

# U.S. Resettlement and Integration Research

Annual Review of Research

2026



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## Executive Summary

This report updates Switchboard's 2025 overview of U.S. refugee resettlement and integration research, adding 33 newly identified studies published between September 2025 and August 2026. Using Ager and Strang's integration framework, this year's evidence reinforces the prior report's central finding: humanitarian newcomers are resilient, yet the systems supporting their resettlement often fall short of translating effort into durable outcomes.

**Work and Economic Stability.** Newcomers remain employed at high rates but often in low-wage, unstable jobs, with poverty persisting despite employment. Outcomes are uneven by sex, and welfare systems can inadvertently reinforce the stigma they're meant to help newcomers overcome.

**Housing, Safety, and Stability.** Newcomers are often resettled into neighborhoods facing housing instability and unsafe conditions, though new research shows communities building collective responses. Safety findings reveal continued vulnerabilities including persistent intimate partner violence and community differences in police trust.

**Health.** Access barriers — language, cost, discrimination — persist alongside elevated, often undetected chronic disease. Perceived discrimination emerges as a strong, independent predictor of poor health outcomes. Culturally tailored interventions show measurable promise, though most remain small-scale.

**Mental Health.** Elevated PTSD, depression, and anxiety persist regardless of time in the U.S., driven by ongoing discrimination as much as pre-migration trauma. Social support remains protective; new community-based and telehealth interventions show promising results.

**Education.** Adult learners with interrupted formal education remain poorly served, and no evidence-based pedagogy yet exists for refugee-background K–12 students. Low early childhood education enrollment often reflects cultural preference rather than access barriers alone.

**Leisure, Social Connections, Language, and Digital Skills.** Findings remain largely consistent with prior research: strong social ties buffer isolation, English proficiency remains a critical barrier, and digital skills are limited among older newcomers.

**Children and Youth.** Refugee children continue facing elevated health risks tied to trauma, detention, and family separation..

**Overall.** Newcomer outcomes are influenced by limitations in service systems, which do not prioritize long-term integration. The most promising interventions are culturally tailored but remain small-scale and under-evaluated, underscoring the need for rigorous evaluation and broader investment.

## Introduction

This report is an annual update of Switchboard’s 2025 report, [\*U.S. Resettlement and Integration Research: Overview of Reviews, 2020-2025\*](#). This report provides a narrative review of recent evidence across key domains of resettlement and integration. It examines how structural conditions, service delivery, and individual characteristics interact to shape integration outcomes for adults, children, and families.

As in the original report, the organizing structure for this review is Ager and Strang’s (2008) classic refugee integration framework (updated by Ndofor-Tah, 2019). This framework defines integration as “communities where people, whatever their background, live, work, learn and socialize together, based on shared rights, responsibilities and opportunities.” It identifies 14 domains of integration: work, housing, education, health and social care, leisure, social connections (consisting of social bonds, bridges, and links), language and communication, culture, digital skills, safety, stability, and rights and responsibilities. The framework highlights the linkages between the domains. By consolidating evidence across these domains, this report aims to provide a clearer understanding of resettlement and integration in the United States, offering a foundation for higher quality, more effective, and efficient approaches.

## Summary of Prior Findings

This previous report synthesized findings from 124 systematic and scoping reviews (2020–2025) on the resettlement and integration of refugees and other humanitarian newcomers in the United States. Studies showed that newcomers demonstrated resilience but faced entrenched barriers including occupational downgrading, housing shortages, health disparities, gaps in education access, and limited opportunities for language and digital skill development. Limitations in available services and short program timelines further impact long-term stability, with lack of longitudinal data limiting research and evaluation.

Evidence highlighted promising strategies: culturally and linguistically tailored interventions, community-based and peer-delivered models, hybrid in-person/digital services, and strong partnerships among schools, employers, health care providers, and community organizations. These initiatives showed potential to reduce isolation, improve health and educational outcomes, and foster workforce integration. However, most remained small-scale, underfunded, and under-evaluated.

The current study aims to update the previously reported knowledge base.

