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-Ada Padilla

We’ll be a Fine Line

We’ll be alright.

Harry Styles – Fine Line

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1. Theorical framework

1.1 Attachment

Attachment has been significantly structured by the Attachment Theory of Bowlby (Bowlby, 1969). This theory is a psychological framework that focuses on the importance of early styles of human relationships when shaping an individual's emotional and social development (Bowlby, 1969). Bowlby's work laid the foundation for understanding the bonds built between children and their caregivers (Cassidy et al., 2013). This author suggests that these early attachments can have a profound and lasting impact on an individual's personality, behavior, and relationships throughout their life (Bowlby, 1969). Bowlby's attachment theory is best summarized in his own words from his book "*Attachment and Loss*" (1969), where he stated: "*Attachment is a deep and enduring emotional bond that connects one person to another across time and space.*"

Bowlby (1969) proposed that attachment behaviors in infants are biologically programmed and serve as an evolutionary survival mechanism. These behaviors, such as crying, clinging, and seeking proximity to a caregiver, increase the chances of an infant's survival and well-being. He also identified an inborn attachment behavioral system in children (Flaherty & Sadler, 2011). This system motivates them to seek closeness to their primary caregiver, usually their mother, in times of distress or discomfort (Bowlby, 1969). The caregiver provides comfort and security, which helps the child regulate their emotions and explore their environment with confidence (Mercer, 2006). Early attachment experiences create internal working models or mental representations of relationships (McCharty & Maughan, 2010). These models influence how individuals perceive and engage in

relationships throughout their lives (Monteoliva et al., 2016). A secure attachment fosters positive expectations in relationships, while insecure attachments can lead to various attachment patterns (e.g., anxious, avoidant, disorganized) (National Collaborating Centre for Mental Health, 2015). The quality of early attachments could impact an individual's emotional and social development in childhood and beyond (Bowlby, 1969). These attachment patterns may persist and influence adult relationships, including romantic partnerships and parenting (McCharty & Maughan, 2010). Caregivers play a central role in attachment development. Consistent, responsive, and sensitive caregiving promotes secure attachment, while inconsistent or neglectful caregiving can lead to insecure attachment patterns (Benoit, 2004).

Bowlby's work laid the groundwork for understanding the enduring impact of early emotional bonds on an individual's life (Ainsworth, 1985). Attachment is a predictor in the development of a person’s life (Sroufe, 2005). In attachment theory, a "predictor" refers to a variable or factor that is used to predict the quality and nature of an individual's attachment patterns or behaviors (Mohammadi et al., 2016). These predictors are elements that are believed to influence and help explain the way an individual forms and experiences attachments to their primary caregivers, and how these early attachment patterns may influence their later relationships and behaviors. (McCarthy & Maughan, 2010, Monteoliva et al., 2016, Mohammadi et al., 2016). Early interactions between infants and their caregivers lay the foundation for their future social and emotional development (Benoit, 2004; McLeod, 2009). The definition of attachment focuses on the formation and influence of early emotional bonds between infants and their caregivers, fostering feelings of safety, security, and protection (Bowlby, 1969). Despite this, attachment can be reciprocal or not (West &

Sheldon-Keller, 1992). Reciprocal attachment refers to a mutual and responsive emotional connection between individuals, typically seen in healthy and secure relationships (Ali et al., 2021). In a reciprocal attachment, both parties, such as a child and caregiver or two romantic partners, are actively engaged in nurturing and maintaining the emotional bond. Some characteristics of reciprocal attachment include: (1) mutual responsiveness: both individuals are responsive to each other's emotional needs and cues; (2) emotional attunement: there is a high level of emotional attunement, meaning that individuals can understand and respond to each other's emotions effectively; (3) and shared interactions: reciprocal attachment involves shared positive interactions, which contribute to the strengthening of the bond (Ali et al., 2021; Bowlby, 1969; Flaherty & Sadler, 2011).

Non-reciprocal attachment occurs when one or more individuals in a relationship do not respond or engage in an emotionally attuned manner (Priel et al., 1998). This type of attachment can be observed in relationships that are marked by inconsistency, neglect, or emotional unavailability (Bowlby, 1969). Characteristics of non-reciprocal attachment include: (1) one-sided attachment: there may be one-sided emotional engagement; (2) emotional mismatch: one individual's emotional needs are consistently unmet or ignored; (3) insecure attachment: is often associated with insecure attachment patterns, such as anxious or avoidant attachment (Baer & Martinez, 2006). Insecurely attached individuals may have difficulty trusting others and regulating their emotions; (4) and negative consequences: can lead to negative consequences, including emotional distress, low self-esteem, and difficulties in forming healthy relationships in the future (Fearon et al., 2010).

Non-reciprocal attachment can be a result of various factors, such as inconsistent caregiving, unresolved past traumas, or emotional unavailability (Fearon et al., 2010). It can

have long-term implications for an individual's emotional and social well-being (Ali et al., 2021; McLeod, 2009). In contrast, reciprocal attachment is generally associated with healthier and more secure relationships and contributes to the emotional and psychological well-being of the individuals involved (Karakaş & Dağlı 2019).

There are four types of attachment: three ‘organized’ types, and one ‘disorganized’ type (Bowlby, 1969; Benoit, 2004). In the following section we will give a general description of the types of attachment.

1.1.1 Classification of attachment

1.1.1.1 Secure

Secure attachment is a type of interaction that fosters indulgent types of interactions (Lang et al., 2016). It fosters an environment where the child feels secure and confident through the consistent and sensitive availability, responsiveness and support of the caregiver (Lang et al., 2016). Securely attached individuals tend to develop positive self-esteem and have trusting relationships (Bylsma et al., 1997). In a reciprocal attachment, individuals are more likely to develop secure attachment patterns (West & Sheldon-Keller, 1994). Securely attached individuals tend to have positive self-esteem, emotional regulation, and an ability to form healthy relationships (Flaherty & Sadler, 2011).

Secure attachment is associated with various psychological variables and positive outcomes (Sagone et al., 2023; Wu, 2009). Some of the key psychological variables associated with secure attachment include: positive self-esteem, people tend to view themselves as worthy of love and care and have confidence in their abilities and self-worth

(Wu, 2009); emotional regulation, they can identify and express their feelings in a healthy manner and seek comfort and support when needed (Cassidy, 1994); social competence, individuals are better at forming and maintaining healthy relationships, as they have learned from their early attachment experiences how to trust, communicate, and empathize with others (Groh et al., 2014); resilience: they are geared to cope with life's challenges and setbacks due to their sense of emotional security and the knowledge that they have a reliable support system (Basal et al., 2020); exploration and independence: secure attachment doesn't mean dependence, it means individuals can confidently explore the world and assert their independence while knowing they have a secure base to return to when needed (Karyanto et al., 2022); trust in others: individuals are more likely to believe that others can be trusted, which positively affects their ability to form and maintain healthy, fulfilling relationships (Simmons et al., 2009); ability to resolve conflict: they can communicate their needs and concerns effectively and work together with their partners to find solutions (Pistole & Arricale, 2003); capacity for intimacy: these individuals can share their thoughts and feelings openly and connect deeply with others (Mayseless & Scharf, 2007); and interpersonal sensitivity: securely attached individuals tend to be more empathetic and attuned to the emotional needs of others, which enhances their ability to provide emotional support and maintain healthy relationships (Cummings-Robeau et al., 2009).

It's important to note that while secure attachment is associated with these positive psychological variables, it does not mean that individuals with secure attachment are free from challenges or difficulties in life (Dansby et al., 2019). They may still face setbacks and hardships, but their secure attachment style gears them with valuable emotional resources to navigate these challenges more effectively and with greater resilience (Jenkins, 2016).

Additionally, secure attachment is not limited to childhood experiences; it can be developed and reinforced in adult relationships and therapy (Hong & Park, 2012).

1.1.1.2 Avoidant

Anxious-Avoidant attachment is characterized by a child's avoidance of closeness and emotional intimacy with his or he caregiver, who can be emotionally unavailable or rejective, leading the child to suppress their attachment needs (Ainsworth et al., 1978). These individuals may struggle with intimacy and have difficulty trusting others in adult relationships (Reis & Grenyer, 2004).

Avoidant attachment is associated with distinct psychological variables and behaviors. Individuals with an avoidant attachment style tend to exhibit characteristics in their relationships and emotional experiences (Sagone et al., 2023). These are some of the psychological variables associated with avoidant attachment: emotional independence: they often have a strong desire to be self-reliant and may be uncomfortable with depending on others for emotional support (Rholes et al., 2006); difficulty expressing vulnerability: these individuals often downplay or minimize their feelings, especially in situations where they feel a need for emotional closeness (Muller, 2009); suppression of emotions: they may have learned to hide their feelings to avoid rejection or criticism in their early relationships (Murray et al., 2021); self-reliance: these people may have difficulty seeking or accepting help from others, even when it is necessary (Silverman, 2011); fear of intimacy: individuals with this attachment style may become uncomfortable or anxious when they perceive a relationship is becoming too emotionally intense (Reis & Grenyer, 2004); difficulty in recognizing emotions: these people can lead to challenges in understanding and managing

their feelings (Stevens, 2014); commitment avoidance: avoidantly attached individuals may be reluctant to commit to long-term relationships, as they fear that such commitments will require them to be emotionally vulnerable or dependent on a partner (Birnie at al., 2009); tendency to disengage, when faced with conflict or emotional stress, this may withdraw or emotionally distance themselves from their partners or loved ones rather than seeking emotional support or resolution (Schumann & Orehek, 2019); preference for casual relationships, individuals may gravitate toward casual or non-committed relationships, as these types of relationships often involve less emotional intensity and vulnerability (Schindler et al., 2010); difficulty in receiving affection, they struggle to accept affection and expressions of love from others, feeling uncomfortable or unworthy of such attention (Dillow et al., 2014).

It's important to note that avoidant attachment is not necessarily a "bad" or problematic attachment style (Silverman, 2011). It can serve as an adaptive strategy for individuals who have experienced inconsistent or unreliable caregiving in their early years (Benoit, 2004). However, it can also present challenges in forming and maintaining deeply intimate and emotionally satisfying relationships (Schindler et al., 2010). With self-awareness and the right support, individuals with avoidant attachment can learn to develop more secure attachment patterns and build healthier, more fulfilling relationships (Lopez & Brennan, 2000). Therapy and personal growth efforts can be effective in addressing the challenges associated with avoidant attachment (Daly & Mallinckrodt, 2009).

1.1.1.3 Anxious

Anxious-Ambivalent attachment refers to a child's anxiety and uncertainty about their caregiver's availability who can inconsistently responsive, leading the child to feel anxious and clingy and in the future may seek excessive reassurance and have difficulties with trust (Ainsworth et al., 1978).

