Cultural Capital and Decision-Making: Autism Service Choices Among Immigrant Parents

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ABSTRACT:

This study explores how cultural capital influences the autism-related special education service decisions of first-generation immigrant parents in the United States. Using Bourdieu's capital theory as a framework, the study uses qualitative methods to investigate a range of cultural capitals, including embodied cultural capital (e.g., parents' knowledge of disability norms from their home country), institutionalized cultural capital (e.g., educational experience in the U.S.), and objectified cultural capital (e.g., tangible resources such as educational plans, books, or professional materials) through interviewing 13 first-generation immigrant parents of children diagnosed with ASD (autism spectrum disorder). The findings reveal that cultural capital and ties to local networks significantly shape parents' engagement with the special education system, highlighting different ways immigrant parents navigate cultural and systemic barriers. This study addresses a literature gap by moving beyond broad ethnic categorizations to uncover the specific cultural and social dynamics affecting immigrant families' service decision-making. It also highlights the importance of culturally responsive policies, educator training, and tailored support systems that cater to the diverse needs of immigrant families. By integrating cultural factors into parent-school interaction research, this study offers actionable insights for enhancing equity and inclusivity in special education services for families from diverse cultural backgrounds.

Keywords: Cultural Capital, Service Choice, Cultural Connections, Autism, Interpretative Phenomenological Analysis

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INTRODUCTION

Parents of children with special needs often encounter various challenges when navigating service systems, and research has highlighted predominantly negative experiences for these parents (Stanford et al., 2020). Studies have shown that even with substantial resources offered within and outside of school settings, parents of children with autism spectrum disorder (ASD) frequently report unmet service needs, leading to elevated levels of stress, anxiety, and frustration compared to parents of typically developing children (Wei et al., 2014; Duarte et al., 2005; Lu et al., 2015). In addition to managing these demands, parents from ethnically and linguistically diverse backgrounds also face the complexity of adjusting to life in a new country, including language and cultural adaptation, as well as navigating the complex system of special education in the U.S. (Shorey et al., 2020).

Traditional recruitment methods for studies on minority families often center around broad ethnic categories and use ethnicity as a primary demographic indicator. However, researchers have noted key differences between immigrant families and native-born minority families that such broad categories can obscure (Bornstein, 2017; Fernandez et al., 2018; Raleigh & Kao, 2010). Grouping first-generation immigrant families (who were born outside the U.S.) with U.S.-born minority families can overlook distinct factors, such as acculturation level, socioeconomic status, and immigration history, potentially leading to overgeneralization (Bornstein, 2017; Raleigh & Kao, 2010; Berry et al., 2006). For example, Latinx immigrant families may have significantly different cultural expectations and experiences on immigrant histories, social norms, and language use from the U.S.-born Latino families (Bornstein, 2017). Acknowledging the distinctions in this cultural identity is essential, as the challenges faced by immigrant families, including disparities in social services, can shape unique experiences and service decisions, particularly for those families with children who have special needs.

The Conceptualization of Cultural Capital in This Study

Bourdieu's concept of cultural capital (1986) provides a foundation for understanding how various aspects of immigrant parents' cultural capital influence their interactions with the U.S. special education system in this study (The U.S. special education system provides individualized support for students with disabilities under laws, ensuring free and appropriate education based on each student's needs). According to Bourdieu (1986),

cultural capital encompasses the knowledge, values, and resources that individuals acquire through cultural and social experiences, thereby shaping their ability to navigate within societal institutions. Bourdieu's research on capital has also been broadened and examined in other domains, including studies of communal power dynamics (e.g., Houston, 2002; Lareau & Weininge, 2003; Lu et al., 2015). Building on this broader application, researchers have increasingly used Bourdieu's framework to analyze individual and group decision-making within specific social and cultural contexts.

In addition to cultural capital, Bourdieu's theoretical framework encompasses the concepts of field and habitus, which offer a more comprehensive understanding of how immigrant parents adapt to institutional structures. The field refers to the structured social space, in this case, the U.S. special education system, characterized by its own rules, norms, and power relations. Habitus refers to the internalized dispositions, beliefs, and behaviors shaped by one's cultural background and past experiences. Together, these concepts suggest that immigrant parents' perceptions and actions are not only shaped by the resources they possess but also by their ingrained orientations toward education and the institutional context in which they operate.