## Search Strategy and Results

This review used identical search tools and terms as the original study. The populations of interest were those eligible for benefits and services through the U.S. Office of Refugee Resettlement (ORR): refugees, asylees, Cuban/Haitian entrants, Afghan and Iraqi special immigrants, Amerasians, victims of trafficking, Afghan and Ukrainian humanitarian parolees, and survivors of torture (ORR, 2026). Hereafter, these populations are collectively referred to as “humanitarian newcomers.”

The review sought peer-reviewed empirical studies that provided novel findings or insights beyond the knowledge described in the previous report. Systematic searches were conducted in ProQuest, PubMed, EBSCO, Google Scholar and Claude using various combinations of the keywords “refugee” “resettlement” “integration” and the above-identified domains. Studies were eligible if published during the preceding year (September 2025-August 2026).

The search identified 1511 potential studies. After removing duplicates, 1164 studies were screened. Of these, 1029 were determined to be irrelevant to this search. 135 full-text articles were assessed for eligibility. 102 full-text articles were excluded because they did not include or minimally included U.S. “humanitarian newcomers” as defined above; focused on refugee law, policy, admissions or placement; were programmatic case studies; focused on service providers rather than clients; addressed single-disease clinical topics or did not add substantial new information to that already included in the previous overview. 33 studies were eligible for inclusion.

## How to Use this Report

This report is designed to be used in conjunction with its foundation document, [\*U.S. Resettlement and Integration Research: Overview of Reviews, 2020-2025\*](#). The content is a supplement to the findings and recommendations in the prior overview. Readers should refer to the prior report for suggestions for using the findings for program planners, service providers, researchers and evaluators, and educators and trainers.

## Adults

### Work

The prior overview reported that newcomers often face occupational downgrading (entering low-wage or low-status jobs) and remain concentrated in low-wage sectors due to limited training, credential barriers, and reliance on co-ethnic networks, with underemployment persisting despite gradual upward mobility. Addressing this requires employer partnerships and broader integration measures that account for job quality and career progression, not just employment rates.

Likewise, this year's studies show that refugees often work, but employment alone isn't translating into economic stability. Despite strong employment rates, refugees face high poverty in their first years in the U.S. — largely because current policy is built around getting people into a job quickly, not necessarily a good one. Echoing previous findings, many refugees land in low-wage, unstable work that doesn't build toward long-term security. Job placement metrics — how many people got hired, how fast — are insufficient to fully capture newcomers' economic integration. Wage growth, job stability, and career advancement should also be targeted and measured.

Women newcomers have lower employment rates and higher emotional distress than men, and qualitative findings point to added pressures — shifting family responsibilities, unequal access to education, and discrimination. For programs, this means one-size-fits-all employment services may underserve women; case management, childcare support, and job training need to be designed with these added burdens in mind.

Interviews with resettled Iraqi refugees found that public benefits offices often implicitly frame refugees as dependent or unmotivated, and even when refugees try to push back and demonstrate their work ethic, that pushback doesn't meaningfully change how they are perceived.

Taken together, these studies suggest that improving refugee economic outcomes requires services focused on job quality (going beyond early employment), program design that responds to needs of both women and men, and institutional practices that proactively address stigma (Naseh et al., 2026; Salman, 2026; Wachter & Shaw, 2026).

### Housing

The prior research overview reported that stable, safe housing is foundational to newcomer integration, but humanitarian newcomers often face affordability constraints, overcrowding, and unsafe neighborhoods that heighten isolation, while resource-rich communities and access to green and public spaces support better adjustment and well-being. The current literature reinforces that the systems meant to protect refugees often expose them to instability. Lew (2026) found that resettled Syrian refugees in New Jersey were placed into low-income neighborhoods already marked by housing instability, poverty, and exploitative landlords. Asserting their rights, the refugees pushed back by building alliances with other tenants and pursuing legal claims together, creating a grassroots path to integration.

## Safety

Newcomers may be vulnerable to safety risks both in their homes and in public. For example, refugee women in Nebraska described intimate partner violence — from partners and other family members— that continued unchanged after resettlement. These newcomers lacked clear information needed to seek help. And while most refugees reported trusting local police, that trust was notably lower among Asian and Sub-Saharan African refugees. (Bai et al., 2026; Chipalo & Bloomer, 2026; Lew, 2026).

