

# Mapping Developmental Resilience: Examining Mentorship as a Protective Factor for ACEs Using Large Language Models

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This study explores how mentors support people who experienced Adverse Childhood Experiences (ACEs) using 3,635 open-ended responses from the Add Health dataset. ACEs shape long-term health and behavior, yet many studies overlook relational context. Drawing on mentoring and ACEs frameworks, this project views mentorship as a protective factor that promotes coping and recovery. Responses were reviewed with ChatGPT-4o, ChatGPT-4.5, and human coders, compared in SPSS, and thematically analyzed. Twenty-nine ACE-related results and six mentoring roles emerged: provider of socio-emotional support and validation, provider of safe and stable environment, surrogate caregiver, trauma and adversity guide, developer of life skills and resilience, and stabilizer of continuity and consistent presence. These findings highlight how supportive adults can influence resilience and inform youth-development policy.

*Keywords:* Adverse childhood experiences, LLMs, Add Health, developmental relationships, resilience

## Introduction

Adverse Childhood Experiences (ACEs) are highly prevalent: 63.9% of U.S. adults report at least one, and 17.3% report four or more (CDC, 2023). ACEs are strongly associated with negative long-term health and behavioral outcomes, including increased risk of chronic illness, mental health disorders, and suicidal (Hughes et al., 2017). Likewise, meta-analytic findings suggest that people exposed to four or more ACEs are 30 times more likely to attempt suicide compared to those who reported zero ACEs (Hughes et al., 2017). While ACEs have been shown to significantly impact mental health, they are often assessed using static checklists that do not account for contextual factors or protective relationships that may buffer their effects (Lacey & Minnis, 2020). The current study leverages a human-machine teaming technique (human and large language models) to examine in a large national representative dataset – the contextual and relational functions mentors help people through ACEs.

ACEs refer to ten categories of early-life adversity first defined by Felitti et al. (1998), including psychological, physical, and sexual abuse; violence toward the mother; and household dysfunction involving substance abuse, mental illness, or incarceration. This foundational framework was later expanded to include emotional and physical neglect and parental separation or divorce (Dong et al., 2004). This underscores the value of a more holistic approach that considers both risk and resilience in understanding the long-term influence of ACEs. Given the widespread impact of ACEs, identifying protective factors that can mitigate these effects is crucial. Accordingly, this paper examines the role of mentoring and mentor

support as potential protective factors that buffer the impact of adverse childhood experiences on mental health outcomes.

Mentoring relationships represent one of the most accessible and scalable forms of support for youth navigating adversity. Unlike clinical interventions, mentoring is inherently relational, grounded in empathy, consistency, and shared experience. Despite the well-established benefits of mentoring for general youth outcomes (DuBois et al., 2002; Rhodes et al., 2006), less is known about its role as a protective mechanism among individuals with histories of ACEs. Moreover, much of the existing literature is based on small, qualitative samples, limiting generalization. By combining qualitative insights from a nationally representative dataset with the analytic capacity of large language models (LLMs), this study offers a novel, scalable approach to identify how mentoring supports youth who have experienced adversity.

## Literature Review

Understanding *why* mentorship may serve as a protective factor requires looking beneath behavior to the biological and developmental processes shaped by early adversity. Research over the past two decades has revealed how toxic stress alters the body's systems and how stable, supportive relationships can interrupt these effects. The biology of adversity has emerged as a critical framework for understanding how early life stress affects long-term health outcomes. Research in developmental neuroscience and pediatrics has demonstrated that ACEs lead to toxic stress—defined as strong, frequent, or prolonged activation of the stress response system without

the buffering presence of a supportive adult—which can disrupt brain development, immune function, and metabolic regulation (Shonkoff et al., 2012; Shonkoff et al., 2021). These disruptions can alter the architecture of key brain regions such as the amygdala, hippocampus, and prefrontal cortex, as well as lead to systemic physiological consequences, including increased inflammation and heightened toxic stress levels. Importantly, these effects are not inevitable; the presence of stable, nurturing adult relationships has been shown to mitigate or even prevent the biological embedding of stress (*National Scientific Council on the Developing Child, 2015*). The integration of this bio-psychological understanding into pediatric practice has shifted attention toward early relational health as a protective factor. This expanded lens underscores the urgency of identifying community-based, relationship-centered supports—such as mentorship—that may serve to counteract the biological impacts of adversity and promote resilience.

