**Introduction**

Resilience is a hard topic to operationalize because it makes sense intuitively but has many dimensions of agency, resourcefulness, and social networks in response to adversity (Panter-Brick et al., 2018). The term resilience comes from the Latin resilientis, or to rebound (Holmes, 2017). In some research it is posed as the lack of a negative effect. “Resilience is often cast as the polar opposite of vulnerability” (Panter-Brick et al., 2018, pg. 1804). This definition is used because the impact of trauma can indeed be well managed, and the individual can adapt (Hildebrandt, 2017).The focus is on how stress affects the resiliency of the person, specifically when it come to the aging process (Hildebrandt et al., 2012). Therefore, the higher the cellular resiliency the lower the life stress.

Trauma

Trauma is often associated with stresses in life that have a negative influence on an individual and can be seen in many settings like an American inner-city or refugees in a Middle Eastern country. In the study by Panter-Brick and associates, the trauma was qualified by events that happened to the participant, for example, the question, “Have you seen someone severely beaten, shot, or killed?” (2018, pg. 1807). This shows that trauma can be negative events that are added to your life or happen to the participant. Another aspect of trauma could be attachment, cut off for a sustained period of time that has a negative impact on the individual. Inner-city life is more likely to contain economically impoverished neighborhoods characterized by poverty. In these communities, unemployment, ethnic and economic segregation, “underachieving” schools, child maltreatment, mental health problems, violence, and other crimes are more pervasive compared to other neighborhoods. These experiences are common in the inner city and are often associated with stress and trauma (Richardson et al., 2019).

**Materials**

There are many roadblocks in the world and some individuals are able to leap over those easily, while some people are not. This study will distribute surveys to 200 adolescent students in the Montgomery County area. The survey will be distributed at schools in the area, and resource centers, and resources to attract a diverse sample of students. The survey will target the relationship of experiencing trauma and the negative effect that it has on an adolescent’s life but having a secure attachment to a parental figure will aid them to overcome difficulties.

**Methods**

Participants

The sample will include 200 adolescents aged between 8-14 that have experienced trauma. There will be over 50 adolescents with secure attachments, over 50 with insecure avoidant attachment, over 50 with anxious resistant attachment, and 50 will have trauma but no secure attachment (anxious attachment or resistant attachment). And the adolescent with low trauma levels will have a secure attachment with the parental figure but no secure attachment (anxious attachment or resistant attachment). The group with the highest levels of resiliency is the adolescents with low trauma levels with a secure attachment to a parental figure. The resiliency scores are predicted to impact negatively and the presence of trauma in the insecure and anxious resistant conditions, but not the securely attached conditions. Thecounterexample provided by Hildebrandt (2012), would predict that with the presence of trauma, the resiliency score would be higher, no matter if the attachment is secure, avoidant, or resistant.

**Materials**

The survey will have 45 close ended questions. Ten questions of the survey will ascertain the kind of attachment the adolescent has to a parental unit using the Attachment Script Assessment (Dykas et al., 2006). Ten questions of the survey will determine the kind of trauma the adolescent has experienced using some of the 21-item Trauma Events Checklist questions (Panter-Brick et al., 2009) and then placed in high vs low categories. And 25 questions of the survey will determine the level of resiliency the child has using the Brief Resilience Scale (Smith et al., 2008). There are three kinds of attachments that adolescents are relegated to, secure attachment, insecure avoidant attachment, and anxious resistant attachment. Secure attachment is where the adolescent is confident in the attachment with the parental unit and is able to go to them in times of stress. Insecure avoidant attachment is where the adolescent does not seek a parental unit in times of stress and looks to themselves for comfort. Anxious resistive attachment is where the adolescent goes to the parental unit and is dependent on the attachment with the parental unit. This work suggests that psychosocial resources and lifestyle factors can add up to multisystem resiliency which would increase cellular buffering and sustain wellbeing or the capacity of a dynamic system to adapt successfully (pg. 1804).

**Discussion**

The results that are expected from this study are that the adolescents with high and low trauma levels that have a secure attachment to a parental unit will have better resilience than the adolescents with no secure attachment (anxious attachment or resistant attachment). And the adolescent with low trauma levels with a secure attachment will have better resilience than the adolescents with high trauma levels with secure attachment. The group with the lowest resiliency levels would be the adolescents with high trauma levels and no secure attachment (anxious attachment or resistant attachment). The group with the highest levels of resiliency is the adolescents with low trauma levels with a secure attachment to a parental figure. The resiliency scores are predicted to impact negatively and the presence of trauma in the insecure and anxious resistant conditions, but not the securely attached conditions.

Resilience is arguably a cornerstone that will make or break an individual’s future. With adolescents who are at a disadvantage because of trauma that they endured in the past, knowing how to set up adolescents who have experienced trauma for success is an advantage that should be considered. With these results, if an adolescent who has experienced trauma does not have a parental unit there should be dovetail attachments in order 50 with anxious resistant attachments. These adolescents will be recruited from local youth detention area, schools, libraries, and resource centers. These adolescents will be given an electronic link that will send them to a survey on Survey Monkey.

**Reference**


