Yo Aquí y Vos Allá: Connection, Support, and Well-Being Among Immigrants from Central America

Andrea Guadalupe Pérez Portillo

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Reading Committee:
David Takeuchi, Chair
Bonnie Duran
Jane Lee

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Andrea Guadalupe Pérez Portillo

University of Washington
Abstract

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Andrea G. Perez Portillo
Chair of the Supervisory Committee:
David Takeuchi
School of Social Work

This project centers the lived experiences of immigrants from Central America and their social connections after immigrating to the United States. Amid the current "immigrant crisis" at the southern border, this investigation will contribute to our understanding of strengths-based, culturally informed, and relational explorations of immigrant health. Framed by a QuantCrit (Quantitative Critical Race theory), LatCrit (Latine/x Critical Race theory), and social support theories, this three-paper dissertation will first, describe the association between social network density and mental health outcomes of Central American immigrants. Second, this study will utilize social network analysis and personal interviews to map immigrant's personal networks in order understand how immigrants conceptualize support. The final paper will build on the first two aims by focusing on the meaning of social networks for immigrants through semi-structured interviews and relational conversational methodologies. This analysis pays particular attention to the role digital transnational ties play in identity, integration, and support. This will provide additional information about how immigrant social networks are formed, maintained and how they impact health and integration experiences of Central American immigrants in the US. Collectively, findings from this project will contribute to strengths-based literature around immigrant health.

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Positionality

The research lens that drives this project is greatly informed by my intersecting identities and the impact they have in how I navigate between community and academia. My positionality as a Queer Salvadoran immigrant shaped my engagement in this project from the questions that I asked to the reception of this project by participants. Growing up Salvadoran in the Bay Area I experienced and witnessed how stereotypes attached to this identity shaped how we (collectively) were able to navigate our day to day, even within broader immigrant communities. I also witnessed, how in spite of this, Central American communities were able to carve out spaces for nurturing roots in through space and community.

Additionally, by being raised in El Salvador (Nahua/Lenca/Ulua ancestral homelands) and in Richmond, CA (Ohlone ancestral homelands), I have benefitted from the experience of living within and outside two seemingly opposing cultures. Over time, I learned the value of being in community with others who "just get it." While many immigrant communities from the Global South are deeply impacted by inequity rooted in white supremacy and colonial legacies of subjugation, somehow when we find each other and build our networks of support we find ways to move forward. Often this is a mix of new friends, old friends, birth families, chosen families and any mosaic combination therein. Regardless of the mix, we know that when we're in community with people who understand our lived experiences it is easier to navigate the world. These early introductions on intersectionality, oppression, and the importance of community relationships are at the heart of this project.

I have been afforded the unique privilege (and responsibility) of doing work within some of the communities that I belong to. My identities of privilege and oppression shaped the types of question that I asked and also likely shaped the way in which participants engaged with me. As a

witness to the legacies of white supremacy and colonial structures in my home country as well as in the one my family settled in, I hope to contribute to research that advances our understanding of the complex implications of these structures across borders but also within our communities through a strengths-based and culturally rooted approaches. I was fortunate to conduct my research in with the support of fellow Central American immigrants and community members who seemed encouraged by positionality in this project. This project is a labor of love and commitment to counter narratives for us and by us. As we work toward dismantling systems of oppression, I hope to continue centering community as we move towards collective healing.

Introduction

Xenophobia against immigrants, especially those entering from Central American and other Latin American countries, has been at the forefront of recent immigration rhetoric, policies, and media coverage. In Texas, for example, there has been increasing conflict over who gets to regulate the border, with limited attention paid to the grotesque and inhumane practices implemented to deter immigration (e.g., barbed wires, human rights violations, inhumane detention, family separation, etc.) (Abu-Laban, 2019; Campbell, 2020; Dreby, 2015; Green, 2019; Hurtado-de-Mendoza et al., 2014). Additionally, framing issues of immigration from Latin American countries as "invasions" and invoking proclamations of "self-defense" at the expense of immigrant lives further expose immigrants to high levels of legal and structural violence (Menjívar & Abrego, 2012; Chishti & Gellatt, 2024). Despite this, immigrants from Central America continue to demonstrate resilience and resistance to the systems constantly trying to break them down and find ways to keep moving forward among others who share their cultures, identities, and experiences.

Building from studies of social support and transnational connections, this three-paper dissertation will detail the importance of social support and relationships on both the physical and emotional health of immigrants from Central America. This project's overarching research question is: What is the role of social support on the well-being of Central American immigrants in the United States? Additional related explorations will investigate factors that contribute to social support, map immigrant supportive networks, and share how these networks shape integration experiences in the United States.

Critical Race Theory (CRT), LatCrit and QuantCrit were a central component in the framing of this project. White supremacy, Indigenous erasure, and intersectional inequity have

been at the core of the United States' internal organization since its inception (Akbar, 2018; Matos, 2019, Guajardo et al., 2020; Kiehne, 2016; Trucios-Haynes, 2000). Immigration policies over time have also worked to define the lines of belonging in the United States (Bruzelius & Baum, 2019; Coutin, 2007), and similar policies of inclusion and exclusion rooted in white supremacy and settler colonialism exist in Latin American countries (Castellanos, 2017; Saldaña-Portillo, 2017; Speed, 2020). Latinx Critical Race theory stipulates that groups in the U.S. are labeled and categorized by those in positions of power, which especially resonates with immigrant groups subjected to nativist ideologies and perpetual non-belonging (Cano et al., 2021; Delgado & Stefancic, 2017). As an extension of Critical Race Theory (CRT), LatCrit centers on "intersectionality," which provides an opportunity to examine the various tenets of Latinx identities and how intersections of race, gender, skin color, ethnicity, language, and culture impact individual experiences (Delgado et al., 2017; Matos, 2019, Guajardo et al., 2020; Kiehne, 2016; Trucios-Haynes, 2000). Against this context, LatCrit provides a framework for our need to start undoing the exclusive use of broader pan-ethnic groups like "Latinx," "Hispanic," and "Latine." This project narrows in on the Central American region because of its specific socio-political history that differs from other Latin American countries and creates opportunities for intentional engagement with different identities.

Similarly, in its applied quantitative form of CRT (and LatCrit), QuantCrit operates more concretely with the following assumptions delineated by Van Dusen and Niessen (2021):

1. Oppression is a fact that adversely impacts people.
2. Data and methods are not neutral.
3. Data interpretation is not neutral.
4. Groups/identities are socially constructed and positioned.

Analyses throughout this project is intersectional and reflexive. Whenever possible, questions around groups and identities were open-ended, including options for race separate from the country of origin, gender identity, and sexual orientation to allow for more nuance in self-identification. Researcher positionality and reflexivity are at the forefront of this project, as is an understanding that this is a small contribution to a more extensive conversation in research challenging pan-ethnic labels and monolithic understandings of immigrants. With this in mind, we aim to elucidate differences within Central American immigrant experiences to advocate for culturally sustaining and relational healing practices and policies that impact immigrant health.

This project will center on the experiences of immigrants from Central America and their social connections after immigrating to the United States. In the aftermath of the Covid-19 global pandemic and on-going conversations around the needs of immigrants entering through the southern border of the United States, this project will contribute asset-based and culturally rooted explorations of immigrant mental health. As a three-project dissertation, this paper will highlight the role of social and community resources at the macro and micro level of analysis. The first paper will utilize the third wave of the National Epidemiological Survey for Alcoholism and Related Conditions (NESARC-III), a nationally representative dataset, to examine social support, social network diversity, and depression outcomes among Central American immigrants. Data for the second and third papers comes from a social network mapping project that utilizes a mixed-methods social network analysis (SNA) approach to engage with community partners in mapping and contextualizing their immigration experiences and support networks.

The second paper will visualize immigrant networks, describe the association between social network density and mental health outcomes, and identify patterns between participants and the people they nominate. The final paper will build on the first two aims by creating an

opportunity for situating visualized networks within the lived experiences of immigrants through qualitative conversations about sources of support, barriers to care, and interpersonal and digital resilience (Udwan et al., 2020). Situated in the aftermath of a globally isolating pandemic and wihtin the context of globalized access to digital communication technologies, this project will contribute to a growing body of literature aimed at challenging deficit-based narratives for oppressed and targeted communities so we move away from problematizing individuals and communities and towards problematizing oppressive systems themselves (Ginwright & James, 2002; Tuck, 2009). Findings from this project contribute to growing bodies of literature advocating for the health and well-being of immigrants through counter-narratives of strength and resilience.

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SOCIAL NETWORKS OR SOCIAL ROLES? THE ASSOCIATION BETWEEN SOCIAL RESOURCES AND DEPRESSION AMONG CENTRAL AMERICAN IMMIGRANTS

Social connections and social support have shown strong associations with immigrant mental health. This study examines the nuances in the associations between social network measures and perceived interpersonal support on depression among immigrants from Central America residing in the United States. Data for this project came from the 2012-2013 wave of the National Epidemiological Survey for Alcohol and Related Conditions (NESARC-III). The association between lifetime depression and perceived interpersonal support, three social network measures (density, domain participation, and count) were assessed through a series of logistic regressions that controlled for demographic characteristics. Linear regressions were used to assess the relationship between perceived interpersonal support and network characteristics. This study found a negative association between higher levels of perceived interpersonal support and meeting criteria for depression. Social network measures were not significant in their association with depression; however, supplemental analyses indicate a strong relationship between network characteristics and perceived interpersonal support. Future research is needed to further elucidate the mechanisms that contribute to protective interpersonal immigrant resources and their impact on immigrant health across the lifespan.

Keywords: Social support, immigrants, health

SOCIAL NETWORKS OR SOCIAL ROLES? THE ASSOCIATION BETWEEN SOCIAL RESOURCES AND DEPRESSION AMONG CENTRAL AMERICAN IMMIGRANTS

Central Americans, especially those from the Northern triangle that includes El Salvador, Honduras, and Guatemala, account for the second-largest group of immigrants from Latin America only after Mexican immigrants (Batalova & Babich, 2021). Emigration from the region has continued to increase since the 1980s due to the ongoing destabilization of their home nations resulting from U.S. foreign intervention, foreign agricultural interests, and ongoing internal political violence (Batalova & Babich, 2021). As a result, approximately 44.7 million Central American immigrants live in the United States and account for a significant portion of the growing U.S. immigrant population (Batalova & Babich, 2021). Immigrants from these regions, especially those coming from countries in the Northern Triangle are an especially important subset of Latin American immigrants to understand. Research within these and other Central American groups highlight the lasting interconnectedness and lasting legacies of US interventions, community violence and the destabilization of these countries as a major driving force for immigration, especially during the late 80s, 90s and into today (Booth et al., 2020). Of special importance to this group are different factors that further impact integration into the United States.

While a majority of immigrant literature either explicitly focuses on Mexican/Mexica-American samples or broader pan-ethnic categorizations “Latinos/e” there is a need for disaggregation of these categories to understand the nuances therein (Delgado et al., 2017). Additionally, recent immigration legislation has specifically targeted immigrants traveling to the United States through Mexico, most of which come from Central American nations (Chomsky, 2021; Revens, 2019). Throughout their immigration experiences, immigrants are at an increased

risk of developing mental health conditions due to increased acculturative stress and ongoing legislative persecution (Narea, 2019). Due to complex histories of poverty, community violence, systemic violence, war, family and journey-related traumatic experiences immigrants entering the United States, especially during period of extreme anti-immigrant hostility, are vulnerable to risk factors that contribute to depression (Okonji et al., 2021).

Heightened exposure to these stressors may impact their ability to stabilize and integrate into their new homes especially in the presence of structural stressors (Stronks et al., 2020) which theoretically would lead to higher prevalence of mental health needs. However, explorations into immigrant health often highlight the lower prevalence of risk for mental health disorders (Alegría et al., 2017). What is often called the "immigrant health paradox", "healthy immigrant paradox" and variations of the "acculturation" hypothesis generally stipulate that first-generation immigrants are less susceptible to mental health disorders than those from the 1.5 generation or second generations and even their U.S. born counterparts (Alegría et al., 2017; Bacong & Menjívar, 2021; Salas-Wright et al., 2018). Over time this advantage can fade and is also further exacerbated by intersectional challenges driven by different social positionalities (race, class, gender, sexual orientation, status, age of immigration etc.) (Alegría et al., 2017; Bacong & Menjívar, 2021; Salas-Wright et al., 2018).

Interpersonal and community relational resources has continuously been proven to be a protective factor against adverse physical and mental health outcomes among immigrants due to its role in increasing access to community support, healthcare information and increased feelings of integration and belonging (Portillo et al., 2023; UNESDA, 2021). When immigrants enter a new country, they not only carry their home country and immigration experiences with them, but they also have to locate resources that contribute to their physical and emotional health. For

immigrants, interpersonal resources provide them access to essential information crucial to their integration into their new communities (UNESDA, 2021; Fitts & McClure, 2015). These interpersonal resources are complex and may impact immigrants in different ways and may be further impacted by the intersectional identities of immigrants.

Immigrant health literature that focuses on immigrants from Latin American regions highlight that the social capital immigrants are able to access upon entering the United States has important implication for integration trajectories as having access to information and resources can open up possibilities for employment and access to community resources (Alegría et al., 2017; Ayón & Naddy, 2013; Fitts & McClure, 2015; Hurtado-de-Mendoza et al., 2014). These resources, much like the identity of Central American immigrants, vary and likely so will their effects on their health. Currently, there is limited information about what key factors and differences are most helpful for immigrants within these supportive networks.

For example, immigrants who have extensive social networks may have access to greater integration resources such as access to jobs or other crucial information that helps decrease stressors associated with getting established in a new country (Alegría et al., 2017; Ayón & Naddy, 2013; Fitts & McClure, 2015; Hurtado-de-Mendoza et al., 2014). Conversely, one can also argue that it may be less the size of the networks but rather the diversity in social roles and availability of support that can help mitigate stressors that negatively impact mental health among immigrants over time (Granovetter, 1973). Ultimately, these are both potentially important resources and there is likely a relationship between the size, composition and perceived support and immigrants' mental health (in this case, depression) outcomes.

