



# Kinship, Friendship, and Service Provider Social Ties and How They Influence Well-Being among Newly Resettled Refugees

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## Abstract

As refugees move from forced displacement to resettlement, their networks change dramatically alongside their living conditions and surroundings. The relative benefit of different kinds of ties in this context is not well known. Data for this study came from quantitative and qualitative interviews that were part of the Refugee Well-Being Project (N = 290), a longitudinal randomized controlled trial study inclusive of refugees resettling from the Great Lakes region of Africa, Afghanistan, Iraq, and Syria. Quantitative results revealed that greater numbers of kinship ties were related to better psychological quality of life ( $p < .01$ ) and greater numbers of reported services providers as social ties were related to higher emotional distress ( $p < .001$ ). Greater numbers of friendship ties were not statistically related to psychological quality of life or emotional distress. Qualitative findings suggest that cultural brokers—social ties that can bridge cultures, languages, and backgrounds—were particularly important to well-being, blending the benefits of strong and weak ties.

## Keywords

social networks, refugees, migration, mental health, mixed methods

Social ties have long been linked to well-being (Durkheim ([1897] 1966; Kawachi 2010; Kawachi and Berkman 2001; Luke & Harris 2007; Song 2010; Tsai and Papachristos 2015). Political climates, economic factors, and cultural shifts all influence social networks, which in turn influence access to resources and social support; these in turn influence health (Berkman et al. 2000). Refugee experiences exemplify this pattern. Responding to conflict, violence, or persecution, refugees leave behind loved ones, shared history, and cultural familiarity. They are often displaced internally within their home country before being forced to flee across national borders, and then they may remain in refugee camps for years (Afifi et al. 2016; Bergquist 2018; Earnest et al. 2015). Some displaced people are granted refugee status and resettle in a new country (U.S. Citizenship and Immigration Services [USCIS] 2018).

This pattern of experiences influences available social support and levels of stress—major factors connecting social ties to health (Thoits 2011). Upon resettlement, challenges include accessing housing and employment, engaging with health care and education systems, and communicating across varied systems, oftentimes in a new language (Hynie 2018). Social ties providing informal and formal supports can help

(Frounfelker et al. 2019; Turner, Turner, and Hale 2016). Better understanding the types of social ties that exist among newly resettled refugees and how they are related to well-being is important to theory on the type and strength of social ties as well as to social policy and services provision.

Studying refugee experiences from the lens of social ties and well-being is difficult for several reasons. For one, refugee status is subject to global context and the changing interpretations of who may be a refugee. Alongside conflict in new and different regions of the world, refugee groups are operationalized differently across time and place. Second, mental health and well-being are subject to Western interpretations often at odds with competing ways of knowing. With acknowledgement of these challenges and limitations, this study explores the relationship between types of social ties (kinship, friendship, and provider) and associated well-being (emotional distress and psychological quality of life) using

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mixed methods—quantitative and qualitative interviews—within our contemporary context of what it means to be a refugee resettling in the United States.

## Background

### Current Context

Dating to the Refugee Act of 1980, refugee status in the United States has been operationalized as follows: “Refugees are of special humanitarian concern . . . and have demonstrated that they were persecuted or have feared persecution due to race, religion, nationality, political opinion, or membership in a particular social group” (USCIS n.d.). Although the contemporary definition emphasizes persecution, it is still subject to differing interpretations and change (FitzGerald and Arar 2018). Indeed, the United Nations recently broadened its definition to include war, and ethnic, tribal and religious violence as leading causes for refugees fleeing their countries (United Nations High Commissioner for Refugees [UNHCR] 2018). Current times are unique given large and growing numbers of displaced persons across the globe. The most recent count from the UNHCR (2019a) for UNHCR citation.] reports that 70 million people are currently displaced (including those who are internally displaced) and that there are approximately 25 million refugees. The UNHCR verifies cases and identifies potential refugee resettlement countries based on criteria including family links, capacity, and quotas (UNHCR 2019b). Between countries, there are differing viewpoints on clustering or dispersing refugees to different areas (Martens, Hainmueller, and Hangartner 2019). Within the United States, the federal government has authority over admissions, and the U.S. Refugee Admissions Program determines where refugees will be resettled. Resettlement locations are based on existing infrastructure (e.g., domestic resettlement agencies, including several faith-based organizations), information assessed about incoming refugees, and agreement from resettlement agencies to provide sponsorship assurance including reception and placement program services (Bruno 2017). Although displacement has increased, current policies have reduced the number of refugees who can legally enter the United States—and this may further constrain existing infrastructure and narrow possible locations for resettlement in future years (Fee and Arar 2019).

