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**Narratives of Single, Black Mothers using Cultural Capital to Access Autism Interventions
in Schools.**

Abstract: Lack of access to autism treatment has deepened the disparities for Black children with ASD. Limited resources and lack of advocacy skills in Black families are reasons given for these service gaps but a need to identify mechanisms that support Black families access to treatment for their children have yet to be investigated. This paper explores the forms of cultural capital single Black mothers use to advocate for their children with autism in schools in the US. Using a Thematic Analysis, interviews were coded for several domains of cultural capital found in the literature, including *aspirational, familial, social, linguistic, resistant, navigational, motherhood* and *black cultural capital* (Carter, 2003; Lo, 2016; Yosso, 2005). Mothers in the study predominately provided examples of *resistant* and *navigational* capital. Additionally, mothers were more likely to use their capital to impact services for their child, when schools engaged in family-centered practice.

Narratives of Single, Black Mothers using Cultural Capital to Access Autism Interventions in Schools.

The U.S. Centers for Disease Control report 1 in 54 children has autism spectrum disorder (ASD; CDC 2020) making it a considerable public health concern; however, there are large disparities in the early identification of autism and access to care. Although Black¹ children are just as likely to have ASD as their White counterparts (Daniels and Mandell 2013; Yeargin-Allsopp 2003), Black children with autism are diagnosed 1.6 – 5 years later (Mandell et al. 2007; Mandell et al. 2009). Black children with ASD are also almost three times more likely to initially be misdiagnosed (Mandell et al. 2009). Multiple studies have concluded early autism detection and treatment leads to better outcomes in cognitive and language abilities (Rogers and Vismara 2008), yet many Black children are identified after the window of early intervention closes. Once diagnosed, Black families regardless of socioeconomic status or educational attainment, have reduced access to intervention services (Longtin and Principe 2016; Gourdine and Algood 2014).

Accessing high quality diagnostic and intervention services for autism has historically required a high degree of parent advocacy (Lord and McGee 2001). Parental advocacy in the U.S. during the 1970's and 80's was the mainspring behind the inclusion of children on the

¹The authors capitalize the word "Black" when that term is used to designate ethnicity and race. Per the American Psychological Association Manual Style (6th edition), Section 3.14, p.75, "racial and ethnic groups are designated by proper nouns and are capitalized: Black and White". The lead author also prefers to use Black because it functions as a unifying term for the descendants of the African diaspora including people within the African-American, African, Afro-Caribbean, and Afro-Latinx heritages.

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autism spectrum in schools (Silverman 2011). U.S. Federal legislation in the Individuals with Disabilities Education Act 2004 (IDEA 2004) mandates that schools treat parents as equal partners in all phases of educational assessment, planning, and treatment of their children who receive special education services, making the ability to advocate critical to service access. Parents were given rights to advocate for access to autism services for their children, however the most empowered and visible parent advocates were White Americans.

Research on mothering children with disabilities and the social constraints prescribed on mothers is rooted in unequal gender roles and nurturing responsibilities (Green 2007; McKeever and Miller 2004). The experience of mothering children with disabilities includes calling on intermediaries who have influence to utilize cultural capital on their behalf to obtain access to supports and services for their children, yet many investigations exclude the experience of Black mothers. Research on Black mother relationships with special education settings provides evidence that Black mothers do not receive the same level of participation and partnership as their White parent counterparts (Stanley 2015). Black families report distinct stereotypes and prejudices serve as barriers for Black mothers during the Individualized Education Program (IEP) process including being described as ‘adversarial, dysfunctional, uncaring’ and being told their input during meetings is an ‘untrustworthy source of information’ (Stanley 2015). Providers also report challenges partnering with families of color, including distrust and cultural mismatching (Reo, 2000; Harry 2002).

As a Black woman with a son on the autism spectrum, the lead author experienced disempowerment during IEP meetings. Her positionality within the context of her child’s schools required her to state her academic knowledge as an autism researcher and use her skills as an educator to validate her positions and level the scales of delegitimizing treatment. This led to her

interest in conducting the current study to understand how this experience manifests itself in advocacy strategies for other Black mothers. We suggest one way to support Black families may be to conduct phenomenological investigations to better understand the experience of Black mothers of children with disabilities and the roles of cultural capital in autism parent advocacy when intersectional domains of identity such as race, gender, and class are factors.

Positioning the Social Context of Black Motherhood

In the Black family unit, the mother has long been a cornerstone. Black mothers are commonly decision-makers, leaders, and activists both in the home and community (Landry 2002). Black mothers have shouldered the burden of protecting their children from institutionalized racism (Elliott and Reid 2016), while engaging in activities that ensure the survival of members in the community (Collins, 1994). Black women face obstacles associated with gender inequality and racial domination in tandem. Also, they have the double burden of fighting daily battles associated with race and gender that cannot be teased apart but exist together in a complex synergistic existence (Simien 2004). Black mothers who have children with ASD carry multiple layers of obstacles when confronted with opposition which may affect their advocacy development; these mothers potentially have to deal with the many “isms” (i.e., sexism, racism, classism) associated with intersectionality of gender, class, and race, as they develop the advocacy strategies needed to fight for their children (Crenshaw 1989; Collins 1989). Thus, being a Black woman in the U.S. means race and gender are always salient factors during interactions with male dominated (patriarchal) and/or anti-Black spaces such as schools (hooks 1981; Collins 1994). Schools tend to reproduce and maintain social inequalities by continually rewarding the people who possess a particular capital associated with White, middle-class,

values and norms and thus can be oppressive spaces for Black mothers and their children (Blume 2015; Lareau 2011; Lareau and Horvat 1999).