Social networks are the set of relationships, connections, and ties associated with an individual (Crossley et al., 2015). Social networks can be measured as counts of connections or

participation in social spaces such as community groups, sports, and religious organizations. In contrast, social support is a measure of the perceived quality of an individual's relationships (Cohen, 2004). This project investigates associations between social resources and mental health among Central American immigrants in the United States, specifically focusing on depression. Depression is of special importance in the study of immigrant health from Latin American countries due to extensive documentation as a risk factor for additional physical health conditions such as diabetes (Branch & Conway, 2022; Papelbaum et al., 2011).

In its emphasis on the Central American migrant experiences, this project will contribute to literature highlighting heterogeneity within Latinx and Hispanic populations that predominantly utilize Mexican samples to provide further insight into potential differential patterns of social relationships and health.

Theoretical framework

Theories of interpersonal support and access to network resources underscore the critical role interpersonal and community relationships have in shaping the health of immigrants (Heaney et al., 2002; Dunn et al., 2009; Singh et al., 2015) and provide a framework for understanding the protective characteristics of relationships among immigrants from Latin America during periods of stress like immigrating to a new country. Prior studies demonstrate that interpersonal resources found within social relationships are protective factors against acculturative stress (Panchang et al., 2016), feelings of integration (Stewart et al., 2008), education outcomes (Kilpi-Jakonen & Heath, 2012), self-esteem (Oppedal et al., 2004), and navigating migration-related stress (Marta, 2001; Oppedal et al., 2004). Despite extensive literature supporting the role of social support and network integration in positive health

outcomes there is a need for a deeper understanding of what exactly it is about these supportive networks that may be protective for immigrants.

Variation in the make-up of interpersonal resources and their use directly impact how they impact the lives of immigrants. For example, a study examining social network variations on depressive symptoms among older Chinese immigrants (Li et al., 2021) found differing risk for depressive symptoms moderated by the size, quality and composition of reported networks. In their study, the quantity and quality of their networks had a greater protective effect than the actual composition (Li et al., 2021). On the other hand, other studies have found that knowing people in key positions that help them access resources (such as jobs) have significant impact in the well-being of immigrants (Alegría et al., 2017; Fitts & McClure, 2015). Further compounding the complexity, intersectional identities also shape how immigrants experience support. Different demographic identities like race or sexual orientation among network members may lead to experiences of decreased support or exposure to increased adversity within their own enclaves (Bekteshi & Kang, 2020; Fox et al., 2020). Similarly, conflict within social relationships can increase stress and negatively affect physical and psychological well-being (Bekteshi, 2020). Other studies have found variation in the size of networks, perceived support, and their relationships to other demographic variables such as age (Bruine de Bruin et al., 2020). Additionally, the size of a network does not inherently mean positive interpersonal supportive relationships. For immigrants, social networks and connections can also put them at risk of being exploited in the labor force (Cranford, 2005) or increased pressure to provide resources to others within the same network or in their home countries (Bekteshi & Kang, 2020).

These tensions may highlight different mechanisms wherein the size of the network may be less important than the perceived support an individual feels from their social circles

regardless of their size. Although social support can be seen as a function of the size and quantity of social connections, a deeper understanding of interpersonal support can elucidate the protective characteristics of social support during periods of stress and in the presence of trauma that may disrupt an immigrant's well-being (Caxaj & Berman, 2010; Hurtado-de-Mendoza et al., 2014; Hurtado-de-Mendoza et al., 2016).

To better assess the varying roles of networks and perceived support on the mental health outcomes of Central American immigrants, this project will examine the hypothesis that the quality of relationships (i.e., perceived support) will have a negative association with depression outcomes. We will also test the interaction between social network measures and perceived interpersonal support to determine whether different attributes of a person's social network, including size, variation in roles, and domain diversity, have a greater impact on depression outcomes and perceived interpersonal support.

The specific aims of this study were to:

1. Examine any buffering effect perceived interpersonal support may have on depression outcomes among Central American immigrants.
2. Examine differences across sociometric measures on depression outcomes to determine whether diverse social roles and social participation had a direct independent effect on depression outcomes among Central American immigrants.
3. Examine potential interactions between social network measures and perceived interpersonal support on depression.

Methods

Participants & Data Collection.

Data for this project came from the third wave of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC-III) sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Data was collected between 2012-2013 via a multistage probability sampling with intentional oversampling in areas with moderate or high representation of ethnic minorities (Grant et al., 2014). Interviews were conducted in-person with computer-assisted interviewing technology and was available to participants in Spanish and in English. Access to NESARC-III data is restricted and controlled by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Approval was obtained after completion of NIAAA's data use agreement and a human subject's research exemption issued by the University of Washington's Institutional Review Board. The Central American immigrant sample analyzed in this project consisted of all non-U.S.-born respondents who reported being born in Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama (N=558).

Measures.

Demographic Variables.

Participants demographic variables included: immigration status (born in the U.S. or not), gender (male or female, per survey), race and ethnicity (non-Hispanic White, non-Hispanic Black, non-Hispanic American Indian/Alaska Native, non-Hispanic Asian/Native Hawaiian/Pacific Islander, Hispanic), age, education (less than high school, high school graduate, or some college or higher), annual personal income (0-14,999, 15,000-34,999, 35,000-69,999, 70,000 or more), marital status (married, never married, divorced/widowed/separated) and childhood immigration status (immigrated before they were 18 years old).

Outcome Variables.

Depression.

Depression was measured via the hierarchical variable for Lifetime DSM-5 Major Depressive Disorder measure (LMDD) resulting from meeting DSM-5 criteria as measured through interviews via the NIAAA's Alcohol Use Disorder and Associated Disabilities Interview Schedule (AUDADIS-5) (Grant et al., 2015). The hierarchical variable for LMDD is independent of other conditions and excludes episodes resulting from substance use or other medical conditions (Grant et al., 2015).

Interpersonal Support.

Interpersonal support measured through the Interpersonal Support Evaluation List (ISEL-12). The ISEL-12 is a 12-item questionnaire designed to measure a participant's perceived access to support from social contacts and utilizes questions such as: "When I need suggestions on how to deal with a personal problem, I know someone I can turn to" (Cohen, et al., 1985). Items are rated on a scale from 1 (definitely false) to 4 (definitely true) with some reverse-coded items and had a minimum score of 12 and a maximum score of 48 (Cohen et al., 1985; Portillo et al., 2023). Higher scores indicate a higher level of perceived access to supportive resources within their relationships. The ISEL- 12 has been extensively validated for validity and internal reliability. The ISEL-12 Is not a social network measure but rather a measure of people's perceived support that they receive from others and has good reliability across samples (Cronbach's $\alpha = 0.82$) (Ruan et al., 2008; Sacco et al., 2014).

Sociometric Measures: Social Roles, Domain Participation, and Social Network Size.

The Social Network Index (SNI) is a 12- item questionnaire measuring an individual's quantity and type of social relationships two weeks before being surveyed (Cohen et al., 1997; Cohen et al., 2001; Platt et al., 2014). The SNI measures three specific components of one's in-person social participation (Cohen et al., 2001). The first measures the number of regular social

roles respondents are connected to. The second measure quantifies the number of people in a respondent's network, and the last measure captures the number of "active network domains" in which a person participates such as school, work, volunteering activities (Cohen et al., 2001). Each domain was scored according to the delineated coding for each of the three domains (Cohen et al., 2001). Based on previous studies, we used the number of regular social roles to measure network diversity with scores ranging from 0 to 12 (Berkman & Syme, 1979; Grant et al., 2015; Platt et al., 2014; Rhee et al., 2021). Social network diversity was treated as a continuous variable, with scores closer to twelve indicating a high diversity of social connections. The number of people in the network was measured by summing the reported number of regular social contacts (at least once every two weeks) across twelve social roles (Cohen et al., 2001). Lastly, we used the third measure to quantify participant's participation across 8 different social network domains. The eight domains included participation and engagement with: friends, church/religious activities, school, work, neighbors, volunteering, other groups, and family. Scores within the domain category had a minimum score of 0 (not active in any domain) and a maximum score of 8 (active in all domains). A point was awarded for participants who reported at least four high-contact people in each category. In line with scoring guidelines, only those with at least three high-contact family roles (i.e., parent, spouse, child, etc.) and four high-contact family members received a point in the family domain (Cohen et al., 1997; Cohen, 2004). The SNI has fair reliability and a Cronbach's alpha between 0.64-0.70 (Cohen, 2004).

Stress Measure

The NESARC-III survey measured recent stressful life events through the presence of 16 different events in the last 12 months before the survey. Questions asked about stress related to

moving, employment loss, relational conflict, exposure to crime, and financial or legal stress (e.g., During the last 12 months, were you fired or laid off from a job? During the last 12 months, have you been homeless?) (Udo & Grilo, 2016; Verplaetse et al., 2018; Zuvekas et al., 2000). All stressful events were added to generate a stressful life event exposure ranging from 0-16.

Analysis.

Data were analyzed utilizing indicated weights to account for complex sampling structure in Stata version 16.1. We implemented multivariate logistic regression models to test the relationship between network composition, social support, and depression outcomes. First, we ran independent analyses examining effects with social network density, network domain, network count, and interpersonal support. Second, we incorporated each of the network measures (diversity, count, domains, and perceived support) into our logistic regression models for depression. We tested interactions between social network density measures and perceived interpersonal support. All models adjusted for demographic covariates and were conducted using accurate weights to adjust for the Central American immigrant population.

Results

Interpersonal Support and Depression.

Weighted sample characteristics are presented in Table 1. Table 2 presents results for the multivariate logistic regression models for depression. All models controlled for adversity in childhood and childhood immigration status. In all models presented in Table 2stressful events and perceived interpersonal support were associated with depression outcomes. All models controlled for childhood adversity and childhood immigration status in order to control for additional components that have been directly linked with increased odds of depression. In Model 1 (refer to Table 2), the regression analysis examines the relationship between perceived

interpersonal support and depression outcomes. In this model and in all models, the presence of a stressful event was positively associated with higher likelihood of meeting criteria for major depressive disorder (AOR 1.36; CI 1.14-1.63). Perceived interpersonal support was negatively associated with meeting criteria for depression (AOR 0.97; CI 0.94-1.99).

Social Network Measures and Depression.

Models 2-4 in Table 2 test the relationships between social network diversity measures and depression outcomes. Neither social network diversity (AOR1.06; CI 0.88-1.27), domain diversity (AOR1.01; CI 0.79-1.29) or increased network count (AOR 1.01; CI 0.98-1.04) were positively associated with either a decreased or increased likelihood of depression. Models 5-7 (Table 2) include the measure for social support and tests the inclusion of each of the three network measures, across all models none of the network measures were statistically significant however perceived interpersonal support remained relatively constant in its negative association with depression outcomes in model 5 (AOR 0.96; CI 0.94-1.00), model 6 (AOR 0.96; CI 0.94-1.00), and model 7 (AOR 0.97; CI 0.94-1.00). Model 8 incorporates all measures and only perceived interpersonal remained statistically significant in its association with depression (AOR 0.96; CI 0.93-0.99).

Table 3 presents the results from the interactions between social network index measures and perceived social support, thus testing the hypothesis that perceived social support and social engagement may interact in these models. These interactions were not statistically significant in any model and across all three models. In model 3 (Table 3) that incorporated a measure for social domain participation, wherein perceived interpersonal support was negatively associated with depression (AOR 0.94; CI 0.90-0.99), however the interactions themselves were not

statistically significant. Additional models (not reported) were run to assess additional interactions among the different network measurements, and none were statistically significant.

Social Network Measures and Social Support.

In order to explore whether network domains are associated with perceived interpersonal support we ran additional multiple linear regression models. We regressed all demographic variables and social network diversity on perceived interpersonal support, network diversity, count and domain participation. Independently, each measure was positively associated with increased personal support (diversity, $\beta=1.09$, $p>0.001$, count $\beta=0.16$, $p>0.001$ and domain $\beta=1.00$, $p>0.001$) in models 1-3 (Table 4). However, when we incorporated all network measures into the model (Model 4), domain participation was not statistically significant in its association with perceived support, however network diversity ($\beta=0.72$, $p>0.001$) and network size were positively associated with perceived interpersonal support ($\beta=0.13$, $p>0.001$).

Discussion

Findings indicate a relationship between perceived interpersonal social support and depression among Central American Immigrants. Despite the low prevalence of depression in the sample, findings allude to the need for broader explorations of mental health within this population with attention to mechanisms of resilience and resistance to stressful events. Results from this study indicate a relationship between interpersonal perceived support and lower odds of depression that merit further exploration (Ai et al., 2015).

The negative association between perceived interpersonal support and depression suggests that perceived feelings of relational connection may have protective effects on meeting criteria for depression (Ai et al., 2015). Failing to find a significant association between social network density and depression may be partially explained by the low prevalence of depression

within the sample which limited ability for evaluation. The lack of a relationship between network measures and depression may also allude to the importance of the quality of relationships in having protective effects on mental health in a way that may be more meaningfully interpreted with overall depression. However, it might be worth further exploration to see if these measures were associated with some of the criteria related to the questions such as diminished interest in activities and network participation. Additionally, given the relationships between network measures and perceived support itself it is possible that the support reported is an extension of the measures with a more direct and lasting impact on depression criteria among immigrants. While it was surprising that each of these network characteristics were not consistently associated with depression outcomes, the relationship between network characteristics and interpersonal support elucidates areas for further study as a potential mediator or mechanism for identifying avenues of increasing support and their effect on depression. Collectively these findings highlight the need for additional explorations of mechanisms related to both depression but also those that contribute to protective factors against depression and other adverse mental health needs in immigrant communities. In this case, while individual network measures were not directly protective of depression, some of the network characteristics showed a potential relationship with support and understanding how to increase access to network resources may lead to increased avenues for social support.