Despite conceptual limitations and changing context, there are similarities across eras. We know that refugee experiences are fraught with trauma, loss, and barriers to recovery (Giacco, Laxman, and Priebe 2018; Matlin et al. 2018). Resettlement in the United States often means being separated from family and friends, which can be particularly distressing (Miller et al. 2017). Many refugees experience violence, war, and subsequent posttraumatic stress disorder (PTSD), depression, and other forms of psychological distress (Carswell, Blackburn, and Barker 2011;

Porter and Haslam 2005). In their systematic review, Fazel, Wheeler, and Danesh (2005) found higher levels of PTSD among refugees compared to the general population. Once resettled, there are many challenges with forming new social ties (Lamba and Kahn 2003; Veling, Hall, and Joosse 2013; Wachter et al. 2018; Wachter and Gulbas 2018), despite theoretical benefits of social relationships for refugees (Gary and Rubin 2014). Although social capital can be obtained through social networks, refugees may have good reason for caution and may practice “strategic anonymity” (intentionally not connecting with certain people from their home country in order to protect themselves from possible persecution or retribution), which suggests social constraints limiting the formation of new social ties (Arar 2016).

### Social Ties and Well-Being

Umberson and Montez (2010:S54) have described that “social relationships—both quantity and quality—affect mental health, health behavior, physical health, and mortality risk.” Strong support ties or those that are more intimate and demand more time and energy are often emphasized. Wellman and Wortley (1990) found the importance of a mix of kinship ties, friendship ties, and other acquaintances, each fulfilling unique needs. Thoits (2011) has described two types of support from strong ties (i.e., emotional sustenance and active coping assistance), which can be identified through significant others and people with similar and relevant experiences. Put another way, strong ties are formed for psychological reasons, like feelings of safety, comfort, and support, and reasons of productivity and efficiency (Kadushin 2012). For refugees who resettle in a new country and may not have many informal sources of social support, a possible source of support may be resettlement organizations, which have the responsibility to receive refugees in their new communities, establish their initial housing, and frequently connect them with health and human services providers (Suphanchaimat et al. 2019). Refugees who continue to rely on service providers as strong ties may have greater health and social needs and higher levels distress. Moreover, sometimes a larger number of strong ties is associated with distress because it involves greater shouldering of shared financial and emotional burdens (di Falco and Bulte 2011), which illustrates the dark side of social capital (Villalonga-Olives and Kawachi 2017).

And yet, weak ties, such as acquaintances, can also connect people to needed resources, facilitating community organization and connecting people to opportunities for employment and advancement (Granovetter 1979). Whereas strong ties are more likely to form between similar people (McPherson, Smith-Lovin, and Cook 2001), weak ties—as long as they are not too weak—may bridge different groups and facilitate exchanges of unique resources (Ryan 2016). However, limited research has

investigated whether these patterns hold true for refugees, who are unique in that they must rapidly form new social ties, often within a linguistic and cultural context that is unfamiliar to them.

### The Present Study

In order to answer the overarching research question, “How do different types of social ties influence the well-being of newly resettled refugees?” this study examined the meaning and context of types of ties and the associated well-being of refugees from Afghanistan, Iraq, Syria, and the Great Lakes region of Africa (Burundi, Democratic Republic of Congo, and Rwanda) who resettled in the southwestern United States between 2014 and 2018. Quantitative measures of social network size and composition with control variables were regressed on indicators of well-being—emotional distress and psychological quality of life, measures that capture negative and positive dimensions of well-being, respectively. Qualitative interview data were used to situate and further expand on quantitative findings. Six hypotheses were tested:

**Hypothesis 1:** Greater numbers of kinship ties will be related to lower emotional distress.

**Hypothesis 2:** Greater numbers of kinship ties will be related to greater psychological quality of life.

**Hypothesis 3:** Greater numbers of friendship ties will be related to lower emotional distress.

**Hypothesis 4:** Greater numbers of friendship ties will be related to greater psychological quality of life.

**Hypothesis 5:** Greater numbers of social service provider ties will be related to greater emotional distress.

**Hypothesis 6:** Greater numbers of social service provider ties will be related to lower psychological quality of life.