Individuals with an anxious attachment style tend to exhibit distinct emotional and relational patterns that reflect their underlying attachment concerns (Simpson & Steven Rholes, 2017). Some of the key psychological variables associated with anxious attachment are the consequents ones: heightened attachment anxiety: this is characterized by an intense fear of abandonment and a strong desire for emotional closeness and reassurance from a partner, individuals with this style often experience heightened attachment anxiety and preoccupation with their relationships (Campbell & Marshall, 2011); hyperactivation of attachment system: these people are prone to constantly activate their attachment system, seeking proximity and reassurance from their partners when they feel anxious or insecure, this can lead to frequent expressions of need for attention and reassurance (Chris Fraley et al., 2006); emotional hypersensitivity: they tend to be highly sensitive to emotional cues and fluctuations in their relationships, these individuals may interpret ambiguous situations as signs of rejection or neglect, even when the evidence is insufficient (Chris Fraley et al., 2006); intense fear of rejection: these people may be marked by an intense fear of rejection or abandonment, which can lead to persistent doubts about the stability and security of the relationship (Set, 2019); low self-esteem and self-worth: may have lower self-esteem and self-worth, often seeking validation and approval from their partners to feel better about themselves (Lee & Hankin, 2009); difficulty with self-soothing: have difficulty self-soothing

and regulating their emotions independently, they often rely on their partners to provide emotional reassurance and comfort (Stevens, 2014); tendency to overanalyze and overthink: anxious individuals tend to overanalyze their relationships and read into every detail and interaction, which can lead to increased stress and anxiety (McMahon, 2022); fear of independence, some individuals may feel uncomfortable or anxious about being alone and may rely heavily on their partners for emotional support (Elliot & Reis, 2003); repetitive relationship patterns, these can lead to a pattern of pursuing partners who are emotionally unavailable, leading to cycles of seeking closeness and then feeling rejected (Gollwitzer & Clark, 2018); and jealousy and insecurity, these people often fearing that their partners will abandon them for someone else (Rodríguez et al., 2015).

It's important to note that anxious attachment is a normal response to early experiences of inconsistent caregiving or past relationship traumas (Cassidy & Mohr, 2001). It can lead to both positive and negative outcomes in relationships (Nooshin & Mohammad, 2011). While anxious individuals may be highly attuned to their partners' emotional needs and provide support, their intense emotional needs can also create stress and strain in relationships (Simpson & Steven Rholes, 2017). With self-awareness, therapy, and personal growth efforts, individuals with anxious attachment can work on building more secure attachment patterns, which involve greater emotional stability and satisfaction in their relationships (Simpson & Steven Rholes, 2017).

1.1.1.4 Disorganized

Disorganized attachment is described by contradictory and disoriented behavior (Ainsworth et al., 1978; Bowlby, 1969; Main & Solomon, 1990). The caregiver's behaviors may be

abusive, frightening, or inconsistent, leading the child to feel confused and disoriented, this can lead to difficulties regulating their emotions and forming stable relationships (Main & Solomon, 1990). Disorganized attachment is characterized by a lack of a clear and organized strategy for dealing with attachment figures (Beeney et al., 2017). It is considered a distinct attachment style that arises in response to inconsistent, frightening, or abusive caregiving experiences (Augustyn et al., 2009). Individuals with disorganized attachment may exhibit a combination of avoidant and anxious behaviors, often displaying a lack of a coherent and predictable pattern in their interactions (Beeney et al., 2016). Individuals with a disorganized attachment style often display a range of psychological variables that reflect their complex and sometimes contradictory emotions and behaviors in relationships (Lopez & Brennan, 2000).

Some psychological variables associated with disorganized attachment are: fear and confusion: this reflects an internal conflict and confusion about whether the caregiver is a source of safety or threat (Duschinsky, 2018); difficulty forming trusting relationships: difficulties to form trusting relationships due to the lack of a consistent and secure base in early caregiving experiences and also have difficulty relying on others for emotional support (Lyons-Ruth, 1996); tendency for aggressive or unpredictable behavior: this can include sudden mood swings, impulsive actions, or difficulty regulating emotions, reflecting the internal disorganization in their attachment system (Beeney et al., 2017); inconsistent coping mechanisms: distress responses may vary, making it challenging to manage and regulate their emotions (Cassidy & Mohr, 2001); difficulty with emotional regulation: individuals may struggle to modulate their emotional responses, leading to intense and unpredictable emotional reactions (Brumariu, 2015); tendency for dissociation: in response to stress,

individuals may exhibit dissociative tendencies, where they disconnect from their emotions or the present moment as a way to cope with overwhelming feelings (Bortolon & Brand, 2021); challenges in developing a coherent self-concept: the lack of a secure base in early relationships may lead to difficulties in developing a consistent and positive sense of self (Reese, 2008); insecure working models of relationships: struggle with distorted beliefs about themselves, others, and relationships, making it difficult to form healthy and stable connections (Blizard, 2003); trauma responses: this attachment style may exhibit trauma-related symptoms, such as hypervigilance, nightmares, or intrusive thoughts, as a result of early frightening or abusive caregiving experiences (Main & Heese, 1990); interpersonal challenges: struggle with establishing boundaries, maintaining closeness, and trusting others, contributing to difficulties in forming and sustaining healthy relationships (Rifkin-Graboi, 2008); ambivalence: experience of a push-pull dynamic in their relationships, they may seek emotional closeness and intimacy while simultaneously fearing it and pushing their partners away (Brumariu, 2015; Lyons-Ruth, 1996); inconsistency in behavior: display of erratic emotional responses and behaviors that can be confusing to both themselves and their partners (Lyons-Ruth, 2002); overwhelming emotions: experience of overwhelming emotions, particularly when they perceive a threat to their emotional security (Mosquera et al., 2014); trauma history: this type of attachment is often associated with a history of relational trauma or experiences that have been frightening or disorienting, such as abuse or neglect (Ford & Courtois, 2013); self-destructive behaviors: such as self-sabotage or self-harm, as a way to cope with their emotional distress or to maintain a sense of control in their relationships (Cruz et al., 2013); difficulty in conflict resolution: disorganized attachment can make it challenging to resolve conflicts in a healthy way, as individuals may have difficulty communicating their needs and fears effectively (Morris-Rothschild & Brassard, 2006); role

reversal: individuals may experience role reversal in relationships, where they may alternate between taking on the role of the caregiver and that of the dependent, often within the same relationship (Macfie et al., 2008); chronic ambiguity: experience of chronic emotional ambiguity in their relationships, as they struggle to reconcile their desires for closeness and their fears of vulnerability (DeOliveira et al., 2004).

It's important to recognize that disorganized attachment is a response to adverse caregiving experiences (Doyle & Cicchetti, 2017). Individuals with this attachment style may benefit from therapeutic interventions that focus on creating a secure and supportive environment to promote healing and the development of more adaptive attachment patterns (Wright & Edginton, 2016).

1.1.2 Attachment in college students

College is a period of significant transition and exploration, and attachment patterns established during this time can have a lasting impact on individuals emotional well-being and relationship outcomes (Song et al., 2022). Some studies have observed a link between attachment patterns and adjustment strategies to new academic contexts, social support, and mental health (Davila and Luszczynska, 2006; Matthews et al., 2019; Trout, and Clance, 2018).

Wei et al., (2005) studied attachment styles and their relationship to psychological adjustment in college students. The researchers found that students with secure attachment orientations reported higher levels of self-esteem, lower levels of depression and anxiety, and greater satisfaction with life compared to those with insecure attachment orientations. Also, college students with secure attachment styles were more likely to have satisfying and

supportive romantic relationships, while those with insecure attachment styles, such as anxious or avoidant attachment, experienced greater relationship dissatisfaction and higher levels of jealousy (Schindler, Brömer, & Bierhoff, 2019). Secure attachment can also influence in having larger social support networks and higher perceived social support compared to those with insecure attachment orientations (Davila and Luszczynska, 2006). There is an association between attachment and academic self-efficacy among college students (Tavakolizadeh et al., 2015). Students with secure attachment styles were more likely to have higher academic self-efficacy beliefs, leading to better academic performance and persistence (Matthews, Trout, & Clance, 2018).

Attachment patterns play a crucial role in the lives of college students, influencing their psychological adjustment, social relationships, coping strategies, and academic achievement (Davila & Luszczynska, 2006; Matthews, Schindler et al., 2019; Trout, and Clance, 2018; Wei, Russell & Zakalik, 2005). Understanding attachment dynamics in college settings can provide valuable insights for promoting students' emotional well-being and supporting their successful transition into adulthood.

1.2 Sexual risk behaviors

Refers to activities or practices that increase the likelihood of negative sexual health outcomes, such as sexually transmitted infections (STIs) or unintended pregnancies (Centers for Disease Control and Prevention, 2020). According to the Centers for Disease Control and Prevention (CDC), sexual risk behaviors are defined as "*behaviors that increase the likelihood of adverse health outcomes related to sexual activity, such as unplanned*

pregnancies and sexually transmitted infections (STIs), including HIV (Human Immunodeficiency Virus) infection" (CDC, 2020).

These behaviors can have serious health consequences and are of significant public health concern. such as: unprotected sex: engaging in sexual intercourse without the use of barrier methods such as condoms or dental dams, or without the use of other forms of contraception, can increase the risk of STIs and unintended pregnancies (Anderson & Mueller, 2008); multiple sexual partners: having multiple sexual partners without regular STI testing and safe sex practices can increase the risk of exposure to infections and the spread of STIs (Hutchinson et al., 2003); substance abuse: the use of drugs or alcohol before or during sexual activity can impair judgment and decision-making, leading to risky sexual behaviors (Tapert et al., 2001); sexual assault: non-consensual sexual activity, including rape, is a severe risk behavior with significant physical and emotional consequences (Senn & Carey, 2010); lack of Regular STI testing: failing to get tested for STIs regularly, especially after engaging in high-risk sexual behaviors, can delay diagnosis and treatment, allowing infections to progress (Van Veen et al., 2008); sexual activity at a young age: engaging in sexual activity at a young age, before understanding the potential risks and practicing safe sex, can increase the chances of unintended pregnancies and STIs (Kahn & Kaplowitz, 2002); failure to disclose STI status: not informing sexual partners about one's own STI status or failing to ask about their STI status can lead to the unknowing transmission of infections (Silverman et al., 2007); inconsistent condom use: inconsistent or incorrect use of condoms, such as not using them for the entire duration of sexual activity, can reduce their effectiveness in preventing STIs (Kalina et al., 2009); sexual activities with high transmission risks: engaging in high-risk sexual activities, such as anal or oral sex without protection, can

increase the likelihood of contracting or transmitting STIs (Benotsch et al., 1999); sexual behaviors associated with commercial sex work: engaging in or seeking the services of sex workers can carry a higher risk of STIs due to inconsistent condom use and a lack of regular testing (Buttmann et al., 2011)

Specific risk factors and behaviors may vary by region and population (Aral, 2004). Public health organizations, such as the Centers for Disease Control and Prevention (CDC) (2020) and the World Health Organization (WHO), provide information and resources to help individuals and communities reduce the prevalence of sexual risk behaviors and promote sexual health (s/f).

1.2.1 Attachment and sexual risk behaviors correlations

The relationship between attachment styles and sexual risk behaviors has been a subject of research in the fields of psychology and public health (Dumas-Koylass, 2013). There is evidence to suggest that attachment styles can play a role in shaping an individual's sexual risk behaviors (Kim & Miller, 2020).

Individuals with secure attachment styles tend to have a positive view of themselves and their relationships (Simpson, 1990). They are more likely to engage in healthy sexual behaviors, such as effective communication with partners, negotiating safe sex practices, and seeking out sexual health information (Moretti & Peled, 2004). Securely attached individuals are generally more comfortable discussing sexual boundaries and practicing safer sex (Cook & Caleb, 2016).

People with anxious attachment styles often have a fear of rejection or abandonment, leading them to seek intimacy and validation through sexual encounters (Simpson & Steven

Rholes, 2017). This can result in risky sexual behaviors, such as engaging in unprotected sex to maintain a partner's interest or agreeing to sexual activities they may not be comfortable with (Tucker et al., 2022). They may prioritize emotional needs over sexual health precautions (Potard et al., 2017).