## Education

Prior research showed that high tuition, limited financial aid, disrupted prior schooling, and language barriers—compounded by institutions' lack of consistent support mechanisms—often lead to rejection, dropout, or exclusion for humanitarian newcomers in higher education, while adult and community-based programs that integrate English learning, digital literacy, and job readiness often offer a more effective path toward economic self-sufficiency.

Recent studies provide further insights into the lived experiences of newcomer students pursuing higher education. Newcomer students often experience isolation that undermines belonging and persistence. Cultural heritage helps students rebuild identity and resilience. Students with interrupted formal education arrive at adult education programs that are often poorly equipped and staffed by undertrained instructors. Together, the studies on adult education suggest that newcomers bring strengths like resilience, cultural heritage, and persistence into educational institutions that are often unprepared to serve them (Baba, 2025; Hailu & Johnson, 2026; Higgins & Misawa, 2025; Housel & Niku, 2026).

## Health

Prior research showed that humanitarian newcomers face substantial barriers to health care access—language limitations, low health literacy, financial strain, and immigration-related fears—compounded by cultural stigma and premigration trauma. Inconsistent access to interpreters can impact the accuracy of diagnoses as well as trust with medical providers. Newcomers also show elevated rates of chronic disease (cardiovascular disease, diabetes, obesity) that often go undetected because initial screenings focus on infectious disease. Additionally, food insecurity and a "double burden of malnutrition" combines undernutrition with diet-related chronic disease risk. Women face distinct challenges, including lower contraception use and cancer screening rates alongside a striking 44% estimated lifetime prevalence of sexual violence. However, maternal outcomes are often better than expected due to lower smoking and alcohol use, relative to U.S.-born women. Across all these areas, culturally tailored interventions—trusted messengers, community health workers, peer education, and integrated care models combining legal and health services—show promise, but most remain small-scale, under-resourced, and insufficiently evaluated for long-term impact.

## **Physical Health**

In the current studies, adult newcomers' health is influenced by structural barriers, discrimination, and gaps in culturally responsive care. Studies have shown that experiences of discrimination — not just financial or language barriers — are among the strongest predictors of poor health care access and worse physical and mental health among newcomers. A study on the U.S. citizenship exam, for example, found that Rohingya refugees experienced mental and physical health stress tied to the exam process itself, compounded by their history of trauma and prior exclusion from formal education. A study of older refugees found that transitions into residential care are especially difficult for older adults from non-native-speaking backgrounds, who face isolation, cross-cultural communication barriers, and inadequate institutional support during an already vulnerable life stage (Coyne et al., 2025; Im & Tefera, 2025; Magan & Goodkind, 2025; Thapa & Saadi, 2026).

Three studies suggest culturally tailored, community-rooted interventions enhance program effectiveness. A pilot wellness program for refugee mothers and a reproductive health literacy training for Arab and Afghan communities both demonstrated that programs designed around participants' language, culture, and lived context can meaningfully improve self-care behaviors and health literacy. A study on advanced care planning likewise suggests that refugee patients benefit from care approaches that account for their specific cultural and communication needs (Lee & Lee, 2025; McKeith et al., 2025; Thiel de Bocanegra et al., 2025).

## **Food Security and Nutrition**

The prior research overview indicated that humanitarian newcomers face a "double burden of malnutrition." Traditional dietary practices decline during resettlement, in favor of more easily accessible processed foods, combined with food insecurity, worsening both physical and mental health. Hands-on nutrition education and urban agriculture programs showed promise in preserving healthier traditional diets and building useful skills.

Additionally, most existing measures rely on conventional food security scales that fail to account for the cultural dimensions of food access — things like maintaining traditional foodways, land relationships, and communal food-sharing practices that matter deeply to newcomers' identity. (Onyango et al., 2026; Stokes-Ramos, 2026).

## **Mental Health**

Previous research has shown that humanitarian newcomers show persistently elevated rates of post-traumatic stress disorder (PTSD), depression, and anxiety that don't diminish with time in the U.S. These concerns are driven not just by premigration trauma but by ongoing post-migration stressors like unemployment, poverty, limited English proficiency, and continued exposure to violence and discrimination. However, financial security, social support, and strong family, religious, and ethnic ties help build resilience. Small community-based programs and peer-delivered counseling show promise for improving outcomes, and virtual/hybrid models offer a path to expand access, though providers must take into account barriers like low digital literacy and privacy concerns.

