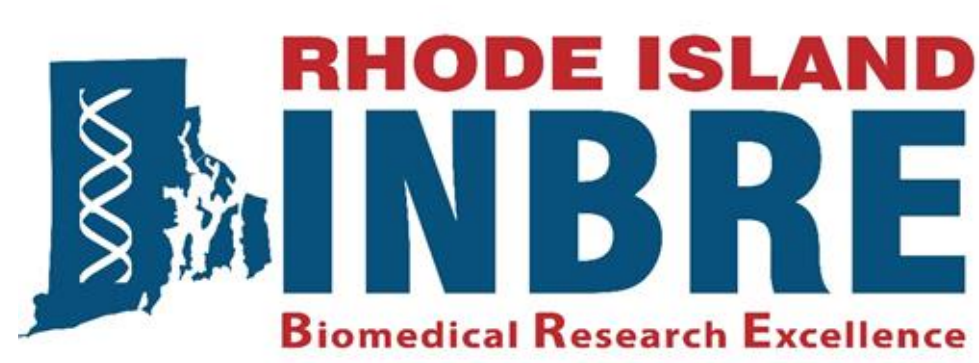


Psychological and Medical Distress: Elucidating the Clinical Consequences of Trauma in Adult Refugees



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INTRODUCTION

The goal of this study is to emphasize the impact of psychological distress on medical outcomes in adult refugees who experienced trauma.

- A refugee is a person who has been forced to flee their home country due to war, persecution, or violence (UNHR), looking to resettle for their safety in another country.
- In Rhode Island, Dorcas International (DIIRI) is one of two major non-profits providing social services to immigrants and refugees alike.
- Refugees deal with traumatic events pre, during, and post resettlement forcing them to leave their home country. The trauma and adversity of each stage can manifest into psychological distress.
- Psychological distress is linked to frequency in somatic concerns such as inflammatory and cardiovascular disease (Polcher et al., 2016).
- Afghan refugees face greater challenges in receiving care due to misunderstood faith-based health practices (Ahmad et al., 2025).

Methods and Materials

Measures

Dependent variable is mental distress measured through the total score of the Refugee Health Screener.

- Refugee Health Screener (RHS-15)** a 15-item instrument that measures mental distress using a five-item Likert-style scale (0=not at all; 4=extremely)

Independent variable is somatic distress determined through qualitative clinical notes (0=No; 1=Yes)

Data Collection

- All data was collected from an administrative dataset that included RHS-15 data, somatic distress data, and demographic data.
- Data was collected at a nonprofit organization, Dorcas International, between June- July 2025
- Our sample size, n = 330, includes refugees from Africa (25.76%), Latin America (21.28%), and Middle East (50.30%). 20 total countries counted.
- Mean age of participants is $M=35.99$ ($SD=12.67$).
- Refugees in the sample arrived in the U.S. between May 2021- November 2024.

Data Analysis

- Univariate statistics (frequencies, means, and standard deviations)
- Bivariate analyses (t-tests)
- Thematic review of qualitative data