Limitations

Limitations in this study include our limited sub-sample from the broader NESARC-III data set, as a result each country is not proportionally represented and is heavily skewed towards immigrants from El Salvador, Guatemala, and Honduras. In line with previously reported limitations framed by intersectional lenses, there were some limitations in demographic

measurements that may have impacted the results and subsequent interpretations such as the use of “Hispanic,” the lack of documentation status information, and the limitation of measures of sex in such a way that people were forced to confine their identity to a gender binary or at the discretion of the interviewer. Limited intersectional information may raise further questions around prevalence and the potential of over or under- estimating relationships between variables that may have greater variability at the intersections of race, gender, documentation status and other targeted identities. Additionally, limited inferences can be made due to the limited prevalence of mental health disorders within this sample and questions can be raised about measuring a lifetime prevalence of clinical depression rather than current or on-going mental health needs. Lastly, all data in this project came from the 2012-2013 NESARC-III wave, considering recent developments during and after the Trump presidency future research should utilize more recent data that may better capture changes in legislation, increased policing at the border and the effects of Covid-19 on Central American immigration patterns and mental health experiences. Notwithstanding limitations in this project, collectively, these findings support the need for additional studies to better understand and highlight the importance of social and relational factors associated with Central American immigrants' health. Moreover, this study provides an example of how we can slowly build to undo hegemonic narratives of immigrants to better understand differences in identities and resources that shape their health.

Future Directions and Contribution to Literature

This study contributes to immigrant health literature by examining factors that may affect Central American immigrant mental health in the United States. Findings highlight the heterogeneity that exists within the broader categorization of Latinx/Latine/Hispanic populations and address the need for more specified investigations of this fast-growing immigrant

population. Social engagement and perceived interpersonal support may have an impact on help seeking behaviors through both formal and informal channels may impact health and health seeking behaviors. This research has practical implications for those working directly with Central American immigrants in identifying a strengths-based understanding of factors contributing to immigrant health. Additionally, considering these findings, those working within immigrant communities should dismantle systems that perpetuate harm against immigrant communities. Findings from this project highlight the protective value interpersonal support and connection has on immigrant psychological well-being.

For example, in the case of Salvadorans and other Central American migrants when they enter the United States, they encounter lasting legacies of intra-group conflict and discrimination and carry with them the scars of trauma experienced not only by them but by their ancestors. Collectively, these experiences can negatively impact their health and that of future generations as historical trauma coincides with structural oppression and social determinants of health (Mohat, et al., 2014). In the case of Salvadoran immigrants and their descendants for example, they often have to navigate integration into US cultures and barriers to care concurrently with broader transnational policies in Mexico that often reduce their identity to stereotypes of violence and erasure of cultural identities (Frías-Vázquez & Arcila, 2019; García, 2006; Osuna, 2015). Systems of oppression, especially those rooted in xenophobia and racism, benefit from intra-group conflict by pitting immigrants against each other and making immigrants from one group to feel like they are in competition for resources (Osuna, 2015). These mechanisms generally create narratives of scarcity of resources and conflict that creates conflict within immigrant groups struggling with the same oppressive structures (Osuna, 2015 (Chiricos et al., 2014; Osuna, 2015; Rodriguez & Menjívar, 2015)5). Future investigations should further explore

variations in the role of support and networks on the effects of immigrants through intersectional approaches that take into consideration additional social and systemic barriers that not only adversely shape their health but may also impact their ability to make important social connections that can help them integrate into the United States.

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Table 1

Weighted demographics of Central American respondents, NESARC 2012-2013.

Participant Demographics	Total Immigrants (N=558)
Age, years	
18-29	23.35
30-44	42.39
45-64	27.77
>65	6.49
Sex	
Female	49.20
Educational attainment	
Less than high school	46.72
High school/GED	22.83
Some college	20.93
College or more	9.52
Annual family income	
0-19,999	55.03
20,000-34,999	2.35
35,000-69,999	18.73
70,000 or higher	2.74
Country of Origin	
El Salvador	37.23
Guatemala	23.31
Honduras	18.54
Panama	6.54
Belize	1.3
Costa Rica	2.62
Nicaragua	10.47
Race/Ethnicity	
White	1.78
Black	0.84
AI/AN	0
AA&PI	0.34
Hispanic	96.94
Marital status	
Married or cohabitating	62.06
Widowed, separated, or divorced or never married	37.94
Social Network Diversity	6.72 (.09)
Childhood immigrant	30.45 (2.57)
Social Support (ISEL)	40.70 (.35)
Depression (LMDD)	.14 (.01)

Note. Sex was collected within a binary that may not necessarily align with respondents' self-identification.

Table 2

Association between major depressive disorder and support and relational characteristics for Central American immigrants, NESARC 2012-2013.

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7	Model 8
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Developmental Variables								
Childhood Immigration	1.65 (0.82-3.32)	1.59 (0.80-3.17)	1.57 (0.79-3.11)	1.57 (0.79-3.11)	1.71 (0.84-3.49)	1.68 (0.84-3.37)	1.65 (0.82-3.32)	1.73 (0.85-3.54)
Childhood Adversity	1.36 (1.14- 1.63) ***	1.38 (1.15-1.65)***	1.38 (1.16-1.65)***	1.37 (1.14-1.64)***	1.37 (1.14-1.64) ***	1.38 (1.15-1.65) ***	1.36 (1.14-1.63) ***	1.38 (1.15-1.65) ***
Relational Variables								
Social Support	0.97 (0.94-1.00) *				0.96 (0.94-1.00) *	0.96 (0.94-0.99) *	0.97 (0.94-1.00) *	0.96 (0.93-0.99) *
Network Diversity		1.06 (0.88-1.27)			1.09 (0.90-1.33)			1.08 (0.85-1.36)
Count			1.01 (0.98-1.04)			1.01 (0.99-1.04)		1.02 (0.98-1.06)
Domain				1.01 (0.79-1.29)			1.04 (0.82-1.33)	0.88 (0.61-1.27)

Notes. All models utilized sample weights and adjusted for sociodemographic characteristics (i.e., sex, age, educational attainment, family income). *Abbreviations*. AOR, adjusted odds ratios, CI, confidence interval.
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$

Table 3

Models assessing the interaction between network characteristics and depression outcomes among Central American immigrants, NESARC 2012-2013.

	Model 1	Model 2	Model 3
	AOR (95%CI)	AOR (95%CI)	AOR (95%CI)
Developmental Variables			
Childhood Adversity	1.67 (0.83-3.39)	1.68 (0.84-3.38)	1.58 (0.78-3.20)
Childhood Immigration Status	1.37 (1.14-1.64) ***	1.37 (1.15-1.64) ***	1.36 (1.14-1.63) ***
Relational Variables			
Social Support	0.94 (0.81-1.09)	0.95 (0.91-1.00)	0.94 (0.90-0.99) **
Interactions			
Social Network Diversity x ISEL	1.00 (0.98-1.03)		
Count x ISEL		1.00 (1.00-1.00)	
Domain x ISEL			1.00 (0.99-1.01)
Diversity	0.91 (0.34-2.45)		
Count		0.98 (0.85-1.13)	
Domain			0.27 (0.06-1.27)

Notes. All models utilized sample weights and adjusted for sociodemographic characteristics (i.e., sex, age, educational attainment, family income). *Abbreviations*. AOR, adjusted odds ratios, CI, confidence interval.
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$

Table 4

Multivariable linear regressions assessing the association between perceived interpersonal support and network among Central American immigrants, NESARC 2012-2013 (N = 558).

	Model 1		Model 2		Model 3		Model 4	
	B	*SE (B)*	*B*	*SE (B)*	*B*	*SE (B)*	*B*	*SE(B)*
Network Variables								
Diversity	1.09 ***	0.22					0.72***	0.27
Count			0.16***	0.23			0.13***	0.03
Domain					1.00***	0.22	-0.32	0.38
N	558		558		558		558	
Subpopulation Estimate	2,692,709		2,692,709		2,692,709		2,692,709	
R^2	0.15		0.16		0.13		0.17	

Notes. All models utilized sample weights and adjusted for sociodemographic characteristics (i.e., sex, age, educational attainment, family income).
*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$

APOYO SIN FRONTERAS: MAPPING CENTRAL AMERICAN IMMIGRANT NETWORKS OF SUPPORT

Abstract

Social connection and social support have long been studied for their contribution to immigrant health and integration into the United States. This study maps the social networks among Central American immigrants. Thirty immigrants were recruited in the Bay Area, CA and through digital connections across the United States, and completed interviews either in-person or online. Participants were asked to nominate the people who provided them with support across six categories: information, instrumental, stress, emotional, spiritual, and others. Data was collected utilizing Network Canvas and analyzed using social network analysis (SNA) packages in R. Nominated Alters were predominantly family members (66.98%) and 22.17 % of people reported still lived in the participant's home country. Additionally, immigrants seemed to have highly dense networks (>75%). This project adds to immigrant network literature by speaking more concretely to potential variations in composition and use of immigrant networks in a way that also takes into consideration the role of transnational connections. Findings from this project highlight the need to understand immigrant social resources and their contributions to immigrant health in the United States.

Keywords: social networks, support, migration

APOYO SIN FRONTERAS: MAPPING CENTRAL AMERICAN IMMIGRANT NETWORKS OF SUPPORT

Abstract

Social connection and social support have long been studied for their contribution to immigrant health and integration into the United States. This study maps the social networks among Central American immigrants. Thirty immigrants were recruited in the Bay Area, CA and through digital connections across the United States, and completed interviews either in-person or online. Participants were asked to nominate the people who provided them with support across six categories: information, instrumental, stress, emotional, spiritual, and others. Data was collected utilizing Network Canvas and analyzed using social network analysis (SNA) packages in R. Nominated Alters were predominantly family members (66.98%) and 22.17 % of people reported still lived in the participant's home country. Additionally, immigrants seemed to have highly dense networks (>75%). This project adds to immigrant network literature by speaking more concretely to potential variations in composition and use of immigrant networks in a way that also takes into consideration the role of transnational connections. Findings from this project highlight the need to understand immigrant social resources and their contributions to immigrant health in the United States.

Keywords: social networks, support, migration

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Immigrants coming to the United States often experience multifaceted stressors that they must navigate as they enter the United States. Migration into the United States from the Northern Triangle (El Salvador, Honduras, and Guatemala) and surrounding areas have significantly increased in the last 30 years as a result of complex and lasting colonial and imperial legacies of destabilization and U.S foreign policies (Farah, 2013; García, 2006; Saldaña-Portillo, 2019; Ward & Batalova, 2023). Although immigration itself may not be a traumatic experience for everyone, immigration is a multifaceted process that centers on the separation of an individual or community from their closest relationships, families, and homelands. Central Americans have unique geopolitical histories that contribute to the complexity of their well-being in the United States (García, 2006). This has also become especially resonant during a time where public discourse, border patrol practices, and state and federal policies rooted in xenophobia against immigrants are prevalent and negatively impact mental health Central American immigrants (Almeida & Rovner, 2019; Barajas-Gonzalez et al., 2018; Bruzelius & Baum, 2019; Cardoso et al., 2020).

In addition to the lasting impact these separations can have on the well-being physically and emotionally of immigrants, immigrants may also have to navigate additional hardships in their journey to the United States. These may include trauma en route, especially for undocumented immigrants who are at greater risk of both journey-related trauma and punitive legislation upon arrival into the United States (Becker Herbst et al., 2018; Pineo, 2020). These and other stressors, however, can also be mitigated by their social position, resources, and those of their peers (Alegría et al., 2017; Bekteshi & Kang, 2020).

To navigate the complexities of a new life in the United States, immigrants often rely on other immigrants, friends, and family as sources of support (Alegría et al., 2017; Hurtado-de-Mendoza et al., 2014). These relationships often provide a buffer to stress, provide much-needed information for resources such as employment opportunities, and may provide some refuge from having to learn a new language and culture and support in the social integration and mobility of immigrants (Chi, 2020; Záleská et al., 2014).

While there is extensive research documenting the importance of connection and relationships on the well-being of immigrants in the United States, there have been limited attempts to understand the composition and function of Central American networks of support more thoroughly. More information is needed about the composition, size and role that networks of support have on immigrants' health. Additionally, understanding immigrants' transnational connections and their impact on their integration can elucidate additional avenues for bolstering support for immigrant communities. While previous research has found various mechanisms, especially within close family ties as sources of support, they have also found gaps in our understanding of additional intersectional factors like social positionalities and complex family histories that may further differentiate access to these relationships and their effect on immigrants' wellbeing (Alegría et al., 2017; Dunn et al., 2009; García, 2006; Hurtado-de-Mendoza et al., 2014).

Additionally, since relationships may change overtime, the composition of supportive networks may change as immigrants spend more time in the United States. A 2020 systematic review of social network research in immigrant communities identified the need of quantitative and mixed-methods network approaches to transnational study of immigrants (Lubbers et al., 2020). Many conversations about immigrants, especially those that try to deter migration, often

center on networks in the United States either existing or established and network researchers continue to express the need for investigations into transnational ties (Bilecen et al., 2018; D'Angelo, 2021; Lubbers et al., 2020). Incorporating transnational ties and differing the different social roles held by supportive people would introduce additional nuance to how immigrant networks are understood, especially as technology continues to shrink the digital distance between people worldwide. This project will map immigrant networks and to distinguish between different social roles (family, friends, romantic partners, etc.) and will account for similarity in immigration status, country of origin and geographical location. In its approach, this study contributes to a growing need for understanding mechanisms of resilience and adaptation in immigrant communities.