A study with Somali refugee parents in a homeless shelter found that they experience cross-

generational distress driven not just by past displacement but by discrimination and ongoing culture loss, which erodes family structures over time. Another study of parents showed that Syrian and Iraqi refugee mothers absorb much of this strain directly — adapting to new parenting demands through a process of "mothering at all costs" that leaves many women accumulating burden and exhaustion. Racism is a significant driver of poor psychosocial outcomes for newcomers.

A study of Bhutanese older adults in Ohio found that resilience, social support, and absence of depression are key protective factors. Two intervention-focused reviews reinforce this: a scoping review of community-based mental health promotion programs found generally positive outcomes across 11 reviewed programs, particularly when flexible, group-based, and culturally sensitive; and a systematic review of mindfulness-based interventions found that half the studies reviewed showed reduced loneliness and increased social connectedness among newcomer populations, though the evidence base remains thin. Finally, a study of a culturally adapted, patient-navigator-led telehealth program for displaced Afghans found large, statistically significant reductions in depression and anxiety symptoms across all patient groups regardless of age or sex — offering some of the clearest evidence that a scalable, culturally tailored intervention can meaningfully improve outcomes (Alemi et al., 2025; de Alpuim-Gonçalves et al., 2025; Disney et al., 2026; Karmacharya et al., 2026; Naidu et al., 2026; Saleh & Im, 2026; Zolman et al., 2026).

These studies suggest that newcomers' mental health is driven by an accumulation of ongoing stressors, in addition to premigration trauma, but that resilience factors (social support, financial security, cultural connection) and well-designed, culturally adapted interventions can meaningfully assist.

## Leisure

Previous research found that humanitarian newcomers have low participation in leisure physical activity due to cultural, infrastructural, financial, and safety barriers—including unsafe neighborhoods that restrict children's outdoor play—while improved recreational facilities and culturally adapted family programs show promise for increasing engagement.

Current research supports the benefits of leisure physical activity. A study examined a program where 15 refugee coaches from Afghanistan, Pakistan, and Somalia taught cricket to 30 American learners. Newcomer coaches gained self-worth and resolved identity conflicts, while 78% of American learners reported reduced stereotypes toward newcomers, and public parks became "third spaces" for cross-cultural connection. The author recommended municipal funding, coach credentialing, and embedded mental health support (Alam, 2026).

## Social Connections

The prior overview of research showed that strong social connections—both within co-ethnic communities and with mainstream society—act as protective factors that reduce loneliness, depression, and stress while improving life satisfaction. However, many humanitarian newcomers remain isolated, with women particularly at risk due to caregiving responsibilities. Interventions that build these connections (mentorship, sponsorship, peer-delivered models, community gardening)

showed promise for reducing distress and fostering belonging.

In this review, one such program, the Refugee Well-being Project, paired university students with newcomers to reduce psychological distress and expand social networks. Using a randomized controlled trial design, the researchers tracked 290 recently resettled Afghan, Great Lakes African, Iraqi, and Syrian refugees across four time points over 12 months. Results showed intervention participants experienced short-term growth in their social networks, peaking mid-intervention, but network size declined again by the 6-month follow-up. However, control group participants saw a steady decline in social network size throughout the study period, meaning the intervention group ended up better off than they would have without the program (Lardier et al. 2026).

## Language

Prior research shows that English proficiency is a key factor in all areas of integration. Limited English skills consistently emerge as the most significant barrier to accessing services. Interpreter services are frequently insufficient or inconsistent. Community-based supports, peer networks, and culturally tailored programs can improve service navigation, but underfunding limits their reach. Strengthening service literacy, interpreter provision, and coordinated support systems is essential to improving long-term integration outcomes. In the current review, no new studies were identified that changed these findings, while numerous studies confirmed them.

## Digital Skills

Prior research has shown that humanitarian newcomers often have limited digital skills, managing basic tasks like messaging but struggling with complex processes like benefits navigation. Older newcomers face compounded barriers that risk excluding them from health care and services. Educators are often underprepared to teach digital skills and tend to overlook newcomers' existing strengths, though culturally adapted tools like peer navigators and mobile health apps show promise for improving digital literacy.