### Data and Method

A synchronous mixed-methods (Pearce 2012) approach was taken. Quantitative and qualitative data were collected at the same time periods throughout the study, and analyses were conducted in concert throughout. The design was nested (Small 2011) in the sense that quantitative and qualitative data came from the same participants. Importantly, this study utilized data collected from different approaches—quantitative data came from face-to-face computer assisted personal interviews and qualitative data came from face-to-face conversational interviews—which inherently spoke to different theoretical perspectives and supported efforts of triangulation (Hammarberg, Kirkman, and de Lacey 2016).

Data analyzed in this study were from a larger study testing a community-based mental health intervention called the Refugee Well-Being Project, funded by the National Institute on Minority Health and Health Disparities (NIMHD R01MD007712; PI: Jessica Goodkind). This five-year study

included refugees from Afghanistan, Iraq, Syria, and the Great Lakes region of Africa who had recently (within the previous three years) resettled in a medium-sized city in the southwestern United States. Participants were recruited with the help of local refugee resettlement programs and native-speaking interpreters (e.g., speaking Dari, Pashtu, Arabic, Kiswahili, and Kirundi); 89 percent of refugees who met eligibility criteria agreed to participate in the study. Data collection involved qualitative interviews conducted by English speakers with the assistance of interpreters and quantitative interviews using computer-assisted personal interviewing (CAPI) conducted in the participant’s first language. More description of the study design can be found elsewhere (Goodkind et al. 2016; Miller et al. 2017). Data for this paper included baseline quantitative and qualitative data from all four cohorts enrolled into the Refugee Well-Being Project study. Participant summary characteristics are in Table 1.

### Quantitative Analyses and Results

**Dependent variable.** Emotional distress was measured using the Hopkins Symptoms Checklist–25 (HSCL-25; Derogatis et al. 1974), with the removal of one item (loss of sexual interest or pleasure) because it was deemed not culturally appropriate by our community advisory board. The HSCL-25 has been utilized worldwide and with refugees in previous studies (Mollica et al. 2001). Each item is measured on a four-point Likert-type scale, with response choices ranging from *not at all* to *extremely*, and an overall mean score was calculated. Higher scores indicate greater emotional distress, and scores that are greater than 1.75 can suggest clinically meaningful levels of distress; 22.1 percent of participants had scores above this threshold. Participant scores ranged from 1 to 3.67 ( $M = 1.50$ ,  $SD = 0.58$ ).

Psychological quality of life was measured with a modified version of the World Health Organization Quality of Life assessment (WHOQOL Group 1998). Whereas the HSCL-25 measures negative indicators of well-being related to depression and anxiety symptoms, the WHOQOL measures more positive and general indicators of well-being. The psychological well-being dimension is separate from overall health and physical health and, in our study, is a sum score of three items—“How much do you enjoy your life?” “To what extent do you feel your life to be meaningful?” and “How well are you able to concentrate?”—on a five-point Likert scale, with responses ranging from *very dissatisfied* to *very satisfied*. Higher scores indicate greater psychological quality of life. Participant scores ranged from 3 to 15 ( $M = 10.31$ ,  $SD = 2.77$ ).