Those with avoidant attachment styles may struggle with emotional intimacy and have difficulty expressing their emotions and needs (Gross, 2011). They may engage in casual or disconnected sexual encounters without considering the emotional aspects of sex (Dewitte, 2012). This emotional distance can contribute to a lack of communication about safe sex practices and a higher likelihood of engaging in risky behaviors (Cook & Calebs, 2016).

Individuals with disorganized attachment may exhibit impulsive behaviors, including risky sexual behaviors (Augustyn et al., 2009). This can include engaging in casual sex without proper precautions or engaging in sexual activities under the influence of substances (Gentzler & Kerns, 2004).

Attachment styles are not deterministic, and individuals can exhibit a combination of these styles in different relationships and situations (Fraley & Roisman, 2019). Understanding the connection between attachment styles and sexual risk behaviors can be valuable for healthcare providers and therapists, as it can inform interventions to promote safer sex practices and address the emotional and relational aspects of sexual health (Ahrens et al., 2012; Loureiro et al., 2021). Promoting secure attachment styles and providing education on healthy relationships and communication can contribute to the reduction of sexual risk behaviors (Cassidy et al., 2013; Moretti & Peled, 2004).

1.2.2 Sexual risk behaviors in college students

Carey et al. (2017) found that 72% of college students reported having engaged in sexual intercourse. However, many college students exhibit inconsistent condom use and the use of condom during sexual intercourse varied widely among college students, with rates ranging from 36% to 78% (Noar et al., 2006). Substance use, particularly alcohol consumption, is often associated with sexual risk behaviors among college students (Abbey et al., 2001). Alcohol and drug use can impair judgment and decision-making, leading to increased likelihood of engaging in unprotected sex (Leigh & Stall, 1993). Also, approximately 31% of college students reported having two or more sexual partners within the past year (Halpern-Felsher et al., 2016).

1.3 Substance abuse behaviors

Also known as substance abuse, refer to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (Hagos et al., 2016; Idowu et al., 2018). These behaviors encompass a wide range of actions and activities related to the misuse of substances (American Psychiatric Association, 2013).

It's important to note that substance abuse can have a profound impact on an individual's physical and mental health, relationships, and overall quality of life (Lander et al., 2013). Substance abuse behaviors may include: excessive consumption: consuming larger amounts of a substance than originally intended or over an extended period (McCabe et al., 2009); loss of control: inability to control or reduce substance use despite a desire to do so (Lyvers, 2000); craving: intense, persistent desire or craving for the substance (Field et al., 2009); neglecting responsibilities: failing to fulfill major role obligations at work, school,

or home due to substance use (Romero et al., 2010); social and interpersonal problems: continued substance use leading to social or interpersonal problems, such as conflicts with family and friends (Harrison et al., 2017); dangerous use: using substances in situations where it is physically hazardous, such as drinking and driving (Ryb et al., 2006); legal issues: substance use leading to legal problems, such as arrests or legal sanctions (Sinha & Easton, 1999); physical and psychological health issues: suffering from physical or psychological health problems as a result of substance use (Joe et al., 2019); tolerance: needing increasing amounts of the substance to achieve the desired effect or experiencing reduced effects with the same amount (Daughters et al., 2005); and withdrawal symptoms: experiencing withdrawal symptoms when substance use is reduced or stopped (Stewart & Brown, 2006).

These behaviors are typically associated with a pattern of chronic, compulsive, and harmful substance use (Grant et al., 2010).

1.3.1 Classification of substance abuse behaviors

1.3.1.1 Alcohol

In the context of beverages and recreational substances, "alcohol" typically refers to ethyl alcohol (ethanol), which is a psychoactive substance commonly found in alcoholic drinks (United Nations Office for Drug Control and Crime Prevention, 2000). Ethanol is the type of alcohol that is safe for human consumption in moderation (Dasgupta, 2019). It is produced through the fermentation of sugars by yeast and is responsible for the intoxicating effects associated with alcohol consumption (American Addiction Centers, 2023). Alcohol is widely used in various cultural and social contexts, but excessive or irresponsible consumption can lead to a range of health and social problems (Sudhinaraset et al., 2016).

1.3.1.2 Tobacco

Tobacco refers to the leaves of the Nicotiana plant, which are primarily grown and harvested for their nicotine content (Mishra & Mishra, 2013). Nicotine is a naturally occurring chemical compound found in tobacco leaves, and it is responsible for the addictive properties of tobacco (Van de Nobelen et al., 2016). Tobacco is most associated with its use in the production of cigarettes, cigars, and smokeless tobacco products (Cornelius et al., 2020). It can be consumed through smoking, chewing, or inhaling in various forms (Viegas, 2008).

It has been a significant part of many cultural and social practices (Unger et al., 2003). However, smoking tobacco is a leading cause of preventable diseases, including lung cancer, heart disease, and various respiratory ailments (Samet, 2013). Smokeless tobacco products, such as chewing tobacco and snuff, also carry health risks, including oral cancers and gum disease (Asthana et al, 2018; American Lung Association, s/f). Tobacco use is a major public health concern due to its associated health risks (Omare et al., 2021).

1.3.1.3. Drugs

These substances have the potential to cause physiological and psychological effects when introduced into the body (National Institute on Drug Abuse, s/f). They can be broadly categorized into two main types: medicinal drugs: these are used for therapeutic purposes to treat, manage, or prevent medical conditions and diseases, include prescription medications, over-the-counter drugs, and various therapies (Ramalho de Oliveira et al., 2010). They are intended to alleviate symptoms, cure diseases, or improve a person's overall health, common examples of medicinal drugs include antibiotics, pain relievers, antihypertensives, and antidepressants (Gandhi et al., 2003); and recreational and illicit drugs: these drugs are

typically used for non-medical, recreational, or psychoactive purposes, they can alter the user's mood, perception, consciousness, or behavior (Tomlinson et al., 2016). Recreational drugs are often used to induce a state of euphoria or altered consciousness for pleasure or escape, some of these drugs can have a high potential for abuse and addiction (National Institute on Drug Abuse, s/f). Examples include alcohol, cannabis, cocaine, heroin, and ecstasy (Pedersen & Skrondal, 1999).

Drugs can be administered in various forms, including oral pills, capsules, injections, inhalation, and topical applications (Jain, 2020). The effects of drugs can vary widely, ranging from pain relief and symptom management to hallucinations, altered sensory perception, and impaired cognitive and motor function (Garcia-Romeu et al., 2016). The use of recreational and illicit drugs can have legal, social, and health consequences, including addiction, negative health effects, and legal penalties (McLellan, 2017).

1.3.2. Attachment and substance abuse behaviors

Early attachment patterns can influence various aspects of a person's life, including their risk of engaging in substance abuse behaviors (Schindler, 2019). People who experience insecure attachment during childhood may develop attachment patterns that can contribute to substance abuse behaviors (Schindler, 2019). Individuals with this anxious attachment style may turn to substances to self-soothe or cope with feelings of anxiety and inadequacy (Tate, 2013). Alcohol or drugs can temporarily alleviate emotional distress, making them more likely to misuse these substances (Fletcher et al., 2014). People with an avoidant attachment style tend to turn to substances to numb their emotions and create a sense of detachment from their feelings, effectively self-medicating through substance abuse (Khantzain, 2018). People

with disorganized attachment may struggle to regulate their emotions, which can make them vulnerable to using substances to cope with emotional instability (Tate, 2013).

Attachment theory provides valuable insights into the development of substance abuse behaviors (Caspers et al., 2006). It suggests that early attachment experiences can significantly impact an individual's emotional regulation, coping strategies, and interpersonal relationships, all of which are linked to the risk of substance abuse (Schindler, 2019). Insecurely attached individuals may be more likely to turn to substances as a maladaptive coping strategy, as it provides temporary relief from emotional pain (Dawson et al., 2014). Those with insecure attachment styles may struggle to build and maintain supportive relationships, increasing their risk of turning to substances for solace (Fletcher et al., 2014). Low self-esteem can be a driving factor in substance abuse, as individuals may use drugs or alcohol to artificially boost their self-esteem or mask feelings of inadequacy (Alavi, 2011). Dysfunctional or unhealthy relationships can increase stress and emotional instability, which may, in turn, lead to substance abuse to cope with the strain of these relationships (Yiğitoğlu & Keskin, 2019). Substance abuse can become a way to self-medicate and numb the emotional pain associated with trauma (Dayton, 2000).

1.3.3. Substance abuse behaviors in college students

Substance abuse among college students is a serious issue that can have detrimental effects on their academic performance, physical and mental health, and overall well-being (Mosel, 2023). According to the National Institute on Drug Abuse (NIDA), around 66.3% of young adults between 19 and 30 years old reported drinking alcohol in the past 30 days, and 81.8% in the past 12 months (2022). Alcohol is the most widely abused substance among college

students (NIDA, 2022). Excessive drinking can lead to a range of problems, including academic difficulties, risky sexual behavior, physical injuries, and alcohol poisoning (Mosel, 2023). Marijuana is commonly used among college students, 42.6% of young adults reported using marijuana, and 18.7% vaping marijuana (NIDA, 2022). Also, 18.6% use cigarettes, and 21.8% use vaping nicotine (NIDA, 2022). Nonmedical use of prescription drugs, such as stimulants or opioids is a concern on college campus, because it has been observed that students misuse these medications to enhance academic performance or cope with stress (Iloabuchi et al., 2021). Furthermore, there is a percentage of 18.3% that represents other drugs such as: hallucinogens (8.1%), narcotics as heroin (0.2%) or other than heroin (1.7%), sedatives (1.4%) and tranquilizers (3.2%), stimulants as amphetamine (5.6%), Adderall (0.25), Ritalin (1.3%), cocaine (5.5%) and methamphetamine (NIDA, 2022).

Substance abuse can have severe consequences for college students. It can impair their cognitive function, memory, and attention span, making it challenging to succeed academically (Manish et al., 2020). Substance abuse also increases the risk of mental health issues, such as anxiety, depression, and substance use disorders (Welsh et al., 2019). Various factors contribute to substance abuse among college students, including peer pressure, stress, easy access to drugs and alcohol, a culture of partying, and a lack of awareness about the risks associated with substance abuse (Iloabuchi et al., 2021; NIDA, 2022, Welsh et al., 2019).

1.4 Emotional dysregulation

Emotional dysregulation refers to difficulties in managing and expressing emotions in a healthy and adaptive way and the difficulty in regulating the intensity of emotions (Paulus et al., 2021). It is a complex phenomenon, and various variables or factors can be related to it (Thompson, 2019). These variables can be categorized into different domains that contribute to emotional dysregulation (Dell'Osso et al., 2023).