Cultural Capital and Autism Parent Advocacy

Sociologists have defined a person's social assets, such as their education, style of speech, and intellect, as cultural capital (Bourdieu 1973). Bourdieu's theory of Social Reproduction designates three forms of cultural capital, the embodied, objectified, and institutional states, as a model for explaining intergenerational transmission of power and status (Bourdieu 1986). Whereas the objectified and institutionalized forms of capital materialize in cultural goods (e.g. commodities, intellectual property, and educational degrees), the embodied state is the fundamental foundation for all other forms of capital, manifesting in the long-lasting possessive embodiment of cultural capital accumulated over time. Although Bourdieu's usage of the concept was related to the field and does not equate to deficit in a normative way, his theoretical conception of capital as embodied resources serves as seminal work.

For decades cultural capital was exclusively associated with White culture, but Tara Yosso's work on Community Cultural Wealth allows a better understanding of how cultural capital relates to the embodied forms of cultural capital within Communities of Color and for our study. Based on a Critical Race Theory (CRT) framework, Yosso used Community Cultural Wealth to re-conceptualize traditional interpretations of cultural capital to describe the cultural wealth, or funds of knowledge, that many communities of color possess. Cultural wealth is translatable into cultural capital but is not traditionally valued in educational settings (Moll 2019; Yosso 2005). CRT is a transdisciplinary, methodological paradigm that offers a framework to recognize, investigate, and transform the social structural aspects of society that maintain social stratification between subordinate and dominant racial, ethnic, gender, and economic groups

(Delgado 2002). According to Solórzano and Delgado 2001, the CRT model comprises five elements:

- (A) The centrality of race and racism and their intersectionality with other forms of subordination.
- (B) The challenge to dominant ideology.
- (C) The commitment to social justice.
- (D) The centrality of experiential knowledge.
- (E) The transdisciplinary perspective.

In the current study, we use the CRT Community Cultural Wealth Model to frame the forms of cultural capital that Black mothers use to navigate, survive, and thrive in social atmospheres that are oppressive and not built with them in mind. When Black single mothers engage with special education systems, they run into intersectional obstacles that require they employ multiple advocacy strategies or use multiple forms of cultural capital to overcome. Yosso's Community Cultural Wealth Model illuminates the cultural resources that constitute capital in marginalized communities and may help researchers understand how to leverage strengths found in communities of color to support their advocacy (see Table 1 for detailed definitions). The Community Cultural Wealth Model deconstructs cultural capital, into six types which include (Yosso 2005):

- (a) Aspirational: the ability to maintain hopes and dreams in oppressive environments.
- (b) Linguistic: the intellectual and social skills attained through communication experiences in more than one language and/or style.
- (c) Familial: the cultural knowledge from family or kin that carry a sense of community, memory, and cultural intuition.

(d) Social: the networks of people and community resources.

(e) Navigational: the ability to navigate systems not built with a marginalized population of people in mind.

(f) Resistant: the ability to oppose and challenge inequality.

Based on the specific tasks and skills needed for Black mothers to develop an advocacy strategy for their children, two additional types of cultural capital, Black cultural capital (Carter 2003) and Motherhood capital, (Lo 2016) become important. Motherhood capital originates from a study of 25 monolingual low-income Mexican immigrant mothers that used their influence in schools and medical settings to be mother advocates for their children (Lo 2016). Black cultural capital is described as the knowledge and dual possession of cultural capital and non-dominant cultural capital and the ability to fluidly utilize the capital in the appropriate social context, also known as code-switching (Carter 2003).

[Table 1 near here]

An empirical investigation of the cultural capital resources that facilitate Black mother advocacy strategy may provide information about how to address the current dilemma involving the disparities in accessing ASD interventions. The objectives of this paper are to (1) examine the types of cultural capital that Black mothers identify as important when advocating for their children, and (2) identify potential barriers and facilitators to active engagement in educational systems for Black mothers.

Methods

The study design involves a qualitative analysis of five in-depth, semi-structured interviews with single Black mothers of children with ASD about tools and assets they possess

that might translate into strong advocacy strategy. Qualitative in-depth interview methods are a useful approach to research in this population because it allows an understanding of the intersectionality and complexities of a social phenomenon that occurs in the lives of Black mothers (Timmermans and Tavory 2012). CRT is the theoretical framework used to formulate the study therefore the authors used a transformative (critical) paradigm epistemology of acknowledging the socially and historical interactions and the need to address issues of power and trust. A CRT methodological framework and theoretical application of Cultural Capital and Community Cultural Wealth Model provided the grounding for interview analysis to identify the cultural resources that Black mothers used to engage in advocacy with school systems (Yosso 2005).