This study extends the line of inquiry by employing Bourdieu's theory of capital (1986) to examine how the perceptions of first-generation immigrant parents regarding quality service and decision-making processes are shaped by three forms of cultural capital, including embodied, objectified, and institutionalized. Cultural capital among immigrant parents manifests through these three key forms. Embodied cultural capital encompasses deeply ingrained beliefs, attitudes, and practices shaped by cultural norms, influencing how parents perceive disability, education, and their roles within the family. Objectified cultural capital encompasses tangible resources, such as educational materials and therapeutic tools, that enable parents to bridge their cultural background with the expectations of the U.S. educational system. Institutionalized cultural capital refers to formal qualifications or credentials that can enhance parents' ability to navigate institutional structures and advocate for their children, providing them with greater credibility in interactions with educators and service providers. These three forms of capital often intersect in practice. For example, a formal educational credential (institutionalized capital) can help a parent obtain or effectively utilize specialized resources, such as therapy programs or bilingual educational materials (objectified capital).

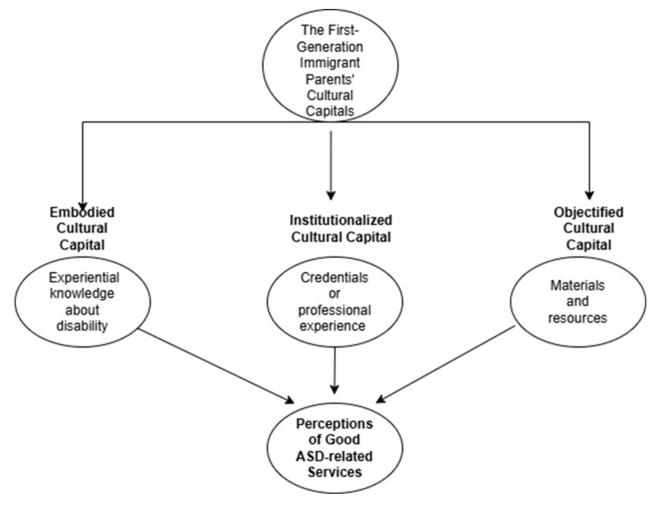


Figure 1. Theoretical Framework of Cultural Capital Influences on Service Decision-Making

Bourdieu's theory emphasizes that cultural capital is distinct from economic and social capital. However, all types of capital can interplay to influence a family's access to and success within educational systems. By examining how first-generation immigrant parents utilize their cultural capital, this study sheds light on how their cultural backgrounds intersect with institutional expectations to shape their experiences and decisions. In this study, the authors conceptualized cultural capital as a multifaceted resource that immigrant parents utilize to navigate the U.S. special education system (Trainor, 2010). Among the three components of cultural capital, as delineated by Bourdieu (1986), research indicates that access to culturally relevant resources, including multilingual materials and community-based support networks, significantly influences parents' involvement with service providers (e.g., Wee, 2020; Assulaimani & Althubaiti, 2021; Kalyanpur & Harry, 1999). Figure 1 illustrates the theoretical basis of this study, showing the relationship between embodied, objectified, and institutionalized cultural capital in the context of parent decision-making.

This diagram depicts the three forms of cultural capital: embodied, objectified, and institutionalized, and their intersections within the service decision process.

METHOD

Research Design

This study adopted a qualitative research approach, using indepth interviews to explore how cultural capital and social environments influence the service choices of first-generation immigrant parents of children with ASD. Specifically, we employed an Interpretative Phenomenological Analysis (IPA) approach to examine the interview data. IPA is a qualitative methodology grounded in phenomenology and hermeneutics, focusing on how individuals make sense of their lived experiences (Smith et al., 2009). Unlike grounded theory, which aims to develop broader theories, IPA seeks an in-depth, idiographic understanding of personal and contextual dimensions of experience. This method allowed for a detailed examination of each parent's perspective, making it particularly well-suited to the exploratory goals of the study.