**Independent variables.** Using an ego network name generator system (in which the ego is the individual participant who is asked about their outgoing ties or nodes), network size was measured with the following questions: (1) “Are there

**Table 1.** Summary Statistics.

Variable	Proportion	M	SD	Range
<b>Covariates</b>				
Afghan	.36			
African	.32			
Iraqi	.33			
Female	.52			
Married	.58			
Single	.33			
Widowed or divorced	.09			
Age		34.60	11.53	18–71
Education		10.03	5.50	0–18
Perceived English proficiency		1.24	0.59	0–3
Weeks in the United States		29.91	27.97	0–166
Household size		5.01	2.20	1–11
<b>Independent variables</b>				
Family network ties		0.82	1.8	0–17
Friend networks ties		1.47	1.9	0–15
Social service network ties		0.68	1.3	0–8
<b>Dependent variables</b>				
Emotional distress		1.50	0.58	1–3.6
Psychological quality of life		10.31	2.77	3–15

people (adults) in your community<sup>1</sup> with whom you discuss important matters?” (2) “Are there people (adults) in your community who you have asked for advice or help in getting things done in the United States?” and (3) Are there people (adults) in your community whom you ask for advice or help when you are not feeling good about yourself or your situation?” Participants were asked to name up to six people for each question and provide either a first name or initials for each person listed. An unduplicated count was calculated based on the sum of these three questions, excluding redundant ties, which were identified by a question that followed the addition of each new tie that asked, “Is this a person you already mentioned?” Participants then described each new tie as either a family member, friend, or service provider of physical, mental health and/or social services.

**Covariates.** Participants were asked for their country of birth and nationality. The primary refugee subgroups were Afghans, Africans from the Great Lakes region, and Iraqis/Syrians. Although grouping participants from different countries in analyses is not ideal, and there are important differences between countries of origin and experiences within them, our groupings are based on shared language<sup>2</sup>

<sup>1</sup>The actual city name was used in the in questionnaire but has been removed from this paper.

<sup>2</sup>Iraqi and Syrian participants spoke Arabic, African participants primarily spoke Kiswahili and Kirundi, and Afghan participants primarily spoke Dari or Pashto. One participant from Iraq and 5 participants from Afghanistan came to the United States with Special Immigrant Visas.

and region of origin that matched with the research team members who helped with recruitment and conducted interviews with participants. Participants were asked whether they identified as male or female and for their age in years. They were also asked if they were single, married, widowed, or divorced. Household size was assessed by asking, “How many people live in in your household?” Education level was assessed by combining the number of years that each participant reported being in school if they had received less than a high school degree and a second question that assessed secondary education up through graduate or professional degrees. These two variables were combined into one ordinal education variable. English proficiency was based on the Perceived English Proficiency Scale (Wei et al. 2012), which is a composite measure of how well participants rated their ability to read, write, speak, and understand English on a four-point scale from *not at all* to *like a native English speaker*. We collected the date that participants arrived in the United States and calculated time in the United States in relation to the interview date.

### Quantitative Results

Multivariate linear regression models of dependent variables on counts of kinship, friendship, and social service provider ties and covariates were run with Stata SE Version 14.1.<sup>3</sup> Models are presented in Tables 2 and 3 and include unstandardized coefficients with standard errors and standardized coefficients. Results in Table 2 show that the number of kinship ties or friendship ties was not related to emotional distress, but those that reported more social service providers as ties were more likely to have greater emotional distress ( $p < .001$ ). Iraqi participants reported higher levels of emotional distress compared to African participants ( $p < .001$ ). Additionally, women reported more emotional distress compared to men ( $p < .001$ ). Based on these results, Hypotheses 1 and 3 were not supported: Greater numbers of kinship ties were not related to lower emotional distress, and greater numbers of friendship ties were not related to lower emotional distress. However, Hypothesis 5 was supported: Greater numbers of social service provider ties were related to greater emotional distress.

Results in Table 3 show that increased strong ties from family are associated with greater psychological quality of life ( $p < .01$ ). We found that having between four and five more strong local ties from family was associated with a one-point increase in psychological quality of life. On average, Iraqis reported lower psychological quality of life compared to Africans ( $p < .001$ ). Women reported lower psychological quality of life compared to men ( $p < .001$ ). Based on these findings, Hypothesis 2 was supported: Greater numbers of

<sup>3</sup>Missing values were addressed using expectation maximization (EM) and FIML estimation (Enders 2010); EM estimated results are reported, though results were virtually identical.

