.org/10.1007/BF01537378

Furman, W., & Shaffer, L. (2003). The role of romantic relationships in adolescent development. Dans P. Florsheim (Éd.), *Adolescent romantic relations and sexual*

behavior : theory, research, and practical implications (pp. 3-22). Psychology Press.

Gagné, A.-S., Blackburn, M.-È., Auclair, J., Jean, M., Brault, M.-C., & Dion, J. (2020). Appearance Esteem Trajectory According to Three Different Sources of Support Among Adolescents Over a School Year. *Journal of Youth and Adolescence*, *49*(11), 2190-2202. https://doi.org/10.1007/s10964-020-01324-9

Gendarmerie royale du Canada. (2025, 5 mars). *Violence dans les relations intimes*. https://grc.ca/fr/violence-dans-relations/violence-dans-relations-intimes

Grogan, S. (2021). *Body Image : Understanding Body Dissatisfaction in Men, Women and Children* (4e éd.). Routledge. https://doi.org/10.4324/9781003100041

Guest, E., Zucchelli, F., Costa, B., Bhatia, R., Halliwell, E., & Harcourt, D. (2022). A systematic review of interventions aiming to promote positive body image in children and adolescents. *Body Image*, *42*, 58-74. https://doi.org/10.1016/j.bodyim.2022.04.009

Hébert, M., Blais, M., & Lavoie, F. (2017). Prevalence of teen dating victimization among a representative sample of high school students in Quebec. *International Journal of Clinical and Health Psychology*, *17*(3), 225-233. https://doi.org/10.1016/j.ijchp.2017.06.001

Hébert, M., Daspe, M.-È., Lapierre, A., Godbout, N., Blais, M., Fernet, M., & Lavoie, F. (2019a). A Meta-Analysis of Risk and Protective Factors for Dating Violence Victimization: The Role of Family and Peer Interpersonal Context. *Trauma, Violence, & Abuse*, *20*(4), 574-590. https://doi.org/10.1177/1524838017725336

Hébert, M., Lapierre, A., Lavoie, F., Fernet, M., & Blais, M. (2018). La violence dans les relations amoureuses des jeunes. Dans J. Laforest, P. Maurice, & L. M. Bouchard (Éds.), *Rapport québécois sur la violence et la santé*. Institut national de santé publique du Québec. https://www.inspq.qc.ca/sites/default/files/publications/2380_rapport_quebecois_violence_sante.pdf

Hébert, M., Moreau, C., Blais, M., Oussaïd, E., & Lavoie, F. (2019b). A three-step gendered latent class analysis on dating victimization profiles. *Psychology of Violence*, *9*(5), 504-516. https://doi.org/10.1037/vio0000225

Helsen, M., Vollebergh, W., & Meeus, W. (2000). Social Support from Parents and Friends and Emotional Problems in Adolescence. *Journal of Youth and Adolescence*, *29*(3), 319-335. https://doi.org/10.1023/A:1005147708827

Lavoie, F., Hotton-Paquet, V., Laprise, S., & Lacerte, F. J. (2009). *Viraj : promotion des relations égalitaires et programme de prévention de la violence dans les relations amoureuses chez les jeunes : Guide d'animation* (2e éd. rév.). École de psychologie, Université Laval. https://collections.banq.qc.ca/ark:/52327/2492247

Littleton, H. L., & Ollendick, T. (2003). Negative Body Image and Disordered Eating Behavior in Children and Adolescents: What Places Youth at Risk and How Can These Problems be Prevented? *Clinical Child and Family Psychology Review*, *6*(1), 51-66. https://doi.org/10.1023/A:1022266017046

Macleod, D. (2013). Real not rare : Cross-training fo sexual assault and domestic violence workers to understand, recognize, and respond to intimate partner sexual violence. Dans L. McOrmond-Plummer, P. Easteal AM, & J. Y. Levy-Peck (Éds.), *Intimate partner sexual violence: A multidisciplinary guide to improving services and support for survivors of rape and abuse* (pp. 110-123). Jessica Kingsley Publishers.

Manchikanti Gómez, A. (2011). Testing the Cycle of Violence Hypothesis: Child Abuse and Adolescent Dating Violence as Predictors of Intimate Partner Violence in Young Adulthood. *Youth & Society*, *43*(1), 171-192. https://doi.org/10.1177/0044118x09358313

Marta-Simões, J., Tylka, T. L., & Ferreira, C. (2022). Potential contributing roles of early affiliative memories, social safeness and body appreciation to adolescents' well-being. *Journal of Health Psychology*, *27*(2), 445-455. https://doi.org/10.1177/1359105320953463

Morrison, T. G., & McCutcheon, J. M. (2012). Body Image among Gay, Lesbian, and Bisexual Individuals. Dans T. Cash (Éd.), *Encyclopedia of Body Image and Human Appearance* (pp. 103-107). Academic Press. https://doi.org/10.1016/B978-0-12-384925-0.00015-8

Park, Y., Mulford, C., & Blachman-Demner, D. (2018). The Acute and Chronic Impact of Adolescent Dating Violence: A Public Health Perspective. Dans D. A. Wolfe, & J. R. Temple (Éds.), *Adolescent Dating Violence* (pp. 53-83). Academic Press. https://doi.org/10.1016/B978-0-12-811797-2.00003-7

Pastor-Bravo, M. D. M., Vargas, E., & Medina-Maldonado, V. (2023). Strategies to prevent and cope with adolescent dating violence: A qualitative study. *International Journal of Environmental Research and Public Health*, *20*(3), 2355. https://doi.org/10.3390/ijerph20032355

Pruzinsky, T., & Cash, T. F. (2004). Understanding body images: Historical and contemporary perspectives. Dans T. F. Cash, & T. Pruzinsky (Éds.), *Body Image:*

A Handbook of Theory, Research, and Clinical Practice (pp. 3-12). Guilford Publications.