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Table 1. Demographic Information of the Participants and Their Children

Parent Number	Gender of Parent	Age of Parent	Location (State)	Education Level	Age of Child with ASD	Gender of Child with ASD	Type of School	Employment
1	Female	40-49	CA	Graduate Degree	14	Male	Public School	Unemployed
2	Female	40-49	MA	Graduate Degree	10	Male	Public School	Employed
3	Female	40-49	NY	Graduate Degree	18	Male	College	Employed
4	Female	30-39	UT	Graduate Degree	8	Male	Public School	Employed
5	Female	40-49	CA	Graduate Degree	9	Male	Public School	Employed
6	Female	40-49	NJ	Bachelor's degree	7	Male	Public School	Employed
7	Female	40-49	TN	Graduate Degree	17	Female	Public School	Unemployed
8	Female	40-49	MI	Graduate Degree	9	Male	Public School	Employed
9	Female	40-49	CA	College	9	Male	Public School	Unemployed
10	Female	30-39	CA	Bachelor's Degree	9	Male	Public School	Employed
11	Female	30-39	NY	Graduate Degree	7	Male	Public School	Employed
12	Female	50-59	SC	Graduate Degree	15	Female	Special School	Employed
13	Male	50-59	NY	Graduate Degree	22	Male	n/a	Employed

Note: "College" indicates some post-secondary education (college degree not specified); "n/a" indicates not applicable (Participant 13's child had aged out of school).

Participants

The sample consisted of 13 first-generation immigrant parents of children diagnosed with ASD. Participants were recruited through a combination of convenience and snowball sampling methods. The first author reached out to local autism support groups, community centers, and service providers that serve immigrant families to identify eligible parents (convenience sampling). Existing participants were then encouraged to refer other immigrant parents in their networks, resulting in additional enrollment through referrals (snowball sampling). All participants were foreign-born and had immigrated to

the United States in adulthood. They varied in age, socioeconomic background, country of origin, and length of U.S. residency, providing a range of perspectives on navigating the U.S. special education system. This diversity within the sample helped capture the different ways that cultural capital and environmental factors influence parents' service choices across distinct cultural and linguistic backgrounds. Table 1 shows the demographic information of the participants and their children.

As shown in Table 1, our participants were predominantly female (12 mothers and 1 father) and represented a variety of cultural backgrounds (including countries in

Asia, Latin America, and Europe). Although we did not select for any country of origin, the majority of parents in this sample identified with Asian cultures. We acknowledge the gender imbalance in our sample, as mothers are overrepresented. This may reflect the reality that mothers were more likely to volunteer or be referred for the study, and it is consistent with the literature suggesting that mothers often take the lead in navigating educational services (e.g., Smith et al., 2010)

Procedure

This study was approved by the Human Subjects Research Committee on November 17, 2021, with protocol number 7-21-0754. Data were collected through semi-structured interviews, which allowed the research to be flexible in investigating participants' experiences, beliefs, and attitudes regarding service choices for their children. These interviews invited parents to share personal narratives, observations, and interpretations about their interactions with educational and healthcare personnel, as well as their perspectives on cultural expectations related to ASD services. The interview questions aimed to extract parents' definitions of a 'good service,' the specific cultural resources they draw upon in decision-making, and the way these resources interact with the social contexts in which they live and seek services. Examples of the interview questions include: What factors do you consider most important when deciding on services for your child? Can you describe any cultural values or beliefs that influence your decisions regarding services? Furthermore, how have your experiences in the U.S. shaped your understanding of available services?

Data Analysis

The data analysis followed a thematic approach, guided by Bourdieu's concept of cultural capital (1986). Thematic coding was employed to identify recurring patterns and themes within the interview transcripts, focusing on aspects related to cultural capital, such as language skills, familiarity with ASD-related interventions, and perceptions of disability shaped by cultural beliefs.

