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Reimagining Trauma-Responsive Practice in Refugee Resettlement: An Examination of the Afghan Evacuee Experience

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Abstract

The United States Refugee Admissions Program (USRAP) is a central mechanism of humanitarian protection, yet its routine administrative processes can themselves produce harm. In recent years, reduced admissions ceilings, agency attrition, and a growing Special Immigrant Visa backlog weakened resettlement infrastructure before the arrival of Afghan evacuees under Operation Allies Welcome in 2021. Many evacuees navigated a fragmented system marked by prolonged legal instability. This paper applies the concept of administrative violence to argue that such harm emerges from the interaction between structural vulnerabilities in the resettlement system and the policy decisions, administrative priorities, and resource allocations of particular administrations. Positioning legal status as a social determinant of mental health, it argues that resettlement policy and practice should be oriented toward safety, stability, and durable integration. Drawing on social work's dual grounding in clinical and structural practice, this practice advance centers community co-design as a concrete mechanism for operationalizing trauma-informed principles in refugee resettlement organizations and systems. Rather than treating refugees solely as service recipients or sources of feedback, community co-design positions them as supported, compensated partners in identifying priorities, shaping services, participating in implementation, evaluating outcomes, and informing policy advocacy.

Introduction

The U.S. Refugee Admissions Program has long positioned the United States as a global leader in humanitarian protection, reflecting a commitment to safeguarding individuals fleeing persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Established through the Refugee Act of 1980, the program remains a central mechanism through which the United States offers refuge to those fleeing serious harm (Congressional Research Service [CRS], 2023). Yet it has also been constrained by bureaucratic processes that can require individuals to wait years for adjudication or resettlement and leave eligibility vulnerable to delay, suspension, or reversal as U.S. policy changes (Kerwin, 2012). Earlier analyses of the first Trump administration documented unprecedented changes to the U.S. Refugee Resettlement Program, including sharp reductions in admissions and discriminatory restrictions on refugees from certain backgrounds (Ringler-Jayanthan et al., 2019a). These limitations became especially visible during the 2021 evacuation of Afghans following the collapse of the Afghan government. Although many Afghans were evacuated and resettled in the United States, more than 70,000 entered under humanitarian parole, a time-limited protection that did not itself provide a pathway to lawful permanent residence (U.S. Department of Homeland Security [DHS], 2023; Bernstein et al., 2023). Under the second Trump administration, shifts in refugee admissions, immigration processing, and enforcement further intensified legal uncertainty and exclusion (Executive Order No. 14,163, 2025; U.S. Citizenship and Immigration Services [USCIS], 2025).

Throughout this paper, administrative violence refers to the harm that bureaucratic systems inflict not through overt force but through their ordinary operations—the eligibility categories, documentation requirements, and processing delays that determine who can reach safety, stability, and a permanent place to belong (Spade, 2015). For forced migrants, these administrative decisions can prove as consequential as the violence they fled, shaping mental health long after physical safety is reached. Because administrative violence is generated through both federal policy and the everyday operations of resettlement institutions, meaningful responses must occur at the policy and service-delivery levels. Immigration policy is established federally, but its consequences are experienced in social-work settings through intake, benefit enrollment, employment planning, mental-health referrals, family reunification work, and legal-service navigation (Bernstein et al., 2023; Guelespe et al., 2024). Although the refugee resettlement system is currently severely disrupted, this moment also creates an opportunity to reconsider how it might be rebuilt. A more trauma-responsive system will require durable legal pathways, trauma-informed organizational practices, and meaningful partnerships among social work education programs, resettlement agencies, and refugee communities (Androff & Mathis, 2022; Ringler-Jayanthan et al., 2019a). Together, these reforms could shift the program away from structures that reproduce instability and harm and toward one that better supports safety, dignity, and long-term integration. This paper therefore examines how administrative violence shapes the resettlement experiences and mental health of Afghan evacuees and advances community co-design as a social-work practice approach for operationalizing trauma-informed principles in refugee resettlement organizations and systems.

Background

The United States Refugee Resettlement Program traces its origins back to 1948, when it was established to support Europeans displaced during World War II. This initiative ultimately resulted in the admission of 250,000 individuals who sought safety in the U.S. The overarching philosophy of the program is drawn from the international legal principle that an individual must not be returned to a country where they face severe persecution, torture, or death. This humanitarian effort continued throughout the 1960s and 1970s as thousands more were admitted while fleeing communist regimes, including refugees from Soviet Bloc countries and those displaced from Southeast Asia by the Vietnam War. In 1980, Congress passed the Refugee Act, which served to standardize the formal refugee resettlement program (U.S. Department of State, Bureau of Population, Refugees, and Migration, n.d.).

Historical data reflects the fluctuating nature of these admissions over the following decades: beginning with 231,700 in 1980, the numbers shifted to 143,000 in 1993, 85,000 in 2016, and reached a low of 11,814 in 2020 before rising again to 125,000 in 2022 and settling at 27,308 in 2025 (Migration Policy Institute, 2026). The refugee resettlement program has been largely a bi-partisan effort supported by both parties until a fundamental ideological shift occurred under the first Trump administration, resulting in a drastic lowering of the refugee cap on admissions and the exclusion of refugees from specific countries under the travel ban (Ringler-Jayanthan et al., 2019a).

The Afghan Evacuee Experience

For the people who lived it, the 2021 evacuation was not a sequence of policy decisions but a scramble measured in hours. Afghan evacuees have described receiving a sudden call to reach the Kabul airport, then attempting the journey repeatedly—some passing through the gates, others turned back into the crowd to try again another day or by another route (Nylen et al., 2023). Families were separated in chaos; in some cases children boarded flights while parents were left behind. Most individuals that came during the evacuation left family behind with the assurance that reunification would come later. For many, that reunification has still not come, and the loss of agency and the sense of being reduced to a case rather than a person recur throughout evacuees' own accounts of this period (Nylen et al., 2023).

The journey to the United States was rarely direct. Evacuees were routed through a network of overseas transit sites—informally called "lily pads"—in Qatar, the United Arab Emirates, Germany, and elsewhere, where they underwent screening, biometric collection, and vetting before onward travel (Hendrix & George, 2021; U.S. Committee for Refugees and Immigrants [USCRI], 2022b). Conditions at these sites varied widely and, especially in the early weeks, were often overwhelmed: at the primary hub in Qatar, evacuees were held in crowded facilities with inadequate access to toilets and showers, and at a compound in the United Arab Emirates, thousands remained for many months—in some cases well over a year—awaiting processing (Hendrix & George, 2021; USCRI, 2022b). What was intended as a stay of days or weeks stretched, for many, into months or years of confinement in third countries (Hendrix & George, 2021; USCRI, 2022b).

Arrival in the United States did not resolve the disorientation. Evacuees were housed on domestic military installations whose conditions and services varied from site to site (U.S. Department of Homeland Security, 2022). In the course of this work, community members and colleagues have described the absence of culturally appropriate food and, at some sites, a lack of basic privacy—including the gender-appropriate barriers expected for bathing, a significant concern in a community with strong norms around modesty. Compounding these material conditions was a persistent gap between what people were told and what actually happened: assurances made in transit about timelines, services, and family reunification frequently did not match the reality that followed, leaving many uncertain about both their status and their futures (Nylen et al., 2023).

