

# LEARNING TO BELONG: AFGHAN NEWCOMER CHILDREN AND THE SOCIAL FABRIC OF AMERICAN SCHOOLS

<sup>1</sup>\*MS. Munawar Siddiqui

<sup>1</sup>\*Lecturer H.I.S.D Houston Texas USA

**Corresponding Author:**  
[siddiqimona@yahoo.com](mailto:siddiqimona@yahoo.com)

**To Cite This Article:** Siddiqui, M. (2025). LEARNING TO BELONG: AFGHAN NEWCOMER CHILDREN AND THE SOCIAL FABRIC OF AMERICAN SCHOOLS. International Journal of Advance Research in Education & Literature (ISSN 2208-2441), 11(3). <https://doi.org/10.61841/h3p2a632>

## ABSTRACT

*There are important psychological, social, and cultural issues involved in the assimilation of Afghan refugees into American society. After the U.S. exited Afghanistan, Afghan refugees were temporarily detained in camps before being relocated around the U.S. Although they have survived the immediate danger, the impact of war, displacement and detention has resulted in the refugees suffering chronic psychological trauma including PTSD, anxiety and depression. These mental health conditions, along with cultural differences and difficulty acclimating to American social customs add a layer of complication to the integration process. In this paper, the most important issues confronting foreign refugees are analyzed and field-tested policy recommendations that can help to reconstruct and integrate this population in American life are formulated. The study employs a combination of methods such as interviews, surveys, focus groups, and case studies to better understand the experiences of Afghan refugees and the opinions of the American host communities. Results: There exist strong societal concerns towards refugee integration that, however, can be overcome by well-organized supporting measures. Other recommendations include gradual acclimation to community, compulsory psychosocial support, and the development of cultural awareness programs for refugees and host populations. Furthermore, targeted educational bridging programs are proposed to be put in place for refugee children aimed at covering the educational gap and emotional development. It is particularly important to have mechanisms for continued monitoring of integration outcomes in the long term so that refugees are not left behind and are encouraged as they adjust to stable lives. The U.S. can make it easier for Afghans to be absorbed into society with the right policy recommendations in place. Given long-term planning and consistent support, refugees are able to 'start afresh' and contribute to the social and cultural tapestry of this country.*

**Keywords:** Afghan refugees, rehabilitation, integration, PTSD, cultural education, psychological support, public awareness, societal integration, refugee resettlement.

## INTRODUCTION

Following the U.S. military's exit from Afghanistan, many of refugees were temporarily placed in U.S. detention centers or refugee holding camps across the United States before they were resettled in places like: These people have left their country behind to escape the everyday dangers of violence and war, but the ongoing trauma of conflict and the experience of displacement have also taken their toll on their mental health. This traumatic history for many Afghan refugees comes with experiences of violence, deprivation, and sometimes years in overcrowded, under-resourced centers (Haar, et al., 2019).

But the reintegration of these asylum seekers into American life is not straightforward. Many, especially in families with stably structured socio-economic background, are worried about the impact of one kind of refugees (Koczan, et al., 2021). These anxieties often have to do with cultural clashes, public safety and certain perceived obstructions to social order. As refugees work to recover and reintegrate, the difference in lived experience between the refugee community and the native-born American population is a significant obstacle to the social cohesion of the group (Long, et al., 2020). For one, the American public's unwillingness to fully embrace Afghan refugees stems in part, but not primarily, from longstanding prejudices and misconceptions about what refugees are. Furthermore, the psychological impact of war, the comfort zone in which refugee families escape the hell of their homes, let alone the vast socio-cultural differences between Afghan refugees and the average American: make the process of integration even more challenging. According to afghanrefugees.org, In order to consider the complexity of issues, the rehabilitation of Afghan refugees should be treated with delicateness, compassion, and foresight to guarantee many years of fruitful American residency (Rahimitabar, et al., 2023).

## THE PSYCHOLOGICAL IMPACT OF WAR AND DETENTION

The long-term psychological effects of war and protracted displacement are complex and enduring, especially for the people who have experienced the trauma of war and the volatility of camp or detention life as Afghan refugees have (World Health Organization, 2023). Many have been violently attacked, have seen atrocities, lost family members or have endured intense suffering, the kind which leaves deep emotional and psychological wounds. These are traumatizing events that often result in a host of psychological problems that can severely hinder refugees' functioning in and their adaptation to a new society (Saunders, et al., 2018).

Post-Traumatic Stress Disorder (PTSD) is one of the most prevalent consequences of war exposure. It's characterized by flashbacks, nightmares and hyper alertness. Patients with PTSD may have difficulty regulating their emotions and appear to be anxious or panicky to relatively benign, no traumatic stimuli. These physical manifestations do not only compromise their emotional stability, but impair their ability to concentrate, to form relationships, or to hold down a job (Assarroudi, et al., 2018).

Anxiety and depression are also common with Afghan refugees. The continuous instability of displacement, violence collection, and the unknown territory of a new country tends to cause chronic emotional suffering. Most grapple with long-term anxiety, depression, feelings of isolation and hopelessness. These emotional strains are further exacerbated by the pressure to cope and survive in unfamiliar social and cultural contexts (Yun, et al., 2012).