Theoretical Foundation

As a strengths-based project, we focus on the components of immigrant networks that immigrants identify as sources of support across different domains: information, emotional support during times of stress, spiritual support, and instrumental support. This project relied on theories of social support and social resilience processes (Alegría et al., 2017) to frame questions around types of support (e.g., emotional, instrumental, spiritual, etc.) and their potential source of support in navigating the challenges of integrating into a new country (Alegría et al., 2017; Dunn et al., 2009; Marta, 2001). Similarly, differences in access to resources, immigration processes, and use of technology among different migrant groups may influence network composition, roles, and their effect on identity and well-being.

Social network methods have been utilized extensively to explore the role of interpersonal relationships on health and behavior across different populations, including immigrants. Some studies in the past have looked at acculturation within immigrant personal

networks (Domínguez & Maya-Jariego, 2008), communication networks of immigrant church members in New Jersey (Lee & Lee, 2022), social capital, social support, and education outcomes among immigrant students (Esteban et al., 2016), networks among trauma-exposed Latina immigrant's (Hurtado de Mendoza et al. 2016), unhoused youth and substance use behaviors (Barman-Adhikari & Rice, 2014), and mapping networks of HIV positive African immigrants (Koku et.al, 2019). In a recent review of integration and acculturative stress among Latino immigrants in the United States by Bekteshi & Kang (2020), they identified protective factors that help immigrants integrate into the United States, including pre-migration factors such as autonomy in the decision to immigrate, higher income, and documentation status and also highlighted cultural and interpersonal factors such as being cultural connection, religion and family values that can contribute to mitigating some of the effects of integration related stress on the emotional well-being of immigrants (Bekteshi & Kang, 2020).

This project is anchored by a commitment to strengths-based, culturally responsible research that provides an intersectional lens to understanding mechanisms of support and resilience among a targeted immigrant community. This project is informed by a LatCrit (Guajardo et al., 2020; Kiehne, 2016; Romero, 2008; Trucios-Haynes, 2000), a subset of Critical Race Theory (Delgado et al., 2017), and a QuantCrit (Castillo & Gillborn, 2022; Gillborn et al., 2018). An application of these theories emphasizes a counternarrative to deficit-focused discussion around immigrants in the United States and is counter to legacies of analyses centered in white supremacy and comparisons to normative mainstreams (e.g white, middle class, straight, etc.) (Cadenas et al., 2018; Delgado & Stefancic, 2017; Ghavami et al., 2016; Gillborn et al., 2018; Guajardo et al., 2020; Saldaña-Portillo, 2017; Vargas et al., 2021; Williams et al., 2017). QuantCrit is a quantitative application of Critical Race Theory (Castillo & Gillborn, 2022;

Gillborn et al., 2018). As part of both Critical Race Theory approach lenses in this project at its core this project utilizes the knowledge that race and racism are central to people of color's lived experiences, numbers and how we measure things are not neutral, categories especially of identity are also not neutral, data's use and narrative is informed by the interpreter and the biases that they carry and lastly and most resonant with social work, there is an action component towards social justice (Castillo & Gillborn, 2023). A social network approach creates an opportunity for an application of these components, especially in the context of mathematical measures of closeness and support.

This lens allows us to contribute to network methodologies by creating opportunities to better understand the "socially embedded nature of identity" and creates opportunities of intentionality in how questions are asked, especially those around race, orientation, languages, gender identity, Black and Indigenous roots often missed in traditional network approaches (Vargas et. A, 2022; D'Angelo & Ryan, 2021; Castillo & Gillborn, 2023). This combination further creates an opportunity for elucidating differences within Central American immigrant experiences and help us to advocate for culturally sustaining and relational healing practices and policies that impact immigrant health.

This approach highlights the importance of an intersectional lens to understanding the lived experiences of immigrants from Latin America within the contexts of their identities, sociopolitical legacies and structures of oppression that may adversely impact their ability to access community and support (Guajardo et al., 2020; Kiehne, 2016; Romero, 2008; Solorzano & Yosso, 2001). The questions guiding this study, including how data were collected and analyzed, aimed to disentangle pan-ethnic labels and engage participants in culturally salient ways. This project also aimed to highlight gaps in the measures utilized, encourage researcher

self-reflection, and engage with participants beyond an extractive dyad and through a more intentional approach. In doing so, the purpose was also to provide participants with a positive research experience and additional mental health resources if needed. This project incorporated researcher reflexivity and community engagement through its partnership with identified community brokers and bidirectional relationships in community so that brokers and participants would feel comfortable asking clarifying questions about the purpose of any questions and the use of their data, which was especially important when interviewing participants from exploited communities.

Methods

Data

This project utilizes a mixed-methods social network approach to gather information about Central American Immigrant's social support networks and their impact on their well-being. Thirty participants were recruited in immigrant communities in California and through community brokers and word of mouth in other states across the United States. Participants were asked about sources of support across settings and demographic variables for themselves and the people they listed. They were also invited to participate in a semi-structured interview about their immigration experiences, sources of support, and health. Analyses in this paper will focus on the network subset of the data collected to examine and visualize the composition of networks of support, including local, transnational, and digital connections people utilize most. Data was collected through the Network Canvas software (Complex Data Collective, 2016) and analyzed in R 4.3.0.

Data was collected via in-person or video interviews through the Zoom web application or WhatsApp and were not recorded, instead they were transcribed in-vivo. Participants were

eligible if they were at least 18 years old and born in any of the seven Central American countries (El Salvador, Guatemala, Honduras, Costa Rica, Nicaragua, Panama, or Belize). However, all participants were from the northern triangle countries of El Salvador, Guatemala, and Honduras. Participants also had to be able to speak at least Spanish or English and reside somewhere in the United States. Due to concerns about the sensitive nature of the study (immigration history, people in their network), only verbal consent was obtained directly from participants to further distance the connection of the data gathered from their identity. Participants were allowed to ask clarifying questions during the consent and throughout the interview and were given a copy of the consent form with researcher and IRB contact information.

Measures

Participant (Ego) Demographics. Ego demographic factors collected included age, race, age at immigration, education, immigration status, time in the United States, country of origin, gender identity, sexual orientation, marital status, and employment status.

Ego Depression. Depression symptoms were assessed utilizing the PHQ-9, a depression scale validated in Spanish and English consisting of 9 questions assessing for depressive symptoms (Kroenke et al., 2001). Questions were asked about suicidal ideation and daily living habits of participants in the last two weeks prior to conducting the study. In line with scale scoring and work done by others in immigrant communities, depression was defined by a score of 10 or higher.

Self-Rated Health. Participants were asked to respond to the question, "In general, how would you say your health is?" with the response items "excellent," "very good," "good," "fair," or "poor" (Bombak, 2013; Finch et al., 2002).

Alters

Nominated Alters (Support People). Alters were nominated via a series of social support via "name generator" questions (McCarty et al., 2019; Simonds, 2022). Name-generating questions to assess for information support, instrumental support, emotional support, support during stressful situations, spiritual support, and "other" types of support. Name generators have been used in the past to elicit sources of support among diverse groups. The questions included in this project were multiple name generators (MNGs) modeled after the name generators utilized by the General Social Survey (Marsden, 1987), the Arizona Social Support Interview Schedule (Barrera, 1980), the Social Support Survey Instrument (Sherbourne & Stewart, 1991) . Simmonds in their study of re-entry support networks (Simonds, 2022). Questions asked participants to name people who provided specific types of support through prompts such as "*If you needed information regarding obtaining medical coverage or immigration support, who could you reach out to?*" (Information support). A question for spiritual support was added to the survey during initial testing of the survey in community framed as "*Who do you reach out to for spiritual support?"*

Alter Demographic Measures. Alter demographic factors collected included age, race, country of origin, gender identity, sexual orientation, location (e.g., same state, country of origin, different state, etc.), social role (e.g., friend, family, etc.), immigrant status (binary measure, yes = 1 no = 0).

Alter Interaction Measures. Participants were asked to rate their perceived closeness to any named alter (e.g., close, very close, extremely close, not close at all) and frequency of contact (once a day, once a week, month, year, etc.). They were also asked how they communicated with them the most (e.g., via phone, social media), type of contact (social media, in-person, phone,

etc.), if they reported using social media to engage with the listed alter (Facebook Messenger, Instagram, Twitter/X, etc.)

Structural Characteristics

Social Network Measures. Egocentric networks were mapped automatically into Network Canvas with the data submitted by participants and researchers (Complex Data Collective, 2016). Utilizing the application's "inter-relater tool," participants were able to create network ties between nominated alters. The question to assess ties was: *"How do these people know each other?*" They had to choose from different social relationships such as friends or family or state that they don't know each other, at which point no tie would be generated. This generated a map of links and ties from the alters nominated by the participant.

Size. Network size was calculated by summing the total number of nominated alters.

Type of relationship. Two relationship measures were assessed, the first being ego-alter relationship (friend, family, acquaintance, etc.), and the second measure captured alter-alter ties in the same way (friends, family, etc.) with the addition of a "they don't know each other" option.

Country E-I Homophily Index. Homophily measures the in and out of group preference by an ego (McCarty et al., 2019; Perry et al., 2018). The closer a score is to 0, the more evenly distributed the alters in the network are, meaning half are from the same country as the participant and half are from somewhere else. The closer this measure is to -1, the closer the networks are to homophily, i.e., the network is only made up of people from the same country as the participant. Conversely, a score of 1 means that everyone in the network differs from the nominating ego (heterophily) (Perry et al., 2018).

Transnational Status Proportion. Relationships between ego-alter were coded as transnational contacts if the ego reported that the alter was in their home country, and calculated percentages

were generated for each network and averaged to generate an overall ego and sample percentage of US vs. transnational ties.

Density. This was calculated by dividing the total number of reported ties in a network divided by the total number of possible ties, such that the closer a network's density is to 1, the more the people nominated are connected to each other (Perry et al., 2018). This measure does not include any ego ties because the ego is theoretically connected to every person they nominated. In line with other literature, ego-alter ties were not included in these calculations since it presumed everyone nominated by the participant is connected to them (McCarty et al., 2019; Perry et al., 2018).

Data Analysis

Data was analyzed in R 4.3.0. Compositional measures across alters were utilized to summarize the ego's network composition. For example, to calculate the number of alters who were from El Salvador within the ego's network. Data were stratified to allow for individual network calculations. Additional calculations were conducted over the total alter sample (N=212) to make any comparisons between the total sample demographics with any given ego network (N = 30).

Results

Results are presented in three sections. The first presents ego demographics and measures, including demographic information of all 30 participants. The second focuses on alter demographic attributes and social support roles and the last component presents mapped network structures and visualizations.

Ego Demographics and Health Measures

Thirty Central American immigrants completed network interviews, all from one of the three leading Central American immigrant groups in the United States (Ward & Batalova, 2023). El Salvador, Guatemala, and Honduras, with an over-representation of Salvadoran immigrants. All Ego level demographics are presented in Table 1. Twenty-five out of all thirty participants were from El Salvador (83.33%), followed by four participants from Guatemala (13.33%) and one Honduran respondent (3.33%). When asked about race, respondents were able to identify the racial and ethnic categories that best resonated with their sense of self and lived experience, and 90% of the sample identified exclusively under the ethnic category of Latinx/e. One participant identified exclusively as Indigenous from Central America and Latinx/e, another as Indigenous from Central America, White and Latinx/e. 73.33% of the sample identified as female, and all but one participant identified as straight. Close to two-thirds of participants (19 out of 30) completed at least some college or obtained vocational training, with a total of 11 participants (36.67%) having completed college or a graduate degree.

Immigration data was also collected to have a more nuanced understanding of different lived experiences of integration among immigrants across variables like documentation status, time in the United States, age of immigration, and whether they immigrated alone. Approximately 63.33% of participants had some form of documentation (naturalized citizenship, green card, or a visa, TPS, refugee status, etc.), and the remaining 11 participants (36.67%) identified as undocumented. Only 12 out of the 30 participants interviewed reported immigrating to the United States alone, with an average age of immigration of 27.29 (10.90) and an average length of stay in the United States of 15.7 years (16.97).

The average PHQ-9 scores were 4.43 (4.21) and 40% (12 out of 30 people in the sample) met criteria for depression at least a mild level (score of 5 or higher out of 27) per the scoring

guidelines of the PHQ-9 (Kroenke, et. al, 2001). Self-rated health was measured via self-report and scored on a scale from 1 to 5, wherein the closer a participant reports their health to be to 5, the healthier they rate themselves to be. The average score for health in this sample was 2.93 (1.14), indicating a moderate perception of health, with some participants reporting excellent health while others reported ongoing struggles with physical health conditions such as diabetes and high blood pressure.

Alter Measures

Alter demographic information is presented in Table 2. Interviewed participants nominated a total of 212 people who provided them with some support. About a third (33%) of nominated alters were also immigrants to the United States. Approximately 77.83 % of alters were also located in the United States, with the remaining 22.17% still living in participants' home countries (Figure 1). 69.81% of all nominated alters were from El Salvador. However, respondents also listed support people from Guatemala (11.32%), the United States (9.42%), Mexico (5.19), and Honduras (1.89) among the following top groups. Participants identified their alters to be predominantly Latinx/e (70.75%) but also identified some of the people in their network as being mixed-race with Indigenous roots in Central America (14.62) or of an unknown mixed race (9.91). Alters were identified as 58.49 % female, 51.51% male, and predominantly straight (95.28).

Participants were asked to label the relationship they had with their alters under one of seven categories: family, friend, coworker, romantic partner, social service worker, acquaintance, and other. Of all people nominated, 66.98% of alters were family, followed by friends (25.47%), social service workers (3.30%), romantic partners (2.83%), coworkers (0.94%), and one acquaintance (0.47%). Participants reported communicating with their alters at least monthly

89.62% of the time, with the top two frequencies of contact being daily (42.92 %) and weekly (30.66%). Participants communicated with alters mostly via phone (40.09%), in-person (35.85%), and via social media (23.11%), with an average reported closeness of 3.91 (SD =1.06) with a maximum closeness of 5.