That uncertainty was written into their legal status. Most Afghans were admitted not as refugees but under humanitarian parole, a temporary status that—unlike the pathway extended to Vietnamese refugees after 1975—carried no direct route to permanence (Bernstein et al., 2023; Congressional Research Service, 2023). This produced a dual-track system in which otherwise similar families were sorted into markedly different rights, benefits, and timelines (Kerwin, 2012). Many parolees have had to pursue asylum case by case; even those granted asylum wait for green cards, and within a single family some members may receive permanent residency while others do not. Because a green card is required to petition for a spouse or children, this fragmentation directly prolongs the separations that began at the airport gate—the reunifications promised in 2021 remain, for many, indefinitely deferred (Guelespe et al., 2024).

Conceptual Framework

This dynamic can be understood through the lens of administrative violence, in which bureaucratic processes—including delay, uncertainty, surveillance, and procedural burden—become mechanisms through which harm is produced (Spade, 2015). Administrative violence refers to the ways bureaucratic systems, eligibility rules, and state procedures produce harm by controlling access to safety, resources, and belonging. Foucault's Discipline and Punish shows how modern states exercise power not only through overt force but through disciplinary practices of surveillance, classification, normalization, and examination (Foucault, 1977). These practices help institutions categorize individuals and assess whether they meet established norms, using those judgments to shape and regulate their behavior. The concept of structural violence extends this account of bureaucratic power by naming its effect as harm. Galtung (1969) defined structural violence as injury built into social arrangements rather than caused by a single direct act. Paul Farmer develops this tradition further, showing how structural violence is lived through unequal institutions that place particular populations "in harm's way," producing preventable suffering and premature death (Farmer, 2004). Dean Spade builds on these frameworks to argue that administrative systems do not merely reflect inequality; they actively produce it through bureaucratic categories, eligibility rules, and differential access to life-sustaining resources (2015). In Spade's account, administrative violence sorts people into deserving and undeserving groups, with material consequences for housing, health care, safety, and survival. Together, these frameworks show how immigration systems can produce harm through routine procedures—documentation requirements, eligibility determinations, case reviews, and prolonged processing delays—even in the absence of direct physical force. Crucially, Spade argues that conventional legal remedies—anti-discrimination and hate-crime statutes—cannot reach this form of harm, because they target individual acts of bias while leaving intact the administrative systems that distribute vulnerability at the population level.

While Spade's work focuses on the trans community, many of the ideas he outlines have deep relevance to immigrant communities. Spade argues that categorization in the daily administration of programs is a crucial method of control, one that shapes "life chances" and can even contribute to premature death by limiting access to resources through bureaucratic gatekeeping. Categorization is precisely the issue that has affected many Afghan evacuees. Although the evacuees arrived under mixed legal statuses, predominantly humanitarian parole, they were often implicitly compared to the refugees airlifted from Saigon. In practice, however, their legal categorization placed them into distinct groups with significantly different rights, benefits, and pathways to permanence. Table 1 applies each of these frameworks to the specific circumstances of Afghan evacuees.

Table 1

Administrative Violence Frameworks Applied to the Afghan Evacuee Experience

Framework	Core idea	Afghan evacuee–specific examples
Foucault: disciplinary power	States govern through surveillance, classification, documentation, and ongoing evaluation—not solely through force.	Afghan evacuees were sorted into legal categories such as humanitarian parolee, asylum applicant, SIV applicant, refugee, or TPS holder. Many had to navigate repeated screening, background checks, interviews, documentation requests, and applications for re-parole or permanent status. Operation PARRIS similarly subjected already-admitted refugees to renewed vetting and reinterviews (National Immigration Forum, 2025; U.S. Committee for Refugees and Immigrants [USCRI], 2022a).
Foucault: visibility and the "examination"	Institutions make people "legible" by collecting records and evaluating whether they meet official norms.	An evacuee's access to work authorization, a Social Security number, health coverage, benefits, or travel may depend on presenting the correct documents and passing agency review. Delays in work permits and Social Security numbers can interrupt access to employment and public services (Bernstein et al., 2023; Guelespe et al., 2024).
Galtung: structural violence	Harm can be built into systems, even when there is no single person intentionally causing it.	Humanitarian parole permitted many Afghans to enter and work temporarily but did not itself create a direct route to permanent residence. Consequently, evacuees had to pursue asylum, SIV status, re-parole, TPS, or other pathways while facing uncertainty and backlogs (Butler & Sheriff, 2022).
Galtung: unequal life chances	Structural violence exists when social arrangements prevent some groups from accessing resources needed for well-being.	Unresolved immigration status can undermine stable employment, housing, family reunification, and mental health. Afghan evacuees described distress connected to temporary status, uncertainty about family members still abroad, and delays in asylum decisions or work authorization (Bernstein et al., 2023).
Spade: administrative violence	Seemingly neutral administrative rules and eligibility categories actively distribute vulnerability.	The distinction between an Afghan SIV holder and an Afghan humanitarian parolee can determine whether a person has an immediate route to permanent residence, the type of assistance available, and how long they must wait for stability. These are not merely labels; they shape access to safety, benefits, work, health care, and family reunification (Bernstein et al., 2023).
Spade: administrative "solutions" can reproduce harm	Programs may appear supportive while imposing restrictive requirements, short timelines, or conditional access to resources.	Resettlement agencies may be expected to move Afghan families rapidly toward employment and self-sufficiency while clients are still coping with displacement, separation, language barriers, health needs, and unresolved legal cases. This dynamic underscores the need for trauma-informed services and community co-design (Bernstein et al., 2023).

Triple Trauma Paradigm

While administrative violence explains how the receiving system produces harm, the Triple Trauma Paradigm situates that harm within the fuller arc of the forced-migration experience. Developed by Miller and Rasco (2004) and operationalized clinically by the Center for Victims of Torture (2005), the paradigm holds that forced migrants experience trauma across three stages: pre-migration trauma in the country of origin, such as war and persecution; trauma during migration, such as witnessing or experiencing violence and family separation during flight; and post-migration trauma, which may include unresolved legal status, isolation, and adjustment difficulties. This paper focuses on the third stage. Unlike the first two, post-migration trauma is not a past event but a continuing condition, sustained by the receiving state's own procedures—and it is precisely here that administrative violence operates. Where Miller and Rasco emphasize that post-migration daily stressors can be as consequential for mental health as pre-migration violence, this paper argues that administrative violence is a primary mechanism through which those stressors are produced and prolonged.

Table 2 traces the three stages through the specific experience of Afghan evacuees. The post-migration row marks the convergence point, where the legal categories examined above reappear as the chronic, structural stress of the resettlement stage.