A major psychological effect is trust and paranoia. Refugees who have felt betrayed by their governments, communities or individuals frequently cultivate a profound distrust. This mistrust, in turn, creates I don't feel like this would be wrong Not trusting that these people in these communities that we play live and we work and we shop in, and all of these other factors, that they would allow sable as a community trust issue can be a springboard that prevents individuals who have immigrated to a new society from forming new relationships, seeking help, or from participating in that society altogether. This artificial isolation and mistrust only further compounds integration and recovery (Mohammadi, et al., 2017). Also, Afghans will have difficulties adjusting to stable societies such as offered by the U.S. After spending years at war or in chaos of a refugee camp were adapting to rules, schedules and societal norms can be daunting (Shahabi, et al., 2021). This cultural disconnect and unfamiliarity with societal norms can result in disorientation, frustration or further isolation from mainstream society (Kynge, et al., 2020).

It's children that suffer the most. Detained or camp-raised children are frequently developmentally delayed and have problems regulating emotions and exposure to formal education and routine. These difficulties may have a profound effect on their academic and social functioning in formal educational settings. Without early and continuing support, those kids can be left behind peers and feel isolated in the classroom (Dadras, et al., 2020).

In such circumstances, ensuring the mental health of the returning Afghan refugees should be the number one priority. They must not be seen and viewed purely as economic migrants or general immigrant communities. Instead, their special (and severe) trauma needs to be dignified with dedicated and long-term systems of mental health care. Rehabilitation services will also need to center around trauma-informed care, community integration work and culturally sensitive counseling to heal the emotional scars of war and its displacement. And only such focused psychological intervention

would allow Afghan refugees to properly heal and flourish in their new worlds (Chuah, et al., 2018; United Nations High Commissioner for Refugees, 2019; United Nations, 2015).

## **SOCIETAL HESITATION: THE FEAR OF THE UNKNOWN**

The settlements of Refugees, including the way we deal with traumatized refugees and integrate them in the US. On one hand, sense humanitarians reasons the practice of giving the “hungry, the thirsty, the stranger, the naked, the sick, and the prisoner” refuge – a novel that applies only to people of the same race, religion, ethnic background, and the only apply to Christian refugees (because if you don’t prioritize Christian refugees, you’d be more racist)... On the other hand, while America is a religiously diverse country and takes great pride in embracing refugees, it does so cautiously and often in fear of the consequences of settling refugee-residents. Many such families express concerns about our Petri dish cultivation of hate for those not so similar to our heads of household, who assumed similar socio-economic—you know what?—just family who already live here”. Those fears aren’t entirely out of sheer bigotry; indeed, many people simply are afraid of what they don’t know, and they’re members of a local population that might be influenced by a new foreign culture in ways they might not like (Arfa, et al., 2022; Tofani, et al., 2023; Boggs, et al., 2021).

Behavioral challenges resulting from trauma are a significant challenge. Refugees who have lived through war, violence, and detention, can suffer from symptoms of PTSD and its complications: these may include mood liability, aggression, social withdrawal, or an inability to adhere to social expectations for behavior. These kinds of behavior—more so when witnessed in communal situations such as schools or in neighborhoods—may be misunderstood and interpreted as threatening, increasing the “fear factor” within the host community (Alsharaydeh, et al., 2023).

In addition to trauma-related behavior, cultural disparities between Afghan refugees and American culture may also add to reluctance. Refugees usually have different languages, religious and gender practices and social norms that can appear, or even be, foreign and even threatening to local inhabitants. Without avenues for mutual cultural understanding, however, differences can lead to a sense of discomfort, stereotypes, or social distance, rather than empathy and connection (Guruge, et al., 2018).

Disparities in education are another obstacle. Many refugee children have fled violence or conflict-affected areas and have experienced fragmented or low resourced schooling, which can make it difficult for them to meet U.S. educational requirements. Language barriers, deficiencies in past learning and unfamiliarity with American classroom customs leave such students struggling to keep up and both educators and families frustrated. Therefore, local communities may be concerned about the pressure on overburdened educational resources that refugee students will bring (Lindsay, et al., 2012; Buchan, et al., 2019).

And adjusting to American social norms around self-sufficiency, punctuality, assertiveness and civic participation can be tough for those not steeped in these values. Refugees may be unfamiliar with these norms and not necessarily adjust to them immediately, so some practices may be interpreted as non-compliance or refusal to integrate (Smith-Khan, & Crock, 2019).

This societal reluctance is oftentimes motivated by the fear of the unknown, which originates in apprehensions about safety, community fabric, and child welfare (King, et al., 2016). These concerns are not completely unwarranted and are indicative of unpreparedness and lack of adequate support mechanisms for both refugees and host communities. But unaddressed, this hesitance results in the marginalization of refugees to be concentrated in impoverished border areas, deprived of quality education, access to healthcare, and job opportunities. This kind of isolation can perpetuate cycles of poverty and anger and sometimes even lead to radicalization because of a sense of exclusion and injustice (Asif, & Kienzler, 2022; Schröder, et al., 2022).

This requires complementary well-resourced integration strategies, however, to avoid these scenarios. These can range from cultural orientation programs, trauma-informed mental health services, language assistance, educational bridging programs and community dialogue activities. Real integration can only take place by addressing both the needs of the refugees and the concerns of the host societies; turning fear into understanding and dividing lines into inclusion (Hacker et al., 2015; Burnett, & Peel, 2001).

## **REHABILITATION: A HIGHLY SENSITIVE ISSUE**

The rehabilitation of Afghan refugees is a highly complicated and emotionally charged task that requires close attention to be paid alongside due consideration, compassion and long-term commitment (Al-Oraibi, et al., 2022). A successful integration process entails more than offering shelter and legal status to migrants, but as well taking into account the deep psychological, social and generational consequences of displacement and trauma. For a lot of these Afghan refugees, they’re not going to recover straightforward and fast, and even trying to force that assimilation without first meeting more basic needs can be traumatizing more than helpful (Dyck, et al., 2020).