Richards, T. N., & Branch, K. A. (2012). The Relationship Between Social Support and Adolescent Dating Violence:A Comparison Across Genders. *Journal of Interpersonal Violence*, *27*(8), 1540-1561. https://doi.org/10.1177/0886260511425796

Richards, T. N., Branch, K. A., & Ray, K. (2014). The Impact of Parental and Peer Social Support on Dating Violence Perpetration and Victimization Among Female Adolescents: A Longitudinal Study. *Violence and Victims*, *29*(2), 317-331. https://doi.org/10.1891/0886-6708.VV-D-12-00141R1

Ronen, T., Hamama, L., Rosenbaum, M., & Mishely-Yarlap, A. (2016). Subjective Well-Being in Adolescence: The Role of Self-Control, Social Support, Age, Gender, and Familial Crisis. *Journal of Happiness Studies*, *17*(1), 81-104. https://doi.org/10.1007/s10902-014-9585-5

Ruiz-Palomino, E., Ballester-Arnal, R., Giménez-García, C., & Gil-Llario, M. D. (2021). Influence of beliefs about romantic love on the justification of abusive behaviors among early adolescents. *Journal of Adolescence*, *92*(1), 126-136. https://doi.org/10.1016/j.adolescence.2021.09.001

Seiffge-Krenke, I., Persike, M., & Shulman, S. (2015). Gendered pathways to romantic attachment in emerging adults: The role of body image and parental support. *European Journal of Developmental Psychology*, *12*(5), 533-548. https://doi.org/10.1080/17405629.2015.1044963

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Kresnow, M.-J., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey : 2015 data brief – updated release*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/60893

Swami, V., Weis, L., Barron, D., & Furnham, A. (2018). Positive body image is positively associated with hedonic (emotional) and eudaimonic (psychological and social) well-being in British adults. *The Journal of Social Psychology*, *158*(5), 541-552. https://doi.org/10.1080/00224545.2017.1392278

Taquette, S. R., & Monteiro, D. L. M. (2019). Causes and consequences of adolescent dating violence: a systematic review. *Journal of injury & violence research*, *11*(2), 137-147. https://doi.org/10.5249/jivr.v11i2.1061

Taylor, B. G., & Mumford, E. A. (2016). A National Descriptive Portrait of Adolescent Relationship Abuse:Results From the National Survey on Teen Relationships and Intimate Violence. *Journal of Interpersonal Violence*, *31*(6), 963-988. https://doi.org/10.1177/0886260514564070

Traoré, I., Simard, M., & Julien, D. (2024). *Enquête québécoise sur la santé des jeunes du secondaire : Résultats de la troisième édition - 2022-2023* (3e éd.). Institut de la statistique du Québec. https://statistique.quebec.ca/fr/fichier/enquete-quebecoise-sante-jeunes-secondaire-2022-2023.pdf

Tylka, T. L., & Wood-Barcalow, N. L. (2015). What is and what is not positive body image? Conceptual foundations and construct definition. *Body Image*, *14*, 118-129. https://doi.org/10.1016/j.bodyim.2015.04.001

Urke, H. B., Holsen, I., & Larsen, T. (2021). Positive Youth Development and Mental Well-Being in Late Adolescence: The Role of Body Appreciation. Findings From a Prospective Study in Norway. *Frontiers in Psychology*, *12*. https://doi.org/10.3389/fpsyg.2021.696198

Voelker, D. K., Reel, J. J., & Greenleaf, C. (2015). Weight status and body image perceptions in adolescents: current perspectives. *Adolescent health, medicine and therapeutics*, 149-158. https://doi.org/10.2147/AHMT.S68344

Weaver, T. L., Elrod, N. M., & Kelton, K. (2020). Intimate Partner Violence and Body Shame: An Examination of the Associations Between Abuse Components and Body-Focused Processes. *Violence Against Women*, *26*(12-13), 1538-1554. https://doi.org/10.1177/1077801219873434

Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. *Psychology of Violence*, *7*(2), 224-241. https://doi.org/10.1037/a0040194

World Health Organization. (2012). *Intimate partner violence*. https://iris.who.int/server/api/core/bitstreams/7f4af28a-c1a9-411b-bf85-2c75c74e1069/content

Zeifman, D., & Hazan, C. (2008). Pair bonds as attachments: Reevaluating the evidence. Dans J. Cassidy, & P. R. Shaver (Éds.), *Handbook of attachment: Theory, research, and clinical applications* (2e éd., pp. 436-455). The Guilford Press.

Appendice A
Certification éthique

Cet essai doctoral a fait l'objet d'une certification éthique. Le numéro du certificat est 602.170.15.