Table 2

The Triple Trauma Paradigm Applied to the Afghan Evacuee Experience

Phase of trauma	Key themes	Specific stressors and re-traumatization factors
I. Pre-migration (the origin)	Loss of agency and life	The sudden Taliban takeover; witnessing violence; "then, we lost everything" (Nylen et al., 2023).
II. Migration (the flight)	Acute survival trauma	The chaos of Kabul airport; family separation during evacuation; the "shock mode" of the journey (Human Rights Watch [HRW], 2022).
III. Post-migration (the resettlement)	Chronic structural stress	Legal limbo: expiration of parole and the lack of a permanent path to a green card (Bernstein et al., 2023). Asylum re-traumatization: the adversarial demand to recount trauma to prove eligibility (Schiess-Jokanovic et al., 2023). Isolation: loss of social networks and gender-specific isolation (Ramos, 2023; Ringler-Jayanthan et al., 2023).

Literature Review

In the immigration context, bureaucracy can operate as a mechanism of harm through delay, legal uncertainty, procedural opacity, and the shifting of administrative burdens onto individuals seeking relief. This argument draws on a family of related concepts that describe harm embedded in laws, institutional structures, and routine administrative practices rather than in discrete, intentional acts. Menjívar and Abrego (2012) developed the concept of legal violence to capture the normalized and cumulatively injurious effects of immigration law and its convergence with criminal law on Central American immigrants' work, family, and educational lives. Related scholarship examines how bureaucratic systems can generate structural harm through arbitrary and uneven administration of state programs (Gupta, 2012). In refugee and asylum contexts, scholars have likewise used the concept of bureaucratic violence to analyze how institutions that ostensibly provide protection or access to rights can also constrain, discipline, and harm refugees and asylum seekers (Gren et al., 2024; Schmid-Scott, 2024). Prolonged waiting is a further mechanism of state power: Auyero (2012) shows how compelled waiting for state services can produce uncertainty, dependence, and political subordination. Building on these related insights, Lee (2024) theorizes administrative violence in immigration law as harm produced through benefits programs that offer apparent relief from removal while imposing complex procedural demands and placing the burden of securing difficult-to-obtain relief on migrants. This framework directs attention not only to immigration enforcement, detention, and removal, but also to the administrative processes through which immigration agencies administer purported relief.

In "The Faltering U.S. Refugee Protection System: Legal and Policy Responses to Refugees, Asylum-Seekers, and Others in Need of Protection," published in Refugee Survey Quarterly, Kerwin (2012) assesses both the benefits and limitations of the U.S. refugee-protection system. The report emphasizes the life-saving and foreign-policy value of refugee resettlement, but it also identifies a tension between program priorities. The State Department's Bureau of Population, Refugees, and Migration prioritizes the admission of highly vulnerable refugees, whereas the Office of Refugee Resettlement emphasizes rapid economic self-sufficiency after arrival. This tension can be especially consequential for individuals with substantial health, trauma-related, or family-separation needs, who may require longer-term, individualized support. The report also critiques the limited protection offered through temporary mechanisms such as Temporary Protected Status and humanitarian parole and calls for stronger congressional action for people who do not fit the narrow legal definition of a refugee (Kerwin, 2012).

In the policy brief "Challenges of Refugee Resettlement Policy and Psychosocial Factors," Ringler-Jayanthan et al. (2019a) analyze the unprecedented policy changes within the U.S. Refugee Resettlement Program during the first Trump term, including the severe reduction in the number of refugees permitted to resettle and discriminatory policies restricting refugees from certain backgrounds. Lorenz (2022) extends this analysis in "U.S. Refugee Resettlement Is in Ruins—It Is Our Duty to Rebuild It," assessing the deeper dismantling of the program—further cuts to admissions and the erosion of resettlement infrastructure—and reframing the stakes in public-health terms: he argues that refugee resettlement is itself a life-saving health intervention.

The structural weaknesses identified in the U.S. resettlement system are reflected in the experience of Afghan evacuees, for whom unstable legal status, inconsistent service provision, and prolonged uncertainty can undermine immediate adjustment and long-term recovery. Although research on Afghan evacuees remains emergent, studies across the United States and other

receiving countries identify recurring challenges involving family separation, legal precarity, housing and employment, access to health care, health literacy, and the continuing effects of displacement-related trauma (Amanzai et al., 2026). In particular, legal limbo, temporary parole, and protracted asylum processes emerge as significant post-migration stressors that can compound pre-migration trauma and impede stability. Research on asylum procedures in Austria further indicates that interviews requiring applicants to recount traumatic experiences repeatedly can themselves function as sites of re-traumatization (Schiess-Jokanovic et al., 2023).

These findings resonate with a broader literature that identifies immigration and legal status as structural determinants of mental health, suggesting that the distress observed among Afghan evacuees is not an isolated phenomenon but part of a larger pattern in which legal categorization and procedural uncertainty shape psychological well-being. Research shows that restrictive immigration policies, enforcement practices, and prolonged uncertainty generate chronic stressors that contribute to fear, instability, and hypervigilance among migrants and their families (Dadras & Hazratzai, 2025; Espinoza-Kulick & Cerdeña, 2022; Parmet, 2020). Scholars therefore argue that immigration law and law enforcement should be understood not only as regulatory tools but also as structural conditions that can intensify anxiety, depression, PTSD, and other trauma-related symptoms (Dadras & Hazratzai, 2025).

Legal Status and Mental Health

Achotegui explains in his paper “Emigration in hard conditions: The immigrant syndrome with chronic and multiple stress (Ulysses’ syndrome)” that migrants often face multiple stressors such as family separation, discrimination, social isolation, poverty, and legal uncertainty as chronic on-going stress due to unresolved situational circumstances related to their experience as a migrant (2005). Namer and Razum (2018) extend this discussion, explaining that mental health research should include the postmigration conditions that shape distress, including legal insecurity. Achotegui’s Ulysses’ syndrome captures the core of the problem; if someone’s legal status is unresolved they can never feel safe, and unresolved legal status often prevents other parts of their life from moving forward.

Empirical studies demonstrate that a more secure legal status is associated with better mental health outcomes. Studies of the DACA population provide a stark contrast. Patler and Laster Pirtle (2018) found that Latino immigrant young adults who transitioned from undocumented to lawfully present status through DACA reported significantly lower psychological distress, fewer negative emotions, and less deportation worry than those who remained undocumented. Similarly, Refle et al. (2023) showed that undocumented migrants in Switzerland who obtained legal status reported improvements in health and reductions in psychological distress, suggesting that gaining legal stability can function as a form of health intervention. These findings support the argument that legal status is not merely an administrative category but a core determinant of mental health.

Qualitative research clarifies the mechanisms through which legal status affects well-being. Higuera and Jiménez (2023) identify nation-state, residential, and household instability as mediators linking legal status to mental health, meaning that fear of being returned to one’s home country, frequent moves, and household instability were tied with legal status and overall mental health. In this study, DACA recipients experienced fewer disruptions and greater psychological stability than their undocumented counterparts, while the threatened rescission of DACA reinstated uncertainty and worsened mental health. Sudhinaraset et al. (2024) further show that even among those with lawful status, non-citizens reported higher psychological distress than citizens, indicating that perceived precariousness and differential rights matter for mental health, not just the legal/undocumented binary.