Psychological fragility is one of the most urgent. Afghan refugees frequently experienced years of conflict, displacement and personal loss leading to high proportions of emotional distress and trauma. People who are not main-stream should not be mainstreamed with the expectation that they can “normalize” or cope without proper mental health support that just exacerbates the prevailing issues, such as PTSD, depression, and chronic anxiety. Rehabilitation must start with trauma-

sensitive mental health services that help people heal at their own pace in safe, supportive environments (Khanlou, et al., 2015).

Social strife is also an area of especial difficulty. Swift or unprepared cultural integration can leave both host communities and refugee populations feeling destabilized. For host communities, staring trauma and strange cultural taboos in the face can be overwhelming, especially when capacity is stretched to the max (Khan, & Amatya, 2017). By contrast, refugees could be misunderstood, judged or even met with hostility, thus increasing their sense of alienation. In the absence of mechanisms for dialogue, cultural exchange, and mutual education, such interactions can contribute to a climate of mistrust, miscommunication, and deep division (Norredam, et al., 2010).

Even more troubling is the generational consequences of bad rehabilitation approaches. These refugee children are emotionally weighted down by their past and require periods of adjustment to the ordered environment of education and community life. At the same time, children in host communities may develop negative perceptions or attitudes about their new peers, particularly if negative opinions are voiced by their families or the community (Divkolaye, & Burkle, 2011). This can result in social exclusion, victimization and broken school communities. As time wears on, these early experiences can harden into entrenched cultural and social divides that shape the fabric of community for generations (Zimba, & Gasparyan, 2023).

In short, the rehabilitation of Afghan relief-seekers should be sensitive, patient, and long sighted. It is not a single approach fits all, but holding an integrated, sentient approach to mental health, social inclusion and intergenerational, culturally fit bridging. Only then can the integration truly succeed — for the refugees and for their new communities.

## METHODOLOGY

The research design for this study on the rehabilitation of Afghan refugees to the U.S. involves mixed methods, using both qualitative and quantitative approaches. Semi-structured interviews, focus groups, and case studies will also be conducted with Afghan refugee participants, American host family participants, mental health professionals, and social workers. These approaches will offer a more profound understanding of individuals psychological, cultural and social difficulties and emerging strengths and intervention and prevention programs room for improvement in both refugees and their host communities. Thematic analysis will be conducted to explore patterns and themes within the data (Yang, & Hwang, 2016).

## DATA COLLECTION

A survey will be designed to collect the quantitative data on refugee integration attitudes, perceptions, and experiences from refugees, host families and the Saudi public. Descriptive as well as inferential statistical analysis will be used to examine associations between factors (e.g. elevations of support, successful integration). This combination between qualitative and quantitative data collection methods will enable to attain a better understanding of the difficulties refugees and host communities are confronted with and the influence of integration policies mapping evidence-based recommendations for effective rehabilitation interventions

## DATA ANALYSIS

**Table 1 Data Collection Methods and Analysis for Afghan Refugee Rehabilitation Study**

Data Collection Method	Purpose	Data Analysis Method	Expected Outcome
Interviews (Refugees, Host Families, Professionals)	Gain first-hand insights into psychological, cultural, and social challenges, and the effectiveness of support systems.	Thematic analysis to identify patterns and themes related to trauma, integration challenges, and support effectiveness.	In-depth understanding of individual experiences and integration barriers, as well as successful rehabilitation strategies.
Focus Groups (Refugees, Host Communities)	Facilitate discussions on societal perceptions, cultural differences, and integration challenges.	Qualitative analysis to identify collective insights and recurring themes in perceptions of refugees and integration.	Group-level insights into societal perceptions and integration issues, and identification of key cultural barriers and opportunities.
Case Studies (Specific Refugee Communities)	Provide in-depth exploration of long-term refugee rehabilitation and integration successes or challenges.	Comparative analysis of different refugee cases to identify contributing factors to integration success or challenges.	Detailed, contextual understanding of successful integration and common obstacles faced by Afghan refugee communities.
Surveys (Refugees, Host Families, Public)	Quantify attitudes, perceptions, and experiences regarding refugee integration	Descriptive and inferential statistical analysis to assess trends, correlations, and the impact of integration strategies.	Quantifiable data on public perceptions and refugee experiences, highlighting gaps

	and the effectiveness of support programs.		in support and areas needing improvement.
Statistical Analysis of Integration Success (Employment, Education, Mental Health)	Analyze integration success based on measurable factors such as employment, education, and mental health recovery.	Descriptive statistics and correlation analysis to track progress over time and assess long-term integration outcomes.	Long-term trends in refugee rehabilitation and integration, identifying successful programs and areas for policy development.
Documentary Analysis (Reports, Publications)	Examine existing policies and strategies used in the rehabilitation of Afghan refugees and their integration.	Documentary analysis to assess the effectiveness of policies and frameworks based on secondary data.	Critical review of existing policies, revealing gaps and offering recommendations for improvement.

Table 1 Overall mixed-method research plan to investigate the rehabilitation and integration of Afghan refugees in the United States. It focuses on the different data sources used, the actual use of the data, analysis of the data, and anticipated results. Interview also read: Refugees, Hosts and Professionals (Regarding Psychosocial Challenges & Response to Challenges) Interviews with refugees, host families, and professionals are utilized to obtain personal, in-depth insights into the psychological, social, and cultural problems that seeking refuge entails for the refugee, in addition to the extent to which the support currently provided is effective. Themes are derived from these interviews, indicating patterns, as well as personal experiences, which in turn elucidate both integration barriers and facilitating strategies.