**Table 2.** Ordinary Least Squares Regression of Emotional Distress.

Variable	b (SE)	B
Nationality (compared to African)		
Iraqi	.37 (.09)***	.30
Afghan	-.01 (.08)	-.01
Female	.22 (.06)***	.19
Marital status (compared to married)		
Single	.10 (.08)	.08
Divorced	.66 (.21)**	.16
Widowed	.19 (.14)	.08
Age	.01 (.00)*	.16
Education	-.00 (.01)	-.04
Perceived English proficiency	-.01 (.06)	-.01
Weeks in the United States	-.00 (.00)	-.06
Household size	-.03 (.02)	-.10
Kinship network size	-.02 (.02)	.06
Friend network size	.02 (.02)	.06
Social service provider network size	.11 (.02)***	.26
Intercept	1.06 (.02)***	
N	290	
R <sup>2</sup>	0.31	
Adjusted R <sup>2</sup>	0.28	

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 3.** Ordinary Least Squares Regression of Psychological Quality of Life.

Variable	b (SE)	B
Nationality (compared to African)		
Iraqi	-2.58 (.43)***	-.44
Afghan	-.55 (.38)	-.09
Female	-1.42 (.31)***	-.26
Marital status (compared to married)		
Single	-.55 (.37)	-.09
Divorced	-.89 (1.01)	-.05
Widowed	-1.04 (.66)	-.09
Age	-.02 (.02)	-.10
Education	-.06 (.04)	-.12
Perceived English proficiency	.35 (.28)	.08
Weeks in the United States	.01 (.00)	.14
Household size	.10 (.07)	.08
Kinship network size	.23 (.09)**	.15
Friend network size	.06 (.08)	.04
Social service provider network size	-.16 (.12)	-.07
Intercept	12.33 (.93)***	
N	290	
R <sup>2</sup>	.29	
Adjusted R <sup>2</sup>	.26	

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

kinship ties were related to greater psychological quality of life. However, Hypotheses 4 and 6 were not supported: Greater numbers of friendship ties were not related to greater psychological quality of life, and greater numbers of social

service provider ties were not related to lower psychological quality of life.

### Qualitative Analyses and Results

Qualitative data came from interviews lasting approximately one to two hours in participants' homes. Specific questions asking about social networks included the following:

1. One of the challenging things, when people come to a new place, is building up a social support network (people you can turn to for different things: advice, a ride, child care, money, or someone to talk to or spend time with). How has this been for you? Can you give us an example from the last week or so of someone you turned to with these kinds of things?
2. Have you received help accessing resources from other refugees in the community? Can you give me an example of this?
3. Have you helped other family members or friends (who are refugees) access resources or advocated for them in any way? Can you give me an example?

Typically, qualitative interviews were conducted by an English-speaking member of the research team (the author of this paper conducted many of these interviews) with the help of an interpreter who would translate from the participant's native language to English and back. Before participating in interviews, participants were formally consented into the study using processes approved by a federally registered university institutional review board. Almost all participants agreed to have interviews recorded and transcribed; a smaller proportion did not want to be recorded, and in those cases, handwritten notes were taken.

Data were transcribed, formatted, and imported into NVivo 10, a qualitative analysis software program, and coded by a team of researchers using a content analysis approach. Analyses for this paper focused on content that was coded as related to social networks in the United States. Taking an analytical approach that was theoretically informed, we reviewed these results and synthesized them into a memo on social networks in which emergent themes and salient quotations were further organized and selected to contextualize, complement, and extend quantitative findings.

### Qualitative Results

Qualitative interviews revealed many important insights into refugees' resettlement experiences. Different types of support are needed, as are different kinds of ties. The words of refugee participants brought meaning and context to theory on strong ties and weak ties and introduced a hybrid alternative, "cultural brokers," that fulfills both strong and weak tie functions—strong emotional support and psychological help but also access to different knowledge,

information, and resources through different networks and associated social capital. Such cultural brokers were frequently found to be fellow refugees—community members—who resettled longer ago and had become involved with advocacy efforts. Several of the people notably fulfilling this role were involved in the Refugee Well-Being Project in the past or present; others were involved with resettlement agencies or engaged in their own advocacy efforts through shared faith communities. Although cultural brokers could be family and friends, and may be in other circumstances, this analysis focuses on community leaders who typically have not had previous direct connections with newly resettled refugee families.