Together, this literature positions immigration policy and legal status as population-level determinants of mental health that operate through chronic stress, instability, and constrained access to resources. For forced migrants, including Afghan evacuees, these dynamics are especially salient: legal limbo, temporary parole, and prolonged asylum processes can exacerbate pre-migration trauma and undermine post-migration recovery. This evidence provides a strong foundation for examining how U.S. resettlement policy and administrative practices may function as sites of psychological harm as well as protection.

Literature Gaps and Rationale

Although existing literature links administrative violence to immigration policy, this framework has received limited application within the U.S. refugee resettlement system. This includes temporary parole, asylum and work-authorization delays, documentation errors or requirements, repeated renewal processes, language-access barriers, and fragmented eligibility rules. Research has not sufficiently examined the pathway through which temporary or precarious legal status, bureaucratic requirements, and other administrative barriers affect refugees' mental health. Scholarship on Afghan evacuees remains limited and tends to focus on immediate resettlement needs rather than providing an in-depth analysis of the specific legal and administrative obstacles they encounter. As a result, there is a need for research that examines how these obstacles—including uncertain immigration status, complex documentation processes, and restricted access to services—may contribute to stress, anxiety, and other mental-health consequences.

Creating a More Trauma-Responsive Program

Operationalizing Trauma-Informed Principles

Trauma-responsive care must promote physical and psychological safety through both service delivery and environmental conditions that shape daily life (Levenson, 2020). Within the context of refugee resettlement, this must include durable legal pathways, which remain essential to addressing the insecurity associated with possible return to persecution or harm (Côté-Olijnyk et al., 2024). At the agency level, this includes centering safety and trustworthiness through clear communication around eligibility, services, confidentiality, and program expectations. Cultivating welcoming spaces, utilizing qualified interpreters, and creating predictability can reduce uncertainty and support participation (Ringler-Jayanthan et al., 2019b; SAMHSA, 2014).

Elevating choice, collaboration, and empowerment requires that refugees have meaningful voice over services being designed for them. Service and treatment plans should reflect clients' strengths, priorities, and self-defined goals, with options regarding providers and participation whenever feasible (Levenson, 2020). At organizational and policy levels, refugee partners should help shape programs, evaluate services, and inform advocacy. Agencies should explain how their input affects decisions and create opportunities for refugees to serve in leadership and peer-support roles, rather than solely as recipients of assistance (Ringler-Jayanthan et al., 2019b).

Cultural, historical, and gender responsiveness requires recognizing diversity within refugee communities rather than assuming shared needs or preferences. Advisory groups should reflect differences in ethnicity, language, education, age, and gender, including meaningful representation of women. Staff should ask about preferences for provider or interpreter gender and language, accommodate them when feasible, and explain any limitations. Together, these principles provide a foundation for community co-design: an approach through which refugee knowledge and leadership can shape how resettlement organizations define priorities, deliver services, and share decision-making authority. Table 3 summarizes how these principles can be enacted across the policy, organizational, and direct-service levels.

Table 3

Trauma-Informed Care Across Three Levels of Intervention

Principle	Policy (Macro)	Organizational Change (Meso)	Direct Service (Micro)
Safety	Permanent legal status to end limbo	Predictable routines; clients treated with dignity; client helps define what feels safe	Private intake; trained interpreters
Trustworthiness	Clear, consistent eligibility rules	Transparent processes and timelines	Explain each step; set realistic expectations
Choice	Protect access to benefits and options	Flexible, individualized service models	Choice in service and treatment planning and provider
Collaboration	Include refugee voice in policymaking	Build client feedback into program design	Co-develop care plans with clients
Empowerment	Fund community-led organizations	Hire staff with lived experience	Build on strengths; connect to resources
Cultural, Historical & Gender	Advance policies responsive to culture, history, and gender	Build a multilingual, culturally representative workforce	Gender-concordant care; culturally appropriate food and space

Note. Trauma-informed principles informed by Fallot and Harris (2009) and the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014). Applications across policy, organizational, and direct-service levels were developed for the present paper.

Advocacy

Chronic legal instability surrounding a person's immigration status is a critical driver of mental-health vulnerability (Nylen et al., 2023; Delilovic et al., 2023). The evidence for this is now substantial. A mixed-methods systematic review and meta-analysis found that migrants living in legal limbo experience markedly elevated rates of PTSD, depression, and anxiety, and that insecure status is consistently associated with poor mental health—leading the authors to argue that legal insecurity should be understood as a determinant of mental health in its own right (Côté-Olijnyk et al., 2024). The American Psychological Association's 2024 report on immigration and health similarly documents the detrimental effects of detention, deportation, and family separation, noting that aggressive enforcement erodes the sense of safety not only for targeted immigrants but for their broader communities, disrupting community cohesion (American Psychological Association [APA], 2024). Macro-level immigration policy, in short, produces micro-level psychological harm.

Advanced social-work practitioners are well positioned to change this structural reality. Working alongside refugee community leaders, allied healthcare workers, and legal professionals, they can build coalitions and form relationships with elected officials and their staff to advocate for durable legal protections. A specific and lasting policy prescription would be to codify permanent legal pathways for future emergency evacuations, rather than relying on the piecemeal, ad hoc legislation that has characterized past responses. The precedent is well established: the Cuban Adjustment Act of 1966 and the Indochina Migration and Refugee Assistance Act of 1975 both created permanent-status pathways for large groups admitted under emergency parole. The Afghan Adjustment Act (AAA) was intended to do the same—but unlike its predecessors, it never reached the floor for a vote, leaving the tens of thousands of Afghans who entered on humanitarian parole without a clear route to permanent legal status.

The consequences of this uneven treatment become clearest by comparison. As a Widener Commonwealth Law Review analysis observes, Afghans admitted through fragmented parole arrangements fared markedly worse than Ukrainians, who arrived through the more streamlined Uniting for Ukraine pathway and its community-sponsorship model (Firestone, 2024). Yet that model relied on individual sponsors rather than the formal resettlement system, while Afghans were routed through an overextended resettlement system marked by service delays, limited staff capacity, and gaps in housing, legal, employment, and mental-health support (Bernstein et al., 2023). Afghans thus often waited longer for stability, and—though both groups received only temporary parole with no pathway to permanent status—two populations fleeing contemporaneous crises were sorted into two tiers of stability by administrative design.

Providing permanent legal status is therefore not merely a humanitarian gesture; it honors the core trauma-informed principle of safety. It moves individuals out of the hypervigilance of legal limbo and into a state of actual security, anchoring them against the ever-present threat of return to a country where they may face death.

An interesting parallel is the Lautenberg Amendment (1990), which allows members of designated persecuted groups—such as certain Indochinese populations and citizens of the former Soviet Union—to establish refugee status through a credible fear of persecution based on group membership rather than an individualized fear of persecution (Congressional Research Service [CRS], 2012). The Specter Amendment later extended this approach to Iranian religious minorities. Afghan evacuees did not fall within the scope of these programs because the designated categories are established by Congress and generally operate through the overseas refugee-admissions pipeline. Still, the Lautenberg and Specter Amendments offer a compelling precedent for creating a group-based pathway for future populations facing similar risks.