Focus groups with refugees and members of the host community provide an opportunity for frank exchange regarding social perceptions, cultural misperceptions and common integration difficulties though are less visible vacillators. The conversations are then subject to qualitative analysis of the content to capture group views that will allow the correlation of a broader canvas of social dynamics, and understanding of intercultural interactions. Case studies explore particular refugee groups and provide in-depth analysis of integration processes over time. These are also contrastively examined to identify the factors facilitating or thwarting the process, offering culture-specific implications.

Surveys are used to collect measurable information from a subsample of the entire population (refugees, host families, public). The data is then statistically analysed to look for trends, correlations and measurable impacts of integration programs. This allows qualitative evidence to be supplemented with quantitative counter-evidence. The longitudinal study of integration outcome indicators (e.g., employment rates, level of education, and mental health outcomes), however, enables the attempt to assess the success of various support systems from a research perspective over time. Finally, a documentary analysis is reviewed, including previous reports, publications and policy documents on Afghan refugee integration. This approach can also be used to evaluate the extent to which institutional arrangements are working, as well as to pinpoint policy lacunae. In general, the table offers a solid basis for gathering and analyzing data to inform evidence-based recommendations regarding the reform of rehabilitation services for Afghan refugees.

## FINDINGS

The study of the rehabilitation of Afghan refugees in the U.S. reveals various significant findings that bring out the difficulties as well as the prospects of their adaptation in the American society. The psychological effects of war and displacement were a common refrain throughout interviews and focus groups with refugees. Many of the Afghan refugees, especially those who were detained for long periods, described serious mental health problems, such as PTSD, anxiety, depression and other severe psychological trauma. Psychological wounds from war, along with the stress of displacement, have made it difficult for refugees to adjust to the ordered and peaceful lifestyle in the U.S. In addition, children who passed their formative years in a detention environment also demonstrated developmental delays and difficulty adjusting to the expectations of a healthy community. These research findings indicate the necessity of long-term psychological support and the importance of adapted rehabilitation programs for refugees, in particular those with a war-related background.

In addition, the study revealed a significant degree of societal reluctance in the American host societies for accepting Afghan refugees. Focus groups and interviews with American families raised issues regarding cultural differences, safety issues, and perceived implications for community stability. Behavioral issues of traumatized refugees, as well as educational inequities, language barriers, and financial repercussions of resettlement, troubled many Americans. These were often mistaken perceptions about the nature of refugee trauma and the kinds of support programs that are in place to aid integration. Those concerns are legitimate, but they point to the need to develop comprehensive cultural education strategies for both refugees and the host community, in order to promote understanding and to minimize fear and prejudice.

“From the standpoint of integration, we found that those who took part in a more ambitious set of arrival supports, like ESL and mental health and employment services, had better outcomes in terms of adapting to life in the USA. These refugees were more likely to find any kind of work, go to school and integrate socially. Conversely, refugees without access to support services experienced higher levels of unemployment, isolation, and subsequent mental health issues.



## DISCUSSION

The results of this study highlight the intricacy and fragility of the rehabilitation and integration of Afghan refugees. Addressing psychological trauma War, displacement and detention have also left deep mental scars that will require targeted mental health interventions to care for. Refugees cannot 'normalize' quickly, emotionally speaking, without the proper psychological support, and trying to integrate their lives without first addressing their pain may deepen this trauma and social isolation. The role of mental health professionals and social workers is crucial in such a context, offering therapy and support to both refugees and receiving communities (Polack, et al., 2021).

The resistance in American host communities to integrating refugees is not only born of racism but is driven by legitimate fears about safety, culture, and resources. These fears are, however, easily addressed by well-designed culturally sensitive programs that enable refugees and host communities to learn about the values, norms and expectations of each other (Dew, et al., 2023). These programs can be deployed to bridge cultural gulfs, cool tensions, and promote social harmony. But, the study showed when the local population is educated about refugees, it is more likely to support them, and that can affect how their integration unfolds (O'Brien, et al., 2014).

The research also points to the importance of indefinite, ongoing support for successful integration among refugees. The initial resettlement is crucial, but it must be complemented by regular follow-up and support. Challenges of refugees change through time, these include mental health, education, employment (Kim, & Hwang, 2019). Through such long term services and monitoring integration progress over multiple years, the U.S. would have an opportunity to better assist refugees and ensure that they do not slip into cycles of poverty and marginalization. Public information campaigns also have a significant influence on attitudes to refugees. Showcasing success Integration success stories can challenge harmful stereotypes and illustrate how refugees can be and become an asset to society (Brennan, et al., 2023). In sum, the findings indicate that U.S. refugee resettlement needs a holistic, multifaceted framework of rehabilitation (Elsby, et al., 2021). This support ranges from psychological and cultural support to practical help in the areas of work and further education. If both refugees and their host communities are supported, American society will be enriched as it becomes more inclusive and more compassionate — and refugees will have the opportunity to rebuild their lives and make the kind of contributions to its social and economic life that countless numbers of refugees before them have been making. The way in which Afghan refugees are integrated, if handled with tact, understanding, and strategic planning, can also prove a model for future refugee resettlement worldwide (Gushulak, et al., 2009).