### *Good Strong Ties*

Strong ties include kinship ties and close friends—ties with frequent contact and intensity. Such ties often support emotional well-being and provide comfort and care. One participant described the importance of having someone that she trusts who can watch her kids and share meals with:

I actually knew her from the [refugee] camp. . . . She was my neighbor behind other houses and by God's will she's like right here, too. When I'm going places, she watch my kids for me and when she's going somewhere I'll watch the kids for her. And we [eat] together. One person cooks and everybody else eats, so it's like a family being here. (Congolese woman, age 40)

Another described having his brother nearby as life saving:

If I hadn't had my brother here, I would have had the worst time ever, like he did when he first got here. He didn't even have money to pay rent for a while. You talk to him, and he will explain all that to you, but he had a really, really tough time when he first got here, by his own. They didn't have a car. They once had to walk in the rain till some stranger come and took them home. (Iraqi man, age 57)

Strong ties speak to the importance of kinship, friendship, and familiarity. Quantitative findings suggest the importance of kinship ties on well-being. Qualitative findings suggest that even family members who have been separated for long periods of time can serve as strong ties. Familiarity can also grow from shared experiences outside of kinship, such as living in the same refugee camp together. The absence of these types of ties can leave people feeling isolated and result in difficult times without needed resources.

### *Weaker Weak Ties*

Refugees without strong ties and the ability to form new ties quickly are particularly vulnerable. In some cases, forming new ties was described as more difficult than expected. One participant described a lost opportunity to make new relationships as follows:

As I told you before, I don't have any social networks or any people that I know in the U.S. The main obstacle for that is the language. Many times, I take my daughter to the school and I would meet one of the American mothers, who would pass a compliment on how I dress. I would want to reply and start a conversation, but I cannot do it most of the time. I just resort to "thank you" because I don't have the language. The language is the main problem. That's the main obstacle for any social relationships. (Iraqi woman, age 44)

Even refugees with strong ties and emotional support may find instrumental tasks difficult as they are sometimes fulfilled by different kinds of ties, including weak ties. One participant described the importance of having networks for applying for a job:

Another challenge was that when we came to apply for a position or for a job, they always needed somebody—they always needed recommendation letters, and we do not know anyone to recommend us for the jobs here. (Iraqi woman, age 55)

Participants may likely need weaker, nonfamilial ties to help with instrumental tasks and access to resources from other networks, for example, getting information about employment opportunities. Recommendation letters are most always needed for good jobs, and kinship ties are often not the best suited ties for those recommendations. However, trust with new communities and even within coethnic communities should not be taken for granted or assumed. Refugees have good reason to be cautious toward people whom they do not know well. Service providers may also be considered part of one's social network (they were included in quantitative counts of trusted local ties) and can help with access to information and resources, but they may not be fully trusted either. For example, one participated explained,

We have a doctor. His name is Roberto. He said that he was gonna help us because we explained everything . . . the struggles that we're going through and he said he would find a cheaper place for us . . . but I'm not gonna say he's my friend because he's a doctor. (Congolese man, age 21)

In this example, there is tension in the role that a provider plays. The provider is seemingly going above and beyond to potentially assist with an important need. However, the participant notes that he cannot necessarily be counted on as a friend. Quantitative findings suggest a negative relationship between counting service provider ties as important social ties and well-being. Tensions like that described in the preceding example may play an important role in this equation. Further, given barriers to trust and greater risk for exploitation, weak ties for refugees, in general, may ultimately have less appeal than suggested in research with other communities. Certain criteria to build trust and access to resources may be needed to expand access to knowledge and resources in a different way.