The reflexivity and positionality of the lead author being a Black mother of a child with autism allowed for high-quality data to be collected as each of the mothers knew they were speaking to a person that empathized, understood, and was a part of their in-group (Hsiung 2010; Milner 2007). In addition to the lead author, the research team consisted of three female researchers. Two undergraduate research assistants participated in coding transcripts, identified as a Black and a White woman. The co-author identifies as a White woman and served as the research advisor to the lead author and supported the project formulation.

Participants

A purposeful sampling of single Black mothers provided a focused investigation of resources Black mothers own without the influence of additional caregivers in the home. Purposeful sampling is commonly used to identify and select information-rich cases related to the area of interest (Palinkas et al. 2015). Inclusion criteria were: (1) Being the mother of a child between the ages of 7-17 with a medical diagnosis or school classification of ASD. The age

limits ensured that mothers had some experience and interactions with school systems. (2) Self-identifying as Black or African American. (3) Being English-speaking. (4) Being single, or not having other adult partners living in the home.

Procedures

Recruitment included sending informational fliers to local parent support groups for Black families of children with developmental disabilities and on Facebook groups (e.g., ASD Mocha Moms). All interviews took place at a university in Central Valley California and lasted approximately 90 minutes. Participants completed a demographic questionnaire before the interview. All mothers were informed and aware of the lead author's social positioning and ingroup status as a Black ASD mother which we felt assisted in the facilitation of high-quality data collection. All interviews were audio recorded and transcribed for coding. We recruited and interviewed until we reached saturation in common themes.

Participant Demographics

[Table 2 near here]

The average age of the five mothers was 47 years old. They all had some college education with a majority having a four-year degree. All but one was active in a parent support group for children with disabilities. Children ranged in ages from 7 to 14.5 years and all primarily placed in a special education classroom for children with autism (see Table 2). Participants received a small gift card as compensation for their participation in the study.

Interview protocols

We created a semi-structured interview protocol using questions drawn from the literature to gather information about the key Community Cultural Wealth Cultural Capital domains that the mothers used in their experiences with service intervention systems (i.e., early

intervention and school systems). Additional questions focused on understanding the mothers' first experiences when their child was diagnosed and what they could remember about how they obtained services and supports during that time. Topics include:

- (1) personal resources and strengths that have proven helpful when advocating for their child with ASD
- (2) experiences and examples of advocacy they used as a model in advocating for their child
- (3) Words of advice or wisdom that they would share with another Black mother who had just received an ASD diagnosis for their child
- (4) invitation to tell anything else they wanted us to know (See Table 3 for abbreviated interview guide)

[Table 3 near here]

Data Collection and Analysis

The CRT methodological framework challenges the paradigms on race, gender, and class by recognizing these factors as a foundational and a central theme in societal constructs that have major impacts within historically disenfranchised people, like Black people, in the United States. We use CRT to interpret and analyze the interview data in the context of the Black mother advocate experience within school intervention systems to give voice to the repressed Black parent experience, unearthing the challenges and resilience stories. CRT provides a method for interpreting the impacts of social structures and institutions on ASD Black families and illuminates their stories and journeys. During the analysis of the interviews, we used CRT to interpret the impacts that social structures and institutions have on the lives of the Black mothers of children with ASD; a journey currently hidden behind the dominant narratives in the

literature. CRT can be used to analyze both why the stories have traditionally been absent in the literature, and how institutional racism can result in nuance advocacy based on context for Black mothers.

A multistage process of thematic coding was followed to analyze interview data (Miles, Huberman, and Saldaña 2014). First, we listened to and read transcripts simultaneously to confirm accuracy. Next, we developed broad descriptive codes and definitions based on non-dominant cultural capital literature and began initial data coding. We assigned codes (e.g., Aspirational Capital) to individual passages of text. After completing one round of coding, the research team discussed the addition of emerging codes that came from key topics in the interview data. Coding was conducted in pairs with the lead author coding all interviews. Disagreements were discussed and coders came to consensus. During the third stage of analysis, we developed in-depth narrative profiles for each participant using field notes and coded interview data. The profiles included detailed descriptions of the mother participant, her family network, and her experiences supporting her child with autism in schools. A cross analysis of all interviews was used to confirm and document patterns related to spaces and environments in which single Black mothers were able to exercise their cultural capital to create opportunity for increased services and supports for their child with autism in schools (Alverson, Lindstrom and Hirano 2019; Miles et al. 2014).

Findings

The interviews of single Black mothers provided in-depth perspectives of their experiences interacting with school systems and intervention teams for their children with ASD. All five mothers expressed a myriad of challenges related to communication with school and

intervention staff at various points in their child's development. Findings are discussed in three parts: (1) participant profiles, including the experience of initial diagnosis and introduction to services and as well instances of the expressed advocacy that it took to secure services, (2) cross-case dominant cultural capital themes, (3) emergent themes that arose from cluster coding.