Results

Figure 1. Sample Population by Sex

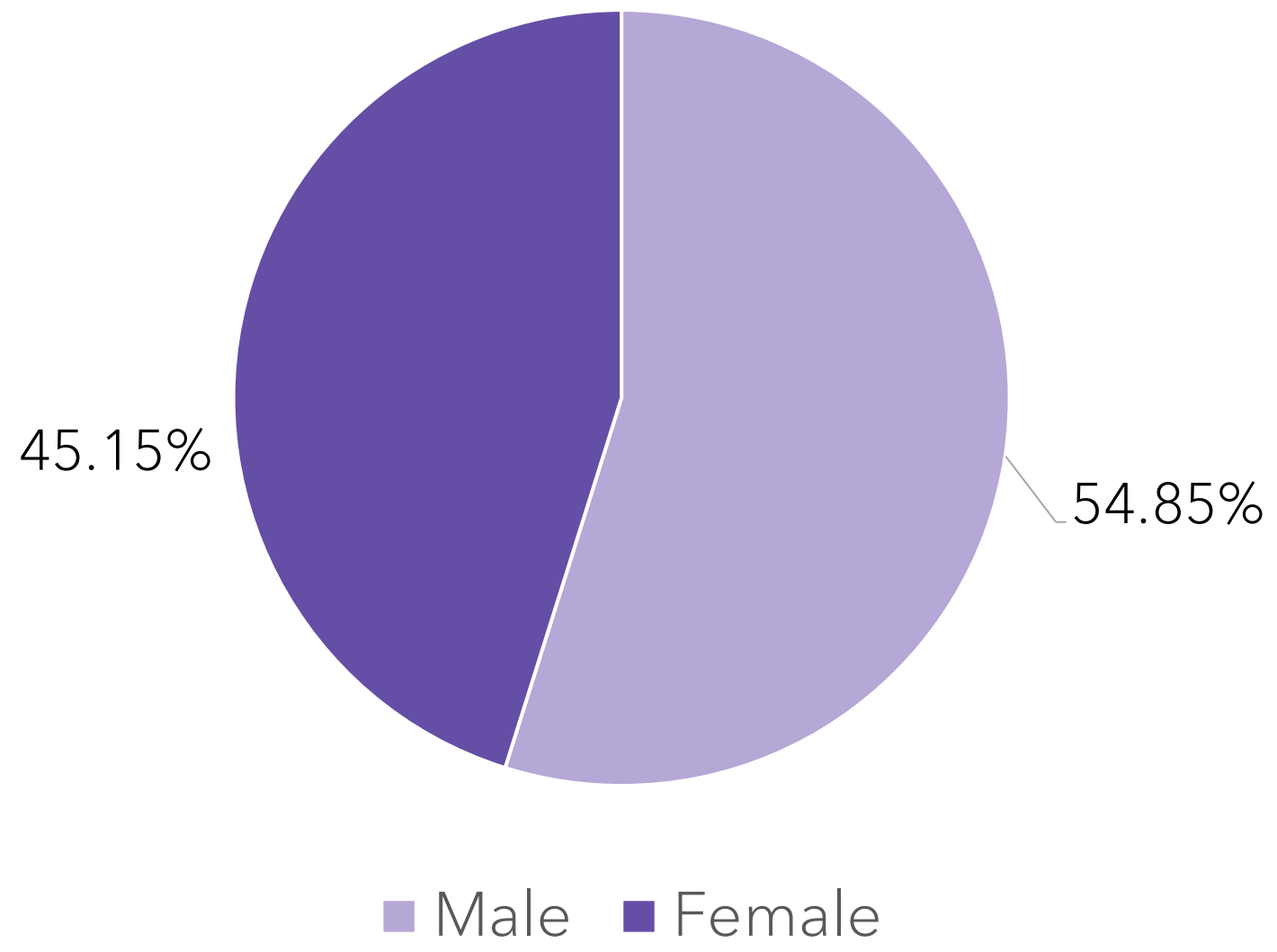