### Mentoring and ACEs

Mentorship has been recognized as a potential protective factor that can help youth navigate the effects of ACEs. The developmental mentoring framework model introduced by Miranda-Chan and colleagues (2016) suggests that mentorship in adolescence is related to greater positive life outcomes compared to adolescents without mentors. Among these outcomes are increased psychological wellbeing, lower criminal activity, and higher levels of education, increased physical health outcomes, and job satisfaction (Miranda-Chan et al., 2016; Rhodes et al., 2006; Raposa et al., 2019). Support from mentors fosters stronger social connections, improved cognitive development, and more positive identity development, as mentors serve as positive role models and supportive figures (Rhodes et al., 2006).

The benefits of mentorship are particularly pronounced for youth from low-income or trauma-exposed backgrounds, where high-quality relationships—marked by closeness, communication, and support—can promote resilience and wellbeing (DuBois et al., 2002; Sieving et al., 2017). Mentorship has also been linked to reduced emotional distress and improved social functioning among survivors of childhood sexual abuse (Prowell & Williams, 2021). Past research has shown that mentors describe their roles as extending beyond individual guidance to include advocacy, emotional attunement, and engagement across life domains (Lakind et al., 2015).

Building on the protective role of mentorship in trauma exposed youth, it is critical to explore the specific functions used by mentors. Trauma survivors describe diverse mentoring figures—such as nurturers, role models, and career guides—who played meaningful roles in their recovery (Reilly & D'Amico, 2011) yet little is known about the specific behaviors mentors enact (i.e., mentoring functions) to support mentees who have experienced ACEs. Although mentoring has been associated with improved outcomes among trauma-exposed youth, the mechanisms through which these relationships promote recovery remain insufficiently understood. Relationship qual-

ity itself is a critical moderator, emphasizing the need for caring and consistent mentors (Raposa et al., 2019). Scholars have theorized that mentoring may operate as a form of relational regulation, in which consistent emotional support and modeling of adaptive coping helps recalibrate the stress response systems disrupted by early adversity (Rhodes, 2005; Shonkoff et al., 2012).

Two specific mentoring traits have been found to buffer negative effects of at-risk youth factors on mentoring relationships: high mentor self-efficacy and previous involvement with youth (Raposa et al., 2016). In this sense, mentors can serve as buffering figures who reduce the physiological and psychological burden of toxic stress by providing safety, predictability, and attunement. However, empirical research has rarely examined these processes directly or identified the specific behaviors through which mentors fulfill these protective roles. Addressing this gap requires moving beyond outcome-focused studies toward analyses that capture the relational functions mentors perform for youth with ACE histories. Understanding the specific mentoring functions that support youth facing adversity is critical to advancing prevention and intervention strategies.

### Theoretical Framework

The theoretical framework utilized in this paper follows resilience theory, which aims to identify factors leading to greater wellbeing following adverse circumstances (Masten & Cicchetti, 2016). Resilience theory provides a dynamic lens for understanding how individuals adapt and recover following exposure to adversity, emphasizing that resilience emerges through interactions between risk and protective factors rather than as a fixed trait. Resilience is necessary for an individual's ability to overcome adverse circumstances, and in most cases, resilience is a common, everyday process that most possess, rather than an extraordinary trait (Masten, 2001). The definition of resilience used for this study matches the current broad conceptualization; "Fundamentally, resilience refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity," (Herrman et al., 2011, p. 259). Resilience research typically aims to identify and promote protective factors, which mitigate risk impacts (Luthar & Cicchetti, 2000). Within this framework, supportive adult relationships—such as mentoring—are viewed as key protective systems that foster adaptation, belonging, and self-regulation following adversity (Rhodes et al., 2006). The current study utilizes this framework to illuminate the relational processes through which mentors promote recovery and wellbeing among individuals who have experienced ACEs. Specifically, we utilize resilience theory to guide our analysis of the mentoring functions that buffer the impact of ACEs, positioning mentorship as an ordinary but powerful source of resilience.