To enhance analytic trustworthiness, the coding process and emerging themes were periodically reviewed and discussed with the second author. These collaborative discussions helped refine code definitions and resolve discrepancies, strengthening the consistency of the analysis. The coding process involved three stages. First, initial codes were generated from the data, identifying specific instances where cultural capital appeared to influence parents' service decisions. For example, codes captured moments where parents discussed the importance of bilingual resources, interactions with teachers, and their ability to advocate based on their cultural understandings of autism. Subsequently, these codes were grouped into broader themes, reflecting the various dimensions of cultural capital that shape the experiences of immigrant parents. Iterative coding rounds ensured that all emergent themes were adequately captured and aligned with the study's theoretical focus. Figure 2 illustrates the data coding and theme development process.

The flowchart shows analytical steps, and these are: transcription \rightarrow initial coding \rightarrow clustering into themes embodied, objectified, institutionalized capital and subthemes \rightarrow iterative refinement \rightarrow final themes.

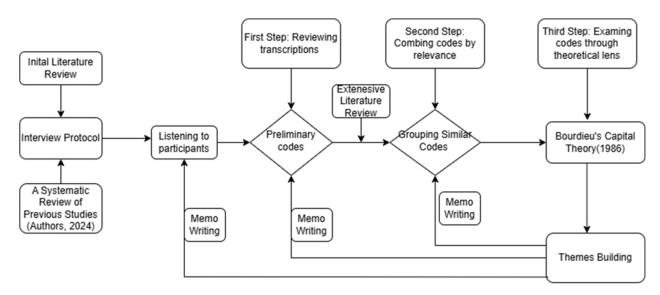


Figure 2. Analytic Flowchart of Coding and Theme Development

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FINDINGS

Through IPA-guided analysis, we identified several overarching themes in how immigrant parents utilize cultural capital to make decisions about autism services. These themes are organized below according to the three forms of cultural capital, with additional sub-themes highlighted. To illustrate each theme, we present corresponding quotes from the parents. (Participants are identified by a Parent ID number, along with their relation and their child's age and gender.)

Embodied Cultural Capital: Beliefs, Values, and Cultural Attitudes

Parents' culturally ingrained values significantly shaped their expectations and service decisions. Some emphasized their children's happiness, preferring fewer intensive interventions. Especially when asked about their goals and expectations for their children with ASD, all 13 immigrant parents discussed how their cultural beliefs and values shaped what they wanted for their children's future. A notable divergence emerged: some parents emphasized their child's happiness and quality of life, while others prioritized achieving success or independence, as defined in career or educational terms. These differing expectations, rooted in personal and cultural values, led to different service choices.

"...We just want him to be happy, so we do not want to put too much pressure on him... We tried Applied Behavior Analysis (ABA) before and believed it did not work well for him because they pushed him too hard, and we do not believe it is necessary..." (Parent 12, mother of a 16-year-old girl with ASD)

Others emphasized success and independence, seeking more structured interventions:

"...We want him to be successful in the future, to be able to fit into society and have his career. We believe he can achieve this objective, and we have located a therapist who can assist him with arithmetic and writing..." (Parent 11, mother of a 7-year-old boy with ASD)

Parents' underlying beliefs about ASD's trajectory influenced these expectations and, in turn, their service decisions. Some parents believed that ASD symptoms could significantly improve with the proper treatment. Those holding this belief were more inclined to choose intensive interventions aimed at reducing challenging behaviors or accelerating skill acquisition, reflecting optimism about treatment outcomes.

"...I had no idea how bad ASD could become at the time, and I am the type of person who never gives up and believes there is nothing in this world that I cannot accomplish... So, I spent the majority of my time back then working with him with a BCBA therapist, and I asked my department to reduce my course burden so that I could devote all of my efforts to him..." (Parent 2, mother of a 10-year-old boy with ASD)

Later, this same parent shifted focus to her son's comfort, enrolling him in art classes during the pandemic. Parents' attitudes toward social vs. academic goals further shaped choices.