Figure 2. Medical Distress Reports in Adult Refugees

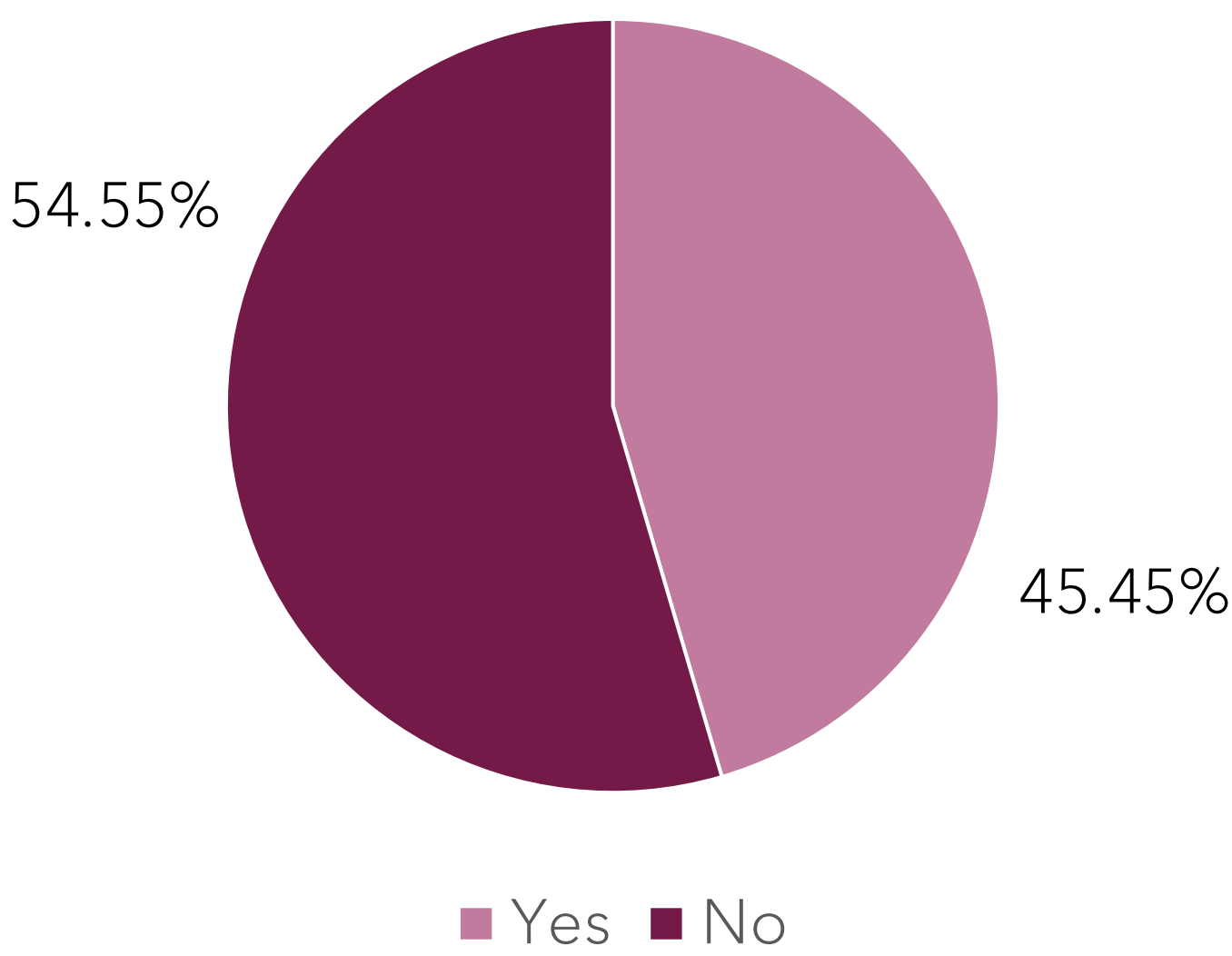


Figure 3. Sample