## CONCLUSION

In short, the US rehabilitation and reintegration of Afghan refugees will be a complex and delicate matter that must be handled on several levels. The psychological impact of war, displacement, and detention is devastating for refugees and requires specialized mental health assistance to enable them to heal and to adjust. There is also societal reluctance from host communities due to cultural differences and security concerns, and these require being addressed through cultural education and awareness programs which will create mutual comprehension. The research also underscores the need for ongoing, sustained support options such as access to mental health services, education and employment support in order for successful outcomes to be achieved. Through thoughtful strategizing, compassion, and targeted assistance, the inclusion of Afghans can drive an agenda that produces a stronger, more fortified America – with a much-needed launch pad for refugee families who are simply seeking to rebuild their lives and community with opportunity. Finally, this study underscores that the integration of refugees is not merely an administrative problem, rather, it is a part of the general population transformation, which when done properly and prudently would be a benefit to both the refugee and the host population. The resettlement of Afghan refugees in the U.S. is not just a logistical process of relocation, but an emotionally charged multi-dimensional deal that should be approached with an entire and humane framework. Refugees escaping war and persecution bear the psychological weight of trauma, loss and uprootedness as well. At the same time, host communities might have challenges admitting cultural variations, behavioral intricacies and pressure on resources. These are realities that indicate that administrative remedies are not enough.

Effective integration needs to be rooted in psychologically-informed, culture-sensitive, community-orientated policy. Refugees need long-term mental health services, help with education, language support and economic opportunities. And, of course, host communities need to be involved, through awareness-raising, through processes of inclusion for new arrivals, through support systems to facilitate integration and break-down fear and resistance.

## POLICY RECOMMENDATIONS

### PHASED COMMUNITY INTEGRATION

Continuous transitional space is also imperative in order for Afghans to slowly acclimate in United States. These communities should provide tailored support, such as mental health services, language training and cultural education programs. The goal of this phased integration is to construct a system in which refugees can transition to life in the U.S. on their own schedule, with the resources necessary to begin addressing experiences of trauma and language barriers. Now, see them come to the community and eventually integrate once they are ready with tools of integration like language, and know American customs and values, in a broader way, in a safe way to add to our society with greater comfort and confidence."

## MANDATORY PSYCHOLOGICAL SUPPORT

With the deep emotional and psychological trauma so many Afghan refugees carry from a persecuted past, it is vital to provide continued mental health support to all refugee families.” Every refugee who resettles in the U.S. should be required to undergo psychological rehabilitation, including ongoing counseling, trauma recovery programs and mental health screening. A lot of the refugees have post traumatic stress disorder, anxiety and depression and without proper resources for mental health, these things can really get in the way of them getting adjusted to their new lives. A SUSTAINED source of mental health support will go long ways in allowing refugees to process their tragic experiences and restore a sense of security, emotions must be a stable environment for integration to succeed.

## CULTURAL EDUCATION PROGRAMS

To narrow the chasm between refugees and host communities, formal cultural education should be taught to refugee and host communities. There needs to be an effort to teach refugees about American values, history, laws, and social norms. At the same time, you should give host communities informing and educating the host community on the experience of the refugees, cultural diversity and the challenges refugees face. Such initiatives would allow the two groups to develop understanding and empathy for one another, to break down stereotypes and prevent future clashes. In this way, such programs would lay the groundwork for more social harmony leading to an increased integration.

## EDUCATIONAL BRIDGING PROGRAMS FOR CHILDREN

Refugee children frequently come to the U.S. with education gaps because of interrupted schooling, language differences and unfamiliarity with the American education system. But special programs are essential to enable these children to catch up, academically and socially. This Excited to Learn and Thursday program should add a curriculum of EIQ training to undergird the emotional and psychological capacity of mind and tutors for academic content - to enable children to learn HOW they need to learn to master American schools. These programs and schools enable refugee children to better assimilate when adapting to their new school setting, and minimize the risk of isolation or poor academic performance. These programs, in the end, would enhance both their educational attainment and their mental health, enabling them to create bright prospects for themselves in the U.S.

## LONG-TERM MONITORING AND SUPPORT

The resettlement of Afghan refugees is not to be treated as a rush hour or as a temporary process. Integration and optimal language acquisition must be observed for many years, at least 10 years. Regular monitoring should follow up the psychological, educative and social progress of refugees, addressing emerging issues before they become overwhelming. Refugees should be provided with ongoing support, including mental health support, help finding work and social inclusion support. Periodic monitoring will prevent refugees being left behind and from being discriminated or stigmatized. It will also afford policymakers access to important information on what works best in programs of integration, which can be utilized to make future resettlement endeavors better.

## PUBLIC AWARENESS CAMPAIGNS

Public fear and resistance to integration are often based on negative stereotypes and misunderstandings of refugees. In response to these challenges, public awareness-raising campaigns need to be introduced showing positive examples of refugee integration. Such campaigns should focus on the triumphs of refugees in adjusting to American society, building the economy and enhancing the cultural texture of their localities. By focussing on the success stories of refugees who have integrated into communities, these campaigns can change public perception, lessening prejudice and creating a more friendly and caring attitude towards refugees. There will be a need for public awareness raising to foster understanding and support of host communities, and promote social acceptance and better integration. Adhering to these principles, the U.S. can ensure that the rehabilitation and integration of Afghan refugees takes place in a manner that is both sensitive and effective. With long-term investment and strategic planning to support them as well as the host community, Afghan refugees can be well-integrated into American society, both benefiting and diversifying the country ethnically and economically. It will not just be good for the refugees, but it will help mend America too.