Building on this theoretical foundation, the current study employs a qualitative approach to examine how mentorship supports resilience among individuals exposed to adversity. Qualitative research offers a powerful way to uncover how mentorship supports youth in context, revealing the nuanced dynamics, emotional connec-

tions, and the meaning they assign to mentoring relationships. However, qualitative methods are resource-intensive, and large-scale narrative data is often underutilized due to the time demands of manual coding. Datasets like the National Longitudinal Study of Adolescent to Adult Health (Add Health), which contain thousands of open-ended responses related to mentorship, represent a valuable but under explored opportunity to understand protective mentoring functions at scale. The Add health dataset is particularly useful because it represents a normative population, rather than focusing only on high-risk groups. The concept of “ordinary magic” supports the idea that resilience is common in ordinary, normative populations (Masten, 2001). This study applies the ACE framework to open-ended mentorship responses in the nationally representative Add Health dataset, using both large language models (LLMs), and human coders to explore how mentoring functions may serve as buffers against early adversity. Finally, this research offers practical guidance for community and school-based mentoring initiatives, particularly those designed to support youth who have experienced ACEs.

## Methods

Qualitative interviewing may serve as a more appropriate research method when working with sensitive participants (Diab & Al-Azzeh, 2024). Qualitative assessment allows participants to share a more nuanced, detailed, and complex account of their experiences. When under a proper trauma informed approach each, this method may also be less harmful to participants, compared to quantitative research. Additionally, large, representative samples are important to ensure reliable and accurate analysis (Petersen et al., 2005). They tend to more accurately represent the true population and add statistical and methodological reliability.

Large language models (LLM), such as Open AI’s ChatGPT, may serve as unique tools in research, assisting in a variety of tasks (Van Dis et al., 2023). The use of LLMs may lessen the workload of academics, allowing them to spend more time developing new experimental designs. As LLMs grow more sophisticated, there is more promise in their ability to assist across fields. However, LLMs are still prone to many errors, and human verification is needed to correct possible mistakes. LLMs have unique promise in qualitative research, as it can help to minimize time spent on human coding. However, the use of LLMs for qualitative research has still not proven to be reliable, as mistakes and discrepancies between human coders and LLM codes are common (Bano et al., 2023). With this context, LLMs can be used as valuable tools, but human verification is necessary for reliability, especially within the context of qualitative research.

## Participants

The current study utilized data from the Add Health dataset, a nationally representative sample of over 20,000 adolescents (Harris et al., 2024). This longitudinal study began in the 1994-1995 school year and tracked students from grades 7

through 12 across five waves, with the most recent wave occurring between 2016 and 2018 (for details about Add Health <https://addhealth.cpc.unc.edu/>). Add Health data encompasses various factors including social, behavioral, cognitive, familial, psychosocial, and demographic information. A total of 5 waves of data have been collected, with Wave I (1994-1995), Wave II (1996), Wave III (2001-2002), Wave VI (2007-2008), and Wave V (2016-2018). The present analysis specifically examined Wave III data collected from August 2001 to April 2002, which comprised 15,197 interviews with participants aged 18 to 26. This data collection wave encompassed transition to adulthood interviews.

The use of the Add health dataset is particularly useful due to its diverse, nationally representative nature, including a wide range of geographic, socioeconomic, racial, and ethnic backgrounds. Examining adversity and mentorship within a normative population is highly valuable but relatively uncommon, as it captures the full spectrum of developmental experiences rather than focusing solely on clinical or high-risk groups. This approach provides a rare opportunity to analyze mentoring processes as they occur naturally across diverse contexts, offering unique insight into how supportive relationships function within the general population.