As alters could be nominated for multiple support roles, percentages were calculated from the total number of people nominated over the full alter sample (N = 212) (Table 3). The majority of all support provided across the six categories for support (information, instrumental, stress, emotional, spiritual, other) was provided by family members (71.32%) and friends (20.81%). The highest level of support received was for instrumental support (28.42%) and emotional support (19.54%). Of all the support received by family (n = 142) 25.6 % of it was from a transnational support alter, 9.20% by transnational friends (n = 54) and 16.61% by romantic partners (n = 6). While the bulk of the support was received by people who live in the United States, 22.22% of all nominated alters, when calculating for at least one source of support, ultimately accounted for approximately 21.70% of support provided by alters.

Network Characteristics

Network characteristics are presented in Table 5. In examining network characteristics, participants had an average of 7.07 (3.22), with the smallest network having only three alters and the largest having 19 reported alters. When the networks of undocumented participants (n=11) were examined, they had an average of 6.18 (2.09) respondents and a smaller range from 4 to 10 versus documented respondents (n =19) who had an average of 7.57 (3.67) and a range from 3 to 19 respondents. Although the average size of the networks did not demonstrate large differences in size, there was greater diversity in the range.

Understanding the composition and structure of immigrant networks provides additional information about the resources available to immigrants in the United States. Density is calculated by generating the proportion of the existing ties (e.g., ways people know each other or do not) over the total possible number of ties (everyone knows everyone in a network). The average density for all 30 immigrant networks was 0.79 (0.23), highlighting the tightness of immigrant networks. Of the 610 reported connections across all networks, most of the reported ties were between family members (54.42%), friends (22.95%), and acquaintances (21.97%) (Table 5). We plotted the density of networks against the size in hopes of being able to visualize a pattern, as the more participants a person nominates, the greater the number of possible ties, which may lead to lower densities; however, visually, no clear patterns emerged, including when incorporating documentation status. Homophily within the networks was high towards egos, demonstrating a preference for selecting people from the same country of origin (-0.53 (0.55)), which may not be unsurprising since such a large proportion of nominated alters were family members.

Network Visualizations

Network Visualizations are included in Figure 3. To further illuminate the differences in networks, all networks were plotted and sorted by their density, starting from lowest to highest. Each relationship was color-coded to identify diversity in the relationship type (social role) within each participant's network (blue= family, red= friends, purple= romantic partner).

Discussion

In the following section we will discuss key sample characteristics as well as network composition variation, transnational ties, and their implications for reported health and depression outcomes among interviewed immigrants. Immigrants reported high levels of support

from family and friends regardless of whether they were in the United States or in their home countries. It is apparent throughout that there is variation in size and composition of networks, however what remained consistent regardless of size the interconnectedness of reported alters connections among each other within a network (density).

Ego Demographic Characteristics

Participants were predominantly from El Salvador, likely due to recruitment strategy, community sampling, and Salvadoran immigrants being the largest immigrant from Central America (Ward & Batalova, 2023). In leaving the race and ethnicity question open-ended, this project was trying to provide an opportunity for participants to contemplate their race and identity outside of what may be imposed on them by immigration documentation or US labels of race (Mazzotti, 2018; Meneses, 2021). One participant identified as white; however, as noted during the post-survey memos, this participant did not present with a street race of white (López et al., 2018; Vargas et al., 2021) and would be read as a non-white Person of Color, which may have implications for how they navigate the world. Race within immigration studies, especially within so-called "Latinos/es/x," is complex and merits further work to make explicit the racial hierarchies that exist within immigrant groups such as those included in this study, as many Black and Indigenous advocates from Latin American countries have called for a reckoning with the terms due to legacies of anti-Blackness and Indigenous erasure (Flores, 2021; Mazzotti, 2018; Meneses, 2021). More than half the sample immigrated with other people (60%), potentially alluding to family migration and also potentially alluding to existing US family ties and how they may shape immigration decision-making (Dolfin & Genicot, 2010).

Support and Diversity within Networks

This study collected in-depth information from a small sample of Central American immigrants in the United States. The average network size for participants in this sample was 7.07 (3.22). While similar to other studies of immigrant networks like those conducted by Hurtado-de-Mendoza et al. (2016) with trauma-exposed Latina immigrants, 7.07 alters fall on the lower end of the spectrum when compared with other studies that have tried to measure Latino immigrant networks in the past. Since this study specifically measured sources of support and not general networks, we anticipated that the numbers would be lower as only the most salient people are likely to be mentioned (Marin & Hampton, 2007). Additionally, since this study focused on mapping networks regardless of documentation status, there may have been (rightful) hesitation by participants to share more extensively about their networks. In reviewing interview memos, it was also noted that the numbers could be higher. It may also be just as likely that only the most salient people were mentioned, as network scientists have argued that it is better to have the most relevant alters nominated over ones prompted by the researcher or another unrelated external force (Marin & Hampton, 2007).

Network Diversity and Support

When looking at the alter composition of the networks, it may not be surprising that the majority of the people listed as sources of support were family members located in the United States, as this is in alignment with integration mechanisms of support for immigrants in the United States (Bekteshi & Kang, 2020; Hurtado-de-Mendoza et al., 2014; Hurtado-de-Mendoza et al., 2016). Despite this, 22% of alters mentioned were still listed as sources of support despite being further away in their home country. This aligns with other studies of immigrant ties among immigrants that have found that first-generation immigrants greatly benefit from transnational social ties in mitigating migration-related stress and access to resources (Alcántara et al., 2015;

Edberg et al., 2020; Falicov, 2007). Immigrants in this sample reported a high level of emotional, instrumental, and information support from nominated alters. In their study of the role of social ties on Latinx immigrant health, Viruell-Fuentes and Schulz (2009) found that these ties helped to facilitate immigrants' integration into the United States and reduce stress experienced by immigrants. This sample found that at least 20% of supportive alters were in their home country. Although smaller in magnitude, these transnational ties may still be great sources of support. Especially since most of the listed transnational ties were family members, and when interviewed, participants shared aspirations to one day return home. In a study of transnational ties and depression, Alcántara et al. (2015) found that transnational ties in the form of remittances were associated with decreased odds of a major episode of depression. They found that increased self-sufficiency and the ability to send money back were protective against depression (Alcántara et al., 2015). However, that is not without nuance; they also found that frequent travel back increased the odds of depression, alluding to social stress over increased needs from the family in their home country (Alcántara et al., 2015). In a post-pandemic world, it will be important to develop an understanding of the nuances and mechanisms within transnational relationships. Largely due to the advancement and increased accessibility of technology that facilitates transnational communication, this may prove to be yet another avenue to support that we can leverage when navigating acclimation-related stress (Chi, 2020; Netto et al., 2022).

Homophily

In alignment with other immigrant network studies, the E-I homophily index for the country of origin for alters in a network showed that immigrants named people in their network who were from the same country. The mean -0.53 (0.55) demonstrated a slight skew towards

relationships with others who come from the same country as them; in this case, it is important to note that this measure may be even higher since some of the people who were interviewed nominated their children or other relatives who were born in the United States. Avin et al. (2020) found that individuals, especially ethnic minorities, may lean towards networks that reflect the social groups they belong to, especially as it may relate to the diffusion of pertinent information such as jobs, safety, and additional pertinent resources. This may be less surprising and help contribute to our understanding of the density since it may be that people from the same country may also know each other and may choose to stay in communities that align with their lived experiences or share in their languages and cultural practices or even skin color (Avin et al., 2020; Roth et al., 2019; Roth & Marin, 2021).

Health and Depression

When assessing for health and depression, findings are limited. The average score for health in this sample was 2.93 (1.14), indicating a moderate perception of health. Generally, studies have found that immigrants from Latin American countries tend to rate their health lower when compared to US-born white counterparts, with some additional differences found within additional subgroups such as Dominicans and Puerto Ricans reporting higher rates of poor health than other Latinx groups (Cho et al., 2004; Christy L Erving & Rachel Zajdel, 2022). There have been more nuanced explorations of immigrant health that have further identified differences within Central American immigrants or grouped with larger groups like South American groups (Christy L Erving & Rachel Zajdel, 2022; Finch et al., 2002; Lo et al., 2020). Notably, reviews of studies have also found differences in Black American populations compared to Latinx-Whites or larger country or region-based categories (such as those employed in this study) (Benjamins et al., 2012). In light of the effects of anti-Blackness and Indigenous erasure in Latin

America (Borrell & Crawford, 2006; Sweet, 2021) on health, this study tried to collect a diverse racial sample within these geopolitical categories and was unsuccessful in collecting a racially diverse sample to further examine health at these intersections. This study is limited in its implications for health due to limited contextual information. Analyses would benefit from the inclusion of additional measures that account for other immigration related determinants of health such as feelings of acculturation (Christy L. Erving & Rachel Zajdel, 2022, Finch et al., 2002), education, and race/ethnicity (Dowd & Todd, 2011). Inclusions of these and other related variables would provide additional context for variations due to people experiencing systems, communities, care and oppression at the intersection of their identities (Adames et al., 2018; Brotman et al., 2020; Calzada et al., 2019; Chavez-Dueñas et al., 2019; Huber, 2010)

Depression scores among the sample were in alignment with other studies that have found lower prevalence among immigrants from Latin America with attention to nuances between groups and sociodemographic variables (Adame et al., 2022; Alegría et al., 2008). Hovey (2000) completed a study of psychosocial predictors among Central American immigrants and found that family conflict, limited social support, limited financial resources, and hopelessness were associated with a higher risk of depression. In this study, assessing for depression was complex. While reviewing the PHQ-9 questions with participants, there was confusion around the similarity between some of their physical symptoms and depressive ones (e.g., sleeping or eating less than is usual for them). This raised interesting methodological questions about mental health assessment in immigrant communities despite the PHQ-9's validation among English and Spanish-speaking communities (Merz et al., 2011). In light of ongoing structural barriers to immigrant well-being (Fleming et al., 2017; Linton & Green, 2019; Rios Casas et al., 2020) and cultural differences in how stress is processed or even labeled (e.g.,

ataque de nervios instead of panic attack) some researchers have explored how immigrants may integrate mental health into measures of physical health (Abarca et al., 2023; Bucay-Harari et al., 2020) which may situate the field in a place for not only culturally relevant screening measures but also holistic ones that integrate physical and emotional health to get an overarching view of immigrant health.

Network Visualizations

Lastly, immigrant networks were mapped and color-coded to visually demonstrate not only the diversity in alter roles but also to showcase the relationship between density and network size (Figure 3). Networks were organized from least to most dense. While composite measures of the sample highlight the general density of the complete sample was close to 1 (0.79), visualizations demonstrate that what that means can really vary. For example, someone who only reported three connections who are also family may report an incredibly dense network that easily reaches saturation (density of 1), at the same time there are networks with a greater number of reported alters that provide support in different ways that may not know each other at all (density of 0). While some findings seem to indicate that in some cases, smaller networks with greater perceived support may have stronger protective associations for health outcomes rather than more extensive networks with limited or varied perceived support (Bruine de Bruin et al., 2020) larger less dense newtoks may provide access to a wider range of resources (Granovetter, 1973).

Limitations

This study was able to gather and map social network maps of immigrants from Central America and assess for measures of support, proximity, and physical and mental health outcomes in a way that not many other studies have done due to the sensitive nature of collecting this type

of information among vulnerable communities. However, this study is limited in several ways. The first limitation of this project is the small sample size; with a sample group of 30, limited inferences can be made about larger populations of immigrants. However, this provides us with the opportunity to frame future and more complex analyses of immigrants. The sample also does not represent all Central American experiences, as there was limited diversity concerning race, sexual orientation, geographic location, and language. This limitation is also true of the information collected, as we could not collect information regarding the documentation status of alters, so we cannot assess whether homophily, for example, would be higher or lower among undocumented egos with other undocumented peers or vice versa.

Future directions

Overall, findings from this study highlight the complexity of measuring support within immigrant communities. This project also highlights the need for larger and more intentional samples that better represent the intra-ethnic diversity within immigrant communities to better inform both our understanding of health in immigrant communities. This project advocates for future studies to identify important areas for culturally tailored and intersectional measures and interventions. Limited interventions or programs currently exist that are aimed at increasing the supportive structures of immigrants, especially ones that incorporate transnational sources of support (Hurtado-de-Mendoza et al., 2014). Additionally, incorporating asset-based psychology towards our understanding of immigrants, especially in client facing professions such as social work, can help us identify the needs and barriers to care and leverage existing underutilized and under-supported natural healing resources (Cobb et al., 2019). Future studies should not only aim to recruit a larger sample but also more diverse ones to improve our understanding of support

culture and well-being in the face of systemic and structural oppression in ways that uplift immigrant community voices and cultural practices.

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Table 1

Participant Descriptive Statistics.

	Total (N = 30)	%	M	SD	Range
Age			43.23	18.20	18-83
Country of Origin*					
El Salvador	25	83.33			
Guatemala	4	13.33			
Honduras	1	3.33			
Immigration Status					
Documented	19	63.33			
Naturalized Citizen	*8*	*26.67*			
Green card Holder	*8*	*26.67*			
TPS, Visa, other	*3*	*10.00*			
Undocumented	11	36.67			
Race/Ethnicity*					
Latinx/e (Only)	27	90.00			
Indigenous & Latinx/e	1	3.33			
Indigenous, White, & Latinx/e	1	3.33			
White	1	3.33			
Gender Identity*					
Female	22	73.33			
Sexual Orientation*					
Straight	29	96.67			
LGBTQI2S+	1	3.33			
Education					
Less than HS Diploma/GED	5	16.67			
HS diploma	6	20.00			
Some College or Vocational Training	8	26.67			
Bachelor's Degree	9	30.00			
Graduate Degree	2	6.67			
Relationship Status					
Single (never Married)	11	36.67			
In a relationship	2	6.67			
Married	12	40.00			
Divorced	3	10.00			
Separated	2	6.67			
Widowed	0	0.00			
Immigrated Alone	12	40.00			
Age at Immigration			27.29	10.90	15-55
Time in the United States			15.7	16.97	0.5-62.0
Self-Rated Health			2.93	1.14	1-5
PHQ-9 Score			4.43	4.21	0-19

- Denotes only reported characteristics, not inclusive of all available options for country of origin, race, gender identity, and sexual orientation.