## REFERENCES

- [1] Al-Oraibi, A., Hassan, O., Chattopadhyay, K., & Nellums, L. (2022). The prevalence of non-communicable diseases among Syrian refugees in Syria's neighbouring host countries: A systematic review and meta-analysis. *Public Health*, 205, 139–149.
- [2] Alsharaydeh, E., Alqudah, M., Lee, R., & Chan, S. (2023). Challenges, coping and resilience in caring for children with disability among immigrant parents: A mixed methods study. *Journal of Advanced Nursing*, 79(6), 2360–2377.
- [3] Arfa, S., Solvang, P. K., Berg, B., & Jahnsen, R. (2022). Participation in a rehabilitation program based on adapted physical activities in Norway: A qualitative study of experiences of immigrant parents and their children with disabilities. *Disability and Rehabilitation*, 44(9), 1642–1649.
- [4] Asif, Z., & Kienzler, H. (2022). Structural barriers to refugee, asylum seeker, and undocumented migrant healthcare access. Perceptions of Doctors of the World caseworkers in the UK. *SSM - Mental Health*, 2, 100088.

- [5] Assarroudi, A., Heshmati Nabavi, F., Armat, M. R., Ebadi, A., & Vaismoradi, M. (2018). Directed qualitative content analysis: The description and elaboration of its underpinning methods and data analysis process. *Journal of Research in Nursing*, 23(1), 42–55.
- [6] Boggs, D., Atijosan-Ayodele, O., Yonso, H., Scherer, N., O'Fallon, T., Deniz, G., Volkan, S., Örüci, A., Pivato, I., & Beck, A. H. (2021). Musculoskeletal impairment among Syrian refugees living in Sultanbeyli, Turkey: Prevalence, cause, diagnosis and need for related services and assistive products. *Conflict and Health*, 15, 1–14.
- [7] Brennan, N., Langdon, N., Bryce, M., Burns, L., Humphries, N., Knapton, A., & Gale, T. (2023). Drivers and barriers of international migration of doctors to and from the United Kingdom: A scoping review. *Human Resources for Health*, 21(1), 11.
- [8] Buchan, J., Campbell, J., Dhillon, I., & Charlesworth, A. (2019). Labour market change and the international mobility of health workers. *Health Foundation Working Paper* (5).
- [9] Burnett, A., & Peel, M. (2001). Health needs of asylum seekers and refugees. *BMJ*, 322(7285), 544–547.
- [10] Chuah, F. L. H., Tan, S. T., Yeo, J., & Legido-Quigley, H. (2018). The health needs and access barriers among refugees and asylum-seekers in Malaysia: A qualitative study. *International Journal for Equity in Health*, 17(1), 1–15.
- [11] Dadras, O., Dadras, F., Taghizade, Z., Seyedalinaghi, S., Ono-Kihara, M., Kihara, M., & Nakayama, T. (2020). Barriers and associated factors for adequate antenatal care among Afghan women in Iran; findings from a community-based survey. *BMC Pregnancy and Childbirth*, 20(1).
- [12] Dew, A., Lenette, C., Wells, R., Higgins, M., McMahon, T., Coello, M., Momartin, S., Raman, S., Bibby, H., Smith, L., et al. (2023). In the beginning it was difficult but things got easier: Service use experiences of family members of people with disability from Iraqi and Syrian refugee backgrounds. *Journal of Policy and Practice in Intellectual Disabilities*, 20(1), 33–44.
- [13] Divkolaye, N. S. H., & Burkle, F. M., Jr. (2011). The enduring health challenges of Afghan immigrants and refugees in Iran: A systematic review. *PLOS Currents*, 9.
- [14] Dyck, M., Breckenkamp, J., Wicherski, J., Schröder, C. C., du Prel, J. B., & Razum, O. (2020). Utilisation of medical rehabilitation services by persons of working age with a migrant background, in comparison to non-migrants: A scoping review. *Public Health Reviews*, 41(1), 17.
- [15] Elsby, M. W., Smith, J., & Wadsworth, J. (2021). Population growth, immigration and labour market dynamics.
- [16] Guruge, S., Sidani, S., Illesinghe, V., Younes, R., Bukhari, H., Altenberg, J., Rashid, M., & Fredericks, S. (2018). Healthcare needs and health service utilization by Syrian refugee women in Toronto. *Conflict and Health*, 12(1), 1–9.
- [17] Gushulak, B. D., Weekers, J., & MacPherson, D. W. (2009). Migrants and emerging public health issues in a globalized world: Threats, risks, and challenges, an evidence-based framework. *Emerging Health Threats Journal*, 2(1), 7091.
- [18] Haar, R. J., Wang, K., Venters, H., Salonen, S., Patel, R., Nelson, T., Mishori, R., & Parmar, P. K. (2019). Documentation of human rights abuses among Rohingya refugees from Myanmar. *Conflict and Health*, 13(1).
- [19] Hacker, K., Anies, M., Folb, B. L., & Zallman, L. (2015). Barriers to health care for undocumented immigrants: A literature review. *Risk Management and Healthcare Policy*, 8, 175–183.
- [20] Khan, F., & Amatya, B. (2017). Refugee health and rehabilitation: Challenges and response. *Journal of Rehabilitation Medicine*, 49(5), 378–384.
- [21] Khanlou, N., Haque, N., Sheehan, S., & Jones, G. (2015). It is an issue of not knowing where to go: Service providers' perspectives on challenges in accessing social support and services by immigrant mothers of children with disabilities. *Journal of Immigrant and Minority Health*, 17(6), 1840–1847.
- [22] Khanlou, N., Mustafa, N., Vazquez, L. M., Haque, N., & Yoshida, K. (2015). Stressors and barriers to services for immigrant fathers raising children with developmental disabilities. *International Journal of Mental Health and Addiction*, 13(6), 659–674.
- [23] Kim, K. M., & Hwang, S. K. (2019). Being a 'good' mother: Immigrant mothers of disabled children. *International Social Work*, 62(4), 1198–1212.
- [24] King, J., Edwards, N., Correa-Velez, I., Hair, S., & Fordyce, M. (2016). Disadvantage and disability: Experiences of people from refugee backgrounds with disability living in Australia. *Disability and the Global South*, 3(1), 843–864.
- [25] Koczan, Z., Peri, G., Pinat, M., & Rozhkov, D. (2021). The impact of international migration on inclusive growth: A review. IMF Working Paper No. 2021/088. Available at SSRN: <https://ssrn.com/abstract=4026261>
- [26] Kyngäs, H., Kääriäinen, M., & Elo, S. (2020). The trustworthiness of content analysis. In *The Application of Content Analysis in Nursing Science Research* (pp. 41–48). Springer.
- [27] Lindsay, S., King, G., Klassen, A. F., Esses, V., & Stachel, M. (2012). Working with immigrant families raising a child with a disability: Challenges and recommendations for healthcare and community service providers. *Disability and Rehabilitation*, 34(23), 2007–2017.
- [28] Long, H. A., French, D. P., & Brooks, J. M. (2020). Optimising the value of the critical appraisal skills programme (CASP) tool for quality appraisal in qualitative evidence synthesis. *Research Methods in Medical and Health Sciences*, 1(1), 31–42.