Some of the key variables related to emotional dysregulation include: biological factors: imbalances in neurotransmitters, such as serotonin and dopamine, can influence emotional regulation (Seo et al., 2008), genetic predispositions may make some individuals more susceptible to emotional dysregulation and related disorders (Barzman, 2015); environmental factors: early life experiences, adverse childhood experiences, trauma, neglect, or abuse can disrupt emotional development and regulation (Zhu et al., 2023); family environment: family dynamics, attachment patterns, and parenting styles can impact an individual's emotional regulation skills (Weingold, 2011); psychological factors such as cognitive factors: dysfunctional thought patterns, cognitive biases, and rumination can contribute to emotional dysregulation (Gao et al., 2022); stress and coping: high stress levels and ineffective coping strategies can make it challenging to regulate emotions (Fteiha & Awwad, 2020); personality traits: certain personality traits, such as impulsivity and emotional sensitivity, can be associated with emotional dysregulation (Ghiasi et al., 2016); psychiatric disorders: mood disorders: conditions like depression and bipolar disorder often involve emotional dysregulation (Bayes et al., 2016); anxiety disorders: excessive anxiety and worry can disrupt emotional regulation (Cisler et al., 2010); borderline personality disorder (Ridings & Lutz-Zois, 2014); substance abuse: substance use and addiction can

disrupt the brain's natural mechanisms for emotional regulation (Office of the Surgeon General (US), 2016); social support: the presence of a supportive social network can act as a protective factor against emotional dysregulation, helping individuals manage their emotions more effectively (Mo et al., 2018); cultural and societal factors: cultural norms and societal expectations can influence how emotions are expressed and regulated (Matsumoto et al., 2008); psychosocial skills: the ability to recognize, label, and express emotions appropriately, as well as problem-solving and emotion regulation skills, are crucial variables related to emotional dysregulation (Paulus et al., 2021); neurobiological factors: brain regions like the prefrontal cortex and amygdala play roles in emotional regulation, and abnormalities in these areas can contribute to dysregulation (Powers et al., 2017); life events: traumatic or highly stressful life events, such as loss, can trigger emotional dysregulation (Agorastos et al., 2018).

Emotional dysregulation is often a multidimensional and multifaceted issue, with these variables interplaying and influencing each other (Ponzoni et al., 2021).

1.4.1 Attachment and emotional dysregulation correlations

Secure attachments play a crucial role in the development of emotional regulation skills (Abtahi and Kerns, 2017). When children do not have consistent and nurturing emotional support, these may struggle to regulate their emotions effectively (Abtahi & Kerns, 2017). Children learn how to regulate their emotions by observing and imitating their caregivers (Kerr et al., 2019). Dvir et al. (2014) point out how children who grow up in households with poor emotion coping strategies are more likely to develop similar patterns of emotional dysregulation.

Attachment experiences during childhood can significantly influence emotional regulation in later life (Waters et al., 2010). Children with secure attachment styles tend to develop better emotional regulation skills (Mortazavizadeh et al., 2022). They have a solid emotional foundation, as their caregivers have consistently met their emotional needs (Hoffman et al., 2017). This helps them manage their emotions more effectively in adulthood (Hoffman et al., 2017). Insecure attachment styles, such as anxious or avoidant attachment, can lead to emotional dysregulation (Marganska et al., 2013). Children who do not receive consistent emotional support and care may struggle to regulate their emotions (Zeman et al., 2006). For example, those with anxious attachment may experience heightened anxiety and fear of abandonment, leading to emotional instability (Obegi & Berant, 2009). Those with avoidant attachment may suppress their emotions, making it challenging to express and manage them later in life (Mikulincer & Shaver, 2019). Disorganized attachment is particularly associated with severe emotional dysregulation (Mosquera et al., 2014). These individuals may have experienced inconsistent or even frightening caregiving, which can lead to unpredictable emotional responses and difficulties in managing their own emotions (Cassidy & Mohr, 2001).

The quality of attachment in childhood plays a critical role in shaping emotional regulation skills in adulthood (Cassidy et al., 2013). Secure attachment generally promotes healthier emotional regulation, while insecure attachment styles, especially disorganized attachment, can contribute to emotional dysregulation and challenges in managing emotions effectively (Vohs & Baumeister, 2013).

1.4.2 Emotional dysregulation in college students

Emotional dysregulation in college students, refers to difficulties in effectively managing and regulating one's emotions within the specific context of college life, which can have a negative impact on various aspects of a student's life, including academics, relationships and overall well-being (Bytamar et al., 2020).

Several factors can contribute to emotional dysregulation in college students. Academic stress, such as heavy workloads, exams, and deadlines (Ekpenyong et al., 2013). Additionally, challenges related to time management, academic performance, and uncertainty about the future can further exacerbate emotional dysregulation (Rufino et al., 2022). Emotional dysregulation in college students can have various consequences, it can negatively impact mental health, leading to increased symptoms of anxiety, depression, and other mood disorders (Compare et al., 2014; Rufino et al., 2022). Emotional dysregulation can also disrupt interpersonal relationships, because of intense emotional responses which may result in conflicts or strained interactions with peers, friends, or romantic partners (Kim et al., 2009).

Recognizing emotional dysregulation in college students is crucial for providing appropriate support and interventions (Rufino et al., 2022). Colleges and universities can play a vital role in promoting emotional well-being by offering counseling services, mental health resources, and stress management programs (Worsley, 2022). Equipping students with effective coping strategies, emotion regulation techniques, and self-care practices can help them navigate the challenges of college life and develop resilience in the face of emotional difficulties (Rufino et al., 2022).

1.5 Resilience

Resilience refers to an individual's ability to adapt, bounce back, and thrive in the face of adversity or significant challenges (McCubbin, 2001). It can also be understood as the capacity to recover from difficulties and to withstand and grow stronger through adversity (Southwick et al., 2014).

Supportive relationships can help individuals develop coping skills, enhance self-esteem, and foster a sense of belonging and security (Abtahi and Kerns, 2017; Schore, 2001). Access to external resources, such as social services, community organizations, or mental health professionals, can play a crucial role in promoting resilience (Morganstein, and Flynn, 2021). Certain personal attributes or characteristics can contribute to resilience, these may include a positive self-view, problem-solving skills, a sense of purpose or meaning in life, optimism, adaptability, and the ability to regulate emotions effectively (Lee et al., 2012). Resilient individuals often exhibit effective cognitive and emotional processes (Tugade & Fredrickson, 2004). They may engage in positive reframing, seeking alternative perspectives, practicing self-regulation of emotions, and maintaining a sense of hope and optimism even in challenging situations (Collins, 2007).

Resilience is a dynamic and multifaceted process that can vary significantly among individuals (Cicchetti, 2010). Several key points highlight the dynamic and varied nature of resilience: multifaceted nature: resilience is a combination of various psychological, emotional, and social factors (Southwick et al., 2014), these may include self-esteem, optimism, coping strategies, problem-solving skills, emotional regulation, and social support (de Almeida Santos et al., 2018); adaptability: it depends on an individual's ability to adapt to different situations and stressors (Fletcher & Sarkar, 2013). What may be a resilient

response for one person might not work for another, depending on their unique circumstances and characteristics (Windle, 2011); developmental changes: it is not a static trait but a dynamic process that can be influenced by life experiences, personal growth, and changes in one's environment (De Vries et al., 2021). What makes a child resilient may differ from what makes an adult resilient (Joseph, 2001); cultural and societal influences: cultural norms, values, and support systems can shape how individuals respond to adversity (Fietz et al., 2021). What is considered a resilient response in one culture may be different in another (Ungar, 2006); individual differences: every person's life experiences, genetic predispositions, and personal history are unique (Baker, 2007). Some individuals may have a natural predisposition for resilience due to genetics, while others may need to develop these skills over time (Cahill et al., 2022); context and severity of adversity: the degree of resilience required varies based on the nature and severity of the adversity (Luthar et al., 2000). What it takes to bounce back from minor setbacks might be very different from what's needed to overcome significant trauma or crises (Grotberg, 2003); support systems: the presence or absence of support systems, such as family, friends, mentors, or a community, can have a profound impact on an individual's resilience (Okwori, 2022). A strong support system can bolster an individual's ability to navigate challenging situations and recover from setbacks (Walsh, 1996); emotional intelligence, the ability to recognize, understand, and manage one's own emotions and the emotions of others, plays a crucial role in resilience (Magnano et al., 2016). Individuals with high emotional intelligence can better cope with stress and maintain a positive outlook (Ramesar et al., 2009).

1.5.1 Attachment and resilience correlations

The quality of early attachments can significantly influence an individual's ability to be resilient in the face of life's challenges (Rees, 2008). However, resilience is not a static trait, and with the right support and experiences, individuals can enhance their resilience, regardless of their early attachment experiences (Denckla et al., 2020). The interplay between attachment and resilience underscores the importance of providing a supportive and nurturing environment, particularly in childhood, to foster emotional well-being and adaptive coping strategies (Cassidy et al., 2013).

Secure attachment in childhood often provides a strong foundation for resilience (Svanberg, 1998). When children have a secure attachment to their caregivers, they tend to develop a positive self-image, confidence, and a belief that they can seek help and support when needed (National Collaborating Centre for Mental Health, 2015). These qualities contribute to their resilience in the face of adversity (Martín Quintana et al., 2023).

Individuals with different attachment styles may develop different coping mechanisms (Bayrak et al., 2018). Those with secure attachments tend to seek support and express their emotions openly when facing challenges, which can be a resilient strategy (Kural & Kovacs, 2021). In contrast, individuals with insecure attachments may have maladaptive coping strategies, which can affect their resilience (Kural & Kovacs, 2021). While early attachment styles lay the groundwork, resilience-building experiences and therapeutic interventions can help individuals modify their attachment patterns (Cassidy et al., 2013). With the right support, people with insecure attachments can learn more secure ways of connecting with others, which in turn enhances their resilience (Cassidy et al., 2013; Kural & Kovacs, 2021; Wu, 2009).

The impact of attachment on resilience is not limited to childhood (Citak & Erten, 2021). Attachment dynamics continue to influence an individual's relationships and resilience throughout adulthood (Jenkins, 2016). Adults with secure attachments are more likely to have healthier relationships and better emotional regulation, which are important components of resilience (Karreman & Vingerhoets, 2012).

1.5.2 Resilience in college students

Building resilience can enhance college students' well-being, academic performance, and overall success in college (Yang and Wang, 2022). It has been documented how developing a positive outlook can help students reframe challenges as opportunities for growth and learning, this involves cultivating optimism, positive emotions, and resilience (Arslan, 2021). These factors can be important to protect college students from maladaptive health outcomes (Arslan, 2021). Building and maintaining strong relationships with peers, mentors, and support networks can provide emotional support, guidance, and a sense of belonging, connecting with others who share similar experiences can help students feel understood and less alone (Daniel et al., 2019). Prioritizing self-care activities such as exercise, adequate sleep, healthy eating, and relaxation techniques can help students manage stress and maintain physical and mental well-being (Ray et al., 2020). Taking breaks and engaging in reinforcing activities can also represent and “energy booster” resource that has been associated with resilience (American Psychology Association, 2020; Dunston et al., 2020; Xu et al., 2021).

Practicing mindfulness, meditation, deep breathing exercises, or other stress reduction techniques can help students manage anxiety, enhance focus, and increase resilience (Rogers, 2023). These practices can increase self-awareness and provide a sense of calm during

challenging times (Berkovich-Ohana et al., 2019; Rogers, 2023). Encouraging students to reach out for help when they need it is essential. Universities typically offer various support services, such as counseling centers, academic support, and career guidance (Matlin et al., 2019). Having a well-rounded life can contribute to overall resilience and well-being (Hamby et al., 2015). Encouraging students to reflect on their past accomplishments and resilience can boost their confidence and belief in their ability to overcome challenges (Cassidy, 2015). Reminding themselves of their strengths and previous achievements can provide motivation and resilience during difficult times (Patterson & Kelleher, 2005).

Resilience is a skill that can be developed and strengthened over time (Crane et al., 2019). By implementing the strategies mentioned above and fostering a supportive environment, colleges and universities can help students cultivate resilience and thrive throughout their college experience (Hartley, 2012).