Population by Region

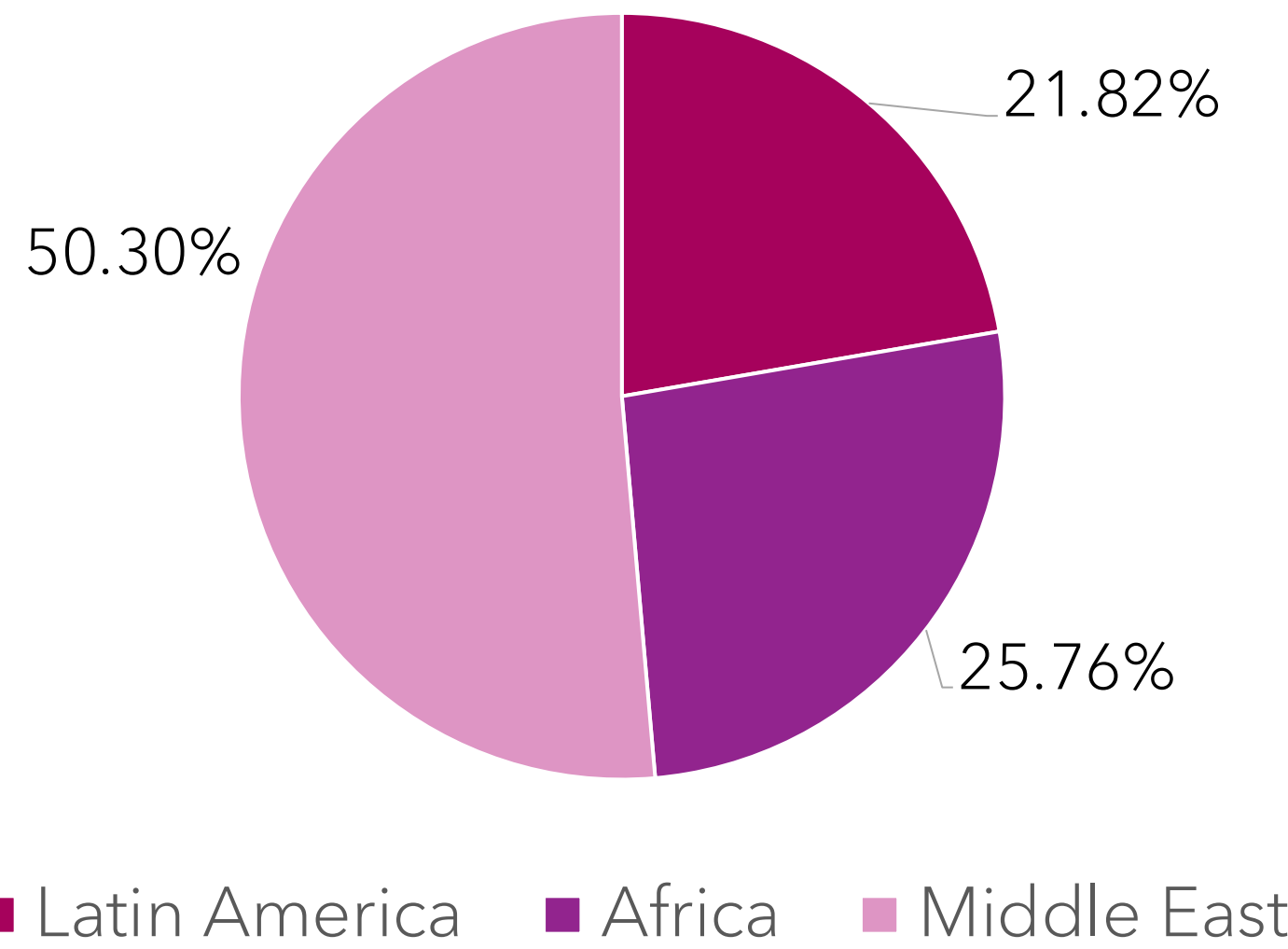


Figure 4. RHS-15 Scores in Relation to