That the resettlement system can move quickly when it chooses to is demonstrated by its selective mobilization. While the U.S. Refugee Admissions Program remained suspended for most populations following its January 2025 halt, the administration created an expedited pathway for one favored group—white Afrikaners from South Africa—who were processed in months rather than years and admitted even as the broader program stayed frozen, ultimately accounting for nearly all refugee admissions in fiscal year 2026 (National Immigration Forum, 2025). The contrast reveals that the system's professed inability to absorb refugees was selective rather than structural. This is administrative violence in operation: eligibility rules and processing timelines deployed not neutrally but as instruments of preference and deterrence. For those left waiting, the effect is corrosive—indefinite uncertainty sustains a chronic state of hypervigilance that erodes psychological well-being over time.

Community Co-Design and Trauma-Responsive Refugee Services

A trauma-responsive resettlement system requires more than well-trained staff and sound policy; it requires a shift in who holds authority over how programs are designed. Within resettlement agencies, this means moving from a paternalistic framework—in which services are delivered to refugees—toward community co-design, in which refugee knowledge, voice, and leadership are centered in how services are built. Co-design directly operationalizes the trauma-informed principles of empowerment, voice and choice, and collaboration, transforming clients from passive recipients into expert consultants and co-designers of the programs meant to serve them. It is also a direct counter to administrative violence: where bureaucratic systems produce harm by stripping people of voice and sorting them into categories, co-design returns authorship to the affected community, treating lived experience as expertise rather than deficiency.

Social workers are well positioned to organize, advocate for, and implement these models. A growing body of work demonstrates how refugee communities can be integrated into the design, delivery, and evaluation of the services meant to serve them. Goodkind and colleagues' Refugee Well-Being Project, the longest-running example, paired refugees with university partners in reciprocal learning and advocacy, positioning participants as knowledge-holders and co-educators rather than objects of assistance (Goodkind et al., 2014, 2020). Abdi et al. (2022) partnered with the Somali refugee community to examine mental health service use and identify what providers and systems—rather than refugees—needed to change. McKeon et al. (2024) used lived-experience interviews and collaborative workshops to design a physical-activity service, centering social connection, accessibility, and cultural and psychological safety. Across these efforts, community members surface priorities that top-down design routinely misses. Table 4 summarizes these and related participatory programs.

The Family Strengthening Intervention for Refugees (FSI-R), developed by the Research Program on Children and Adversity at the Boston College School of Social Work, illustrates what this looks like inside a formal intervention. Rather than importing a fixed model, the team built the program with the communities it was meant to serve, incorporating ongoing community feedback so that the resulting tools were customized and culturally relevant to refugee families (Betancourt et al., 2020). This is co-design as method—the affected community as co-producer of the service, not merely its recipient.

Effective co-design, however, requires more than inviting refugees to comment after key decisions have already been made. Synthesizing refugee-specific guidance (Global Refugee-Led Network [GRN], 2019) with established principles of co-production (Harley & Wazefadost, 2023), six conditions distinguish genuine co-design from after-the-fact consultation. The first is joint ownership: the community shares authority over decisions, not merely input into them—the condition most resonant with the

trauma-informed care (TIC) principle of empowerment. The second is early and sustained involvement, beginning before a program is scoped rather than after it is built. The third is representative inclusion, ensuring the advisory group reflects the community across gender, age, ethnicity, and educational background. The fourth is material enablement—language access, compensation for participants' time and expertise, and adequate project time and resources. The fifth is safety and an ongoing ethic of care, so that participation does not expose people to further harm. The sixth is transparency and reflexivity: being explicit about decision-making roles, about how community input is used, and about the power differentials in the room. Together, these conditions translate trauma-informed principles into a concrete method for building services with displaced communities rather than for them.

Realizing this shift at scale will require a stronger evidence base. Research directly contrasting co-designed programming with top-down, parallel services—those built for a population rather than with it—is needed to justify fuller integration of refugee voice into service design. Measuring the comparative effectiveness of programs designed with displaced communities against those designed for them is the question this approach most needs answered.

Co-design also speaks to a dimension of harm that services often overlook. As Mollica (2014) observes in the H5 model, humiliation is itself used as a weapon of war, and part of healing lies in creating spaces where the person is treated with respect. By translating lived experience into recognized expertise, community co-design restores that respect at the level of program design—producing services that are not only more culturally responsive and effective, but more durable, because the people they serve helped build them.

Table 4

Examples of Refugee Community Co-Design and Related Participatory Programs

Authors and publication years	Program or approach	Location and population	Brief description	Refugee involvement
Goodkind et al. (2014, 2020)	Refugee Well-Being Project (RWP)	New Mexico, United States; African, Afghan, Iraqi, Syrian, and Great Lakes African refugee adults	Mutual learning by pairing refugees with university students to address post-migration stressors	Partner with students for mutual learning and support
Betancourt et al. (2020); DiClemente-Bosco et al. (2023)	Family Strengthening Intervention for Refugees (FSI-R)	New England, United States; Somali Bantu and Bhutanese refugee families	Youth-mental-health-focused, family-based, home-based program to improve coping and communication	Advisory-board members, research assistants, and trained interventionists
Abdi et al. (2022)	Community-partnered mental-health access approach	United States; Somali refugee community	Focus on improving systems to meet clients where they are and improve mental-health access	Community voices identified barriers to help improve programming
McKeon et al. (2024)	Experience-based co-design of a physical-activity service	Sydney, Australia; refugees and asylum seekers	Used interviews and workshops with individuals with lived experience to identify service priorities	Co-designed programming with service providers

Recommendations for Research

Recommendations for future research fall under three categories: (1) legal status as a primary determinant of health, through empirical collection of the somatic and psychological symptomatology of individuals with prolonged legal uncertainty (such as humanitarian parole; see Table 5) versus individuals who entered with legal permanent residence upon entry; (2) evaluation of staff outcomes related to provider moral injury, secondary trauma, and staff retention in parallel-process organizational models within resettlement agencies, using a manualized trauma-informed model such as the Sanctuary Model (Bloom, 2013) versus those without a trauma-informed care framework; and (3) implementation of community co-design, measuring the efficacy of programs designed with displaced populations rather than for them.

Table 5

Legal Status at Entry Among the Initial Afghan Evacuee Cohort

Entry category	Estimated share	Entry statistics
Humanitarian parole	More than 85%	The predominant entry mechanism for Afghan evacuees; more than 70,000 were paroled into the United States.
Special Immigrant Visa (SIV) holder	About 4%	Approximately 3,290–3,446 evacuees arrived as completed SIV holders.
USRAP referral	About 5%	Approximately 4,050 evacuees were referred to the U.S. Refugee Admissions Program.