Participant Profiles²

Evelyn. A tall woman with bold features, was middle-aged, yet her hazel bronze skin gave her a youthful glow. Her responses were succinct, poignant, and powerful as she told stories describing the cultural capital she used to advocate for her son in school. Evelyn was a divorcee and mother of two boys. Her oldest was a college sophomore and her youngest was 14 years old with ASD. After his diagnosis, she admitted feeling the pressure to give up her voice and allow the many new interventionists that were experts in her son's life to take over and lead his intervention management. Evelyn herself did not graduate from college until her early forties; thus, the education and pedigree of these experts felt intimidating. Her insecurities were bolstered when she felt shut out of conversations regarding her son's intervention plan. In this quote Evelyn describes her experience of stepping into her role as an advocate for her son:

And I will tell you this. That's what came through the years in the journey of standing up to people in a room that don't look like you. It requires you to use the knowledge you have. It requires you to use the understanding you have. It requires you to realize that you got this. You know what's best for your child. When you're in the initial IEP, you're the one running that ship. And once you take that wheel, things run a little differently.

² All participants and children were given pseudonyms to uphold privacy and confidentiality.

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Evelyn learned to follow her instincts, which she admits was hard because she did not have many peers as role models. She educated herself and found parents from various parent support groups to be mentors, although frequently she was the only Black mother in the group. It took her a few years, but she soon found her voice and when asked what she does when she is told “no”, the very question made her perk up in her seat. She took a slightly different tone of voice to explain that she did not allow “no” to cause her to be emotional; instead she found the power to stuff the emotions inside and to become “*stronger than superwoman*” to advocate for her son. In this story, Evelyn gives an example of advocating for her son during an IEP:

I would say I've had a couple of services that were wrongfully terminated because of Thomas. And I think it was discrimination because of his size and his ethnicity...I think those are the times we have to regroup. Because I truly find in these situations as being an African American woman, they're expecting truly a different response from me. So at that time [transition IEP from junior high to high school] I happened to turn to the specialist who was handling the meeting. And said, "Okay, I'm done!" She goes, "Well, what does that mean?" I said, "You guys will find a placement of my choice where he'll go and pay for it." And she looked at me. I said, "If I can't find suitable [placement] for what you have here in this district and she's [school administrator] clearly telling me that he's not wanted, that there's a problem. There was a different change then, after that, because they weren't expecting that.

Evelyn is now a full-time home health care worker for her son and spends most of her free time supporting other families who have children with developmental disabilities.

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Mae. Mae grew up in the segregated south of the U.S. in the 1960s³. She wore a pair of colorful plastic framed glasses that sat neatly on the bridge of her caramel nose. She had three children; her two oldest were approaching adulthood when her now 13-year-old with ASD was born. Before being diagnosed with ASD at six years old, her youngest son was diagnosed with severe Attention Deficit Hyperactivity Disorder (ADHD) at three after being expelled from his preschool. Mae never felt that the ADHD diagnosis was sufficient so for three years she pressed her doctors and the school district for additional testing. This is an account of her advocating to her pediatrician:

They said no, that they was going to stay with the original diagnosis. Anyway, we're fussing with the doctor, and kind of getting smart with her and telling her, basically, "You can go with anything that you want to go with, but I am going to get him tested. You just can make this easy with me, otherwise, I'm coming through a backdoor, but I'm going to have this test done because I know something is wrong. If you so sure that the other diagnosis is correct, then, why won't you just let me have the test to prove that you're right and that I'm wrong and stuff?" Finally, she decided, just for whatever reason, that she'd give me the authorization I needed to go and have him tested.

Although Mae's son showed a strong ability to achieve academically, he was placed in a self-contained special classroom with other developmentally disabled children until his seventh-grade year. Mae described her struggle to convince the IEP team that he belonged in a general education setting. This is Mae's account of an exchange she had with her son's IEP team while advocating to provide him an opportunity to be educated in the least restrictive environment

³ U.S. history includes a time period after the emancipation (1897-1965) that denied Black Americans basic civil rights through the enforcement of "Jim Crow" Segregation Laws.

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(LRE) and include him in a general education setting with typically developing peers during his middle school years:

I went there, and I hand my list out, and I started telling him I wanted him to be in just one regular class at this point. As I was talking to him and they was kind of starting to knock me back a little bit, "Well, what if he fail?" Instead of my answer being then that I'm afraid he fail, What if he fail? So what? If he fails, he fails, but he failed knowing that we gave it a try, than not never knowing that you gave it a try, and then he succeed at a lower level, which still can be a failure. No, let us, don't worry about him failing. Let him do the best that he can.

Mae worked full time but found time to take part in support groups, connecting with other parents. She found that networking with other ASD families that were cultural matches to her were an important step in her advocacy journey.