It also became clear that parents' service preferences varied according to whether they valued social development or academic achievement more, which is a distinction often influenced by their cultural background and personal philosophy. Some parents stressed the importance of social skills and happiness:

"... When he was in 11th grade, the school's career counselor asked me whether I had considered sending him to college. At the time, I had not given it much thought, and I had assumed college was the natural next step. Then the counselor said that in college, he might not have as much support and asked if I had considered how difficult life could be for him after entering college. That was when I began to realize that, rather than focusing on college, it might be more urgent and important to help him engage in vocational training and work toward some level of independence in the future." (Parent 13, father of a 22-year-old man with ASD)

"...I believe that social skills are the most crucial for children like him since they lay the groundwork for him to be able to live in the world... He is currently receiving ABA from one of the best therapists we have ever worked with, and he has made tremendous development in social skills..." (Parent 9, mother of a 9-year-old boy with ASD)

Others were more concerned with academic progress and formal education: "...After he grows up, how will he make a livelihood without an official diploma? I enrolled him in reading and math classes, and he is doing well in them. I also intend to relocate to a better school district so that he may receive a better education..." (Parent 11, mother of a 7-year-old boy with ASD)

In summary, across participants, deeply rooted values, whether centered on happiness, achievement, or long-term independence, influenced how services were selected or avoided.

Institutionalized Cultural Capital: Education, Credentials, and System Knowledge

The data suggested that the parents' own professional and educational experiences significantly influenced their interactions with schools and evaluations of services. In other words, parents who had greater familiarity with educational practices or special education systems (a form of institutionalized cultural capital) often navigated services differently than those who lacked such experience.

Parents' professional and educational backgrounds impacted how they engaged with service systems. Those with prior experience in education felt more confident and strategic:

"... I am doing well in this (selecting the correct school and services for her daughter), mostly because I am studying this major (special education). So, I understood what to do to prepare and how to arrange her, which was one of the advantages of my major. Her learning environment, on the other hand, somewhat overlaps with mine in that I have done internships every semester since my second year, and the school where I interned is in the school district where she was". (Parent 7, mother of a 17-year-old girl with ASD)

"...And I noticed how special education teachers were working with IEPs because I was at the school... I am currently teaching Chinese at a private middle school, but I previously worked as a substitute teacher in a public middle school for four years. So, I have had opportunities to work, albeit indirectly, with special education teachers when they made goals for students with special needs... so I learned early on that IEPs are crucial for children with autism." (Parent 6, mother of a 7-year-old boy with ASD)

On the other hand, parents who were unfamiliar with the U.S. special education system, often those who had recently immigrated or who did not have a background in education, commonly expressed confusion or distrust initially:

"...Because at first, I came over here alone with my children, I could not figure out how the system worked; the gap between here and Taiwan is extremely significant. Then I discovered the IEP services on my own. I have a hunch that unless you actively inquire, nobody will be especially active to inform you which services you may apply for..." (Parent 5, mother of a 9-year-old boy with ASD)

Over time, some gained expertise through experience. One father, initially overwhelmed, later became a community advocate:

"...We had just moved to the United States back then, and my wife and I had to work full-time... A month and a half after he went to that special school, the teacher called us for a meeting. The meeting was mainly because she discussed how our child was not suitable for this school and that he could not stay here. She left as soon as she finished saying that. We were stunned at that moment, because if a special education school is not the right place, where else could he go? My wife was crying. Later, a math teacher informed me

that there is a special school specifically for autism, and that place could be a better fit for my son..." (Parent 13, father of a 22-year-old man with ASD)

This acquisition of institutionalized capital, which can be formal or informal, enabled parents to assess services more effectively and assert their rights.

Overall, these examples demonstrate that parents' careers, education, and familiarity with the U.S. school system (or lack thereof) significantly influenced their engagement with services. Parents with relevant knowledge were often better equipped to critically evaluate services, communicate effectively with professionals, and locate appropriate resources. Those without such a background faced a steeper learning curve and often had to rely on trial and error or external help to navigate the system. Notably, many parents in our sample eventually gained institutionalized capital through lived experience, for example, by learning the hard way what their rights were, or by networking with other parents, which then improved the quality and suitability of the services they obtained for their children.