Note. Data adapted from U.S. Refugee Admissions Program (Report No. R47399), by Congressional Research Service, 2023, https://www.congress.gov/crs-product/R47399; and Operation Allies Welcome Afghan Evacuee Report (FY 2022 report to Congress), by U.S. Department of Homeland Security, 2022, https://www.dhs.gov/sites/default/files/2022-03/DMO-OSEM%20-%20Department%20of%20Homeland%20Security%20Operation%20Allies%20Welcome%20Afghan%20Evacuee%20Report.pdf.

Use of Generative AI

During the preparation of this manuscript, the author used a large language model (Claude, Anthropic) to assist with editing, refining, and organizing the text. The author conceived the work and its arguments, directed and revised all AI-assisted content, independently verified all sources and factual claims, and takes full responsibility for the content and conclusions of this article.

Implications for Advanced Practice

At the agency level, social workers are well positioned to lead the trauma-responsive shift—developing trauma-informed intake paperwork, training staff in trauma-informed intake techniques, and providing trauma-informed supervision that mitigates secondary traumatization and burnout. They are also positioned to advocate: organizing staff around more just federal policies and, within their agencies, supporting sustainability through grant writing and more equitable client-to-staff ratios.

A further implication is the integration of macro and micro perspectives, which social work too often keeps siloed. This paper argues that for many immigrant clients, immigration status is a primary determinant of health. Rather than a client simply presenting symptoms that fit a particular diagnosis, the administrative conditions they are navigating are often a primary cause of those symptoms. The implication is significant: when systems are a primary source of distress, changing macro-level policy can meaningfully improve—and in some cases relieve—clients' symptoms at the micro level.

Social workers positioned within the federal government have a particular role here. The Office of Refugee Resettlement, housed within the Department of Health and Human Services, sets the terms by which resettlement success is measured; social workers within ORR can advocate to shift those measures away from a narrow focus on self-sufficiency benchmarks and toward more holistic outcomes, including within the metrics required under federal and state monitoring guidelines.

Realizing these changes depends on a workforce prepared to carry them out, which places schools of social work at the center of the effort. Curriculum is one lever. Schools can integrate specialized courses on services for immigrant and refugee populations, but just as important is embedding case examples involving these communities across all courses—demonstrating that refugees and immigrants are not a niche "special population" but clients a social worker may encounter in nearly any setting. Because many social workers are themselves immigrants or the children of immigrants, curricula can also draw on students' lived experience as a resource. Partnerships between schools and resettlement agencies extend this preparation beyond the classroom, giving students hands-on field experience with this population and creating pathways to recruit people with refugee and immigrant backgrounds into the profession—building lived experience directly into the future workforce, in the same spirit that co-design builds it into service design.

Underlying all of this is a shift in how practitioners are trained to understand distress itself. Trauma-responsive care requires moving beyond the historical "what is wrong with you?" model to ask "what happened to you?"—and, crucially, "what is happening to you right now?" as the client navigates a hostile post-migration landscape. That final question is where administrative violence

becomes visible. Equipping social workers to ask it is what allows them to see the ongoing, system-produced sources of their clients' suffering, and to advocate, from a social-justice stance, for repairing the systems that produce it.

Conclusion

Since the Refugee Act of 1980, the U.S. Refugee Admissions Program has resettled more than three million people (National Immigration Forum, 2025)—a program that has long exemplified something the United States has aspired to be: a country that welcomes, and one that treats protection as a matter of human rights. In recent years, however, refugees and immigrants have not felt welcomed; they have been under sustained attack. At the time of this writing, the resettlement infrastructure described here is itself being dismantled—admissions suspended, benefits curtailed, permanent-status pathways frozen or under review. The system built to resolve these families' uncertainty now shares it. That the future of refugee resettlement has become as precarious as the status of those it was meant to protect is not incidental; it is administrative violence turned on the system itself.

This paper has argued that part of that harm is administrative—built into the delay, categorization, and legal limbo of the resettlement system itself. That is a sobering claim, but it is also a hopeful one. Harm that is produced by policies, metrics, and procedures is harm that can be undone. The same systems that sort refugees into deserving and undeserving categories, and that measure success by speed to self-sufficiency, were designed—and they can be redesigned. A more equitable, trauma-responsive, and holistic program is achievable through the three pathways advanced here: federal policy advocacy that secures durable legal stability, trauma-responsive organizational practice within resettlement agencies, and community co-design that centers refugee knowledge, voice, and leadership.

Immigrants and refugees bring knowledge, experience, and talent that make the United States stronger. What is needed now is a readjustment—of the administrative systems that currently produce instability, and of the national values that once made this program a model of what a country can offer those with nowhere else to turn.

Declarations

Author Contribution

The only author is Elizabeth Ringler-Jayanthan.

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During the preparation of this manuscript, the author used a large language model (Claude, Anthropic) to assist with editing, refining, and organizing the text. The author conceived the work and its arguments, directed and revised all AI-assisted content, independently verified all sources and factual claims, and takes full responsibility for the content and conclusions of this article.

References

1. Abdi, S. M., Miller, A. B., Agalab, N. Y., & Ellis, B. H. (2022). Partnering with refugee communities to improve mental health access: Going from why are they not coming to what can I (we) do differently? *Cultural Diversity and Ethnic Minority Psychology*, *28*(3), 370–378. https://doi.org/10.1037/cdp0000476
2. Achotegui, J. (2005). Emigración en condiciones extremas: El síndrome del inmigrante con estrés crónico y múltiple (síndrome de Ulises) [Emigration in hard conditions: The immigrant syndrome with chronic and multiple stress (Ulysses syndrome)]. *Vertex*, *16*(60), 105–113.