Wilma. Wilma was a teacher by training and mother of five children ranging from college age to her youngest who was seven with ASD. It was her youngest son's preschool teacher that first mentioned developmental concerns while attempting to expel him from their preschool center. When Wilma went to her pediatrician the doctor did not listen to her concerns. In time, her son began to demonstrate self-injurious behaviors and would leave marks on himself but when Wilma tried to seek services from medical or school providers, she was told that all they could do was give her a speech evaluation for her son. This is an account of Wilma advocating for a comprehensive evaluation for her son:

Because someone I knew told me, "You need to ask for an evaluation. That's the only way to get the services that you need." Then when I did that they said, "Well, we can do a

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speech evaluation, but that's about it. "I was like, "Oh, okay. Let's do the speech evaluation for a kid that's hurting himself, constantly crying and beating up his family and destroying property." It just kind of seemed like they wanted to do things in a certain way, and I was like, "My son needs help now. He needs a special kind of help. We need to know what he has, what's going on"

Because of her training as a general education teacher, she had some exposure in the U.S. special education evaluation process and therefore wrote a letter to the principal of her son's elementary school asking for a comprehensive psychoeducational evaluation. Once her son was officially diagnosed, they placed him in 40 hours a week of services at a behavioral center for children on the autism spectrum. He has remained in a similar classroom to this day. Although Wilma was college educated, possessed a teaching credential, and had strong communication skills she expressed feeling disempowered and lost in terms of how to navigate the complexities of service interventions for her son. She states, *'I kinda felt like I was powerless but yet I had a voice and I had some validity in what I was saying.'* Wilma was one of two mothers interviewed that went through the courts to exercise their parental right to be full partners in their child's special education process. Wilma won her case against the school district and when asked, she felt that her voice was finally heard and validated when she utilized the legal system and exercise her parental rights. Wilma lived far from support groups that included other Black mothers, so she sought a group that had virtual participation options. Wilma participated in support groups because she valued the information that other Black mothers of children on the autism spectrum provided. She especially valued receiving their input on ideas of how to support her son in accessing services when she *'hit a wall'* in her personal advocacy efforts.

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Josephine. Josephine was a cosmetologist by training and a self-made woman. She was a mother of two sets of twins, with one of her youngest being diagnosed on the autism spectrum shortly before her second birthday. She described the layers of crisis that she was in while her daughter was diagnosed and how at the time, she could not be an effective advocate because she was in survival mode. *‘My mom passed away in April and my dad in June. So, she got diagnosed, and I had just ended a relationship that year as well.’* She described how her instinct was to do the only thing she knew how to do which was to go back to work and press forward without allowing herself the time to process the emotions of the diagnosis:

I had nowhere to go, so I went to work. I think after the appointment I went right back to work. I dropped her off then I went to work. Then I think I decided to like... like I didn't accept it. So... I don't know if I didn't accept it because I didn't... I had so much other stuff to deal with.

Josephine discussed how she did not know how to help her child and felt she initially failed her, explaining that she knew nothing about ASD and only knew one person who had a child on the spectrum. Her daughter would engage in self-injurious and dangerous behaviors such as running away from her in public (i.e., eloping) or having uncontrollable tantrums in stores, which caused Josephine to withdraw from most activities out of the home. It was a traumatic event during a trip to the grocery store in which her daughter was almost hurt that became a pivotal moment for Josephine:

At that point, nothing else was important, and that's when everything just changed for me, because I'm like "I'm gonna lose my child if I don't get it together." I had on heels;

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you know what I'm saying. I couldn't catch her. So, I was just like this isn't important anymore. It just wasn't important. She was important. So that's when it kind of flipped.

Josephine began to educate herself by picking up any pamphlet and book on ASD that she could find. She started to participate in parent support groups and asking any parent of a child with ASD who would talk to her about what they did to help their child. One of Josephine's most positive interactions was with her daughter's teacher who was an American Sign Language (ASL) interpreter and was excited when Josephine mentioned to her, she thought her daughter could start using ASL to communicate:

So when I brought the idea to her [teacher] that's when I found out she was an interpreter. And she was so cool she would send me videos of her working with Zora and we were just in constant contact with each other. We would email each other in the beginning of the day, and at the end of the day.

Josephine felt that her child's classroom teacher provided her with positive interactions and receptiveness to her ideas, but receptiveness was rare in her experiences with other professionals. Josephine exclaimed that mostly when she communicated her visions and hopes for her child, professionals disregarded her, saying 'good luck with that'. That was discouraging for Josephine, but it did not stop her from quitting her job and committing her attention to providing care for her children but especially for her daughter with ASD. She now feels that it is her duty to help other parents and she actively takes part in groups and events that lets her reach other families and give them hope.

Henrietta. Henrietta held a master's degree and worked full time for the local college. She had a brilliant smile that beautifully contrasted her deep chocolate skin tone. Her only child was

Morgan,

diagnosed on the spectrum shortly before he was three. Henrietta admitted to guilt because she was not the one who recognized and sought intervention for her child. It was her mother, who recognized that her grandson was not keeping up with his developmental milestones. Thus, Henrietta brought her mother to the autism evaluation because she was the most fit to answer questions regarding his behaviors and development. Once Henrietta received the evaluation that led to a diagnosis of ASD she felt she was not prepared to parent a child with developmental disabilities and found herself often aggravated with the process, stating: *'and it's so much information that you're trying to take in at one time. And you're there for hours, you get tired.'* As a result, there were times in her son's life that he received no services or school intervention. It should be noted that Henrietta was also the only mother who did not actively belong to a parent support group for children with disabilities and who did not keep an ongoing relationship with other parents of children with disabilities. She spoke of consulting a professional advocate to help her navigate special education meetings:

I ended up getting an advocate, which for the most part until the end was really good.