Participants completed computer-assisted interviews, during which they answered whether they had a mentor. Specifically, they were asked: “Other than your parents or step-parents, has an adult made an important, positive difference in your life since you were 14?” If they responded “yes,” they were subsequently asked the open-ended question: “How did {he/she} help you?” This resulted in a total of 3,635 responses.

## Procedures

The research team used large language models (LLMs), ChatGPT-4o (original fourth model, March 2023) and ChatGPT-4.5 (updated model for more efficient performance, November 2023) to code 3,635 participant responses for evidence of mentor support in the context of Adverse Childhood Experiences (ACEs), guided by foundational Felitti ACEs framework. The LLMs identified whether support was provided in response to an ACE and, in some instances, categorized responses by ACE type. A team of five researchers reviewed these LLM-generated codes for accuracy and established consensus.

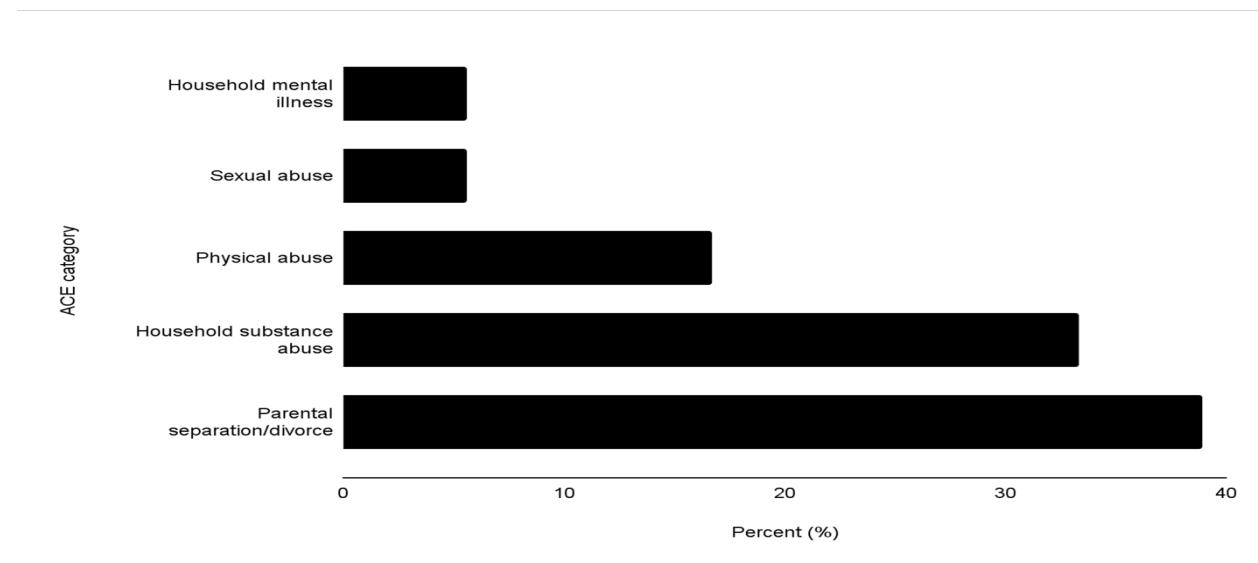
The coding procedure was subsequently repeated using ChatGPT-4.5, which was prompted to review both the Felitti framework and contemporary ACE frameworks endorsed by the Center for Disease Control and Prevention (CDC) (Dong et al., 2004). This version of the LLM flagged responses indicative of ACEs but did not categorize them—this task was completed by human coders. The LLM was also given an additional article on the CDC framework to enhance its comprehension and was permitted to mark responses as uncertain. Human coders reviewed both the flagged and uncertain responses to ensure coding accuracy. Additionally, 2 human coders independently reviewed all 3,635 qualitative responses to iden-

tify instances where mentors supported individuals experiencing ACEs, ensuring that the LLM had not missed relevant responses. Accuracy comparisons among the independent human coders, the LLM-generated codes, human-corrected LLM codes, and entirely human-generated codes were conducted using IBM Statistical Package for the Social Sciences (SPSS). From this analysis, several thematic areas emerged, highlighting mentorship's role in mitigating the impacts of ACEs.