Table 2

Demographic attributes of nominated alters (n = 212).

	Total (N = 212)	**%**	**M**	**SD**	**Range**
Age	212		47.59	17.37	0-95
Immigrant	70	33.02			
Alter Location					
In US	165	77.83			
Transnational	47	22.17			
Country of Origin					
El Salvador	148	69.81			
Guatemala	24	11.32			
Honduras	4	1.89			
Mexico	11	5.19			
Brazil	1	0.47			
Uruguay	1	0.47			
Ireland	1	0.47			
Venezuela	1	0.47			
USA (total)	20	9.43			
Unknown	1	0.47			
Race/Ethnicity					
White	9	4.25			
Black	1	0.47			
Mixed Race with Indigenous Roots	31	14.62			
Latine/x	150	70.75			
Mixed race (unknown)	21	9.91			
Gender Identity					
Female	124	58.49			
Male	88	51.51			
Sexual Orientation					
Straight	202	95.28			
LGBTQI2S+	3	1.42			
Other/Unknown	7	3.30			

Table 3

Alter Social and Support Characteristics (n = 212).

Alter Social Roles	Total (N = 212)	%	M	SD	Range
Friend	54	25.47			
Family	142	66.98			
Coworker	2	0.94			
Romantic	6	2.83			
Social Service Worker	7	3.30			
Acquaintance	1	0.47			
Frequency of Contact					
Never	8	3.77			
Daily	91	42.92			
Weekly	65	30.66			
Monthly	34	16.04			
At least once a year	13	6.13			
Less than once a year	1	0.47			
Type of Contact					
Phone	85	40.09			
Social Media	49	23.11			
In-Person	76	35.85			
Other	2	0.94			
Social Media Contact	160				
Closeness			3.91	1.06	1-5
Support from Alters*					
Information	80	39.74			
Instrumental	112	52.83			
Stress	49	23.11			
Emotional	77	36.32			
Spiritual	39	18.40			
Other	37	17.45			

*Support from alters represents the percentage of people nominated for that social support role from the total 212 nominated.

Table 4

Network Characteristics.

	N	M	Median	SD	Min	Max
Network Size	212	7.07	7	3.22	3	19
Network Density	30	0.79	0.83	0.23	0.55	1.00
Country Homophily	30	-0.53	-0.69	0.55	-1	1

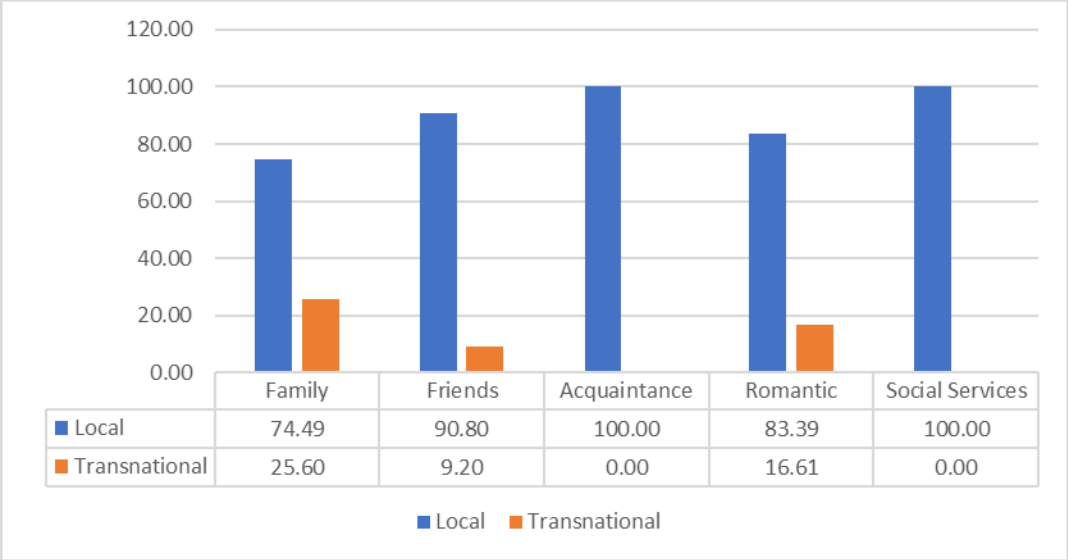
Table 5

Alter-Alter tie relationships.

Edge/Tie Distribution	N = 610	%
Friends	140	22.95
Family	332	54.42
Work peers	0	0.00
Acquaintance	134	21.97
Romantic relationship	4	00.65

Figure 1

Distribution of Support by Location and Social Role.



	Family	Friends	Acquaintance	Romantic	Social Services
Local	74.49	90.80	100.00	83.39	100.00
Transnational	25.60	9.20	0.00	16.61	0.00

Figure 2

Plot of each network density by size and status.

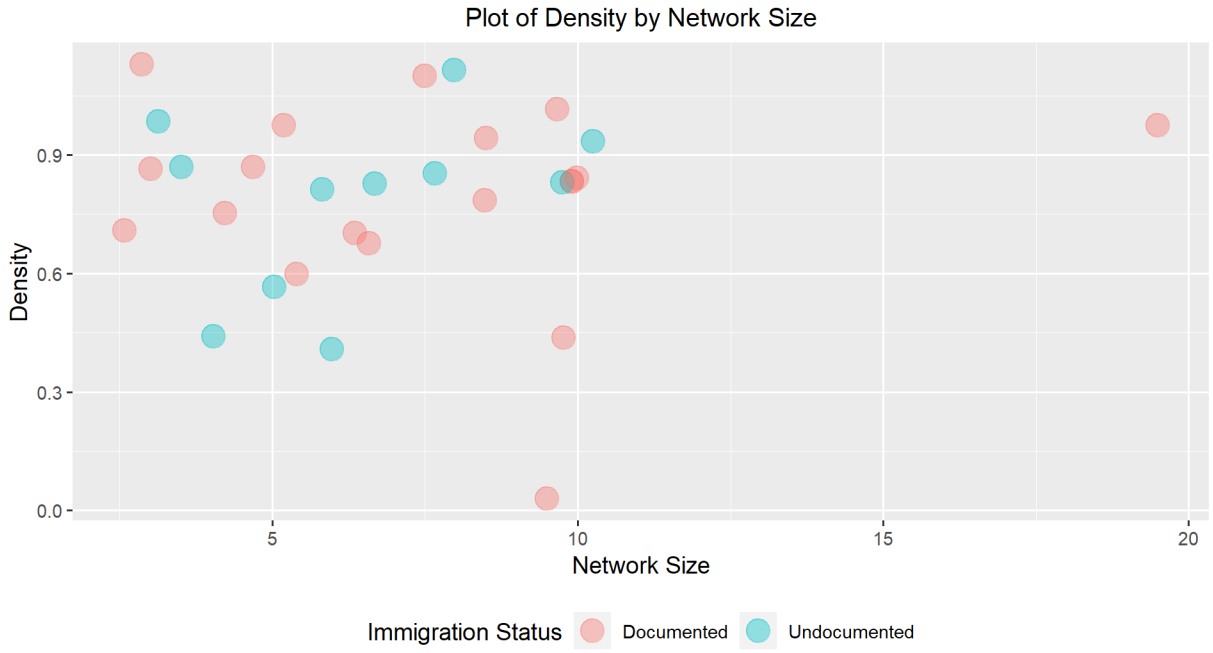
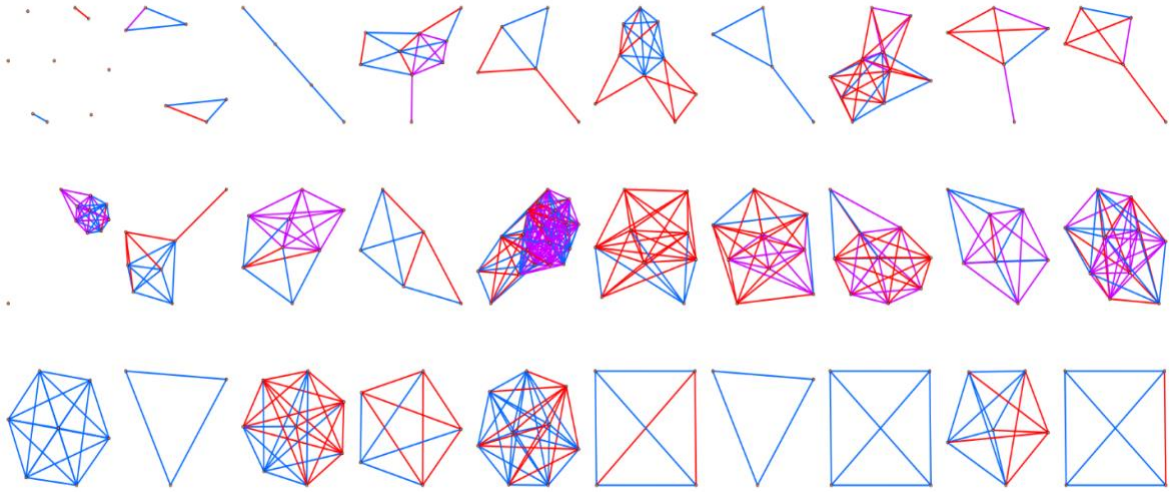


Figure 3

Visualization of all plotted networks ordered by density from small to large.



CÓMO CORRE EL AGUA ACÁ: NETWORKS OF SUPPORT, IMMIGRATION EXPERIENCES AND WELL-BEING AMONG IMMIGRANTS FROM THE NORTHERN TRIANGLE

Migration from the northern triangle has been on a constant rise since the destabilization of the area resulting from legacies of colonization, intervention, and foreign and internal exploitation in communities from the Global South (Castellanos, 2017; Coutin, 2003; Saldaña-Portillo, 2019). Forced migration resulting from the direct and indirect effects of these legacies have also significantly shaped the experiences of immigrants in the United States and contributing to the separation of families across border and further complicating transnational relationships with those left behind (Suårez-Orozco et al., 2002).

Immigrants leaving their home countries and coming to the United States often experience the stress of integrating into a new country such as having to learn a new language, navigating cultural differences, and establishing key resources for their survival such as finding a place to live (Alegría et al., 2017; Coutin, 2007; Fitts & McClure, 2015). These migration patterns, needs and affiliated stressors are further exacerbated by discrimination, exclusion, and damaging rhetoric experienced by immigrants (Alegría et al., 2017; Alfaro et al., 2009; Almeida et al., 2016).

This is especially relevant to the well-being of immigrants from communities frequently covered by the media, especially in coverage of the US-Mexico border and the "immigration crisis" (Chattopadhyay, 2019; Pineo, 2020; Rodríguez, 2018; Solano & Massey, 2022). This was further exacerbated during Trump's presidential campaign and subsequent policies since his election in 2016 (Chattopadhyay, 2019; Pineo, 2020). These stressors may be salient across immigrant experiences from Central America, however, being undocumented further exacerbates

stressors that lead to adverse health outcomes (Benuto et al., 2018; Chandler et al., 2012; Cobb et al., 2019; Cobb et al., 2017).

What has been dubbed the "Central American Migration Crisis "has been attributed to justifying more punitive practices that harm immigrants, including those outside of the isthmus regardless of their documentation status (Chattopadhyay, 2019; Pineo, 2020; Rodríguez, 2018; Solano & Massey, 2022). Despite these barriers, immigrants continue to enter the United States and navigate the structural and interpersonal complexities of life in the United States, despite potentially damaging encounters to well-being (Ai et al., 2015; Alegría et al., 2017; Almeida et al., 2016). With all the systemic barriers in place, Central American communities continue to grow all over the United States. The support housed within immigrant networks has often been studied across methodologies, and this project will contribute to our nuanced understanding of how Central American immigrants navigate their immigration experiences in the United States, culture, relationships, and their impacts on health. Against this social and political backdrop, this project will explore the lived and living experiences of twenty-eight immigrants from Central America navigating life and relationships in the United States. This project will demonstrate the variation and nuances within immigrant networks so that we can identify additional avenues of intervention. This project contributes to our understanding of immigrant networks of support to incorporate the importance of transnational connections, culture, and barriers to care among Central American immigrants.

Theoretical Orientation

This study is informed by a LatCrit approach to understanding immigrant networks of support and integration experiences in the United States. This means that the experiences of these participants were not only valued as cocreators of knowledge for the academy but were

informed and allowed to engage with the researcher and data throughout the data collection process with consent and with opportunities for advocacy. Borrowing from Chicanx and Latinx methodologies of Platicas, LatCrit, and Critical Race theories (Kiehne, 2016; Ramirez, 2023; Solorzano & Yosso, 2001) this study enacted a semi-structured qualitative interview approach rooted in relationality, healing, bidirectional engagement with participants and utilized an interdisciplinary conversation that took into consideration structural factors that shape racialized immigrant experiences in the United States highlighting the richness of experiential knowledge shared by participants (Kiehne, 2016; Ramirez, 2023; Solorzano & Yosso, 2001). Methodologies grounded in social justice principles create opportunities for a deeper understanding of targeted communities by validating the experiential knowledge shared and generated through the sharing of their experiences (Akbar, 2018; Huber, 2010; Martinez, 2014; Medina, 2018; Solorzano & Yosso, 2001).

Structural vulnerability highlights the way in which institutions such as those for health are impacted by structural systems of oppression and intersectional hierarchies and ultimately produce and reproduce negative health outcomes among targeted communities (Bourgois et al., 2017; Carruth et al., 2021; Quesada et al., 2011; Valdez et al., 2015). Rooted in counternarratives in the face of structural vulnerability, this project aims to identify the ways in which immigrants from Central America navigate their relationships, immigration experiences, and their impacts on health.

