

## Beliefs and Perspectives of Multicultural Parents Regarding Disability and Special Education

Elvira Sanatullova-Allison, Texas A&M University-Kingsville, [elvira.allison@tamuk.edu](mailto:elvira.allison@tamuk.edu)

### Abstract

This article is an examination of the way in which disability, labeling, and special education are perceived by parents of racially and culturally diverse backgrounds. The purpose was to determine whether immigrant or minority parents had significantly different perceptions of the nature, cause, and treatment of disability in their children than the perceptions of the dominant racial and cultural group in the United States. If these parent perceptions were found to be different, the goal was to understand how and why these differences occurred and what could be done by the schools to provide the most appropriate and beneficial education and service to all parents so that they do not feel alone, excluded, or unheard in the special education process of their children.

### Key Words

ethnically and culturally diverse students, disability, special education

### Preferred citation

Sanatullova-Allison, E. (2024, December 31). Beliefs and perspectives of multicultural parents regarding disability and special education. *Texas Journal for Multicultural Education*, 1(2), 76-85.  
<https://doi.org/10.70144/es010207cs>

The Individuals with Disabilities Education Act (IDEA) was created in 1990 on the basis of the Education for all Handicapped Children Act. The purpose of IDEA is to provide free, appropriate public education for all students with disabilities from the age of three to 21 (U.S. Department of Education, 2005). IDEA is a legislative act, meaning that, by law, public schools must provide the most necessary and appropriate services so that all students have an equal opportunity of being successful. In order to receive services under IDEA, a child must be identified, evaluated, and qualify under one or more of thirteen disability categories: Autism, Blindness, Deafness, Emotional Disturbance, Hearing Impairment, Intellectual Disability,

Multiple Disabilities, Orthopedic Impairment, Other Health Impaired, Specific Learning Disability, Speech or Language Impairment, Traumatic Brain Injury, or Visual Impairment (Center for Parent Information and Resources, 2014). After being placed under one of these diagnostic categories, a student is then eligible to receive services written into an Individualized Education Program (IEP). The IEP, the services it provides, and the eligibility determination (which will be referred to as a “label” of disability category) stay with that student for as long as they continue to require special education services, and the IEP “team” feels as though the label is appropriate.

This eligibility determination, or label, is often viewed as problematic in the United States. Lauchlan and Boyle (2007) found that there is an over-reliance on labeling students, and this labeling creates negative outcomes for the students. Oftentimes, the student, teacher, and parents are unsure what the label actually means (Lauchlan & Boyle, 2007). Other times, teachers reduce the expectations for students with these labels, not pushing them to achieve more or even meet their full potential (Lauchlan & Boyle, 2007). Most critically, however, is the bullying and stigmatization that is associated with these labels. According to Gillman et al. (2000), an eligibility determination can influence the identity of an individual. The quality of life of that individual and those around him or her can be affected. It is this stigma around special education and its associated labels that are so harmful to students and their families. Students are victims of intended and unintended consequences at school, and parents and other family members often feel those consequences as well. Green et al. (2005) state that “labeling involves not only the perception that someone is different, but also the assignment of social import to that difference” (p. 197). The authors found that parents of a child with a disability feel social constraints and that the presence of a disability creates social awkwardness and interferes with ordinary social interaction (Green et al., 2005). Similarly, Werner and Shulman (2015) found that, not only does stigma impact family members, but the nature or severity of the disability (Autism, Intellectual Disability, Physical Disability) plays a role in how much or how often those family members perceive stigma.

It is with all of this information in mind that a divide is often created between school professionals and families. Teachers and other school personnel are often the ones who notice delays or deficits in young children and request that they be evaluated for special education services. Many teachers and school professionals feel as though they are acting in the student and family’s best interest – they want the child to

receive as much help as they need, so an IEP and special services seem like the best way to achieve goals. It is not uncommon, however, for parents to be surprised, upset, or confused about the school’s recommendations. Parents and other caregivers often do not want their child to be seen as “different” or “special.” The negative consequences of an IEP and special education label outweigh the potential benefits for many families (Gillman et al., 2000). The divide between schools and families is even greater when considering culturally and linguistically diverse (CLD) students and families. Communication, expectations, and a lack of appreciation of the others’ experience is what most notably drives this wedge. Many school professionals cannot relate to the experience of an immigrant parent or parent with a different linguistic or cultural background. Again, these representatives of the school appear to have the best interest of the student and family in mind, but often do not take the time to consider the differences in perspective between the two parties.