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**Figure 1**

*Timeline of the Hybrid Coding Workflow*



*Note.* This figure identifies the most common categories of ACEs found in mentoring

## Results

The standard ChatGPT-4o correctly flagged 18 mentoring responses to ACEs. An example is: “Helped me in dealing with child molestation issues.” Of the correctly identified ACEs, categories included physical abuse (16.7%), sexual abuse (5.6%), household substance abuse (33.3%), household mental illness (5.6%), and parental separation or divorce (38.9%).

The ChatGPT-4.5 model did not identify any new, unique mentoring responses. Upon re-prompting procedures—the ChatGPT-4.5 model flagged 4 new, unique mentoring responses to ACEs. An example quote of a newly identified response is “she’s been a friend whenever my mother and father split up.” A human coder independently flagged 7 new, unique mentoring responses to ACEs. An example quote of a newly identified quote is “She was instrumental to my wellbeing during my parents custody battle.”

Additionally, 2 human coders independently reviewed all 3,635 qualitative responses to identify instances where mentors supported individu-

A second human coder independently reviewed the qualitative responses to ensure coding accuracy. Inter-rater reliability, calculated using Cohen’s kappa ( $\kappa$ ), was substantial,  $\kappa = .817$ ,  $p < .001$ , indicating strong consistency between raters (Landis and Koch, 1977).

Combining both LLM and human-coded methods, a total of 29 unique responses were accurately identified as reflecting mentors assisting mentees through ACEs. Notably, 3606 participants were not identified to have experienced an ACE.

## Unique Mentoring Responses

After all 29 unique mentoring responses to ACEs were verified through cross-comparisons between two independent computer coders and LLM results, the researchers built upon the Miranda-Chan et al. (2016) developmental mentoring functions framework by utilizing thematic open-ended procedures (Braun & Clarke, 2006). Analysis of the 29 ACEs responses yielded six thematic mentoring functions of people who experience ACEs: provider of socioemotional sup-

port and validation, provider of safe and stable environment, surrogate caregiver, trauma and adversity guide, developer of life skills and resilience, and stabilizer of continuity and consistent presence.

**Provider of Socioemotional Support and Validation**

Mentors provided emotional comfort and validation, helping mentees cope emotionally during challenging periods. Examples included: “She always give[s] advice, someone I could talk to about daily problems or daily events” and “He gave me moral support when parents’ separated and divorced.”

**Provider of Safe and Stable Environment**

Mentors offered physical and emotional refuge from unstable or harmful environments. One participant noted: “She provided me with a place to live without domestic abuse and drugs,” while another shared: “She took me in when my parents kicked me out.”

**Surrogate Caregiver**

Mentors often filled parental roles, especially

during periods of neglect, divorce, or parental absence. Responses included: “She is like a second mother to me,” and “Acted as a father since parents divorced.”

**Trauma and Adversity Guide**

Mentors assisted mentees in navigating severe adverse experiences. Examples included: “Helped me in dealing with child molestation issues,” and “She was instrumental to my wellbeing during my parents’ custody battle.”