And she did a great job, so there was some stuff that I could do that I didn't know about.

So, we got...the school did pay for an outside evaluation.

Cross-Case Dominant Cultural Capital Themes

During the interviews, each participant provided examples that fit all eight non-dominant cultural capital domains. Participants most consistently mentioned examples that fit two prevailing forms of cultural capital: Resistant and Navigational Capital. The mothers consistently shared stories involving Resistant Capital, stories of needing to fight to have their children diagnosed and receive services. The following is an illustration of one mother, Mae, using Resistant Capital during a discussion with a teacher from her son's school:

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But instead of me buying into what you saying to me, and letting you talk down to me, even though I realize that what you are doing. I'm going to go a different route and stuff to get to you and let you know you don't have a fool's sitting here. I'm not your fool. I'm not your uneducated dummy.

Navigational capital was the second most common community capital resource reported. The following quote depicts, Evelyn's description of how she used navigational capital:

I think it was harder because I haven't seen a lot of single Black women out there...It required me to remove myself out of that grief state and realize I have to find out, I have to figure out what is gonna benefit my son.

Capital Facilitators

Each mother possessed many domains of non-dominant cultural capital, but the findings support the notion that a supportive social context is a key ingredient that facilitates Black mothers in effectively utilizing their cultural capital. For instance, when moms told stories about feeling respected, an important element in agency delivery of family-centered care, they also talked about being more able to use their voice to advocate for their child (Wilson and Dunst 2005). Mothers told stories about being respected on their child's intervention team and with their child's classroom teachers, and as a result, being able to utilize their cultural capital resources. This is an account, from Mae describing her experience of feeling respected and empowered during an IEP:

It was just a whole different outcome [vs. previous IEP where mother felt disregarded and disenfranchised], because I didn't go in there. I wasn't fussing. I wasn't arguing. But, I was going in there to make a point. And that's what I did.

However, when IEP teams were contentious, and mothers felt unvalued, their cultural capital domains were not as useful in producing more services, (i.e., additional assessments, and inclusion options for their children). In these instances, many mothers expressed the need to engage in actions that demonstrated resistance capital but due to an unsupportive social context their capital was not useful. As showed in Wilma's account:

She didn't know that I was a former teacher, and not an idiot...I just went, "Oh, you want to play that game? Okay... It was like every time something came up I had to ask for a meeting...We'd sit around and talk about what's happening, but nothing would be done about it. There wouldn't be any solutions that would take care of the issue.

The mothers' stories yielded suggestions for ameliorations in engagement strategies that school staff could use with Black children and families. Such suggestions included the need for additional training programs for schools to engage Black families and build relationships. In this account Evelyn discussed the change in her son's teacher when he decided to partner with her:

And that's why some teachers are just phenomenal...they just realize that [they will need to do more to partner with Black families] and teaching our children, every day's going to be different, and each day I'm going to have to go over and above what I might normally do.

Emerging Theme: Generational Resistance Capital

The development and evolution of a coding system by a research team can produce a rich and rigorous interpretation and understanding of the data (Weston et al. 2001). During the third phase of analysis, a theme surfaced that we coined Generational Resistance Capital. We coded and defined this theme when participants connected their perseverance to advocate for their children to historical accounts of resistance from their family or community members. It contains

the notion they find the strength to press forward from the roots of the struggles from their ancestors. This capital is related but distinct from familial capital because it references a historical knowledge based in resistance and opposition to discriminatory treatment based on race, class, and/or gender. Examples of this capital included one from Henrietta discussing how she learned not to tolerate racial discrimination she felt she received in schools from a story she knew about her mother:

And my mother was raised in that time where you had the different “white water” and the “colored water” [Jim Crow Segregation]. She was raised in that era. It was not something that was tolerated for her [her mother refused to accept being treated unequally].

In this account Evelyn discussed how her mother modeled how to demand respect from people she perceived held prejudicial ideas against Black women. She states:

I was blessed to be raised by a strong, Black single woman. And she made sure no matter what, when she walked in the room, you knew. You knew who she was and you're going to treat her as such.

Discussion

The current study sought to include a dimension—the role of mothering a child with a disability - as an additional identity to the discourse of Black feminist intersectionality. The intersectional experience of being a Black woman in America is a social quagmire producing layers of opposition in environments that were historically created for White men, such as schools. When Black women have children with ASD, in efforts to advocate and become champions for their children to access needed services and supports, they must engage in systems that are structurally and systemically racist, sexist, and ableist. The current study shows

that Black mothers, in their roles as advocates for their children benefit from cultural capital resources in interactions with service delivery systems. It is also important to note that Black mothers draw upon these resources to fight the obstacles associated with navigating oppressive spaces in other context.