A recent study consolidated existing research on refugee women's digital practices and identified how these women navigate digital technology use across three thematic areas: social connectedness, access to information, and self-presentation. The study found that refugee women find creative ways to work around the risks and downsides of using digital technology while still getting its benefits, but women experience greater burdens than men. They often do more emotional and practical work to stay connected, get information, and manage their online image safely (Bartlett et al., 2026).

## Children and Youth

### Health

Previous research showed that refugee children face significant physical health risks, including malnutrition, infectious diseases like tuberculosis (TB) and hepatitis B, disproportionate lead exposure tied to substandard housing, and untreated dental caries linked to both access barriers and violence/neglect. Refugee children and youth show elevated PTSD, depression, and anxiety from cumulative pre-migration violence and migration dangers, worsened by detention and family separation, which disrupt attachment and emotion regulation. Adolescents also face acculturation stress and family strain from parental trauma, mitigated by cultural identity, mentoring, and school connectedness. Trauma-focused therapy and school-based programs show promise for reducing distress, but most remain broadly designed rather than culturally adapted or focused on early childhood, leaving highly traumatized youth underserved.

No new findings emerged in the current review that substantially changed these findings.

### Education

The previous research overview found that refugee students often face inappropriate grade placement, low expectations, and inadequate trauma support at school. Schools—especially smaller or rural districts—were shown to lack training in trauma-informed and intercultural pedagogy. Culturally responsive, trauma-informed approaches, bilingual instruction, and strong school-family partnerships improve engagement, belonging, and achievement for these students.

The current review identified several studies focused on early childhood education among children in newcomer families. Parents prioritize cultural matching, language, and quality when choosing care. Low early childhood education enrollment often reflects cultural preferences for home-based, community-led care, not just barriers like cost or transportation. Home visiting programs act as a "bridge," helping families blend home and host-culture values. Beyond early childhood, there is as yet no comprehensive, evidence-based approach for teaching refugee-background K–12 students, leaving teachers underprepared (Breault & Huang, 2025; Hilado et al., 2026; Lim et al., 2025; Miles et al., 2026).

## Conclusion

This year's evidence base reinforces the central finding of the prior report: humanitarian newcomers are largely resilient, yet many programs are not consistently translating effort and participation into durable outcomes. Newcomers are employed at high rates but often remain in low-wage work; health screenings identify infectious disease but frequently miss important chronic conditions; and many services are structured around initial enrollment or placement rather than sustained, long-term results. Across work, housing, health, and education, a consistent pattern emerges: programs measured primarily by speed and volume of clients served (e.g., job placement rates, screening completion, service enrollment) tend to show weaker long-term outcomes than those tailored to clients' individual circumstances.

This suggests a need for better outcome measurement across resettlement and integration programs. Metrics like initial job placement or service enrollment are straightforward to track but say little about whether outcomes are actually durable. Indicators such as wage growth, job retention, health outcomes over time, and housing stability offer a more complete picture of program effectiveness and would better inform future investment and program design.

At the same time, this year's studies point to specific approaches associated with stronger outcomes: community-based partnerships and grassroots organizing that helped address housing and workplace conditions; culturally and linguistically tailored health and mental health programs that produced measurable improvements; and locally rooted initiatives that fostered social connection and reduced isolation. These approaches are adapted to newcomers' specific circumstances rather than applied as one-size-fits-all solutions. Most remain small in scale and have not been evaluated for long-term impact, suggesting that expanding and rigorously testing these more tailored, locally grounded models represents a promising direction for improving resettlement and integration outcomes going forward.