**Developer of Life Skills and Resilience**

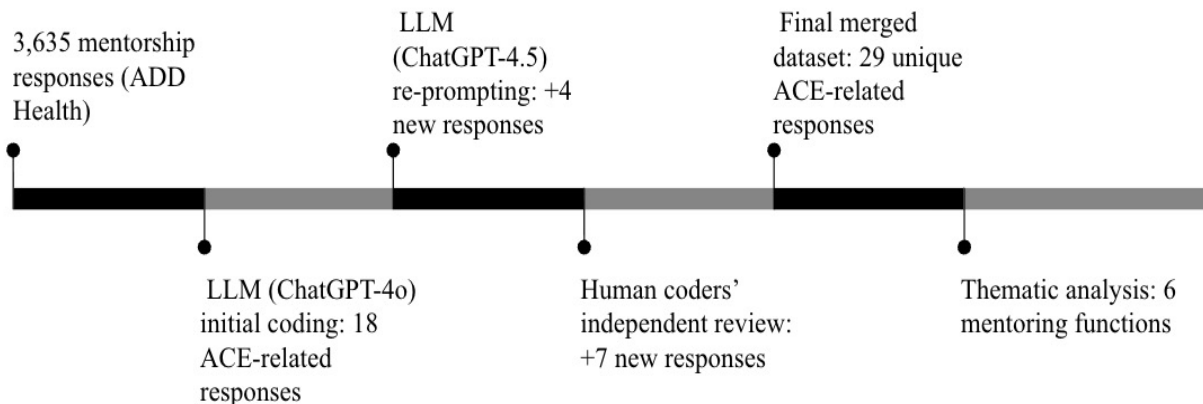
Mentors supported mentees by teaching practical skills, promoting resilience and independence. Responses included: “She has shown me that life is very important and has shown me how to be strong,” and “teaching me right from wrong.”

**Stabilizer of Continuity and Consistent Presence**

Mentors served as stable, consistent supports during prolonged adversity. Respondents remarked: “He was there during the tough times that I was going through at school and at home,” and “She has been there for me in bad and good situations.”

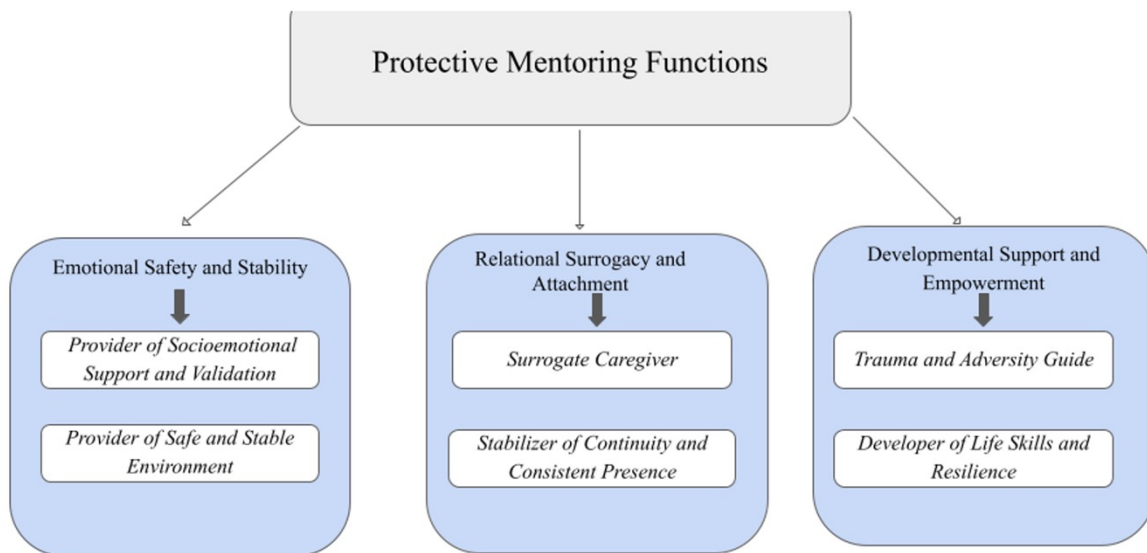
**Figure 2**

*Distribution of Adversed Childhood Experience (ACE) Categories in Mentoring Responses Identifies By GPT-40*



**Table 1***Themes and Corresponding Example Quotes from Participants*

Theme	Example Quote
<b>Provider of Socioemotional Support and Validation</b>	"She always give[s] advice, someone I could talk to about daily problems or daily events"
<b>Provider of Safe and Stable Environment</b>	"She took me in when my parents kicked me out."
<b>Surrogate Caregiver</b>	"Acted as a father since parents divorced."
<b>Trauma and Adversity Guide</b>	"She was instrumental to my wellbeing during my parents' custody battle."
<b>Developer of Life Skills and Resilience</b>	"Teaching me right from wrong."
<b>Stabilizer of Continuity and Consistent Presence</b>	"She has been there for me in bad and good situations."