2. General Objective:

The general objective of this study is to analyze the existing predicted and correlated variables between attachment and psychosocial factors.

2.1 Specific Objectives:

- Analyze the correlations between the different classifications of attachment and resilience.
- Observe the correlations between the different classifications of attachment and sexual risk behaviors.
- Examine the correlations between the different classifications of attachment and abuse of alcohol.
- Examine the correlations between the different classifications of attachment and abuse of tabacco.
- Examine the correlations between the different classifications of attachment and abuse of cannabis.
- Examine the correlations between the different classifications of attachment and abuse of cocaine.
- Examine the correlations between the different classifications of attachment and abuse of amphetamines.
- Study the correlations between the different classifications of attachment and emotional dysregulation.

- Observe the incidence between the different classifications of attachment and resilience.
- Analyze the incidence between the different classifications of attachment over sexual risk behaviors.
- Study the incidence between the different classifications of attachment and abuse of alcohol.
- Study the incidence between the different classifications of attachment and abuse of tabacco.
- Study the incidence between the different classifications of attachment and abuse of cannabis.
- Study the incidence between the different classifications of attachment and abuse of cocaine.
- Study the incidence between the different classifications of attachment and abuse of amphetamines.
- Analyze the regressions models between attachment and emotional dysregulation.

2.2 Hypothesis:

- Attachment classifications will be highly correlated with resilience.
- Attachment classifications will be positively correlated with sexual risk behaviors.
- Attachment classifications will be highly correlated with abuse of alcohol.
- Attachment classifications will be highly correlated with abuse of tabacco.
- Attachment classifications will be highly correlated with abuse of cannabis.
- Attachment classifications will be highly correlated with abuse of cocaine.

- Attachment classifications will be highly correlated with abuse of amphetamines.
- Attachment classifications will be negatively correlated with emotional dysregulation.
- Attachment classifications will be a strong predictor of resilience levels.
- Attachment classifications will predict sexual risk behaviors.
- Attachment classifications will have a high incidence abuse of alcohol.
- Attachment classifications will have a high incidence abuse of tabacco.
- Attachment classifications will have a high incidence abuse of cannabis.
- Attachment classifications will have a high incidence abuse of cocaine.
- Attachment classifications will have a high incidence abuse of amphetamines.
- Attachment will be a strong predictor of emotional dysregulation levels.

3.Methodology

3.1 Participants

This study requires college students with Mexican nationality, and they must be recently living in Mexico, between 18 and 25 years old. The sample collection focused on the north, south and center of the country. Direct contacts of teachers, directors, deans and rectors of universities located in Mexico were sought. First contact was done via email. Moreover, contact emails were written and after the positive response to participate in the study, an informative email was sent to them, which contained a brief description of the study with its proper references, the link and QR of the questionnaire, the approximate time it would take to answer it and suggestions for its administration. In addition, the link and QR code were shared through social networks to students from the prior mentioned universities and in person in some cases.

3.2 Instruments

Five questionnaires were applied, but previously, sociodemographic data was collected, which included gender identity, sexual orientation, age, employment status and marital status. In relation to the instruments, an instrument was applied that seeks to measure attachment, which is the independent variable of this study. Subsequently, instruments were applied that seek to measure sexual risk behaviors, substance consumption, resilience, and emotional dysregulation, which are the dependent variables of this study. Each of the instruments will be further explored below.

"*Evaluación del Apego en Adultos"* (Appendix 1) was inspired by the spanish validation of the "*Experiences in Close Relationships*" which has items to measure anxiety and avoidance (Brennan, Clark & Shaver, 1998; Frías, 2011). This instrument was developed to measure the state of the types of attachment in a Mexican population (Padilla-Bautista and Díaz-Loving, 2016). This instrument is composed of 17 items, which are divided into the four types of attachment, referring to 4 items for anxious attachment, 4 items for avoidant attachment, 5 items for disorganized attachment and 4 items for secure attachment. Originally, this instrument has a response option represented on a pictorial Likert scale (Padilla-Bautista and Díaz-Loving, 2016), but for a better understanding of the statistical operations, the response options of this instrument are centered on a Likert scale of 5 points, with 1 (it describes me a little), 2 (it describes me but not enough), 3 (it neither describes me much nor describes me little), 4 (it describes me enough) and 5 (it describes me a lot). The items in this questionnaire are in first person and focus on reporting feelings based on how they relate to others and how that makes them feel (Padilla-Bautista and Díaz-Loving, 2016). This instrument has a Cronbach's Alpha of 0.72 (Padilla-Bautista and Díaz-Loving, 2016).

"*Instrumento para la evaluación de variables psicológicas y comportamientos sexuales de riesgo en jóvenes*" (Appendix 2) was used in college students from a mexican population (Piña-López, Montijo & Rivera, 2007). This instrument is composed of 27 items which seek to collect information on risk behaviors, which are divided into 7 on risky sexual behaviors, 22 on underlying motives, 8 on social situations and 6 on previous biological status to the relationship (Piña-López, Montijo & Rivera, 2007). The response options of this instrument vary according to the questions, it is a Likert scale with 4 response options, ranging from very determining or influential aspects to not at all determining or not at all

influential, in the same way, there are questions that refer to other questions depending on the answers (Piña-López, Montijo y Rivera, 2007). This instrument speaks of sexual activity focused on pre-penetration or where there has been no penetration (Piña-López, Montijo y Rivera, 2007). This questionnaire has a Cronbach's Alpha of 0.82 (Piña-López, Montijo y Rivera, 2007).

"*Alcohol, Smoking and Substance Involvement Screening Test*" [ASSIST, (WHO, 2010); Spanish validation for mexican population (Appendix 3) (Muñoz, Velasco y Abdalá, 2023)]. This instrument has 18 questions, which focus on knowing the consumption of different substances such as tobacco, alcoholic beverages, cannabis, cocaine, amphetamines, inhalants, tranquilizers, hallucinogens. and/or opiates, with a frequency of the last three months, likewise, they include questions about whether the consumption of said substances causes you any health, social, legal, economic problems, if they stopped doing things they did regularly, if there was an urge to consume, if there was concern on the part of family or friends, if they had tried to reduce or stop consumption or if they had tried to inject a drug for non-medical uses (Muñoz, Velasco, y Abdalá, 2021). Response options range from "Never", "1 or 2 times", "Every month", "Every week", to "Daily or almost daily" (Muñoz, Velasco, y Abdalá, 2021). This instrument has a Chronbach's Alpha of 0.84 (Muñoz, Velasco, y Abdalá, 2021).

"Scale of Difficulties in Emotional Regulation" [DERS, (Gratz & Roemer, 2004); Spanish validation for mexican population (DERM-EAM) (Appendix 4) (Carranza-Plancarte et al., 2022)]. This instrument consists of 21 questions, which are focused on knowing the frequency with which feelings of confusion, annoyance, ignorance of emotions, loss of control, among others, occur (Carranza-Plancarte et al., 2022). It has response options that

are arranged on a Likert scale that goes from 1 to 5, 1 equal “Almost never”, 2 equals “Sometimes”, 3 equals “Half the time”, 4 equals to “Most of the time” and 5 equals to “Almost always” (Carranza-Plancarte et al., 2022). This questionnaire has a Cronbach's Alpha of 0.916 (Carranza-Plancarte et al., 2022).

“*14-Item Resilience Scale”* [(RS-14) (Wagnild, 2009); Spanish validation (ER-14) (Appendix 5) (Sánchez-Teruel and Robles-Bello, 2015)]. This instrument consists of 14 items, who speak in the first person about the way they react to different situations, how they take things, how they feel about their achievements and self-esteem issues (Sánchez-Teruel and Robles-Bello, 2015). The response options are based on a Likert Scale of 7 response options, with 7 being “Completely Disagree”, continuing with “I Disagree”, “Somewhat Disagree”, “Neutral”, “A Slightly Agree”, “Agree” and 1 being equal to “Totally agree” (Sánchez-Teruel and Robles-Bello, 2015). This instrument has a Cronbach's Alpha of 0.79 (Sánchez-Teruel and Robles-Bello, 2015).

3.3 Procedure

The collection of these questionnaires was by email, there was direct communication with the main author of the article or the corresponding author, all the instruments were in Spanish and four of the five instruments were developed or adapted for the Mexican population, while one was adapted for the population of Spain. Subsequently, the questionnaires were integrated into a single document in WORD format, adding instructions and response options. This document was the basis for transferring the questionnaires to the online platform. The sample selection has been carried out through simple random sampling, which

was administered online and in person, sharing the link and information as a group, but confirming it individually. Participants were informed of the confidentiality of their responses, and asked if they were willing to participate under these conditions, and informed consent was included.

3.4 Analysis of data

The data analysis of this study is aimed at verifying the objectives and hypotheses raised above. The statistical procedures were carried out in the SPSS version 23.0 program. Before analyzing the results obtained from the correlations and regressions, we sought to know the characteristics of the sample, so a descriptive analysis of frequencies was carried out, in which the means and standard deviations of the population were presented based on the data. sociodemographic data obtained based on the administration of the questionnaires.

First, we sought to know the characteristics of the sample, so a descriptive analysis of frequencies was carried out, in which the mean and standard deviation values of the age variable and the percentages and totals of the gender identity variables were presented. sexual orientation, employment status and marital status.

Afterwards, correlations and regressions were carried out between the types of attachment and the associated variables, which were resilience, sexual risk behaviors and substance use, which was divided into 5 substances, which were alcohol, tabacco, cannabis, cocaine and amphetamines, and finally, emotional dysregulation. Seeking to fulfill the general objective of this study and to be able to recognize the statistical values of the dependent variables on the independent variable.

4. Results

Participants

The sample of this study consisted of 556 university students, with a minimum age of 17 years and a maximum of 71 years (M = 25.08) (TD = 89.19) (Table 1). Based on the sociodemographic data acquired, we were able to identify that in questions of the gender identity, 149 identified as male, 385 as female, 2 as trans masculine, 14 as non-normative/non-binary gender, and 5 preferred not to respond. leaving one person who answered independently that they identified as genderfluid (Table 1).

In sexual orientation, 361 people identified as heterosexual, 13 as lesbian, 6 as gay, 112 as bisexual, 18 as pansexual, 4 as asexual, 25 commented that they did not know or were not sure and 6 preferred not to answer, leaving 11 people who commented that they identified as ago/ace sexual, queer, demisexual, panromantic, or who do not define themselves as having any orientation (Table 1).

Regarding degree of education, it should be noted that all of them are university students, however, 392 are only dedicated only to their studies, 22 work in the public sector, 56 work but not in the public sector, 29 have their own business, 11 do unpaid work, 4 are dedicated to household chores, 33 do not have a job but can work, 1 does not have a job and cannot work and 8 preferred not to respond (Table 1).

And finally, in the marital status, 377 commented that they do not have a partner, 10 live in marriage, 62 live as a couple, 3 were separated or divorced, 2 were widowed, 87 reported another marital status and 15 preferred not to respond (Table 1).

Going deeper into the types of attachment that the population presents, it is highlighted that 359 have a secure attachment, 78 an anxious attachment, 45 an avoidant attachment and 73 a disorganized attachment.