Medical Distress

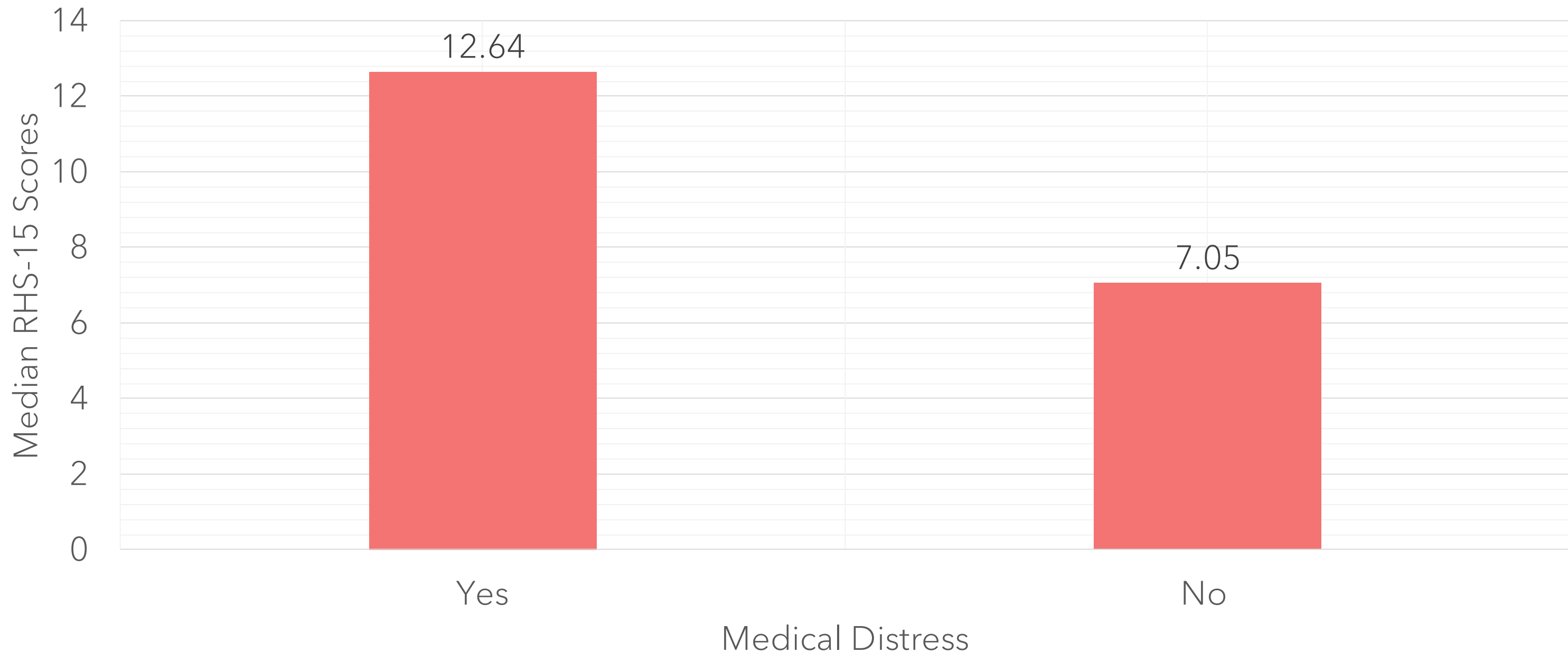
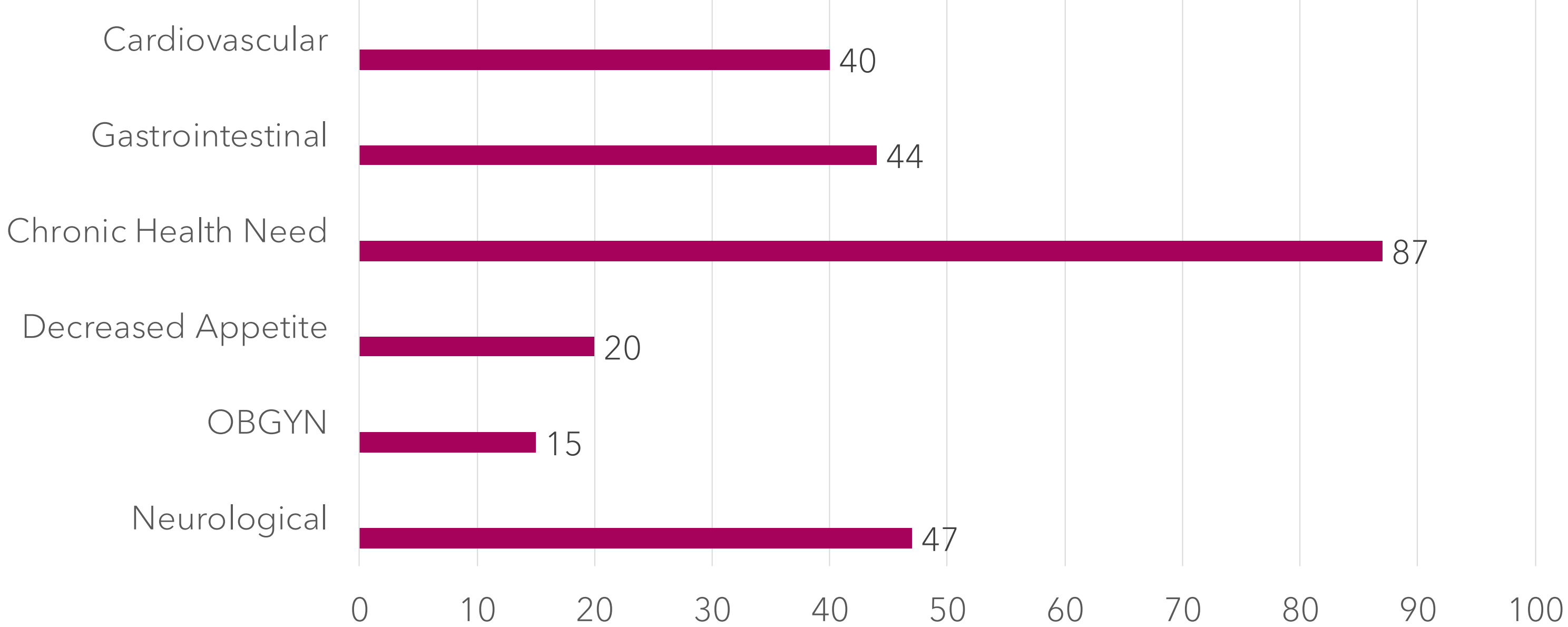