3. Amanzai, H., Wang, B. Q., Catallo, C., Guruge, S., & Sidani, S. (2026). Exploring Afghan refugees' post-resettlement experiences in North America: A scoping review. *Canadian Journal of Nursing Research Advance online publication*. https://doi.org/10.1177/08445621261420300
4. American Psychological Association (2024). Psychological science and immigration today: APA Presidential Task Force on Immigration and Health. https://www.apa.org/pubs/reports/psychological-science-and-immigration-today.pdf
5. Androff, D., & Mathis, C. C. (2022). Human rights-based social work practice with immigrants and asylum seekers in a legal service organization. *Journal of Human Rights and Social Work*, *7*(2), 178–188. https://doi.org/10.1007/s41134-021-00197-7
6. Auyero, J. (2012). *Patients of the state: The politics of waiting in Argentina*. Duke University Press.
7. Bernstein, H., Guelespe, D., & Bose, S. (2023, August 15). How temporary immigration status has affected Afghan evacuees in the U.S. Urban Institute. https://www.urban.org/urban-wire/how-temporary-immigration-status-has-affected-afghan-evacuees-us
8. Betancourt, T. S., Berent, J. M., Freeman, J., Frounfelker, R. L., Brennan, R. T., Abdi, S., Maalim, A., Abdi, A., Mishra, T., Gautam, B., Creswell, J. W., & Beardslee, W. R. (2020). Family-based mental health promotion for Somali Bantu and Bhutanese refugees: Feasibility and acceptability trial. *Journal of Adolescent Health*, *66*(3), 336–344. https://doi.org/10.1016/j.jadohealth.2019.08.023
9. Bloom, S. L. (2013). Creating sanctuary: Toward the evolution of sane societies (Rev. ed.). Routledge. https://doi.org/10.4324/9780203487051
10. Butler, S. M., & Sheriff, N. (2022, March 9). The challenge of addressing the health care needs of Afghan evacuees. Brookings Institution. https://www.brookings.edu/articles/the-challenge-of-addressing-the-healthcare-needs-of-afghan-evacuees/
11. Center for Victims of Torture. (2005). *Healing the hurt: A guide for developing services for torture survivors*. Center for Victims of Torture.
12. Congressional Research Service (2012). Refugee admissions and resettlement policy (CRS Report No. RL31269). https://www.everycrsreport.com/files/20120307_RL31269_5c2abc1dfd1403f18d6b65a755e5ed463caeadd1.pdf
13. Congressional Research Service (2023, January 20). U.S. Refugee Admissions Program (Report No. R47399). https://www.congress.gov/crs-product/R47399
14. Côté-Olijnyk, M., Perry, J. C., Paré, M. È., & Kronick, R. (2024). The mental health of migrants living in limbo: A mixed-methods systematic review with meta-analysis. *Psychiatry Research*, *337*, 115931. https://doi.org/10.1016/j.psychres.2024.115931
15. Dadras, O., & Hazratzai, M. S. (2025). The silent trauma: U.S. immigration policies and mental health. *The Lancet Regional Health – Americas*, *44*., Article 101048. https://doi.org/10.1016/j.lana.2025.101048
16. Delilovic, S., Hagström, A., Shedrawy, J., Hollander, A. C., Lönnroth, K., & Hasson, H. (2023). Is legal status associated with mental illness among newly arrived refugees in Sweden: An epidemiological study. *Bmc Psychiatry*, *23*(1). Article 170. https://doi.org/10.1186/s12888-023-04679-y
17. DiClemente-Bosco, K., Neville, S. E., Berent, J. M., Farrar, J., Mishra, T., Abdi, A., Beardslee, W. R., Creswell, J. W., & Betancourt, T. S. (2023). Understanding mechanisms of change in a family-based preventive mental health intervention for refugees by refugees in New England. *Transcultural Psychiatry*, *60*(1), 142–155. https://doi.org/10.1177/13634615221111627
18. Espinoza-Kulick, M. A., & Cerdeña, J. P. (2022). We need health for all: Mental health and barriers to care among Latinxs in California and Connecticut. *International Journal of Environmental Research and Public Health*, *19*(19). https://doi.org/10.3390/ijerph191912817. Article 12817.
19. Executive, O. N. (2025). 14,163, 90 Fed. Reg. 8,459January 30. https://www.federalregister.gov/documents/2025/01/30/2025-02004/realigning-the-united-states-refugee-admissions-program
20. Fallot, R. D., & Harris, M. (2009). Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. Community Connections. https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf
21. Farmer, P. (2004). An anthropology of structural violence. *Current Anthropology*, *45*(3), 305–325. https://doi.org/10.1086/382250

22. Firestone, E. C. (2024). Divergent journeys from Kabul and Kyiv: How Congress can ensure equal pathway programs for parolees to the United States. *Widener Commonwealth Law Review*, *33*(2), 1–28. https://cwldc.widener.edu/cgi/viewcontent.cgi?article=1014&context=wclr
23. Foucault, M., & Sheridan, A. (1977). Trans.). Pantheon Books.
24. Galtung, J. (1969). Violence, peace, and peace research. *Journal of Peace Research*, *6*(3), 167–191. https://doi.org/10.1177/002234336900600301
25. Global Refugee-Led Network (2019). Meaningful refugee participation as transformative leadership: Guidelines for concrete action. *Asylum Access*. https://www.asylumaccess.org/wp-content/uploads/2019/12/Meaningful-Refugee-Participation-Guidelines_Web.pdf
26. Goodkind, J. R., Hess, J. M., Isakson, B., LaNoue, M., Githinji, A., Roche, N., Vadnais, K., & Parker, D. P. (2014). Reducing refugee mental health disparities: A community-based intervention to address postmigration stressors with African adults. *Psychological Services*, *11*(3), 333–346. https://doi.org/10.1037/a0035081
27. Goodkind, J. R., Bybee, D., Hess, J. M., Amer, S., Ndayisenga, M., Greene, R. N., Choe, R., Isakson, B., Baca, B., & Pannah, M. (2020). Randomized controlled trial of a multilevel intervention to address social determinants of refugee mental health. *American Journal of Community Psychology*, *65*(3–4), 272–289. https://doi.org/10.1002/ajcp.12418
28. Gren, N., Abdelhady, D., & Joormann, M. (2024). Unmasking the impact of bureaucratic violence. Refuge: Canada's Journal on Refugees, 39(2), 1–13. https://doi.org/10.25071/1920-7336.41163
29. Guelespe, D., Bernstein, H., Darrow, J., Bose, S., Nayak, S., & Kwon, D. (2024). Examining Afghan evacuees' resettlement: Insights and lessons for future humanitarian populations. Urban Institute. https://www.urban.org/research/publication/examining-afghan-evacuees-resettlement-insights-and-lessons-future
30. Gupta, A. (2012). *Red tape: Bureaucracy, structural violence, and poverty in India*. Duke University Press.
31. Harley, T., & Wazefadost, N. (2023, May). Guidelines for co-produced research with refugees and other people with lived experience of displacement. Kaldor Centre for International Refugee Law, Asia Pacific Network of Refugees, & Act for Peace. https://doi.org/10.26190/ghnc-sy80
32. Hendrix, S., & George, S. (2021, August 21). Rush of Afghan evacuees to Qatar leaves many crammed in hot hangar, facing an uncertain future. The Washington Post. https://www.washingtonpost.com/world/asia_pacific/afghan-evacuees-doha/2021/08/21/64166544-0214-11ec-87e0-7e07bd9ce270_story.html
33. Higuera, K., & Jiménez, T. R. (2023). Mechanism mapping: A qualitative study of how different forms of instability mediate the relationship between legal status and immigrant mental well-being. *Social Science & Medicine*. https://doi.org/10.1016/j.socscimed.2023.116034., 329, Article 116034.
34. Human Rights Watch (2022, January 13). Afghanistan: Taliban takeover worsens rights crisis. https://www.hrw.org/news/2022/01/13/afghanistan-taliban-takeover-worsens-rights-crisis
35. Kerwin, D. M. (2012). The faltering U.S. refugee protection system: Legal and policy responses to refugees, asylum-seekers, and others in need of protection. *Refugee Survey Quarterly*, *31*(1), 1–33. https://doi.org/10.1093/rsq/hdr019
36. Lee, S. (2024). Administrative violence in immigration law. *Arizona Law Review*, *66*, 739–808. https://journals.librarypublishing.arizona.edu/arizlrev/article/id/8393/
37. Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work*, *65*(3), 288–298. https://doi.org/10.1093/sw/swaa020
38. Lorenz, M. L. (2022). U.S. refugee resettlement is in ruins—It is our duty to rebuild it. *Journal of General Internal Medicine*, *37*(4), 940–943. https://doi.org/10.1007/s11606-021-07373-5
39. McKeon, G., Curtis, J., Rostami, R., Sroba, M., Farello, A., Morell, R., Steel, Z., Harris, M., Silove, D., Parmenter, B., Matthews, E., Jamaluddin, J., & Rosenbaum, S. (2024). Co-designing a physical activity service for refugees and asylum seekers using an experience-based co-design framework. *Journal of Immigrant and Minority Health*, *26*(4), 674–688. https://doi.org/10.1007/s10903-024-01587-5
40. Menjívar, C., & Abrego, L. J. (2012). Legal violence: Immigration law and the lives of Central American immigrants. *American Journal of Sociology*, *117*(5), 1380–1421. https://doi.org/10.1086/663575