Table 1

Sociodemographic Descriptive Variables of the Sample

Variable	Total
Age:	
Mean	25.08
Typical deviation	89.19
Gender Identity:	
Masculine	149
Femenine	385
Nonbinary / non-normative gender	14
Trans masculine	2
Gender fluid	1
Prefer not to answer	5
Sexual Orientation:	
Heterosexual	361
Lesbian	13
Gay	6
Bisexual	112
Pansexual	18
Asexual	4
I don't know / I'm not sure	25

Prefer not to answer	6
Other (self-report)	11
Employment Status:	
Work in the public sector	22
Work, but not in the public sector	56
I have my own business	29
I do unpaid work	11
I'm a student	392
I dedicate myself to housework	4
I don't have a job (I can work)	33
I don't have a job (I can't work)	1
Prefer not to answer	8
Marital Status:	
I live in marriage	10
I live as a couple	62
I got divorced or separated	3
I don't have a couple	377
Widowed	2
Other	87
Prefer not to answer	15

Entering the statistical analyzes that were carried out, first, it can be noted that the correlation between resilience and types of attachment presented a moderate and statistically significant positive correlation (r = .315, p = .000). In the predictive study we can see that

resilience has a predictive capacity over the types of attachment (β = 0.315, p = .000) (Table 2).

Then, regarding sexual risk behaviors and types of attachment, a high and statistically significant negative correlation was present (r = -.083, p = .025). In the predictive study we can see that sexual risk behaviors have a predictive capacity over the types of attachment (β = -.083, p = .051) (Table 2).

Moving on substance abuse behaviors, we can see that this was divided into 5 substances, which were alcohol, tabacco, cannabis, cocaine and amphetamines. Each of the results obtained will be explained below.

The abuse of alcohol showed a negative and low correlation with the types of attachment, but statistically significant (r = -.124, p = .003), which can be taken as a predictor for the types of attachment, taking into account that of the 5 substances associated with substance abuse behaviors, it is the one that has the highest predictive capacity (β = -.124, p = .003)

Abuse of tabacco showed a statistically significant but low correlation with the types of attachment (r = -.101, p = .009), which has a statistically significant but lower predictive capacity than the alcohol variable (β = -.101, p = .017).

Regarding the abuse of cannabis, presents a negative and low correlation with the types of attachment (r = -.061, p = .075), which is not statistically significant, since its value is greater than 0.05, in the same way we can note that abuse of cannabis cannot predict types of attachment (β = -.061, p = .150). Considering the abuse of cocaine, it is observed that there is a very low negative correlation that is not statistically significant between the types of

attachment (r = -.046, p = .140), referring to the fact that abuse of cocaine doesn't have predictive capacity over the types of attachment (β = -.046, p = .280). Finally, the abuse of amphetamines presents an almost null negative correlation that is not statistically significant with respect to the types of attachment (r = -.024, p = .288), having the lowest predictive capacity of the 5 substances and with values that are not statistically significant (β = -.024, p = .575) (Table 2).

Finally, emotional dysregulation, showed a statistically significant negative and moderate correlation with the types of attachment (r = -.341, p = .000), showing that emotional dysregulation has predictive capacity over the types of attachment (β = -.341, p = .000) (Table 2).

Table 2

Correlation matrix on types of attachment and psychosocial factors

	Types of attachment	Resilience	Sexual Risk Behaviors	Abuse of alcohol	Abuse of tabacco	Abuse of cannabis	Abuse of cocaine	Abuse of amphetamines	Emotional dysregulation
Types of attachment	-								
Resilience	.315 *	-							
Sexual risk behaviors	-.083*	-.107*	-						
Abuse of alcohol	-.124*	-.090*	.111*	-					
Abuse of tabacco	-.101*	-.128*	.124*	.503*	-				
Abuse of cannabis	-.061	-168*	.186*	.413*	.322*	-			
Abuse of cocaine	-.046	--104*	.256*	.353*	.286*	.356*	-		
Abuse of amphetamines	-.024	-.073	.252*	.287*	.253*	.353*	.656*	-	
Emotional dysregulation	-.341*	-.379*	.083	.320*	.304*	.343*	.228*	.196	-

Note: * p < 0.05

5. Discussion

The objectives of this study were oriented towards the analysis of correlations and regressions based on the psychosocial variables that were, resilience, sexual risk behaviors, abuse of alcohol, tabacco, cannabis, cocaine and amphetamines and emotional dysregulation, with the types of attachment, so it can give certainty that the objectives were met.

Based on the hypotheses, it is concluded that the types of attachment did correlate with the resilience variable but not in a high way, but rather, moderately. On the other hand, there was a correlation with sexual risk behaviors, which was negative. Attachment types were not highly correlated with alcohol, tobacco, cannabis, cocaine, and amphetamine abuse. However, a negative correlation was shown between emotional dysregulation.

It was also showed that resilience is a strong predictor of attachment types. On the other hand, no statistically significant predictive value of sexual risk behaviors on attachment types was shown. Similarly, the abuse of alcohol and tobacco showed a predictive value on the types of attachment, not so strong but statistically significant. On the other hand, the abuse of cannabis, cocaine and amphetamines did not show a predictive value on the types of attachment. Finally, emotional dysregulation was considered a strong predictor of attachment types.

Regarding the evaluation presented with the resilience variable, it has been found that there is a relationship between types of attachment and well-being regarding the mediating role of resilience (Karreman & Vingerhoets, 2012). There is a positive relationship between attachment and resilience in relation to coping strategies (Kaniasty et al., 2014). In a systematic review and meta-analysis, the authors found that secure attachment is associated

with the presence of resilience (Darling Rasmussen et al., 2019). In another study, a positive assessment was found between secure attachment and resilience (Shibue & Kasai, 2014).

According to the study by Parada-Fernández et al. (2021), emotional dysregulation and attachment types are related; in the case of secure attachment, there is a negative relationship with the dimensions of emotional dysregulation, while insecure attachment classifications present a positive tension. Similarly, in a correlational and predictive study, it was concluded that the efficient establishment of attachment in the context in which they are found, and coping styles are important factors that intervene in the dysregulation of emotions (Sepehrian Azar et al., 2014).

Sexual risk behaviors have a relationship with insecure attachment classifications (Kim & Miller, 2020). In a study it was found that the anxious attachment style and the attachment style had certain predictive effects on sexual risk behaviors: in the anxious attachment style there was greater participation in risky sexual behaviors and in the secure attachment style Sexual behavior with lower risks was presented, highlighting that in secure attachment there is protection against these behaviors and in anxious attachment there is vulnerability (Owino et al., 2021).

In the case of substance abuse, it is said that the relationship between insecure attachment and substance abuse is stronger in adolescence than in adulthood (Schindler, 2019). It is also explained that the severity of abuse is positively related to disorganized attachment, and negatively related to avoidant attachment (Schindler et al., 2005). Alcohol abuse is related to anxious, avoidant, and disorganized attachment patterns (Schindler et al., 2019). Regarding tobacco use, it was found that there is a possibility that cigarette use can be prevented through the development of a secure attachment style (Wise et al., 2017).

Likewise, it was found that the type of attachment was different between people who used tobacco and those who did not (Wise, 2015). In this study there was no significant correlation of the type of attachment to drugs (cannabis, cooking, amphetamines) with the type of attachment, while in the study by Schindler et al. (2005), it was found that there is a relationship between insecure attachment types and drug dependence. On the other hand, it was found that cannabis abuse tended to occur more in people with avoidant attachment (Schindler et al., 2019). In a study that examined a sample of people who were part of an addiction treatment program regarding cocaine, amphetamines, and cannabis abuse, it was found that insecure attachment predominates in said population, and this may reflect a predisposition to problems with substances that can contribute to chronic abuse (Thorberg & Lyvers, 2006).

Limitations

One of the limitations of this study is related to the age of the sample, since it sought to collect an exclusive sample of 18 to 25 years of age, but there were minimum values of 14 years and maximum values of 71 years, so 507 556 subjects met the age requirements, but there were 49 subjects who did not meet the requested age range.

Another limitation was the instruments used, since some response options had to be edited so that the subjects could answer honestly, in some instruments the option of "Not applicable" was integrated, especially in the instrument that sought to measure the variable. of risky sexual activities. In the attachment instrument, values were assigned to each of the response options, since it was originally a 5-level pictorial response format instrument, so

each box was assigned a value, considering the minimum values and maximums of the instrument.

Finally, another limitation of this study is that a variable was not added to know the exact location in Mexico of the people who answered whether it was the north, south or center of the country.

Conclusion and recommendations

In conclusion, in this work we could find relevant data about the university population in Mexico. In previous studies, this population has been studied, but what is innovative about this is that the psychosocial variables that were presented have not been collected in this way before, so this study can be considered a pioneer, which manages to promote research in depth about the psychosocial factors that can influence university students in Mexico. Despite the limitations that were exposed, this study shows that it has information that can be useful to know the status of the population studied.

As a recommendation for future studies, it is important to take the limitations into account. From that, look for instruments that adapt to the nature of the study, in this case that they are instruments that do not generalize the responses of the population. Likewise, it is recommended to take these results as a reason to give importance to interventions that focus on knowledge of people's type of attachment, since, as seen above, it has an impact on the development of university students, not only on the variables studied. The breadth of the main variable allows its study to be carried out from different perspectives of psychology, this leaves open the different possibilities of intervention that can be applied.

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7.Appendix

Appendix 1: "*Evaluación del Apego en Adultos"* (format with which it was transferred to the platform)

Evaluación del apego en adultos

A continuación, se presentan descripciones breves de distintas personas. Por favor lea cada descripción y piense qué tanto se parece a cada una de ellas.

1. Para estar en tranquilidad necesito que me confirmen constantemente que me quieren.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
2. NO me preocupa perder a mis seres queridos ya que en general intento evitar las relaciones muy cercanas.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
3. No me siento con las habilidades necesarias para relacionarme y pienso que los demás pueden abusar de mí.

1) Me describe poco
2) Me describe pero no lo suficiente
3) Ni me describe mucho, ni me describe poco
4) Me describe lo suficiente
5) Me describe mucho

4. Cuando mis amigos, familia o pareja intentan pasar tiempo conmigo, yo me alejo ya que prefiero la soledad
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
5. Puedo estar tranquilo y a gusto teniendo amigos cercanos o estando solo.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
6. Prefiero estar muy cerca emocionalmente de otras personas aunque siento que no quieren acercarse tanto a mí como yo quisiera
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente

5) Me describe mucho

7. Me siento a gusto compartiendo mis ideas, pues no me incomoda que haya personas que no piensen lo mismo que yo.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
8. Intento tener relaciones muy cercanas a tal grado que siento que obligo a los demás a demostrar lo que sienten por mí, o a que se comprometan más en nuestra relación
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
9. NO me duele cuando mis seres queridos NO pasan tiempo conmigo, pues prefiero NO estar cerca emocionalmente de ellos.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
10. Me siento seguro estando solo o en compañía.
    1) Me describe poco

2) Me describe pero no lo suficiente
3) Ni me describe mucho, ni me describe poco
4) Me describe lo suficiente
5) Me describe mucho

11. Me preocupa expresar mis sentimientos, porque no confió en las demás personas, pero me gustaría que los demás comprendieran lo que siento emocionalmente.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
12. Intento tener relaciones muy cercanas, pero me acerco tanto que termino ahuyentándolos
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho
13. Creo que debo de alejarme de la gente, ya que puedo llegar a decepcionarlos y pueden rechazarme.
    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente

5) Me describe mucho

14. Cuando mis seres queridos se acercan mucho a mí, me alejo, porque siento que se acercan más de lo que yo quisiera

    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho

15. Intento evitar las relaciones muy cercanas, pero me duele que mis seres queridos no pasen tiempo conmigo

    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho

16. Me siento a gusto compartiendo mis pensamientos y sentimientos más profundos, porque no me preocupa que me rechacen o me dejen.