Black mothers described consistent challenges interacting with “experts” around obtaining an autism diagnosis and appropriate services, including extensive examples of racial prejudice leading to misdiagnosis, deferred diagnosis, and poor service quality. These mothers discussed the constant need to defy and contest the decisions of autism experts in order to express their “professional parental” expertise and to advocate for access to needed services (Rogers 2011, 570). Additionally, a majority discussed the important role of peer parents of children with disabilities in developing and helping to mold their advocacy strategies.

As the mothers described their experiences, the importance of cultural capital became apparent. Most specifically, mothers actuated resistance capital to advocate for their children’s access to quality services, and often felt the need to argue against the expert recommendations in pursuit of individualized services for their child. Black mothers may feel the need to be more outspoken in their requests for services because of implicit bias seen in service providers (Gullo, Capatosto and Staats 2018). Additionally, they highlighted the importance of navigational capital, which can support understanding the complex service systems required for children with autism.

Although their stories expressed less emphasis on the use of familial capital, they did discuss learning from their parents and grandparents about the need for resistance capital. The generational translation of values and traditions has been an attributed function of the family unit (Moore and Berchmans 1996), but the concept of transmission of advocacy strategy and

resilience from one generation to another is a newer concept. This new idea that communities that have experienced oppression and hardship develop survival strategies that have been passed down through generations will benefit from future research investigations of evidence of Generational Resistance Capital across family multi-generational groups that include a child with a disability. This type of capital may support advocacy strategy for Black mothers of children with autism and other disabilities.

Mothers also reported examples that indicate an interaction between their cultural capital and advocacy strategies and the service context. Several mothers reported feeling more empowered when service providers used family-centered care strategies. One example is the openness of Josephine's daughter's teacher to partnering with her and hearing her ideas about using ASL to support her daughter's ability to communicate. The need for school policy to be more family-centered and culturally responsive is supported by comparing the experiences of mothers who received family-center care juxtaposed with those who did not.

This study does include some limitations. The mothers in the study had some college education which could have influenced their experience navigating educational systems. Additionally, participants come from one geographic area of the U.S. Potentially different types of cultural capital may be highlighted by Black mothers living in other states and abroad.

Understanding the assets and internal resources that Black mothers own dismiss the myths about their lack of advocacy skills and instead requires a look at the institutional barriers in our schools and intervention systems that limit them, and perhaps other parents, from exercising their power and voice. Recommendations for improving access might include schools creating culturally relevant parent support groups to promote cultural matches of peer groups to help

model advocacy strategies. Additionally, cultural competence and humility training for ASD service providers in schools could reduce implicit bias and encourage family-centered practice.

This research adds to the current literature regarding mechanisms leading to service disparities for children with autism. Examining the assets and cultural capital resources that communities of color possess and bring to interactions with service delivery systems may lead to the development of novel interventions to address barriers in the interface of Black families with a child with disabilities and service delivery systems (i.e., school systems, early intervention, and medical). In the current study, a voice that has been silenced for far too long has here been recognized for its strength and endurance. Indeed, we hope that this study will stimulate researchers and policy makers to study the assets and internal resources that families within communities of color possess and work to improve current research designs and ultimately ameliorate service delivery systems and interventions for all children with autism.

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Table 1: Cultural Capital Definitions and Examples