### Objectives

The primary objective of this article was to determine how beliefs and perspectives regarding disability and special education differ among parents of different racial and cultural backgrounds. The examination of the research on labeling and parent perceptions showed that many individuals viewed the idea of a label negatively. In a 2011 study, Scior (2011) found that age, educational attainment, and prior contact with someone with an intellectual disability could predict attitudes towards that disability. This article aimed to examine the effect that race had on an individual’s perceptions, not just of intellectual disabilities, but disability and special education in general. As Kayama and Haight (2013) state in their research, “conditions that affect children’s learning and behaviors are widespread, but cultures vary in responses to children with such difficulty and their families” (p. 24).

The secondary objective was to look more closely at the differences that exist within public

schools in the United States. The U.S. is a country of immigrants – everyone has ties to somewhere else. This is mirrored within public schools as well. Too often, the educational system in the United States assumes an approach that is overly “Americanized” or “naturalized.” Mainly focusing on U.S. history and perspectives, neglecting diverse cultural narratives, prioritizing English language to the detriment of other languages, and assuming a singular “American” identity as the norm, these practices can potentially marginalize and alienate students from diverse backgrounds. School policies, procedures, and even curricula often do not consider the multicultural and pluralistic nature of the U.S. society. By determining how parents of diverse racial and cultural backgrounds actually perceive special education and disability diagnosis, the school system could potentially alter existing practices or adopt new practices to meet these individuals where they are and, thereby, create a more equitable learning environment for all students, regardless of their background. Rather than expecting CLD parents to see things *our way*, schools should instead make a conscious effort to see things *their way*, while letting their voices be heard and giving them ownership in decision-making processes regarding their children’s education. Even if no differences in perception are found among different racial or cultural groups, there are still opportunities to take these results and use the information to make all parents more comfortable and involved in the special education process.

### **Literature Review and Relevant Findings**

It must first be determined what constitutes differences in race and culture, and how those concepts are defined. Race and ethnicity in the United States is perhaps most formally outlined by the U.S. Census Bureau and the Office of Management and Budget (OMB). OMB does not give a formal definition of race, but instead states that, for the purposes of the U.S. Census, race is based on social definition of what is recognized in this country – they do not attempt to define race

based on biology, anthropology, or genetics. Race, as a social construct, is widely considered to be a group of people who share similar physical characteristics. Ethnicity, on the other hand, is a category for individuals who relate to each other based on cultural factors such as language, social, and cultural experiences (Chavez & Guido-DiBrito, 1999). In fact, in 1997, the American Anthropological Association recommended that OMB combine the “race” and “ethnicity” categories into one question for the 2000 census. They stated that consolidating these terms would allow for a term that is more meaningful, more salient for research purposes, and had fewer negative connotations (American Anthropological Association, 1997). However, the U.S. Census Bureau and OMB have not put that call into action. The 23rd federal census in 2010 asked about both race and ethnicity – it first asked if the person is of Hispanic, Latino, or Spanish origin. These choices are considered to be ethnicities rather than races. The census then asks for the person’s race, giving the following choices: White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Other Asian, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, or Some Other Race (U.S. Census Bureau, 2010). It is these distinctions and definitions that this article uses when considering the terms “race” and “ethnicity.”