**Figure 3***Thematic map of mentoring functions illustrating 6 core themes organize within three*

## Discussion

Through the combined efforts of LLMs and human coders, 29 rich ACE-related mentoring narratives were identified, revealing six core mentoring functions. These findings emphasize the role of stable, supportive, and nurturing mentors in fostering resilience and emotional well-being among individuals exposed to significant childhood adversity. This study offers a novel approach to examining *how* mentors support youth with ACEs—an area rarely studied at this scale using existing large data repositories. While the benefits of mentoring are well-documented (Miranda-Chan et al., 2016), this study advances the literature by conceptualizing mentorship as a protective factor that mitigates the negative impact of ACEs, thereby highlighting its potential role in fostering resilience.

The six mentoring functions can be synthesized into three overarching domains: emotional safety and stability, relational surrogacy and attachment, and developmental support and empowerment. These themes align with developmental mentoring theory (Miranda-Chan et al., 2016), highlighting the importance of stable, responsive adults in mitigating the effects of adverse childhood experiences (Prowell & Williams, 2021). This research offers a practical framework for mentoring programs, emphasizing the importance of relationship-building, emotional attunement, and long-term consistency. Mentors not only serve as academic and career guides but also act as healing agents and protective figures. By identifying specific mentor roles—such as providing socioemotional support, creating safe and stable environments, and acting as surrogate caregivers—this study offers trauma-informed, evidence-based practices that can be used in community and school-based programs to support youth with histories of early adversity.

Based on these findings, which underscore the importance of mentors supporting mentees through adversity, several practical implications can be noted. Being emotionally present and receptive is especially valuable; mentors should be prepared to listen actively, validate their mentees' experiences, and foster a sense of psychological safety. Mentors should also strive to create and maintain safe, consistent spaces, as stable and trustworthy relationships are particularly meaningful for youth facing adversity. Another key implication is the importance of offering warmth and nurturance while maintaining appropriate boundaries. Formal mentoring programs can play a critical role by training mentors to balance emotional support with professional boundaries. Additionally, mentors should be trauma-informed, as many mentees may bring experiences of adversity into the relationship. Training programs should therefore include education on trauma-informed principles to enhance mentors' sensitivity and effectiveness. Mentors should also help mentees develop resilience, self-regulation, and decision-making skills, capacities that extend beyond the mentoring relationship and promote long-term success. Finally, consistency is essential. A mentor's enduring presence can provide stability and reassurance, particularly for youth who have

experienced disruption or loss, helping to mitigate feelings of abandonment and fear.

Our results align closely with resilience theory, as utilization of our six mentoring functions act as protective processes, helping youth to experience greater resilience following adversity. Resilience theory emphasizes that protective factors—especially strong and stable social support—aid in allowing for greater likelihood of positive, adaptive systems following risk exposure (Masten, 2001; Masten and Cicchetti, 2016). The specific functions identified in this study show specific pathways mentors can take to help buffer the negative developmental consequences associated with ACEs.

The first overarching domain, emotional safety and stability, reflects emphasis on co-regulation and stress buffering. This is consistent with resilience theory, as mentors who provide safe spaces, socioemotional support, and validation enact protective relationships which have been shown to mitigate the biological and psychological impacts of toxic stress (Shonkoff et al., 2012; National Scientific Council on the Developing Child, 2015). Many participants stated that their mentors “took them in” and were consistently available for support, showing how emotional and physical safety serve as foundational conditions for positive, adaptive coping.