<i>Name of Capital</i>	<i>Definition</i>	<i>Example in interviews</i>
Aspirational Capital	Aspirational capital refers to the ability to maintain hopes and dreams for the future, even in the face of real and perceived barriers. This resiliency is evidenced in those who allow themselves and their children to dream of possibilities beyond their present circumstances, often without the objective means to attain those goals. [Yosso, T. J. ,2005]	<i>“My dream for him is the dream that actually he has for his self. It's that he said that he wants to go to college. So, my dream for him is that he's going to college. And no matter what, that is our determination that he will get into college, and that he will be successful.”</i>
Familial Capital	Familial capital refers to those cultural knowledges nurtured among familia (kin) that carry a sense of community history, memory and cultural intuition This form of cultural wealth engages a commitment to community well-being and expands the concept of family to include a broader understanding of kinship. [Yosso, T. J. ,2005]	<i>“I think being a single mom, majority of people have their spouse, what have you. I didn't have that presence of my son's father, so I did have the presence of my mom. That dynamic changed after seven years ago. To be honest, then I think it was my older son.”</i>
Social Capital	Social capital can be understood as networks of people and community resources. These peer and other social contacts can provide both instrumental and emotional support to navigate through society’s institutions. In Communities of Color, social capital is used to give information and resources they gained through these institutions back to their social networks, creating the tradition of ‘lifting as we climb’ [Yosso, T. J. ,2005]	<i>“And it was a network, to be honest with you. I think it was a network of parents that did it. I wish there was more parents like myself, but at the time, no there wasn't. I used that network that I had.”</i>
Linguistic Capital	Linguistic capital includes the intellectual and social skills attained through communication experiences in more than one language and/or style. This repertoire of storytelling skills may include memorization, attention to detail, dramatic pauses, comedic timing, facial affect, vocal tone, volume, rhythm and rhyme. Linguistic capital also refers to the ability to communicate via visual art, music or poetry. [Yosso, T. J. ,2005]	<i>“We addressed it; I'd have to call 'em on it and let them know, "It's okay. If you feel that you can't do your job in this function, I would rather you tell me that and move on, and let's get someone who can.”</i>
Resistant Capital	Resistant capital refers the knowledge and skills fostered through oppositional behavior that challenges inequality. This form of cultural wealth is grounded in the legacy of resistance to subordination exhibited by Communities of Color... Therefore, transformative resistant capital includes cultural knowledge of the structures of racism and motivation to transform such oppressive structures. [Yosso, T. J. ,2005]	<i>“It's almost like, until I learned how to follow my instinct and let 'em know that that wasn't for him, is when I think things got a little bit better.”</i>
Navigational Capital	Navigational capital refers to skills of maneuvering through social institutions. Historically, this infers the ability to maneuver through institutions not created with Communities of Color in mind. Navigational capital thus acknowledges individual agency within institutional constraints, but it also connects to social networks that facilitate community navigation through places and spaces including schools, the job market and the health care and judicial systems. [Yosso, T. J. ,2005]	<i>“Okay, I'm not, but I gotta find out how this thing works.”</i>
Motherhood Capital	Motherhood capital is described as “the mothers’ interactional styles and knowledge that signal to institutional gatekeepers their deep caring for and intimate understandings about their children. [Lo, M.-C. M., 2016]	<i>“But I just kept on doing it and I just kind of kept on doing it. I think that gave me the more knowledge as you speak to parents. There weren't many black parents, but just parents in general, where you're listening to them tell their story.”</i>
Black Cultural Capital	Black Cultural Capital refers to the skills that Black/African Americans have acquired that allow them to move through in-group and out-group interactions with people within and outside of their race. It includes the ability to code-switch, recognize and understand different social norms, customs, styles in cultures and the skills to adapt to fit themselves into various social interactions. [Carter, P. L.,2003]	<i>“You can laugh in my face all the time, but I can already know if you are not with me, you know. You are really against me and that I need to be careful”</i>

Table 2: *Caregiver Demographics*

Name	Age	Education	Employment	Child Age	Income	Child Placement	Cultural Capital (greatest to least coded)
Evelyn	52	College Graduate	Full Time IHSS worker for child	14	\$40-49K	SPED Classroom	Resistant, Navigational, Black Cultural Capital, Linguistic, Motherhood, Aspirational, Familial, Social
Mae	55	College Graduate	Full Time work outside of home	13	\$80-89K	GE/SPED Classroom Split	Resistant, Navigational, Black Cultural Capital, Aspirational, Social, Familial, Linguistic, Motherhood
Wilma	39	College Graduate	Full Time IHSS worker for child	7	\$30-39K	ASD Classroom	Resistant, Navigational, Social, Black Cultural Capital, Social, Aspirational, Linguistic, Familial
Josephine	42	Two Year Degree	Full Time IHSS worker for child	10	\$30-39K	ASD Classroom	Navigational, Resistant, Social, Black Cultural Capital, Aspirational, Familial, Linguistic, Motherhood
Henrietta	45	College Graduate	Full time work outside of home	10	\$50-59K	SPED classroom	Resistant, Navigational, Black Cultural Capital, Social, Aspirational, Linguistic, Motherhood

Table 3: Interview Guide

Primary Questions
Introduction of Researcher – Ask informant to tell a little about themselves and what they like most about their child with ASD?
<p>First Concerns and First Steps</p> <ol style="list-style-type: none"> 1. Think back to the time after your child was diagnosed with ASD. How did you go about getting services at that time? 2. What (if anything) got in the way of getting the diagnosis and/or access to services? 3. What and who was helpful in getting these services?
<p>Cultural Capital and Special Education Services Questions</p> <ol style="list-style-type: none"> 4. What are your relationships with your child’s primary therapist and teachers like? [Social capital] 5. Do you feel like you know who you can go to for good information and advice about ways to have a successful (IEP/504/IPP) meeting for your child? [Navigational capital] 6. Do you believe that your child’s ASD diagnosis will keep them from achieving good things in his/her life? [Aspirational capital] 7. When you are in an (IEP/504/IPP) meeting for child do you think you are able to effectively communicate and get your points across? [Linguistic capital] 8. Who do you go to for emotional support? [Familial capital] 9. Do you think that children with ASD should have the same rights as all other children? Why or why not? [Resistance capital] 10. Would you say that you have a deep and intimate understanding of your child’s needs? Do you feel that when you communicate this knowledge about your child that you can strongly advocate for your child and members of his (IEP/504/IPP) team listens? [Motherhood capital] 11. Would you agree that you are able to communicate fluently with other members of the Black community? Do you communicate in a similar manner with people that are not in the Black community? [Black cultural capital]. 12. What skill do you use the most in advocating for your child during (IEP/504/IPP)s? Where there a personal skill set or knowledge based that you found helpful to use when you are advocating for your child? <ol style="list-style-type: none"> i.