According to Pai et al. (2006), culture is seen “as the knowledge, beliefs, values, skills, and behaviors of a social group” (p. 4). Pai et al. (2006) further state that culture is adaptive – it changes based on the situations and needs of the people – and passed from generation to generation. It is important to understand the distinctions between race, ethnicity, and culture in the context of this article, which examined parents of children with disabilities who identify as a racial minority in the United States (i.e., non-White), which also includes the Hispanic or Latino ethnicities. However, just because one belongs to a racial or ethnic group does not mean that they subscribe to

all of the cultural beliefs or practices of that group. Pai et al. (2006) summarize this concept by stating:

“in a culturally diverse society such as ours, the various educational agents, especially the schools, must deal with the issues, problems, and needs arising out of the relationship between the dominant and minority cultures [...] Educators need to realize that the processes of teaching and learning are influenced by the core values, beliefs, and attitudes, as well as the predominant cognitive and communication styles and linguistic patterns, of a culture.” (p. 6)

The mixture between dominant and minority cultures is the subject of some turmoil for CLD students and their families. Ravindran and Myers (2012) conducted a study in which they examined the beliefs and practices regarding Autism in Indian families. Their research found that the birth of a child with a disability in India is seen as a tragedy and is sometimes considered the result of sin or previous mistakes. While these children were loved and supported, the cultural beliefs surrounding the cause and the way to best treat a child born with Autism may be considered different or strange in the Western world. The authors surveyed parents who identified as Indian but were not currently living in India. These parents were asked about their beliefs regarding the cause and treatment of Autism Spectrum Disorders. The findings revealed that about one-third of the participants called on more traditional, native beliefs of India that would not be commonly held in the Western world. The majority of these participants were well-educated and familiar with Western medical perspectives but had a challenging time abandoning the cultural beliefs of their home country. The parents stated that they would prefer to seek treatments that combined their traditional beliefs with those of the Western culture.

Similarly, in a study by Maloni et al. (2010), Bangladeshi mothers of children with disabilities were interviewed about their perceptions of the disability in general, treatment practices, and expectations for the future of their children. The results found that the mothers' perceptions were

highly influenced by family members. Even with a biomedical understanding of the disability and its treatment, the traditional beliefs of family members lead to conflicting views and perceptions of treatment practices. Although the authors suggest rehabilitation and education programs as means to alter the mothers' perceptions, it is important that the cultural beliefs and practices be recognized and respected.

It is important to recognize the root of these differences in cultural beliefs. In many instances, the difference in perspective is based in language. According to Palawat and May (2012), disability in Thai culture is referred to as *pikan*, which means “incompletion.” They give two words for disability in Chinese culture, *ts'anchang* and *ts'anfei*, which mean “individuals with barriers and worthlessness” (Palawat & May, 2012). Just the simple root meaning behind a word can play a large part in how society in general views something. In addition, religious views are found to play a role in how disability is perceived. In addition to the Indian beliefs cited by Ravindran and Myers (2012), other Asian cultures hold similar views of the cause of disability (Palawat & May, 2012). For instance, some parents in Thailand were found to have kept children with visual impairments away from religious ceremonies because they believed that the child contained some type of evil spirit (Palawat & May, 2012). Once again, however, it is important to keep these linguistic and religious differences in context. Skinner and Weisner (2007) state that individuals from diverse cultural groups are likely to perceive the world in distinct ways and are likely to have different expectations. Therefore, culture is likely to affect one's concept or perception of disability, and that perception is only considered different or problematic when examined outside of that individual culture.

In fact, in regard to religion, a study by Bywaters et al. (2003) sought to examine whether evidence supports the stereotypical view that Pakistani and Bangladeshi families in the United States do not provide adequate care for their children with disabilities based on their religious beliefs. They discovered that, while religion did not

seem to play a significant role in the lives of some parents, it was one of many other factors that played into parents' perceptions and decisions. Moreover, the results of their study showed that these parents found more problems in caring for their children with disabilities, due to institutional and structural racism rather than their own religious beliefs. While poorly informed of their child's medical diagnosis, these parents showed no evidence of making culturally-based medical decisions. Similarly, data from McHatton and Correa (2005) show that Mexican and Puerto Rican mothers of children with disabilities felt discriminated against based on their culture and the nature of their child's disability. In fact, they perceived the majority of the discrimination they felt to come from strangers and school professionals.