## Cultural Brokerage

When talking about social networks, refugees often spoke about people helping them with language translation, transportation, and basic needs. This suggested that ties that can bridge cultures and can act as connectors to local groups are frequently needed. Participants described the importance of cultural brokerage when receiving help from community members who speak English and are familiar with the local community and resources within it as well as current concerns and challenges that refugees face. As one participant described,

He's doing great [with] helping me when I need support, and especially with English [like] when I try to write letters or reports or emails or . . . getting advice sometimes for something complicated [that's going on] here. When I can't understand something, I call him and he gives me advice . . . good advice. [He's] lived here for like 30 years. He came here like [in] 1970 something. (Iraqi man, age 46)

In addition to refugees who have become informal advocates and those within shared communities of faith and refugee resettlement organizations, interpreters for the study often fulfilled this need, too—sometimes scheduling a time to come back after an interview. For example, one participant noted how two interpreters had helped her:

He took us to day care. He registered my kids to day care, and interpreted for us. And she, has been helping us and two other ladies—she took us shopping and she showed us the way. They've helped us a lot. (Afghan woman, age 32)

Another participant described receiving help from a neighbor who was able to explain a religious holiday to her child's school and was able to help them take the time off necessary to observe it:

[Our neighbor] is a doctor and she knows Arabic. These past few days we had a feast and wanted our daughter to take the day off from school, so we talked to our neighbors—the Arabic family. She was able to call the school for us and help [so our daughter could] take a day off and that we could celebrate the feast together. (Iraqi woman, age 48)

Refugee participants sometimes were able to help other refugees and serve as cultural brokers—suggesting that the process and transition to becoming a helper can be quick in the right circumstances, at least to some degree. For example, one such participant was able to help a friend in his community get his driver's license. With previous relationships and new knowledge, the participant acted as a cultural broker and assisted with access to resources as follows:

I teach my friend, he came after me, how he's going [to] get his driver license, which test I took. I gave him some information [based on] my own experience. If I know anything, I tell them, because they just came after me. (Iraqi man, age 56)

As described here, information on driving in the United States, including how to get a driver's license, can be valuable. This opens the door to better transportation in general and better access to other resources, including employment, health care, and school. Cultural brokers take several forms: those with long-standing experience in the community and those with shorter-term experience. Some may be family and friends who have been separated for a long time and have since gained different skills and knowledge that they can share. Others are advocates who have taken on this role as part of their personal mission, helping other refugees informally through their community and community events or formally through refugee resettlement organizations and programs.

In sum, qualitative interview data suggest that kinship ties are indeed important to quality of life and help with important psychological and emotional support associated with strong ties. However, access to different networks and resources is limited. Refugees can be particularly vulnerable without the ability to complete instrumental tasks. Fortunately, cultural brokers can fulfill a hybrid strong-and-weak-tie role: They can provide some emotional support and are familiar with refugee concerns, culture, and language, but they also speak English, have access to resources, and are able to help newly resettled refugees in a different way compared to strong kinship or friendship ties.

## Discussion

Findings from this study suggest that greater numbers of close kinship ties can be beneficial, as they were related to greater psychological quality of life. Support from such ties can be found in the words of participants noting how stabilizing these ties have been during difficult times. Greater numbers of friendship ties were not found to be statistically significant in relation to emotional distress or psychological quality of life. This may be due to small numbers of friends in general—though there were more such ties reported than kinship ties. Kinship ties might just be more important for newly resettled refugees because of longer histories and deeper attachment. Aldous (1962) found that kinship ties remained integral among West Africans during times of transition from rural communities to cities, which challenged the notion that new ties could supplant kinship ties. Monsutti (2004) described kinship as particularly important for refugees from Afghanistan, particularly among Hazaras during the twentieth century. Bankston (2014) has described the importance of family ties connecting immigrant networks to social capital. The value of such ties speaks to the importance of keeping families together and supporting family reunification. Along these lines, previous research has reported family separation as a main source of psychological distress among refugees (Miller et al. 2017).

Results also support the notion that greater reported ties with social services providers can be an indicator of greater emotional distress. This is not too surprising, because these ties are often formed because of an existing need for help,

perhaps without other ties or forms of support. Discussion on whether social services providers, such as doctors, are friends did come up in interviews. Some participants described them as valuable relationships approaching friendship. This is interesting in terms of how refugees perceive medical services and other providers and may suggest that refugees have varying mental models about their relationships with different systems and institutions. Nonetheless, reporting such ties as important in lieu of kinship or friendship ties may be an indicator of the need for more strong ties and of increased vulnerability. Other research has also noted the difficulties of forming new ties postmigration (Veling et al. 2013; Wachter and Gulbas 2018), and this study has corroborated this by finding small numbers of friendship ties and failing to find a statistically significant relationship between these ties and either emotional distress or psychological quality of life. Qualitative findings also suggest how important trust, time, and shared experience are to the formation of new social ties.