This project is rooted in the need for counter-narratives that change our understanding of immigrant experiences. In its use of asset centered, participant informed interpretation and counter-story telling, this project will also contribute to a growing body of literature challenging damaging narratives of marginalized communities (Medina, 2018; Solorzano & Yosso, 2001;

Tuck, 2009). By identifying how relationships are connected to immigrant well-being, we can better advocate for clinical practices rooted in community and immigration reform that prioritizes connection to important interpersonal relationships. Additionally, as a secondary component of a social network mapping project, this project fills a methodological gap in network literature by providing additional context into supportive networks of immigrants and the complexities therein. By utilizing a social network framework at its foundation, this project supplements network research by providing a nuanced understanding of networks that elucidate the roles between actors (D'Angelo, 2021; Rhee et al., 2021), changes over time (Chi, 2020). Networks are alive and ever changing and this project aims to capture some of those changes over time. This project utilized a grounded theory approach with a CRT and systems lens to "prioritize and honor participants' voice" (Saldaña, 2021).

Methods

Participants

Participants were recruited in community settings and through snowball sampling in communities and through community brokers, people who were more deeply embedded in immigrant networks across major cities in the United States. Data was collected as part of a larger social network support study and participants who completed the study were invited to participate in this interview. Participants were paid $30 for the completion of both components. Elligible participants were at least 18 years old, born in any of the seven Central American countries (El Salvador, Guatemala, Honduras, Costa Rica, Nicaragua, Panama, or Belize). Participants also had to be able to speak at least Spanish or English and reside in the United States with access to stable internet connection for Zoom or WhatsApp interviews (n = 26) or be available for in person interviews in northern California (n = 2).

Data Collection

Data was collected via in person or video interviews through the Zoom web application or WhatsApp. Interviews were not recorded, and consent was only verbally obtained due to the sensitive nature of collecting immigration information. Semi-structured interviews served as the basis of interviews, however, borrowing from Chicana/Latina methodologies (Fierros & Bernal, 2016; Ramírez, 2023), the framework was relational and aimed to be more like an informal conversation around immigration issues and support. Consent was reviewed prior to beginning the interview and participants were reminded that their information was not being recorded, only written down and stored via encrypted and password protected software (JotForm). Although 30 participants completed the interview, only 28 were included in the final sample due to technological errors that resulted in the interview transcripts not being recorded. All collected interviews were transcribed in vivo either by the researcher conducting interviews or through the use of dictation keyboard features. Data was double checked once interviews were completed to assess the accuracy of content. Participants were asked about the people they listed as resources of support and their impact on their immigration experiences and health and well-being in the United States.

Data Analysis

Interviews were analyzed using Atlas.ti 23. All 28 transcripts were analyzed in two cycles of in vivo coding (Saldaña, 2021). Data was analyzed in the language it was collected (Spanish =27, English =1). Utilizing an inductive grounded theory approach, an inductive coding approach included line by line analysis of participants shared experiences. This was followed by a secondary round of thematic coding to better identify overarching themes in the data. A third round was completed to verify completeness and accuracy before completing secondary thematic

analysis to identify key themes in participant experiences (Braun & Clarke, 2012; Charmaz, 2014; Crossman & Bordia, 2021; Saldaña, 2021). Researcher referred to analytic memoing throughout thematic grouping to verify accuracy of grouped information (Birks et al., 2008; Charmaz, 2014). All transcripts were analyzed in Spanish, except for one that was conducted in English. Excerpts included in the results were translated from Spanish to English.

Results

Participant demographics are shown in Table 1. All participants were from the northern triangle countries of El Salvador, Guatemala, and Honduras. Participants were asked about their integration experiences, the role support people had on their integration and well-being and how their relationships have changed after immigrating. Participant demographics are included in Table 1. After reviewing transcripts and codes, there were five broad themes in the data. Themes centered on cultura (culture), barreras (barriers), apoyo (support) and conexion (relationships/connections).

Cultura

An important facet of the immigrant experience is the encounter of a new culture in a new country. Participants spoke at length about the cultural implications of moving to the United States. They highlighted components of adaptation rooted in challenges and also the value of their own cultures to their sense of self and well-being. Many participants addressed the protective elements of their home culture on their well-being as well as the importance of maintaining culture as a way to remain connected and navigate the complexities of life in the United States. One participant described Latin American culture as "having more positive values" like checking in on someone when they are not feeling well or even smiling at strangers

down the stress in their homes and people reciprocating, but that not being the case in the United States and the impact these interactions had on her.

> Participant 7: "We see that we have many more values than those here. Values that are positive, for example, when a person is feeling sick, [caring] is something that is common to the Latino culture stuff, just like their kindnesses... You communicate it with your face, well, so the joy of the transfusion, one, but if at that moment you are seeing a person [here] they are an ice block, it is not the same or just common [here] as we say. Otherwise [with people who get it]you're going to feel good."

Another participant spoke to the ways in which cultures are safeguards, and that as an immigrant the culture she and other bring to this country from their homelands is enriching the United States. She also highlighted the importance of familismo (Ayón et al., 2010; Rojas et al., 2016), or familial bonds in her culture.

> Participant 21: "There are a lot of resources in the culture, like language, customs, food... Language is beneficial, it brings something to this country, in fact there are many people who speak Spanish, Americans and bilingual schools as well, and in the customs Latinos are very familiar and united, and it is something that the people of this country yearn for in Latinos, family unity, because in this country it is not like that."

Noted in the quotes above and in conversations with other participants were commentaries of difficulties and incongruence between their values and those in the United States. On speaking to the challenges of U.S. American culture, participants spoke extensively about limited time to make new friendships or the difficulties of engaging with others because of the way capitalism manifests in the United States. Specifically, they stated across multiple interviews the way in which "grind culture" (Hersey & Watts, 2018; Schwab, 2021) shaped their ability to forge

connections and feel like they belonged. Grind culture is "toxic programming of individuals who work nonstop as a direct byproduct of capitalism and white supremacy" (Hersey & Watts, 2018; Schwab, 2021). Participants frequently spoke to the inability to engage outside of work, to their own exhaustion, and the difficulties these caused in their ability to engage with each other and even take care of themselves as one participant noted below:

> Participant 23: "The truth is that today, as it is, and more than anything in this country, perhaps in this country it is very difficult because one realizes that here, here it is work, work, work, truth, so that sometimes time for family or not, it would also be the same for friends who pass by, let's say every day, truth [...] I think that in our country of origin because our country is more accessible because you know that from Monday to Friday there is a weekend that you have Sunday off..."

And yet another spoke about how this constant need to "grind" not only has an impact on their ability to engage interpersonally but also has a direct effect on the physical health:

> Participant 12: "Well, that's something that's quite cultured here, it's working a lot from early to late and that can affect people physically in terms of diseases and they don't eat at the time they should eat, if sometimes also that people because they are working don't pay attention to their symptoms, their signs and they affect their physical health"

Another facet of culture was participants' perception of the value of their own culture. In addition to speaking to the difficulties of grind culture in the United States, participants also spoke to the importance of maintaining home values and wanting others to do the same. One participant saw cultural ties and her ability to one day be home among her people as an opportunity to recharge:

Participant 28: "I only think that I am going to go to my country to enjoy my family, to enjoy my people and my roots, my culture and with my country, it encourages her to cultivate that connection [...] And that positively impacts my [mental] health."

While some spoke more explicitly of their hopes for others nurture their culture even while in the United States:

Participant 6: "I would like immigrants to nourish that cultural vessel and for immigrants to move forward to nourish that cultural vessel."

Participant 28: And that's my opinion, I understand the people who have this country forget their roots [...] And that culture has an impact on one's well-being, [one has to maintain] a living relationship with one's roots, keep mentally remembering the culture of our countries [...] Enjoying my people and My roots, my culture and my dull country encourages her to cultivate that connection..."

Others spoke to the perceived dangers of internalizing American culture.

Participant 1: “I think that our Salvadoran culture, true, or this Latin should not be lost, but sadly when they arrive in this country they lose that culture and they want to adapt to the American culture and that is where I think that can affect the mental health of people because they want to obtain another type of deposition or instead of having an improvement with effort and work through the end of the process. Sometimes they look for the easiest way to be a couple, this capitalist culture.”

Overall, participants spoke frequently about the challenges they encountered from American culture and the impacts that it had on their health. They also spoke about fears for future generations and the idea of losing their culture in their new homes. Prevalent across interviews

were differences and commentaries around home culture, U.S. culture and their impact on their health and well-being.

Barreras

In addition to cultural differences, participants spoke about barriers to care, and structural stressors experienced by immigrants such as discrimination and structural oppression and the need for support. Some participants spoke about the difficulties experienced by undocumented immigrants. For example, one participant shared their experience in accessing care and the impact it had on her emotional well-being:

> Participant 16: "Yes, but because I spent whole days crying about what I was experiencing. The culture shock was another thing that frustrated me a lot was that I didn't have papers, there was no help [for me] but I came here in California and [I was told] no, no, get frustrated about that so you can continue studying here."

Others spoke about laying low and integrating quietly into the United States:

> Participant 20: "Well, culture is very difficult because sometimes we want to do our own things but we are in a new country and it is better to accept things from here if we live better"

> Participant 13: "So, in the main ones, behaving well, being careful there, because creating problems, tell you here in that country because it is a country that does not belong to you and if you came you went to work"

She was not the only one to speak of the barriers faced by undocumented immigrants; other documented participants were cognizant of the difficulties of their undocumented peers in

seeking care. One participant shared her own experiences and juxtaposed them with that from undocumented people she knows:

> Participant 4: "Difficult in my case. I'm legally, but I feel fine and sometimes mental health and physical health suffer because of being here. It's hard. Imagine if I come to the hospital well, it's to spend money and if you come without papers, it's complicated and they arrive with health problems and without papers it's even worse, they don't give them access or they charge a lot."

Others spoke to the commercialization of care here in the United States:

> Participant 18: "Health in this country is very commercial. So, there should be a little bit easier for all immigrants to actually access health coverage that isn't as expensive as it is for most people, whether or not they have papers, regardless of that."

Participants spoke to barriers in accessing care because of financial barriers, documentation limitations and an overall need for assistance in obtaining access to health care and integrating comfortably into the United States.

Apoyo

No conversation about immigrants and their networks lacks a conversation around the role relationships have in integration experiences of immigrants in the United States. Immigrants not only have to navigate cultural differences and structural barriers when they arrive in the United States, but they also have to obtain access to tangible resources that ensure their survival such as housing, food, employment, etc. Participants often spoke about the role supportive people had in their integration experiences, especially as it related to necessary resources. Unsurprisingly because this project was rooted in the role of connection and support among immigrants, when participants spoke about support many spoke of the tangible things that helped

them as they started getting oriented to life in the United States. Some spoke about experiences with religious organizations and others already in the U.S. showing them how things worked. One participant who was deeply involved in the catholic church in her country was connected with a local church upon her arrival where she ended up working as she got settled:

> Participant 1:"God, when I arrived in this country, I went to the parish [omitted for privacy] to help the priest with whatever he needed because he had nothing to do. There they opened the doors for me to start teaching catechesis, to give award talks and then work with the choir [...] they got me a job there and even got me a work permit. Almost right, just in the first few months, I felt that it was a great blessing [...] they are people that I am grateful for how they supported me at that time."

Many spoke to the roles family members had in helping them get their basic needs met as they traveled to the United States with their family to meet family members already living in the United States:

> Participant 22: "On the positive side, we have connected again with the family that is here, with my uncles, with my cousins who helped us a lot since we arrived from El Salvador, they accompanied us when we first came and gave us a lot of things such as necessities for the house, bed, clothes, things that they no longer needed to help us much to settle here."

While others spoke to people "showing them the ropes" such as learning how to take a bus, what the vibe of city was, how to get around etc. as was the case with an immigrant who was here to study when she first arrived while her family who also immigrated was in a different state:

> Participant 24: "To a certain extent they guided me a little bit. Even though we were in different states and everything, but they guided me a little bit on how to do things. They

supported me because I knew I could take a flight and be with them. [Also] because my roomie was the one who practically supported me with the house because I didn't know where I was going to live or anything. She was the one who opened the doors of her house to me and also taught me how the city works, some things and most of all it will be [learned in] company, not being alone."

Participant 12: "Those relationships have helped me adjust to all the changes and culture. Already, being in this country they have helped me in those months that I have been in this country because it has been very difficult to get used to so much change. And being here, they have helped me a lot to feel better and know what to do."

These support systems and mechanism have the potential to shape an immigrants' first experience in the United States and can have lasting impacts on their health and well-being.

Conexion

Lastly, participants spoke extensively about the supportive relationships in their lives while navigating feelings of loss and isolation and the use of social media to maintain these relationships (primarily Whatsapp). Participants spoke about changes in their relationships, less communication and growing distance and its impact on their well-being:

Participant 15: "My family back in El Salvador, it's not that I feel maybe 100% satisfied in my life because my whole family and hers [wife] stayed there. It's not the same because they're not here. That separation has a negative impact on my emotional well-being […] it would be a positive effect on [my] emotional health if they were all together."

A participant who is in the United States with his wife and children but left his mother behind spoke about changes in communication and closeness and missing how things are when you are physically there:

> Participant 5: "Yes, there really was a change because it [lacks] that closeness. I mean, it's not the same going to visit my mom or my sisters, it's true that just talking on the phone on WhatsApp makes a big difference. And yes, that's perhaps the biggest change that has happened here in having come here to the United States, right? [...] Because I interacted with my mom every day, which changed the way I acted with them because I'm not physically present with them."

On the other side of connection, while participants spoke often about loss, they also shared the ways in which technology has helped them remain somewhat connected or up to date on what is happening in their home countries. One participant, in speaking about how he maintains his transnational relationships shared his joy in being able to actively participate in a high school graduation group, where people who have left and stayed remain involved and connected.