    1) Me describe poco
    2) Me describe pero no lo suficiente
    3) Ni me describe mucho, ni me describe poco
    4) Me describe lo suficiente
    5) Me describe mucho

17. Soy una persona insegura y suelo pensar que los otros me harán daño.

    1) Me describe poco

2) Me describe pero no lo suficiente
3) Ni me describe mucho, ni me describe poco
4) Me describe lo suficiente
5) Me describe mucho

Muchas gracias por tu ayuda.

Padilla Bautista, J. A., & Díaz-Loving, R. (2016). Evaluación del apego en adultos: construcción de una escala con medidas independientes. *Enseñanza e Investigación en Psicología*, *21*(2), 161–168. https://www.redalyc.org/articulo.oa?id=29248181006

Appendix 2: *Instrumento para la evaluación de variables psicológicas y comportamientos sexuales de riesgo en jóvenes"* (format with which it was transferred to the platform)

Instrumento para la evaluación de variables psicológicas y comportamientos sexuales de riesgo en jóvenes

1. ¿Has tenido relaciones sexuales con penetración?
   1) Si (pasar a la siguiente pregunta)
   2) No
2. Si has tenido relaciones sexuales con penetración, ¿a qué edad las tuviste? Si la respuesta anterior ha sido "No" escribe "0"
3. De los motivos que se señalan abajo, en retrospectiva, ¿qué tan determinante fue cada uno de ellos para que hayas iniciado tu vida sexual activa? (RESPONDER A LAS CUATRO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque se presentó la oportunidad de tener relaciones				
Porque tenía interés en experimentar y saber qué se sentía				
Porque me atrajo físicamente la otra persona				
Porque existía una relación afectiva importante con la otra persona				

4. De algunos estados biológicos que se señalan abajo, en retrospectiva, ¿qué tanto influyó cada uno de ellos para que hayas iniciado tu vida sexual activa? (RESPONDER A LAS TRES OPCIONES)

	Influyó demasiado (1)	Influyó más o menos (2)	Influyó muy poco (3)	No influyó (4)
Me encontraba excitada/o físicamente				
Me encontraba bajo la influencia de alcohol				
Me encontraba bajo la influencia de alguna droga				

5. De las situaciones sociales que se señalan abajo, en retrospectiva, ¿qué tanto facilitó cada una de ellas las cosas para que hayas tenido tu primer relación sexual con penetración? (RESPONDER A LAS CUATRO OPCIONES)

	La facilitó demasiado (1)	La facilitó algo (2)	La facilitó poco (3)	No la facilitó para nada (4)
Encontrarme a solas con la pareja en algún lugar privado				
Encontrarme con la pareja en una fiesta o reunión				
Encontrarme en un lugar de espectáculos para adultos				

6. Cuando tuviste tu primer relación sexual con penetración, ¿usaste preservativo?
   1) Si (Pasar a la pregunta 7, omitir la pregunta 8 y seguir con la pregunta 9)
   2) No (Ir directamente a la pregunta 8 y seguir con la 9)
7. Si usaste preservativo durante tu primer relación sexual con penetración, de los motivos que se señalan abajo, ¿nos podrías decir qué tan determinante fue cada uno de ellos para haberlo usado? (RESPONDER A LAS CUATRO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Para evitar un embarazo				
Para evitar una infección de transmisión sexual				
Porque se lo exigí a mi pareja				

Porque mi pareja me lo exigió				

8. Si no usaste preservativo durante tu primer relación sexual con penetración, de los motivos que se señalan abajo, ¿nos podrías decir qué tan determinante fue cada uno de ellos para no haberlo usado? (RESPONDER A LAS CINCO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque mi pareja no quiso usarlo				
Porque yo no quise usarlo				
Porque le resta sensibilidad y placer a la relación				
Porque en ese momento no traía uno conmigo				

9. Ahora, a lo largo de tu vida sexual activa, ¿con qué frecuencia has usado preservativo?
   1) Siempre (Ir a la pregunta 10, no contestar la 11 y seguir luego con la 12)
   2) La mayoría de las veces (Ir a la pregunta 11 y seguir luego con la 12)
   3) Muy pocas veces (Ir a la pregunta 11 y seguir luego con la 12)
   4) Nunca (Ir a la pregunta 11 y seguir luego con la 12)

10. Si siempre has usado preservativo a lo largo de tu vida sexual, en retrospectiva, ¿de los motivos que se señalan abajo nos podrías decir qué tan determinante ha sido cada uno para que hayas usado preservativo siempre? (RESPONDER A LAS CUATRO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Para evitar un embarazo				
Para evitar una infección de transmisión sexual				
Porque se lo exigí a mi pareja				
Porque mi pareja me lo exigió				

11. Si a lo largo de tu vida sexual activa no has usado preservativo siempre, es decir, si lo has usado la mayoría de las veces, muy pocas veces o nunca, en retrospectiva, ¿de los motivos que se señalan abajo, nos podrías decir qué tan determinante fue cada uno para que no hayas usado preservativo siempre? (RESPONDER A LAS CINCO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque yo no quise usarlo				
Porque mi pareja no quiso usarlo				
Porque le resta sensibilidad y placer a la relación				
Porque a pesar de saber usarlo, en ese momento no traía uno conmigo				

12. Desde que iniciaste tu vida sexual activa y hasta el día de hoy, ¿cuántas parejas sexuales has tenido?
    1) Sólo una (TERMINÓ, GRACIAS)
    2) Entre dos y cuatro parejas (seguir respondiendo)
    3) Entre cinco y siete parejas (seguir respondiendo)
    4) Ocho o más parejas (seguir respondiendo)

13. ¿Has tenido relaciones con penetración con parejas ocasionales, es decir, con personas a las que no conocías o conocías poco?
    1) Sí (seguir con la 14 y luego de acuerdo con las indicaciones)
    2) No (TERMINÓ, GRACIAS)

14. De los motivos que se señalan abajo, en retrospectiva ¿qué tan determinante fue cada uno para haber tenido relaciones sexuales con parejas ocasionales, es decir, con parejas que conocías poco o no conocías? (RESPONDER A LAS TRES OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque se presentó la oportunidad de tener relaciones				
Porque quería experimentar y saber qué se sentía				
Porque me atrajeron físicamente las otras personas				

15. De algunos estados biológicos que se señalan abajo, ¿qué tanto influyó cada uno para haber tenido relaciones sexuales con parejas ocasionales? (RESPONDER A LAS TRES OPCIONES)

	Influyó demasiado (1)	Influyó más o menos (2)	Influyó muy poco (3)	No influyó (4)
Me encontraba excitada/o físicamente				
Me encontraba bajo la influencia de alcohol				
Me encontraba bajo la influencia de alguna droga				

16. De las situaciones sociales que se señalan abajo, ¿qué tanto consideras facilitó cada una de ellas para que tuvieras relaciones sexuales con parejas ocasionales? (RESPONDER A LAS CUATRO OPCIONES)

	La facilitó demasiado (1)	La facilitó algo (2)	La facilitó poco (3)	No la facilitó para nada (4)
Encontrarme a solas con la pareja en algún lugar privado				
Encontrarme con la pareja en una fiesta o reunión				
Encontrarme en un lugar de espectáculos para adultos				

17. Ya que tú mencionas que has tenido relaciones sexuales con parejas ocasionales, es decir, con parejas a las que conocías poco o simplemente no conocías, ¿nos podrías decir con qué frecuencia has usado preservativo con este tipo de parejas?
    1) Siempre (Ir a la pregunta 18 y no contestar la 19)
    2) La mayoría de las veces (Ir a la pregunta 19)
    3) Muy pocas veces (Ir a la pregunta 19)
    4) Nunca (Ir a la pregunta 19)

18. De los motivos que se señalan abajo, en retrospectiva, ¿qué tan determinante fue cada uno para que usaras preservativo siempre cada vez que tuviste relaciones sexuales con parejas ocasionales? (RESPONDER A LAS CUATRO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Para evitar un embarazo				
Para evitar una infección de transmisión sexual				
Porque en cada caso se lo exigí a mis parejas				
Porque en cada caso mis parejas me lo exigieron				

19. De los motivos que se señalan abajo, ¿nos podrías señalar qué tan determinante fue cada uno para que no usaras condón siempre cuando tuviste relaciones sexuales con parejas ocasionales, es decir, parejas a las que conocías poco o no conocías? (RESPONDER A LAS CINCO OPCIONES)

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)

Para evitar un embarazo				
Para evitar una infección de transmisión sexual				
Porque en cada caso se lo exigí a mis parejas				
Porque en cada caso mis parejas me lo exigieron				

APARTADO PARA PERSONAS QUE NO HAN TENIDO RELACIONES SEXUALES CON PENETRACIÓN

No obstante que tú nos has tenido relaciones sexuales con penetración, es importante que contestes a las siguientes preguntas

20. ¿Qué tan determinante ha sido para ti cada uno de los motivos que se mencionan abajo para que no hayas tenido relaciones con penetración? (contestar a cada una de las preguntas).

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque quiero evitar una infección de transmisión sexual				
Porque quiero tener relaciones con esté enamorada/o				
Porque quiero evitar un embarazo				
Porque quiero poner en práctica				

la forma en que he sido educada/o sexualmente				

21. ¿Has tenido relaciones sexuales de tipo oral?
    1) Sí (pasar a la pregunta 22 y seguir contestando)
    2) No (pasar a la pregunta 25)
    3) No aplica
22. ¿Si te has tenido relaciones orales, de qué persona se trataba?
    1) Mi novia / o
    2) De un /a amigo / a
    3) De parejas eventuales o que no conocía mucho
    4) De profesionales del sexo
    5) No aplica
23. Cuando has tenido relaciones orales, ¿has usado preservativo?
    1) Sí (pasar a la pregunta 12)
    2) No (pasar a la pregunta 13)
    3) No aplica
24. ¿Qué tan determinante ha sido para ti cada uno de los motivos que se mencionan abajo para que uses preservativo cuando has tenido relaciones orales? (contestar a cada una de las preguntas).

	Muy determinante (1)	Más o menos determinante (2)	Poco determinante (3)	No fue determinante (4)
Porque quiero evitar una infección de transmisión sexual				
Porque yo lo he querido usar				
Porque la pareja me ha pedido que lo use				

Porque desconozco los antecedentes sexuales de la pareja				
No aplica				

Imagina ahora que estás en una situación donde existe una alta probabilidad de tener relaciones sexuales con penetración, ¿qué tan probable sería que...?

25. Preguntes a la pareja sobre sus antecedentes sexuales
    1) Nada probable
    2) Más o menos probable
    3) Mucho muy probable
    4) Bastante probable

26. Rechaces la propuesta de tener relaciones
    1) Nada probable
    2) Más o menos probable
    3) Mucho muy probable
    4) Bastante probable

27. Rechaces la propuesta de inclusive llegar a caricias de las zonas sensibles de tu cuerpo (pechos y clítoris en el caso de las mujeres, y pene o testículos en el caso de los hombres)
    1) Nada probable
    2) Más o menos probable
    3) Mucho muy probable
    4) Bastante probable

28. Pedirle a la pareja que se use preservativo
    1) Nada probable
    2) Más o menos probable
    3) Mucho muy probable
    4) Bastante probable

Piña-López, J, A., Montijo, S, R. y Rivera, B, M. (2007). Instrumento para la evaluación de variables psicológicas y comportamientos sexuales de riesgo en jóvenes de dos centros universitarios de México. *Revista Panamericana Salud Publica*, *22*(5). 295-303.