Objectified Cultural Capital: Resources, Social Mobility, and School Access

Access to tangible resources, such as educational tools, support networks, or school placement strategies, reflected how parents leveraged objectified cultural capital. A central theme was the comparison between services in parents' home countries and those in the U.S. Many described a lack of support or stigma back home:

"You know, there is no special education in my country; you may hire a private tutor at home, but there are no special education programs in schools... My husband blamed me for suggesting [our son] might have autism because he was embarrassed to have a child with mental issues..." (Parent 9, mother of a 9-year-old boy with ASD)

"I was very impressed because of the system of inclusion; you do not have it in Germany. Your child cannot attend regular school because they think it will be disturbing. Therefore, you have special schools, but they do not interact with other children at all. Yeah, I feel in this part, Germany is so far behind..." (Parent 12, mother of a 16-year-old girl with ASD)

Parents from East Asia, South Asia, Latin America, and the Middle East echoed similar experiences of exclusion, shame, or insufficient services in their countries of origin. For example, Parent 13, an active advocate for the right to disability communities in the New York region, the father of a boy with ASD who is now an adult, and the parent with the longest immigration history among

the other 13 parents, said that most of his perceptions came from his interactions with Chinese families from various walks of life in the U.S. that Chinese parents are judging when they find children with special needs around.

"...because, you know, we are in New York, and no one will stare at you because you are acting strange... However, some Chinese seniors in our neighborhood were critical of my son because he sometimes behaved out in public..." (Parent 13, father of a 22-year-old man with ASD)

In contrast, nearly all participants appreciated the inclusiveness of U.S. public schools, for example:

"...I believe that the environment here encourages children's independence and self-regulation, and that the schools allow students to discover their resources... I mean, one of my son's goals was to be able to explore resources independently. He grew up in an environment that was repressive and sometimes humiliating to him, so I believe the entire education system here is quite fair and helpful for him to gain confidence in himself..." (Parent 3, mother of a 22-year-old man with ASD)

However, experiences in private schools were more mixed:

"... The principal did not want him, but he also did not want to refund our tuition. So, he devised a strategy of calling me every day and complaining about my son, in the hopes that I would drop out so they would not have to repay me..." (Parent 5, mother of an 8-year-old boy with ASD)

"... The school told me, either you hire someone to help him, or you come in and support him yourself. The therapist I hired became unavailable, and I had to accompany him to class on occasion. After two more similar incidents, I suddenly felt that this was humiliating for me – they do not care what parents think." (Parent 2, mother of an 8-year-old boy with ASD)

Some parents also noted disparities in service quality across regions:

"...We were in Detroit at the time — you may have heard of it; this city has very limited public services. My son was in a special class, and there were three substitute teachers in a class of 15–16 students. In addition to the IEP, no other services were offered. Moreover, the IEP was a very general plan, not specifically tailored to his requirements." (Parent 8, mother of a 9-year-old boy with ASD)

"...We were in Oregon; I got a referral from his pediatrician. We went through the entire procedure. He had a speech delay, and we only got a speech service that was like an old lady coming to our house once a week. They said based on where we lived and his diagnosis, that was the only service they could provide... so we moved over here to Santa Barbara because the intervention services and all that are way better than in Oregon." (Parent 10, mother of a 9-year-old boy with ASD)

Such insights reveal how access to resources, including financial, geographic, and social, affect families' ability to obtain high-quality services. These experiences reflect the influence of both objective and social capital (e.g., moving to better districts, knowing how to access help).

In summary, the embodied cultural capital these parents brought with them included both strengths (e.g., strong family values and high aspirations for education) and challenges (e.g., stigma and unfamiliarity with formal support systems). Navigating the U.S. field of special education required them to adapt and, in many cases, transform their perspectives. This dynamic interplay between home and host culture experiences is a central thread in their decision-making narratives.

To provide a clearer overview of the findings' structure, Table 2 below summarizes the main and sub-themes that emerged from the analysis. These themes are organized according to Bourdieu's three forms of cultural capital.

Table 2: Summary of Main and Sub-Themes Organized by Forms of Cultural Capital

Main Theme	Sub-theme				
	Expectations				
Embodied Cultural Capital	Beliefs About ASD Trajectory				
	Social and Academic Priorities				
Institutionalized Cultural Conital	Professional/Educational Background				
Institutionalized Cultural Capital	System Knowledge and Navigation				
	Comparison with Home Country Cultural Attitudes toward ASD				
Objectified Cultural Capital	Experiences in U.S. Public and Private Schools				
	Geographic Disparities in Service Access				

DISCUSSIONS

This study highlights the complex and dynamic role of cultural capital in shaping how the first-generation immigrant parents navigate the special education system for their children with ASD. The findings illustrate how parents' evolving perspectives on disability, their access to resources, and their advocacy efforts interact with systemic structures to influence their decisions and actions. Immigrant parents' experiences reveal a process of adaptation, where their cultural beliefs and prior knowledge are reshaped through interactions with schools, service providers, and advocacy networks. The study highlights the importance of tangible resources and community-driven support systems in enabling parents to engage effectively with the special education system.