> Participant 23: "We are the only class that maintains friendship through a WhatsApp group, except for one of them who has already died[...] we maintain a relationship through WhatsApp, we communicate, and one talks, because everyone talks, but we have that nice thing that we have maintained that same friendship since the beginning, it already makes you feel good [being here]"

Others discussed the ease of having access and how increased social media access has improved those relationships:

Participant 6: "For my physical health, not so much, but for my emotional health […] I could call if I needed something, to ask for some advice, or learn some experience in case I needed that type that would help me in a way, this emotional my mental health."

Participant 18: "We have a [group] and there's always communication. [...] Well, yes, it bothers a little bit, but social networks make it quite a bit, let's say easier to communicate with them in a way."

Participant 19: "I interact with them less in person, but I go more on Instagram, and I'm interested in their lives... At least I can see [...] but the least positive thing is to make myself aware of that time when I was alone after my immigration. It's not the same as it used to be, but at least we use WhatsApp and Instagram."

There was one participant who highlighted the ways in which social media has advanced the ability to remain connected. When she immigrated, social media did not exist nor was there readily accessible forms of communication. Hence, she spoke to having to write letters to stay in contact with her mom, then having scheduled phone calls and not being able to have more private conversations in the center of town:

Participant 30: "For many years because I didn't have a way to get to my country [once] already arrived here. I didn't have a way to go back there and connect. 20 years ago, with so few letters written and all that stuff like that. That's how we always communicated, but I didn't like it. [...] Then, since there were no resources to communicate by phone or letters, they had to go to the neighbor [...] And we couldn't have those conversations that

were maybe more private or as frequent because they didn't want people to hear what they were saying."

While immigrants spoke to feelings of loss and mourning for changes in relationships, they also identified ways in which they have been able to maintain, relocate or generate connections that are supportive to their well-being and connections in their homes. Many of these relationships, especially the ones in their home countries are facilitated by the increased accessibility of internet and social media and generally seems to have a positive impact on respondents' lives.

Discussion

This project created an opportunity for participants to talk about their immigration experiences in a way that centers the things that are working, and which also created opportunities for participants to share what was not and what they wish was different. It is apparent through the narratives shared by the participants of this study, the deeply complex ways in which participants not only make sense of their new realities in the United States but also how deeply cognizant they are of the process of loss and integration that they are experiencing in the United States.

Culture

Participants were able to speak to the supports and connections that they found here in the United States, while also naming cultural barriers and conflicts that not only impacted their own ability to take care of themselves, but also to forge potentially supportive relationships and expand their networks in the United States. Utilizing a lens that incorporates the structural systems that impact Latinx immigrants in the United States like discrimination, capitalism, and exclusion due to differences in documentation contributes to our understanding of the ways in

which immigrants not only experience feelings of exclusion but how they perceive that they shape their well-being.

U.S grind culture was extensively mentioned or alluded to by a large portion of participants. In its commentary, this also highlighted the importance of family and community time for immigrants. Quality time and time as a family is an important component for familismo. In a study of stressors among Latinx families in the United States via 16 focus groups, Rojas et al. (2016) found that immigrants experienced stressed when they "turn their backs on family in the short term to realize a better long-term future for the family." Specifically relevant to comments made by participants in this study, they found that sometimes immigrants had to shift from cultural family values in order to provide for their families (Rojas et al., 2016). That contrast, the push and pull of need and family is likely to contribute to the stress-load of immigrants trying to make ends meet and help reach their goals for migration and what is generally a protective factor may be limited by the need to survive (Diaz & Niño, 2019).

This finding was very telling of the importance of rest and time for community and family outside of work (Rojas et al., 2016). A privilege that may only be afforded to immigrants who do not have to work long extensive hours or weekends, especially those who are working overtime to provide for their families, experience less discrimination and have access to legal employment protections leaving them vulnerable for exploitation (Coutin, 2007; Cranford, 2005; Hall et al., 2010). It was clear from the conversations that they dream of rest and time with loved ones and new friends and may even express concerns over peers who lose themselves in American culture. Future investigations should take into consideration explorations within and outside collectivist-individualist binaries to develop a framework for understanding cultural

differences and their interaction with systems of oppression that may inhibit healing practices (Rojas et al., 2021).

Barriers

Barriers to care were largely systemic, in that participants reported lacking legal support, medical access, and finances to access the care that they need. Specific to the experiences of undocumented immigrants, participants were cognizant of the additional challenges imposed on undocumented peers (Cobb et al., 2019; Doshiid et al., 2020). Related to systemic integration barriers of grind culture, the community recognition of these barriers empathizes how salient conversations around barriers are within immigrant communities. Immigration experiences are different based on your social position, access to educational, financial resources (Fitts & McClure, 2015; Saldaña-Portillo, 2017; Vacca et al., 2018). Participants spoke to the isolating effects of limited English proficiency and another about the stigma faced by Salvadorans resulting from stereotypes that label them as "violent" or "less than" their immigrant peers. The latter likely the result of lasting legacies of intra-immigrant group conflicts that often pit immigrants against each other, especially Central Americans in the US and as they make their way through Mexico to the United States (Osuna, 2015, Vogt, 2013). These experiences allude to the intersectional experiences that can limit new connections and potential access to additional sources of support.

Despite these barriers, immigrants persist and are able to meet at least some of their needs through their tight personal and community networks (Alegría et al., 2017; Coutin, 2003; Domínguez & Maya-Jariego, 2008; Dunn et al., 2009). In their ability to meet their needs outside of more formalized structures immigrants are finding ways to heal and navigate the complexities of immigration in their new homes. In light of structural barriers to care, limited access to

culturally sustaining health resources and social determinants of health, social workers and other helping professions should take notice of what is working. After taking notice of mechanisms of resilience and resistance, helping professions should move to action to not simply incorporate and institutionalize these mechanisms but creating opportunities for these resources to continue to thrive within communities (and outside of more formal structures.)

Support & Connection

Lastly, support and connection were the cornerstone of this project. It is clear that separation and isolation have an adverse impact on immigrants' well-being (Caplan, 2007; Hurtado-de-Mendoza et al., 2014). Participants spoke deeply and extensively about the people and communities that they missed and the impact the loss and distance had on them. Separation and loss among immigrant relationships has been extensively studied as an additional stressor that immigrants have to process on top of the competing needs as they find their place in their new home (Caplan, 2007; Falicov, 2007; Galvan et al., 2022). It was clear that distance changed the way participants engaged with their transnational sources of support, what was also clear was that despite the distance people still named and relied on them for their emotional well-being (Falicov, 2007; Viruell-Fuentes & Schulz, 2009).

These relationships were frequently maintained through social media and increased access to technological resources not only in the United Sates but also in their homelands. Other studies have explored the role of social media and transnational connections on the health and their role in helping immigrants navigate the complexities of immigration (Bacigalupe & Cámara, 2012; Udwan et al., 2020). In light of that, largely in part to the advancement of technology immigrants and increased access even in the smallest of countries, immigrants from Central American and across diasporas have found ways to connect. This connection can be

another manifestation of immigrant resilience and be another tool to mitigate this stress (Bacigalupe & Cámara, 2012; Udwan et al., 2020). Udwam et al., 2020 brought forward digital resilience in the context of Syrian refugees in the Netherlands. They utilized a framework rooted in critical resistance that situated the mechanisms of resilience online against the backdrop of systemic violence and trauma experienced by this refugee community. Similarly, this framework may be applied to the experiences of Central American immigrants given their own structural, historical and on-going traumas that they are able to traverse with the support of their local and digital communities. Often described as digital resilience (Udwan et al., 2020), policymakers and practitioners should look to these transnational connections as additional tools to foster positive outcomes. As technology becomes more accessible globally more attention should be paid at the role of these digital connections as an additional avenue for immigrants to obtain and share emotional support, foster relationships and even identify digital communities that affirm their various intersectional identities.

Limitations

This study was small and limited in its racial, gender, and sexual orientation diversity as such this provides the first of future investigations that dive deeper into mechanisms of support and resilience among targeted communities from the Central American Diaspora. Additionally, because we were not allowed to record interviews, transcripts may have mistaken or missed components that were not included in the final analysis such as regional phrases that were not captured as intended by participant (e.g., differences in words and phrases between Spanish dialects that may not be captured by dictation software), missed words or phrases. Additionally, the two interviews that were lost to the software failure were rich and would have provided additional information (one Salvadoran and one Guatemalan participant) that would have further

enriched the study. Future studies should intentionally sample a larger and more intersectional group of participants to better represent the experiences of Central American immigrants. Additionally, although every effort was made to convey the meaning of participants' words, translated transcripts for the purpose of this manuscript may miss some of the cultural context housed in regional language.

Future Directions

In line with the work done by Hurtado-de-Medonza (2017) this project advocates for the development of culturally sustaining and nurturing resources that specifically target supportive networks in immigrant communities. Interventions designed to support the physical and mental would benefit from understanding current supportive resources available to immigrants and identifying gaps to strengthen access to information, social support, and increase feelings of belonging. Additionally, it was clear throughout interviews that participants identified broader systemic and cultural barriers that limit access to care. As an action-oriented profession, social work researchers and practitioners should also aim to identify points for intervention at the systemic level to increase access to care that resonates with individual needs and long-term goals. Lastly, as technology advances so should our methods of utilizing it in practice with immigrant communities. Participants shared extensively how their use of social media and other forms of communication helped them maintain their connection to important people in their lives and how that in turn helped their mental health. This project is only a small starting point for future explorations of strength-based approaches to understanding the needs and mechanisms of resilience of Central American immigrants. Future studies should consider ways to strengthen access to supportive resources and work to address systemic barriers to care.

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Table 1

Participant Identities (N=28).

Ego	Age at Interview	Age at Immigration	Time in US	Country of Origin	Gender	Documentation Status	Race/Ethnicity	Orientation
1	71	29	42	El Salvador	F	Documented	Latine/Latinx	Heterosexual
2	52	51	1	El Salvador	F	Undocumented	Latine/Latinx	Heterosexual
3	29	16	14	El Salvador	F	Documented	Latine/Latinx	Queer
4	25	19	5	El Salvador	F	Documented	Latine/Latinx	Heterosexual
5	57	55	1.5	El Salvador	M	Undocumented	Latine/Latinx	Heterosexual
6	39	18	18	El Salvador	M	Documented	Latine/Latinx	Heterosexual
7	71	31	41	Guatemala	F	Documented	Indigenous, White, Latinx	Heterosexual
8	21	19	1.5	EL Salvador	F	Undocumented	Latine/Latinx	Heterosexual
9	21	20	0.5	El Salvador	F	Undocumented	Latine/Latinx	Heterosexual
10	51	34	17	El Salvador	F	Undocumented	Latine/Latinx	Heterosexual
11	38	32	6	EL Salvador	F	Undocumented	Latine/Latinx	Heterosexual
12	26	20	0.5	El Salvador	F	Documented	Latine/Latinx	Heterosexual
13	31	30	1	Honduras	F	Undocumented	White	Heterosexual
14	20	15	5	El Salvador	F	Documented	Latine/Latinx	Heterosexual
15	22	22	0.75	El Salvador	M	Undocumented	Latine/Latinx	Heterosexual
16	54	19	28	Guatemala	F	Documented	Latine/Latinx	Heterosexual
17	18	16	2	El Salvador	M	Undocumented	Latine/Latinx	Heterosexual
18	57	45	13	El Salvador	F	Documented	Latine/Latinx	Heterosexual
19	51	49	1.75	El Salvador	F	Documented	Latine/Latinx	Heterosexual
20	45	23	22	El Salvador	M	Undocumented	Latine/Latinx	Heterosexual
21	41	32	9	El Salvador	F	Documented	Latine/Latinx	Heterosexual
22	21	19	3	El Salvador	M	Documented	Indigenous, Latinx	Heterosexual
23	47	24	24	El Salvador	M	Documented	Latine/Latinx	Heterosexual
24	22	21	1.5	El Salvador	F	Documented	Latine/Latinx	Heterosexual
25	83	21	62	El Salvador	M	Documented	Latine/Latinx	Heterosexual
26	61	30	31	El Salvador	F	Documented	Latine/Latinx	Heterosexual
27	58	22.83	36	El Salvador	F	Documented	Latine/Latinx	Heterosexual
28	64	18	50	Guatemala	F	Documented	Latine/Latinx	Heterosexual

Future Directions

This project speaks to the importance of community support in the lives of immigrants. Despite barriers to belonging and well-being, immigrant communities continue to fight back and persevere in building lives for themselves and their descendants. Using a strengths-based approach, this project hoped to provide a counter-narrative to discussions about immigrants in the United States. However, this project also discusses the structural and systemic barriers that immigrants and other targeted communities in the United States face. In order to meet the needs of immigrants, Communities of Color, and other communities impacted by the differing systems of oppression, we have to deepen our understanding of the deleterious effects of these systems through intersectional and action-oriented lenses.

This project also brings to light how community connections can positively impact people. These connections and sources of support that help immigrants navigate systemic trauma can also be leveraged to bring people together in communities to activate the change we hope to see in the world. More pragmatically, social workers and those working within immigrant communities can identify creative ways to leverage technology to nurture these resources. Findings from this project address positive relationships in a very intentional way. However, future projects should dive deeper into those connections that were also lost to help address the gaps in need and process feelings of loss and isolation that are so intrinsically tied to mental health conditions like depression. Future analyses into immigrant networks should also aim to increase the representation of Black, Indigenous, and LGBTQI2S+ immigrants at the intersection of immigration due to the compounding effects of the various "-isms' that shape their lives and health. Hopefully, this is the first of future projects that highlight the cultural, relational practices and knowledge within Central American immigrants and their intersectional identities to

highlight mechanisms of resilience and resistance in the face of ongoing anti-immigrant environments. Beyond immigrants, in conceptualizing future directions for social work practice in a post-Covid-19 future, this project highlight what we learned then about the positive impact of connection on our health. This project supports the efforts by researchers and clinicians for interventions that take into consideration transnational and alternative sources of support, especially those that leverage the power of technological advances to improve connection and health.

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