The second domain, relational surrogacy and attachment, shows the importance of caregiver-giving systems as central mechanisms for positive adaptation, which is a concept supported by resilience theory. Individuals with histories of early adversity commonly have disruptions in attachment security, and mentors serving as surrogate caregivers or providing consistent presence may help compensate for these disruptions. This reflects Masten's (2001) concept of “ordinary magic,” in which every day, supportive relationships can enhance resilience through promoting belonging, self-regulation, and identity development. Mentors counteract mentees' environmental instability by functioning as predictable and nurturing figures.

The third domain, developmental support and empowerment, showcases how mentors foster competencies that promote resilience. Mentors can teach their mentees essential life skills, serve as a model for adaptive coping, and guide youth through trauma. These practices engage in skill-building and meaning-making processes which are identified in resilience research as essential for long-term wellbeing (Herrman et al., 2011; Luthar & Cicchetti, 2000). Participants described mentors who offered guidance or taught them “right from wrong,” which demonstrates how mentors promote behavioral and emotional adaptation after adversity.

Taken together, these three domains showcase mentorship as a multidimensional protective system that protects youth across developmental, relational, and emotional levels. Through identifying specific mentoring functions that facilitate these resilience processes, the present study extends theoretical understanding of how

after exposure to ACEs, adaptive functioning can be fostered through supportive relationships. Our findings reinforce the central themes of resilience theory, emphasizing supporting, responsive adult relationships serve as buffers against consequences of early adversity. Findings also illustrate how protective mentoring functions are accessible, and a naturally occurring pathway to resilience within normative populations.

These findings align with a growing body of research demonstrating how early adversity disrupts neurodevelopment and contributes to long-term impairments in learning, behavior, and health (Shonkoff et al., 2012; Shonkoff et al., 2021). In particular, the emotional and relational support described by participants in this study parallels the types of buffering relationships highlighted in ecobiodevelopmental (EBD) theory—namely, stable, nurturing adult figures who mitigate the harmful effects of toxic stress. For example, when mentors provide emotional validation or serve as surrogate caregivers, they are enacting the same protective functions identified in pediatric and developmental literature as central to healthy brain architecture and stress regulation. The themes identified in this study—such as the mentor acting as a stabilizing force or emotional anchor—can therefore be conceptualized as mechanisms that interrupt or reduce the cumulative burden of toxic stress.

Moreover, recent advances in developmental biology and pediatric science emphasize that the effects of early adversity extend well beyond the brain. As Shonkoff et al. (2021) argue, adversity and resilience are multisystem phenomena, affecting not only neural networks but also immune responses, inflammatory pathways, and metabolic systems. This broader framing of toxic stress suggests that mentors may play a role in buffering physiological stress responses at multiple biological levels, particularly when their presence fosters emotional safety and consistent co-regulation. While this study was limited to qualitative narratives, future research could explore whether mentored youth show measurable reductions in physiological stress indicators—such as cortisol levels, heart rate variability, or markers of inflammation. Framing mentorship as a biopsychological intervention, rather than solely a social or educational one, invites a more integrated understanding of how supportive relationships promote whole-child wellbeing.

A key limitation of this study lies in the secondary nature of the data, which did not allow the authors to directly probe participants about their mentoring experiences in relation to ACEs. As a result, the analysis relied solely on instances in which participants voluntarily referenced mentoring in the context of discussing ACEs. This limits the comprehensiveness and consistency of the data regarding the mentor-ACE connection. Future research should address this gap by explicitly exploring how youth perceive and experience mentoring in relation to specific forms of adversity, thereby enabling a more targeted understanding of the protective functions mentors may serve.

## Conclusion

This study highlights the critical role that mentors can play as protective factors in the lives of youth who have experienced ACEs. Beyond providing general guidance (Miranda-Chan et al., 2016), mentors are a key source of emotional, relational, and practical support following adversity. These findings contribute to a growing body of research that positions mentoring not only as a developmental asset but as an important protective factor for youth (DuBois et al., 2002; Sieving et al., 2017). As such, mentoring programs should be designed and implemented with an awareness of their potential to serve as stabilizing, supportive, and healing influences in the lives of vulnerable youth.

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