41. Migration Policy Institute (2026). Refugees and asylees in the United States. https://www.migrationpolicy.org/article/refugees-and-asylees-united-states
42. Miller, K. E., & Rasco, L. M. (Eds.). (2004). *The mental health of refugees: Ecological approaches to healing and adaptation*. Lawrence Erlbaum Associates.
43. Mollica, R. F. (2014). *The new H5 model: Trauma and recovery—A summary. Harvard Program in Refugee Trauma*. Massachusetts General Hospital.
44. Namer, Y., & Razum, O. (2018). Settling Ulysses: An adapted research agenda for refugee mental health. *International Journal of Health Policy and Management*, *7*(4), 294–296. https://doi.org/10.15171/ijhpm.2017.131
45. National Immigration Forum (2025, January 22). Explainer: Options for evacuated Afghans. https://forumtogether.org/article/explainer-options-for-evacuated-afghans/
46. Nylen, A., Bah, O., Bott, J., Deluca, G., Levine, A., & Mohebi, S. (2023). Then, we lost everything: Afghan evacuee experiences of Operation Allies Refuge and Operation Allies Welcome. Center for Human Rights and Humanitarian Studies & Refugee Dream Center. https://watson.brown.edu/chrhs/files/chrhs/imce/research/RDC%20Report_FINAL.pdf
47. Parmet, W. E. (2020). Immigration law as a social determinant of health. *Temple Law Review*, *92*(4), 931–968. https://phlr.temple.edu/publications/immigration-law-social-determinant-health
48. Patler, C., & Laster Pirtle, W. (2018). From undocumented to lawfully present: Do changes to legal status impact psychological wellbeing among Latino immigrant young adults? *Social Science & Medicine*, *199*, 39–48. https://doi.org/10.1016/j.socscimed.2017.03.009
49. Ramos, A. A. (2023). Considerations in designing trauma-focused interventions for displaced Afghan women. *Frontiers in Global Women's Health*. https://doi.org/10.3389/fgwh.2022.893957., 3, Article 893957.
50. Refle, J. E., Fakhoury, J., Burton-Jeangros, C., Consoli, L., & Jackson, Y. (2023). Impact of legal status regularization on undocumented migrants' self-reported and mental health in Switzerland. *SSM – Population Health*, *22*, 101398. https://doi.org/10.1016/j.ssmph.2023.101398
51. Ringler-Jayanthan, E., Brubaker, D., Darling, I., & Wilson, M. (2019a). Challenges in refugee resettlement: Policy and psychosocial factors. National Association of Social Workers. https://d-scholarship.pitt.edu/id/eprint/58b636f6-0f72-4ed0-9894-f6eecad29c9b
52. Ringler-Jayanthan, E., Neibich-Gianni, M., Brubaker, D., & Naranjo, F. (2019b). Integrating trauma-informed care in providing services for refugees and asylum seekers. In J. A. Kottler, S. Banu, & S. Jani (Eds.), *Handbook of refugee experience: Trauma, resilience, and recovery* (pp. 82–94). Cognella Academic Publishing.
53. Ringler-Jayanthan, E., Ramos, A., & Brubaker, D. (2023). Afghan newcomer toolkit. National Association of Social Workers. https://www.socialworkers.org/LinkClick.aspx?fileticket=R9yKI2bNpmE%3D&portalid=0
54. Schiess-Jokanovic, J., Gosling-Steirer, C., Kantor, V., Knefel, M., Weindl, D., & Lueger-Schuster, B. (2023). My brain freezes and I am blocked again: The subjective experience of post-migration living difficulties of Afghan asylum seekers and refugees in Austria. *Plos One*, *18*(7). https://doi.org/10.1371/journal.pone.0288691. Article e0288691.
55. Schmid-Scott, A. (2024). Bureaucratic and benign? The violent continuum of Home Office reporting in the UK. *Environment and Planning C: Politics and Space*, *43*(1), 184–200. https://doi.org/10.1177/23996544241264964
56. Spade, D., & Rev (2015). Duke University Press.
57. Substance Abuse and Mental Health Services Administration (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf
58. Sudhinaraset, M., Chen, L., Pourat, N., Nakphong, M. K., & De Young, T., M.-E (2024). Persistent effects of legal status on healthcare access and outcomes: Findings from a state-wide representative cross-sectional survey in California. *BMJ Public Health*, *2*(1). https://doi.org/10.1136/bmjph-2023-000800. Article e000800.
59. Citizenship, U. S. (2025). and Immigration Services. December 2). PM-602-0192: Hold and review of all pending asylum applications and all USCIS benefit applications filed by aliens from high-risk countries [Policy memorandum]. https://www.uscis.gov/sites/default/files/document/policy-alerts/PM-602-0192-PendingApplicationsHighRiskCountries-20251202.pdf

60. U.S. Committee for Refugees and Immigrants (2022a, June). Documentation and benefit eligibility for Afghan evacuees. https://refugees.org/wp-content/uploads/2022/06/Documentation-and-Benefit-Eligibility-for-Afghans-6.22.2022.pdf
61. U.S. Committee for Refugees and Immigrants (2022b, June). National Conference Center, safe havens, and lily-pads: Operation Allies Welcome phase I and II intermediary sites. https://refugees.org/wp-content/uploads/2022/06/Domestic-and-International-Intermediary-Sites-in-OAW-Phase-I-and-II.fnl_.pdf
62. U.S. Department of Homeland Security (2022, January 28). Operation Allies Welcome Afghan evacuee report [FY 2022 report to Congress]. https://www.dhs.gov/sites/default/files/2022-03/DMO-OSEM%20-%20Department%20of%20Homeland%20Security%20Operation%20Allies%20Welcome%20Afghan%20Evacuee%20Report.pdf
63. U.S. Department of Homeland Security (2023). March 10). Operation Allies Welcome Afghan evacuee quarterly status update 2. https://www.dhs.gov/sites/default/files/2023-06/PLCY%20-%20AFG%202503%20Update%202_0.pdf
64. U.S. Department of State, Bureau of Population, Refugees, and Migration. (n.d.). History of the U.S. refugee resettlement program. https://2009-2017.state.gov/documents/organization/244270.pdf