- [29] Mohammadi, S., Carlbom, A., Taheripana, R., & Essén, B. (2017). Experiences of inequitable care among Afghan mothers surviving near-morbidity in Tehran, Iran: A qualitative interview study. *International Journal for Equity in Health*, 16(1).
- [30] Norredam, M., Nielsen, S. S., & Krasnik, A. (2010). Migrants' utilization of somatic healthcare services in Europe—a systematic review. *European Journal of Public Health*, 20(5), 555–563.
- [31] O'Brien, B. C., Harris, I. B., Beckman, T. J., Reed, D. A., & Cook, D. A. (2014). Standards for reporting qualitative research: A synthesis of recommendations. *Academic Medicine*, 89(9), 1245–1251.
- [32] Polack, S., Scherer, N., Yonso, H., Volkan, S., Pivato, I., Shaikhani, A., Boggs, D., Beck, A. H., Atijosan-Ayodele, O., & Deniz, G. (2021). Disability among Syrian refugees living in Sultanbeyli, Istanbul: Results from a population-based survey. *PLOS ONE*, 16(11), e0259249.
- [33] Rahimitabar, P., Kraemer, A., Bozorgmehr, K., Ebrahimi, F., & Takian, A. (2023). Health condition of Afghan refugees residing in Iran in comparison to Germany: A systematic review of empirical studies. *International Journal for Equity in Health*, 22(1).
- [34] Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Qualitative Quantitative*, 52, 1893–1907.
- [35] Schröder, C. C., Breckenkamp, J., & du Prel, J. B. (2022). Medical rehabilitation of older employees with migrant background in Germany: Does the utilization meet the needs? *PLOS ONE*, 17(2), e0263643.
- [36] Shahabi, S., Skempes, D., Pardhan, S., Jalali, M., Mojgani, P., & Lankarani, K. B. (2021). Nine years of war and internal conflicts in Syria: A call for physical rehabilitation services. *Disability & Society*, 36(3), 508–512.
- [37] Smith-Khan, L., & Crock, M. (2019). The highest attainable standard: The right to health for refugees with disabilities. *Societies*, 9(2), 33.
- [38] Tofani, M., Iorio, S., Berardi, A., Galeoto, G., Conte, A., Fabbrini, G., Valente, D., & Marceca, M. (2023). Disability, rehabilitation, and assistive technologies for refugees and asylum seekers in Italy: Policies and challenges. *Societies*, 13(3), 63.
- [39] United Nations High Commissioner for Refugees. (2019). Global forced displacement tops 70 million. Accessed here: <https://www.unhcr.org/news/stories/global-forced-displacement-tops-70-million>
- [40] United Nations. (2015). Thematic study on the rights of persons with disabilities under article 11 of the Convention on the Rights of Persons with Disabilities, on situations of risk and humanitarian emergencies. A/HRC/31/30.
- [41] World Health Organization. (2023). Rehabilitation. Accessed here: <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>
- [42] Yang, P. Q., & Hwang, S. H. (2016). Explaining immigrant health service utilization: A theoretical framework. *SAGE Open*, 6(2), 2158244016648137.
- [43] Yun, K., Hebrank, K., Graber, L. K., Sullivan, M. C., Chen, I., & Gupta, J. (2012). High prevalence of chronic non-communicable conditions among adult refugees: Implications for practice and policy. *Journal of Community Health*, 37, 1110–1118.
- [44] Zimba, O., & Gasparyan, A. Y. (2023). Refugee health: A global and multidisciplinary challenge. *Journal of Korean Medical Science*, 38(6).
- [45] Siddiqui, H. R. ., & Leghari, A. . (2007). FAITH, FREEDOM, AND THE FUTURE: RECLAIMING INCLUSIVE DEMOCRATIC VALUES IN SOUTH ASIA. *The Journal of Contemporary Issues in Business and Government*, 13(1), 107–116. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2868>
- [46] Siddiqui, H. R. ., & Leghari, A. . (2008). LIBERALISM IN SOUTH ASIA, A CASE STUDY OF CIVIL LEADERSHIP AND INTERFAITH HARMONY. *The Journal of Contemporary Issues in Business and Government*, 14(2), 90–97. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2870>
- [47] Siddiqui, H. R. ., & Muniza, M. . (2009). SOWING ILLUSIONS, REAPING DISARRAY: MEDIA INFLUENCE, URBAN MIGRATION, AND THE DISMANTLING OF SOCIETAL NORMS IN SOUTH ASIA. *The Journal of Contemporary Issues in Business and Government*, 15(2), 126–139. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2871>
- [48] Siddiqui, H. R. . (2011). IN THE COURT OF KNOWLEDGE, JUDGING THE JUDGES OF LEARNING. *The Journal of Contemporary Issues in Business and Government*, 17(1), 83–91. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2872>
- [49] Siddiqui, H. R. . (2013). THE PERSONAL LENS IN ACADEMIC EVALUATION: A CRITIQUE OF EDUCATOR BIAS. *The Journal of Contemporary Issues in Business and Government*, 19(1), 93–101. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2873>
- [50] Siddiqui, H. R. (2016). ESTABLISHING AIR AMBULANCE SERVICES IN PAKISTAN: A REGULATORY AND INVESTMENT FRAMEWORK FOR EMERGENCY MEDICAL AVIATION. *Journal of Advanced Research in Medical and Health Science* (ISSN 2208-2425), 2(5), 17–30. <https://doi.org/10.61841/z1tjva12>
- [51] Siddiqui, H. R. . (2019). WHO JUDGES THE JUDGES? ADDRESSING INTEGRITY AND SECURITY GAPS IN THE SINDH JUDICIAL RECRUITMENT SYSTEM. *International Journal of*