Appendix 3: "*Spanish validation for mexican population of the Alcohol, Smoking and Substance Involvement Screening Test*" (format with which it was transferred to the platform)

ASSIST

Las siguientes preguntas son sobre tu consumo de alcohol, tabaco y drogas a lo largo de tu vida y en los últimos tres meses. Estas sustancias pueden ser ingeridas (comida, bebida, masticada), fumadas, inhaladas, inyectadas o consumidas en forma de pastillas.

Por favor NO contestes que Sí, cuando hayas tomado medicamentos indicados por un médico, sólo si las tomast

e en mayor cantidad o más veces de las que te mandaron.

Ten la confianza de que la información que nos des será confidencial y anónima (no preguntamos tu nombre).

1. Específicamente para usos no médicos, ¿Cuál de las siguientes sustancias has consumido alguna vez en la vida ? Tabaco: cigarrillos, tabaco de mascar, puros, pipa, etc.

    1) No

    3) Si

2. Bebidas alcohólicas : cerveza , Four loko , shoots, vino, ron (Bacardí), brandy, whisky , tequila, vodka, mezcal , chavelitas, alcohol + bebida energética, cocteles, etc.

    1) No

    3) Si

3. Cannabis : marihuana , cbd, thc, mota, canabidiol, café, costo, hierba , hashish, churros, etc.

    1) No

    3) Si

4. Cocaína : coca , perico, crack , base, polvo , harina, etc.

    1) No

    3) Si

5. Anfetaminas u otro tipo de estimulantes : éxtasis , speed, pastillas para adelgazar , ice, hielo, cristal, crico, met, T, cristo, tachas , Tina , etc.

    1) No

    3) Si

6. Inhalantes : mona , activo, Resistol 5000 , colas, gasolina /nafta, pegamento, thinner , etc.

    1) No

    3) Si

7. Tranquilizantes, sedantes, calmantes, pastillas para dormir o de uso médico : V alium /diazepam, Trankimazin /Alprazolam/Xanax, Orfidal /Lorazepam, Serepax, Rohipnol , etc.

    1) No

    3) Si

8. Alucinógenos : h ongos , ajos, LSD, ácidos, peyote, ketamina, Special K , PCP, etc.

    1) No

    3) Si

9. Opiáceos : heroína , metadona, Crock , codeína, morfina , dolantina/petidina, fentanilo , etc.

    1) No

    3) Si

10. Otros, especifica:

11. En los últimos tres meses ¿Cuántas veces consumiste la sustancia que dijiste?

    1) Nunca

    2) 1 ó 2 veces

    3) Cada mes

4) Cada semana

6) Diario o casi diario

12. En los últimos tres meses ¿Cuántas veces tuviste muchas ganas, urgencia o “ansias” por consumir?

    1) Nunca

    3) 1 ó 2 veces

    4) Cada mes

    5) Cada semana

    6) Diario o casi diario

13. En los últimos tres meses, ¿Cuántas veces tu consumo de sustancias te causó problemas: de salud, sociales (con amigos o familia), legales (con las autoridades o policía), o económicos (de dinero)?

    1) Nunca

    4) 1 ó 2 veces

    5) Cada mes

    6) Cada semana

    7) Diario o casi diario

14. En los últimos tres meses por el consumo de sustancias, ¿Cuántas veces dejaste de hacer cosas que se esperaban de ti regularmente (ir a la escuela, tareas en casa, etc.)?

    1) Nunca

5) 1 ó 2 veces

6) Cada mes

7) Cada semana

8) Diario o casi diario

15. ¿Un amigo, un familiar o alguien más se ha mostrado preocupado por tu consumo de sustancias?

1) No, nunca

6) Sí, en los últimos 3 meses

3) Sí, pero no en los últimos 3 meses

16. ¿Alguna vez has intentado controlar, reducir o dejar de consumir sustancias y no pudiste lograrlo?

1) No, nunca

6) Sí, en los últimos 3 meses

3) Sí, pero no en los últimos 3 meses

17. ÚNICAMENTE PARA USOS NO MÉDICOS ¿Te has o te han inyectado alguna droga?

1) No, nunca

2) Sí, en los últimos 3 meses

2) Sí, pero no en los últimos 3 meses

18. Si respondiste si, en los últimos 3 meses ¿Cuántas veces lo hiciste?

1) Una vez a la semana o menos
2) Más de una vez a la semana (pero nunca 3 días seguidos)
3) Más de una vez a la semana (3 días seguidos o más)

Muñoz, A, C., Velasco, Á, E. y Abdalá, A, L. (2021). Adaptación y validación de la prueba de detección de consumo de alcohol, tabaco y sustancias (ASSIST) en adolescentes mexicanos de una población semirrural. *Revista Internacional de Investigación en Adicciones, 8*(1), 30-39.

Appendix 4: "*Spanish validation for mexican population of the Scale of Difficulties in Emotional Regulation*" (format with which it was transferred to the platform)

Escala de Regulación Emocional

Por favor indica qué tan frecuentemente te ha pasado lo siguiente en el último mes

1. Cuando me siento mal, se me dificulta pensar en algo más.
    1) Casi nunca
    2) Algunas veces
    3) La mitad de las veces
    4) La mayoría de las veces
    5) Casi siempre

Cuando me siento mal, me enojo conmigo mismo(a) por sentirme de esa manera

6) Casi nunca

7) Algunas veces

8) La mitad de las veces

9) La mayoría de las veces

10) Casi siempre

Cuando me siento mal, creo que así me sentiré por mucho tiempo.

11) Casi nunca

12) Algunas veces

13) La mitad de las veces

14) La mayoría de las veces

15) Casi siempre

2. Mis sentimientos me sobrepasan y están fuera de control.

1) Casi nunca

2) Algunas veces

3) La mitad de las veces

4) La mayoría de las veces

5) Casi siempre

Cuando me siento mal, pierdo el control de cómo me porto.

6) Casi nunca

7) Algunas veces

8) La mitad de las veces

9) La mayoría de las veces

10) Casi siempre

Cuando me molesto, me toma tiempo entender lo que en realidad estoy sintiendo

11) Casi nunca

12) Algunas veces

13) La mitad de las veces

14) La mayoría de las veces

15) Casi siempre

3. Cuando me siento mal, me cuesta trabajo concentrarme.

    1) Casi nunca

    2) Algunas veces

    3) La mitad de las veces

    4) La mayoría de las veces

    5) Casi siempre

4. Cuando me enojo me siento fuera de control

    1) Casi nunca

    2) Algunas veces

    3) La mitad de las veces

    4) La mayoría de las veces

    5) Casi siempre

5. Cuando me molesto, me siento avergonzado de sentirme así.

    1) Casi nunca

    2) Algunas veces

    3) La mitad de las veces

    4) La mayoría de las veces

    5) Casi siempre

6. Me cuesta trabajo entender por qué me siento como me siento.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

7. Cuando me enojo pierdo el control.
    1) Casi nunca
    2) Algunas veces
    3) La mitad de las veces
    4) La mayoría de las veces
    5) Casi siempre
8. Cuando me siento mal, me cuesta trabajo controlar lo que hago.
    1) Casi nunca
    2) Algunas veces
    3) La mitad de las veces
    4) La mayoría de las veces
    5) Casi siempre
9. Cuando me molesto creo que voy a terminar sintiéndome deprimido(a)
    1) Casi nunca
    2) Algunas veces
    3) La mitad de las veces
    4) La mayoría de las veces
    5) Casi siempre
10. Cuando me siento mal, creo que no hay nada que pueda hacer para sentirme mejor

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

11. Cuando me enojo, me siento avergonzado por sentirme así.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

12. Cuando me siento mal, siento que soy débil.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

13. No tengo idea de cómo me siento.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

14. Cuando me siento mal, me toma mucho tiempo sentirme mejor.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

15. Cuando estoy molesto, siento que mis emociones me dominan.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

Cuando me siento mal, me siento culpable por sentirme de esa manera

6) Casi nunca
7) Algunas veces
8) La mitad de las veces
9) La mayoría de las veces
10) Casi siempre

16. Estoy confundido(a) por cómo me siento.

1) Casi nunca
2) Algunas veces
3) La mitad de las veces
4) La mayoría de las veces
5) Casi siempre

Carranza-Plancarte, J, I., Navarro-Contreras, G., Correa-Romero, F, E. y González-Torres, M, L. (2022). Validación psicométrica de la escala de dificultades en la regulación emocional DERS para adultos michoacanos. *Revista de Educación y Desarrollo, 61*.

Appendix 5: "*Spanish validation for mexican population of the 14-Item Resilience Scale*" (format with which it was transferred to the platform)

Escala de Resiliencia de 14-Item (ER-14)

1. Normalmente, me las arreglo de una manera o de otra
    1) Totalmente en desacuerdo
    2) No estoy de acuerdo
    3) Algo en desacuerdo
    4) Neutral
    5) Un poco de acuerdo
    6) De acuerdo
    7) Totalmente de acuerdo
2. Me siento orgullos@ de las cosas que he logrado
    1) Totalmente en desacuerdo
    2) No estoy de acuerdo
    3) Algo en desacuerdo
    4) Neutral
    5) Un poco de acuerdo
    6) De acuerdo

7) Totalmente de acuerdo

3. En general me tomo las cosas con calma

    1) Totalmente en desacuerdo
    2) No estoy de acuerdo
    3) Algo en desacuerdo
    4) Neutral
    5) Un poco de acuerdo
    6) De acuerdo
    7) Totalmente de acuerdo

4. Soy una persona con una adecuada autoestima

    1) Totalmente en desacuerdo
    2) No estoy de acuerdo
    3) Algo en desacuerdo
    4) Neutral
    5) Un poco de acuerdo
    6) De acuerdo
    7) Totalmente de acuerdo

5. Siento que puedo manejar muchas situaciones a la vez

    1) Totalmente en desacuerdo
    2) No estoy de acuerdo
    3) Algo en desacuerdo
    4) Neutral
    5) Un poco de acuerdo
    6) De acuerdo

7) Totalmente de acuerdo

6. Soy resuelto y decidido

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

7. No me asusta sufrir dificultades porque ya las he experimentado en el pasado

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

8. Soy una persona disciplinada

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo

7) Totalmente de acuerdo

9. Pongo interés en las cosas

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

10. Puedo encontrar, generalmente, algo sobre lo que reírme

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

11. La seguridad en mí mismo me ayuda en los tiempos difíciles

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo

7) Totalmente de acuerdo

12. En una emergencia, soy alguien en quien la gente puede confiar

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

13. Mi vida tiene sentido

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo
7) Totalmente de acuerdo

14. Cuando estoy en una situación difícil, por lo general puedo encontrar una salida

1) Totalmente en desacuerdo
2) No estoy de acuerdo
3) Algo en desacuerdo
4) Neutral
5) Un poco de acuerdo
6) De acuerdo

7) Totalmente de acuerdo

Sánchez-Teruel, D. y Robles-Bello, M, A. (2015). Escala de Resiliencia 14 ítems (RS-14): Propiedades Psicométricas de la Versión en Español. *Revista Iberoamericana de Diagnóstico y Evaluación*, *40*(2), 103-113.