Shifting Perspectives and Advocacy

The results show that first-generation immigrant parents often carry deeply ingrained cultural attitudes toward disability, including ASD, that originate from their home countries' social norms. Many participants described how pervasive stigma and shame associated with disabilities in their heritage culture influenced their initial perceptions and decisions, which is a finding consistent with prior research on cultural influences (e.g., Fong et al., 2021; Maxwell et al., 2016). For instance, as discussed, some parents experienced negative or dismissive reactions from family or community members back home, which initially led them to conceal their child's diagnosis or avoid seeking help. However, exposure to the more accepting environment in the U.S. began to alter these attitudes. Our study underscores how these parents' beliefs reflect a blend of perspectives: they retain elements of their heritage culture's view on disability while simultaneously adapting to the more disability-positive (or at least disability-aware) norms of the host society. This evolution is a form of embodied cultural capital development. Parents internalize new values and understandings, which then shape how they approach services for their child.

One notable embodied cultural value was the strong emphasis on education and achievement, particularly among parents from Asian backgrounds, which aligns with cultural attitudes reported in other studies (e.g., McCabe & Deng, 2018). In our sample, 10 of 13 parents, regardless of their background, expressed that academic success remained a key goal for their child even after they immigrated. This contributed to an interesting tension: while they wanted inclusion and happiness for their child, many also hoped their child could eventually

excel academically or have a career. This value placed on education is tied to objectified cultural capital in practice: parents sought educational materials, tutoring, or therapies that they believed would help their child succeed. At the same time, we observed that these attitudes were modulated by practical factors such as the child's ASD severity and the family's time in the U.S. For example, parents with older children or those who came to recognize the lifelong nature of ASD often adjusted their goals to focus more on life skills and well-being (the "happiness" orientation) rather than purely academic milestones.

Interactions with other parents and communities also influenced service preferences. Interestingly, several participants noted that they did not rely heavily on local immigrant community organizations for support, contrary to what one might expect. Instead, meaningful assistance often came from shared experiences with other parents facing similar challenges, regardless of ethnicity (including American-born parents of children with disabilities). This finding underscores the role of institutionalized cultural capital and social capital: parents gained confidence and legitimacy through engagement with formal support systems and broad parent networks (such as school district-run parent groups or nationwide autism organizations), rather than through informal ethnic community ties. In effect, their advocacy networks often extended beyond their ethnic group.

Defining Advocacy in a New Context

A key theme in our discussion is the emergence of advocacy as a means of building and sharing cultural capital. In this context, advocacy refers to a range of proactive efforts by parents on behalf of their children. It includes informal advocacy within schools and healthcare settings (for example, persistently communicating with teachers, requesting necessary accommodations, or learning about special education law to better assert their child's rights). It extends to formal or collective advocacy in the community (for example, organizing workshops for other immigrant families, or participating in advisory boards and support groups). Despite initial hesitancy due to cultural deference to professionals, many immigrant parents in our study became strong advocates over time. This transformation often occurred as they accrued both knowledge and social support, essentially converting cultural and social capital into advocacy action.

Our findings illustrate that advocacy served not only as a means for these parents to access better services for their children but also as a vehicle for transforming and disseminating cultural capital within their communities. Four of the 13 participants described engaging in advocacy or community outreach, including sharing information about autism services with newly arrived immigrant families, organizing or leading parent support groups in their linguistic community, or collaborating with local disability rights groups. Through such advocacy activities, parents increased their understanding of ASD (gaining more embodied and institutionalized capital) and also helped raise awareness and acceptance of autism in their cultural communities. In essence, advocacy became a way to bridge the gap between the immigrant community and the formal institutions.