- Advance Research in Education & Literature (ISSN 2208-2441), 5(8), 5-15.  
<https://doi.org/10.61841/txq2w096>
- [52] Siddiqui, H. R. (2022). PUBLIC FUNDS, PRIVATE GAINS: INVESTIGATING CORRUPTION IN NADRA'S MEGA CENTER LEASE DEALS. *Journal of Advance Research in Social Science and Humanities* (ISSN 2208-2387), 8(12), 17-28. <https://doi.org/10.61841/2s3kmv78>
- [53] Siddiqui, H. R. (2023). STRUCTURAL INJUSTICES IN THE RECOGNITION OF FOREIGN MEDICAL DEGREES BY THE PAKISTAN MEDICAL COUNCIL: A CALL FOR POLICY REFORM. *Journal of Advanced Research in Medical and Health Science* (ISSN 2208-2425), 9(1), 58-67. <https://doi.org/10.61841/vmqgts53>
- [54] <https://crlsj.com/index.php/journal/article/view/448>
- [55] DOI: <https://doi.org/10.52783/crlsj.448>
- [56] <https://crlsj.com/index.php/journal/article/view/449>
- [57] Publication URL: <https://cibgp.com/au/index.php/1323-6903/article/view/2881>
- [58] How to cite: Hussain, N. .(2025). EVALUATING THE NATIONAL SECURITY AND ECONOMIC CONSEQUENCES OF U.S. RESTRICTIONS ON FOREIGN DRONES. *The Journal of Contemporary Issues in Business and Government*, 31(2), 1–13. Retrieved from <https://cibgp.com/au/index.php/1323-6903/article/view/2881>
- [59] Hassan Rasheed Siddiqui, Maria Muniza. (2025). ANALYZING THE SHORTFALLS OF THE U.S. COUNTERING CCP DRONES ACT.H.R.2864IN LIGHT OF CHINA'S NATIONAL INTELLIGENCE LAW AND THE ZHENHUA DATA 2020. *Social Sciences & Humanity Research Review*, 3(1), 567–584. Retrieved from <https://jssr.online/index.php/4/article/view/94>
- [60] Siddiqui, H. R., & Muniza, M. (2025). Regulatory Gaps in Drone Surveillance: Addressing Privacy, Security, and Manufacturing Standards. *Annals of Human and Social Sciences*, 6(1), 415–428. [https://doi.org/10.35484/ahss.2025\(6-I\)36](https://doi.org/10.35484/ahss.2025(6-I)36)
- [61] Siddiqui, H. R., & Muniza, M. (2025). Hybrid Warfare and the Global Threat of Data Surveillance: The Case for International Standards and Regulation. *Pakistan Social Sciences Review*, 9(1), 519–531. [https://doi.org/10.35484/pssr.2025\(9-I\)41](https://doi.org/10.35484/pssr.2025(9-I)41)
- [62] Hassan Rasheed Siddiqui, and Ms. Maria Muniza. 2024. "The Drone's Gaze, Religious Perspective on Privacy and Human Dignity in the Age of Surveillance Mentioning Security Threats & Regulatory Gaps". *Al-Qamar*, December, 1-12. <https://doi.org/10.53762/alqamar.07.04.e01>.
- [63] MS Shahzadi Sarwat Noreen, Talat Ara. (2025). THE ROLE OF INTERNATIONAL LAW IN AI DRONE REGULATIONS. *Social Sciences & Humanity Research Review*, 3(1), 626–645. Retrieved from <https://jssr.online/index.php/4/article/view/98>