Importantly, this study has suggested more nuance to our understanding of strong and weak ties. Desmond (2012) conceptualized disposable ties among vulnerable people at risk for eviction, which challenged the binary nature of strong and weak ties. This study has found that cultural brokers who bridge different worlds, languages, and cultures, and who blend the benefits of strong ties and weak ties, can be quite important in refugee communities. Previous research has explored cultural brokerage between children and their parents (Guan, Nash, and Orellana 2016). This almost certainly is part of the refugee story here, too. However, findings from this study highlight relationships between refugees and fellow adult community members. The role of children in continued brokerage may be an interesting avenue to explore in future research. Although the role of cultural broker is specific and unique, it appears that it is one that can be taken on quickly by some, as refugees in this study who had recently resettled had taken on some of the roles of a cultural broker with their existing social ties. Refugee and migration scholars have begun to study this role in more depth as people in this blended role facilitate formal and informal support (Brar-Josan and Yohani 2019). However, the level of knowledge and connection needed to reliably serve as a trusted cultural broker across a wide range of circumstances is still unclear.

In addition, this study found that refugees from Iraq reported greater emotional distress compared to participants from African countries. Refugees from Iraq also reported greater numbers of social ties.<sup>4</sup> This is perhaps a counterintuitive finding but may point to stressors associated with forming social relationships and pressures for strategic anonymity that are specific to Iraqi participants and their refugee

experience (Arar 2016). It may also suggest differences in the dark side of social capital (Villalonga-Olives and Kawachi 2017) between refugee subgroups.

Several limitations to this study should be noted. First, cross-sectional analyses can demonstrate only correlation and cannot reveal causal relationships. It is also important to keep in mind that social network sizes are estimates based on current perceptions and are not absolute. Relatedly, the quantitative measurement of social networks assessed only local networks. Social ties to other places in the United States and to countries of origin are also important. Further, this study explored social ties early in the resettlement process and does not make claims to the value of different kinds of social ties after longer periods of establishment within resettlement communities. While this study provides insight into one particular southwestern city in the United States, it may not be generalizable to other places. Despite these limitations, this study yields several noteworthy findings and implications. The relative advantage of kinship ties and cultural brokers can be advanced by supporting programs and policies that keep families together, reunite them, connect refugees with people within their cultural community, and resettle refugees in places with other people who share their language and culture. These relationships can help facilitate the navigation of systems in the United States as well as help provide needed interpretation and advocacy. Although encouraging informal relationships can also help augment limitations of formal refugee resettlement services (e.g., time, funding, and resources), study findings speak to the importance of maintaining resettlement infrastructure in the United States at multiple levels and also considering ways to improve it.

## Conclusion

Refugees seek to turn a new chapter in their lives—to rebuild, reconnect, and start anew. Throughout resettlement, new challenges replace old ones. Refugees must learn how to thrive in a new home, with a new culture, language, and geography. Social relationships are important to help connect refugees to resources. It appears that a few trusted ties—particularly from close family and cultural brokers—can be beneficial. Further research might examine the web of connections and social ties within communities and attempt to measure reciprocal ties. It may be helpful to utilize a position or resource generator (Kawachi 2010) to capture specific types of social capital accessed through networks. Expanding our notions of social networks could be valuable, as well. Research has shown that accessing shared spaces is related to increased community attachment among recently resettled refugees (Soller et al. 2018). Further exploring how shared activity spaces or eco-networks influence resettlement and well-being over time could be a valuable step forward in this research. Future research might also further examine the role of cultural brokers in refugee communities in a comparative study

<sup>4</sup>The mean number of social ties for Iraqi was 3.3 compared to 2.1 and 1.6 for refugees from Afghanistan and African countries respectively.

alongside other similar positions, such as peer providers in recovery and homelessness services. Future work can build on this study's support for the importance of kinship ties throughout the refugee experience and the value of cultural brokers to help newcomers' bridge systems, languages, and cultures, particularly in the early stages of resettlement.

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