Abstract

TAKING IT TO HEART: TRAUMA AND CARDIOVASCULAR RISK IN COURT-INVOLVED PEOPLE OF COLOR

By

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Research has supported that racial disparities in health persist in the United States, with cardiovascular risk and cardiovascular disease remaining particularly high in low-income, communities of color (U.S. Department of Health and Human Services: Centers for Disease Control and Prevention [CDC], 2013; Winkleby, Jatulis, Frank, & Fortmann, 1992). Public health literature often focuses on sociodemographic variables when assessing for health disparities between people of color and White U.S. Americans, without considering trauma or forensic populations. This dissertation provides a general overview of empirical literature that examines cardiovascular disease and its relationship to poverty, race, incarceration, and trauma, particularly in low-income, communities of color and forensic populations. The dissertation study culminates in providing results for an investigation that examined these factors together in a forensic sample.

Results indicate that: (a) risk factors for CVD (i.e., high blood pressure, high cholesterol, and diabetes) are not significant predictors of trauma exposure, (b) although posttraumatic symptoms are not predictive of risk factors for CVD, age, and being Black (compared to Latinx), and ethnicity are significant in predicting elevated posttraumatic stress scores, and (c) posttraumatic stress symptoms moderate the relationship between trauma exposure and high blood pressure.