## References

- Alam, N. (2026). Bridging communities through sport: A social work study on refugees teaching cricket to American citizens. *Sport Social Work Journal*, 8(1), 20-33. <https://openjournals.bsu.edu/sportsocialworkjournal/article/view/5979>
- Alemi, Q., Todd Hesham, H., Cook, J., Naderi, W., & Afif, S. (2026). The impact of a culturally adapted patient navigator-led telehealth program for displaced Afghans' mental health. *Journal of Immigrant and Minority Health*, 28(1), 42–48. <https://doi.org/10.1007/s10903-025-01758-y>
- Baba, T. (2025). Navigating marginality beyond the shadows: The experiences of Somali Bantu students in U.S. higher education. *The Journal of Higher Education*, 1-26. <https://www.tandfonline.com/doi/full/10.1080/00221546.2025.2577552>
- Bai, J., Kola, B., & Makisaka, M. (2026). Intimate partner violence among refugee women resettled in Nebraska: Voices from the survivors. *Journal of Human Rights and Social Work*, 11, 134-144 <https://doi.org/10.1007/s41134-025-00425-4>
- Bartlett, A. I., Mena Montes, N., Verheijen, L., Leurs, K., & Broersma, M. (2026). Digital tactics of refugee women: Towards an inclusive framework for digital literacies. *Social Inclusion*, 14. <https://www.cogitatiopress.com/socialinclusion/article/view/10866>
- Breault, D., & Huang, R. (2025). Is there a pedagogy for refugee background students? A review of literature. *Journal of Advances in Education*. <https://zenodo.org/records/17835335>
- Chipalo, E., & Bloomer, R. (2026). Refugees' levels of trust in police personnel in their resettled communities: Application of the social identity theory. *International Criminology*, 6, 293-303. <https://doi.org/10.1007/s43576-026-00214-7>
- Coyne, E., Krishnan, J., Mansah, M., & Rands, H. (2025). Understanding the impact of transition into residential aged care for families from non-native speaking background: An integrative review. *Geriatric Nursing*, 66, 103613. <https://doi.org/10.1016/j.gerinurse.2025.103613>
- de Alpuim-Gonçalves, S. M. B., Garrido, A. S. M. F. C., Garrigos, G. C., Ferré-Grau, C., Sousa, S. C. S., & da Cruz Sequeira, C. A. (2025). Interventions promoting positive mental health for migrant and refugee adults in the community: A scoping review. *Journal of International Migration and Integration*, 26, 1301–1337. <https://doi.org/10.1007/s12134-024-01223-z>
- Disney, L. (2026). Mindfulness-based interventions targeting social isolation and loneliness for refugee, immigrant, and migrant populations: A systematic literature review. *Studies in Clinical Social Work: Transforming Practice, Education and Research*, 96(2), 145-165. <https://doi.org/10.1080/28376811.2026.2622967>
- Hailu, M. F., & Johnson, A. T. (2026). Navigating hidden borderlands: The role of cultural heritage for

- Black African refugee students in American higher education. *Diaspora, Indigenous, and Minority Education*, 20(2), 230-244. <https://doi.org/10.1080/15595692.2024.2408247>
- Higgins, K. (2025). A narrative inquiry on the experiences of refugee adult learners in community colleges in the Southeastern region of the United States. *Journal of Qualitative Studies in Education*, 38(7), 1030-1049. <https://doi.org/10.1080/09518398.2025.2452630>
- Hilado, A. (2026). Resettled families, reimagined futures: Home visiting at the nexus of loss, growth, and belonging. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-026-03347-5>
- Housel, D. A., & Nikoui, M. (2026). Practical recommendations for accommodating students with limited or interrupted formal education in adult education programs in the United States. *Adult Learning*, 37(1), 24-34. <https://doi.org/10.1177/10451595241297660>
- Im, H., & Tefera, G. M. (2025). Discrimination and intersecting inequities to healthcare access among refugee newcomers in the United States. *Archives of Public Health*. <https://doi.org/10.1186/s13690-025-01770-6>
- Karmacharya, I., Ghimire, S., Janssen, L. M., Brown, J. S., Curl, A., & Subedi, J. (2026). Finding fulfillment in new beginnings: Exploring life satisfaction among resettled Bhutanese older adults in Ohio. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-026-03078-9>
- Lardier, D. T., Greene, R. N., Thomas, R. J., Soller, B., Blackwell, M., & Goodkind, J. R. (2026). Refugee social network growth post-resettlement: Impact of a learning, advocacy, and social support intervention. *American Journal of Community Psychology*, 1-14. <https://doi.org/10.1002/ajcp.70081>
- Lee, J., & Lee, S. (2025). A pilot study of culturally tailored wellness programs promoting self-care among refugee mothers. *Ethnicity & Health*, 30(6), 679–698. <https://doi.org/10.1080/13557858.2025.2525785>
- Lew, J. (2026). Housing precarity and collective belonging: Refugee claims-making and the contestation of race, space, and place in urban housing. *City & Community*, 25(2), 88-106. <https://doi.org/10.1177/15356841251401536>
- Lim, S. (2025). Navigating childcare: Understanding Myanmar refugee families' early education choices. *Early Childhood Education Journal*, 54, 2667–2677. <https://doi.org/10.1007/s10643-025-02052-0>
- Magan, I. M., & Goodkind, J. R. (2025). Understanding the mental and physical health consequences of the U.S. citizenship exam for Rohingya refugees: Implications for policy and practice. *Social Science & Medicine*, 379, 118138. <https://doi.org/10.1016/j.socscimed.2025.118138>