IMPLICATIONS

For Practice

The findings from this study offer several practical implications for educators, school staff, and professionals working with immigrant families. First, culturally responsive communication is essential; educators should acknowledge and incorporate parents' beliefs and values, for instance, by inviting input during the IEP process and using translated materials or interpreters to enhance understanding. Second, building trust is crucial, especially for families who may have previously experienced exclusion. Schools can foster this trust through empathetic interactions, clear explanations of procedures, and support from cultural liaisons or experienced parent mentors. Finally, partnering with community organizations can help expand immigrant families' access to reliable information and support networks. Hosting workshops in families' native languages on topics like special education rights can strengthen their objectified cultural capital and promote more equitable participation.

For Training

To implement these practices, teacher preparation and professional development programs must prioritize cultural responsiveness and sensitivity. School districts should offer training on engaging culturally and linguistically diverse families, using case studies to highlight common misunderstandings and effective communication strategies. Pre-service programs for educators and specialists should include content on immigration and acculturation and incorporate direct engagement with immigrant families to foster empathy and develop practical skills. These approaches will help future professionals recognize the cultural capital immigrant parents bring and respond with greater sensitivity and effectiveness.

LIMITATIONS

This study included 13 participants and has certain limitations. While qualitative research does not require large samples, the relatively small number of participants may limit the generalizability of the findings to all first-generation immigrant parents of children with ASD. The use of convenience and snowball sampling resulted in an overrepresentation of immigrant parents from Asian backgrounds (10 out of 13), potentially excluding perspectives from underrepresented regions. Additionally, recruiting through personal networks and referrals made it difficult to ensure complete anonymity among participants (some parents were acquainted with each other), which may have influenced how freely they shared sensitive information.

The authors also acknowledge the absence of a formal assessment of inter-coder reliability in the analysis. However, they addressed credibility through peer debriefing and consensus-building within the research team. Reflexivity was practiced throughout the study to mitigate these influences, including maintaining research memos to examine bias and soliciting external peer review of the theme coding.

Despite these limitations, the study offers in-depth insights that can inform culturally responsive policies and practices in special education. The rich qualitative data highlight how immigrant status, length of residency, and cultural perceptions of disability intersect to shape parents' experiences, which are nuances that may be overlooked in larger quantitative studies.

CONCLUSIONS

This study highlights how cultural capital and support networks shape immigrant parents' decisions regarding autism services for their children. Many parents in our sample experienced cultural stigma toward disabilities and turned to online peer networks rather than local ethnic communities for guidance. This suggests that support systems should be built around shared experiences in navigating special education, not simply cultural affiliation. Key aspects of cultural capital, including language skills, knowledge of U.S. special education law, and evolving beliefs about disability, enable parents to make informed choices and advocate effectively. Some parents transformed their experiences into communal resources, helping others and challenging stigma within their communities.

For educators and clinicians, the findings emphasize the importance of recognizing and engaging immigrant families' cultural knowledge. Building trust and collaborative relationships with parents can improve outcomes for children with ASD. Respectful communication and closing information gaps are essential.

Policy efforts should prioritize culturally responsive practices. School districts could consider hiring cultural liaisons or parent coordinators who share the linguistic or cultural backgrounds of families. Ensuring that interpreters and translated materials are available for IEP meetings and parent workshops would further empower families.

Future research should continue to investigate the intersection of cultural capital and disability services. Community-based participatory research (CBPR), involving immigrant parents as collaborators, can help ensure more culturally grounded and relevant findings. Longitudinal studies that follow families from diagnosis through various educational stages would shed light on how advocacy and resource utilization evolve.

Ultimately, expanding sample sizes and examining the experiences of more diverse immigrant groups will enhance our understanding of these issues. Comparative studies across communities, such as those from East Asia, South Asia, Africa, and Latin America, can reveal group-specific needs and strategies. By continuing this line of inquiry, researchers and practitioners can help ensure that immigrant families of children with ASD are not only included in the system but are also supported and empowered throughout their journey.

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DECLARATION OF INTEREST STATEMENT

The author reported no potential conflict of interest.

ETHICAL STATEMENT

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