Figure 5. Reported Medical Symptoms in Adult Refugees



Results Continued

Table 1. Bivariate Results for Mental Distress (n=330)

	Total RHS-15 Score M (SD)	Mental Distress n (%)	No Mental Distress n (%)
Sex**			
Male	8.05 (8.10)	37 (20.67%)	142 (79.33%)
Female	11.47 (10.70)	52 (35.14%)	96 (64.86%)
Somatic Distress***			
Yes	12.64 (9.67)	58 (38.93%)	31 (17.42%)
No	7.05 (8.60)	91 (61.07%)	147 (82.58%)
Country of Origin			
Africa***	5.58 (5.53)		
Other	10.97 (10.20)		
Latin America	11.64 (12.13)		
Other	9.02 (8.57)		
Middle East**	10.73 (9.36)		
Other	8.45 (9.55)		
Afghanistan*	11.43 (9.78)		
Other	9.04 (9.37)		

Notes: * = p < .05; ** = p < .01; *** = p < .001

Conclusions

Conclusion: The U.S. has been a global leader in refugee resettlement efforts. In Rhode Island, Dorcas International (DIIRI) plays an essential role facilitating refugee integration. Preliminary health screenings are done with the support of DIIRI including RHS-15 testing. Our results indicate that somatic distress is associated with mental distress, which may present heightened risk for refugees as they navigate resettlement. Furthermore, our findings reveal a noteworthy difference in mental distress for Afghan refugees, who report significantly higher rates of mental distress, compared to refugees from other countries.

Future Work: Our findings emphasize a critical need for clinical intervention for the refugee populations in the U.S. Sharing the RHS-15 results with refugees provides a vital foundation for initiating preventative clinical intervention. Supporting populations from various countries, religious beliefs, and values may require unique interventions in a Western medical framework. DIIRI's effectiveness to provide support lies in its strength of cultural competency and cultural integration in the workplace. Additionally, for future research, longitudinal and continuous evaluation of RHS-15 scores should be investigated ideally within this same sample group. Given that a majority of this population entered the country with trauma, future research should untangle the complex relationship between somatic distress and mental distress.

References

- Polcher K., Calloway S. (2016). Addressing the Need for Mental Health Screening of Newly Resettled Refugees: A Pilot Project. *SAGE Journal*. Vol. 7(3) 199- 203. <https://doi.org/10.1177/2150131916636630>
- Ahmad A., Passage J., Hanson-DeFusco J. (2025). Psychological Health of Afghan Refugees: A Narrative Review of Key Factors in Pre-Migration and Post-Migration. *International Journal of United Nations High Commissioner for Refugees*. (2025) U.S. Asylum Resources. UNHCR. Retrieved on July 30, 2025 from <https://www.unhcr.org/us/asylum-resources>

Acknowledgments

Research reported in this poster was supported by the Rhode Island Institutional Development Award (IDeA) Network of Biomedical Research Excellence from the National Institute of General Medical Sciences of the National Institutes of Health under grant number P20GM103430.

The authors are grateful for and acknowledge the support of Nicole Jenkins and staff at Dorcas International.