- McKeith, C. (2025). Advanced care planning in refugee patients. *American Journal of Hospice and Palliative Medicine*, 43(8), 816-818. <https://doi.org/10.1177/10499091251348463>
- Miles, E., Doyle, E., Bose, S., & Bernstein, H. (2026). A scoping review of strategies to increase newcomer family access to early childhood services. *Prevention Science*, 27(2):185–207 <https://pmc.ncbi.nlm.nih.gov/articles/PMC12999706/>
- Naidu, J. S., Paolucci, E. O., Chowdhury, N. A., Boakye, F., Hiebert, M. S., & Turin, T. C. (2026). The impact of racist discourse on the psychosocial wellbeing of refugees: A systematic review. *Journal of Immigrant and Minority Health*. <https://doi.org/10.1007/s10903-026-01935-7>
- Naseh, M., Lee, J., & Bechara, S. (2026). What drives refugees' high poverty in the early years after U.S. resettlement? Migration Policy Institute. <https://www.migrationpolicy.org/journal/feature/refugees-poverty-resettlement-us>
- Onyango, E., Owuor, P., Otoadese, D., Odhiambo, S., Ajibade, T., Onyango, J., & Boateng, G. (2026). Beyond conventional metrics: A scoping review of cultural food security definitions and indicators for migrant populations. *Frontiers in Nutrition*, 13. <https://doi.org/10.3389/fnut.2026.1841239>
- Saleh, M., & Im, H. (2026). Cross-generational transmission of distress in the context of chronic marginalization and culture loss: A qualitative study of Somali refugee parents resettled in the U.S. *Journal of Immigrant and Minority Health*. <https://doi.org/10.1007/s10903-026-01931-x>
- Salman, S. (2026). 'We are not freeloaders:' Harmful welfare narratives and counter-narratives among resettled Iraqi refugees in the United States. *International Journal of Offender Therapy and Comparative Criminology*. <https://doi.org/10.1177/0306624X261457647>
- Stokes-Ramos, H. (2024). Beyond economic barriers: Conceptualizing food insecurity among resettled refugees living in the United States. *Journal of Immigrant & Refugee Studies*, 24(2), 399-417. <https://doi.org/10.1080/15562948.2024.2321526>
- Thapa, B., & Saadi, A. (2025). Perceived discrimination among refugees in the USA: Determinants and associations with healthcare utilization and self-rated health. *Journal of General Internal Medicine*, 41, 2059–2069 . <https://doi.org/10.1007/s11606-025-09788-w>
- Thiel de Bocanegra, H. (2025). Assessing the effectiveness of reproductive health literacy trainings on access to care for Arab and Afghan refugee communities. *Journal of Immigrant and Minority Health*, 27(6), 967–976. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12599836/>
- Wachter, K., & Shaw, S. A. (2025). 'I am man, I am woman': Gendered experiences of refugee resettlement in the United States. *International Social Work*, 68(5), 845–861. <https://doi.org/10.1177/00208728241306211>

Zolman, N., Bunn, M., & Wachter, K. (2026). Mothering at all costs: A process model of parenting challenges and adaptations among Syrian and Iraqi refugee women. *Family Process*, 65 (2), e70167. <https://doi.org/10.1111/famp.70167>

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