The Bywaters et al. (2003) and McHatton and Correa (2005) studies illustrate an essential problem in the relationship between professionals and families. Communication is poor and concepts, practices, and procedures are not explained clearly and appropriately. Decisions are then made without adequate input from the families. Even more troubling is the stereotyping, stigmatizing, and prejudice that exist, as the Bywaters et al. (2003) and McHatton and Correa (2005) studies show. Skinner and Weisner (2007) describe the sociopolitical world that multicultural families of children with disabilities must navigate as being full of discriminatory practices, policies, and programs. According to Harry (2008), deficit views of CLD families, cross-cultural misunderstandings, different values, and different perceptions of roles are common barriers to the implementation of ideal practices in special education. The Skinner and Weisner (2007) research also highlights an important distinction about the different concepts of culture. Culture is generally considered to be something that ethnic groups share, but they have identified a change from that understanding to one in which culture is considered to be a "system of meanings and practices that evolves between families, the medical and service community, and larger

political, social, and economic worlds" (Skinner and Weisner, 2007, p. 9).

When considering this type of culture, collaboration is essential. Relationships between school professionals and CLD families can range from being coercive and authoritarian to being democratic and collaborative (Olivos et al., 2010). The authors explain that collaboration requires that school agents accept the community, culture, power, and knowledge of multicultural students and families. Olivos et al. (2010) also state that these school agents must align their own values and beliefs, along with those of the school in general, to the families they serve. Relationships are not democratic when this alignment is not put into practice. It is critical that CLD families be given the time and space to express themselves. They must receive equal power and autonomy in the decision-making process (Olivos et al., 2010). If they are not given this power, Lamorey (2002) argues that parents may become defensive, deferring to their familiar, traditional, and cultural ways of understanding and supporting. Their beliefs can be a protective buffer between themselves and the new, challenging societal and cultural pressures being put onto them. Hence, according to Lamorey (2002), teachers, administrators, and other school officials must not attempt to break down these barriers. This implies that, instead of trying to pressure CLD parents to assimilate or abandon their cultural identities to fit a singular educational model, school professionals should actively work to understand and accommodate these differences to create a welcoming and safe environment for all parents, regardless of their backgrounds. Thereby, through these intentional and respectful of cultural boundaries efforts, any barriers hindering communication and understanding may be successfully overcome.

Parents who feel respected and as though they are considered equal partners have been found to be more likely to participate throughout their child's academic career (Lo, 2012). It is up to the school professionals to provide the CLD population with the knowledge and skills to take on

these roles that are expected of parents. It cannot be assumed that these parents will know what is expected in U.S. school culture, and they are not to blame if they do not meet these expectations (Lo, 2012).

The first step in creating a more democratic and collaborative school environment for culturally diverse students and families is to view all students from a strength-based perspective rather than from a deficit viewpoint (Harmon et al., 2009). According to the research by Harmon et al. (2009), it is important that classrooms reflect the belief that cultural differences are actually what schools and families can share. These differences must be appreciated, respected, and valued. Chamberlain (2005) argues that if they are not, the students will feel the negative impact. He further states that schools should implement and encourage policies that view diversity as an asset. He also offers suggestions for school staff, such as professional development opportunities and reducing high stakes testing for CLD students, which might foster a better relationship with multicultural parents and families.

### **Theoretical Framework**

There are several theoretical perspectives that may contextualize the results of this literature analysis. For instance, Social Identity Theory, first proposed by Henri Tajfel in the 1970s, might support research that shows the allegiance and commitment one has to their social or cultural group (Tajfel & Turner, 1979). This theory considers how one's group membership influences his or her self-concept, and it is what gave rise to the concepts of the "in-group" and the "out-group" (Tajfel & Turner, 1979). In essence, it is the idea of "us" versus "them." According to Social Identity Theory, individuals draw pride and self-esteem from the groups to which they most identify (the in-group). Tajfel and Turner (1979) state that it is because of this self-identification and resulting pride that leads to stereotyping, discriminating, and looking unfavorably upon other groups (the out-group). A study by Trepte (2006) shows that, in order to evaluate in-groups and out-groups, there

are three mental processes that one must go through. First is social categorization, which is the act of assigning categories to oneself and others, based on perception (Trepte, 2006). Second is social identification, in which one adopts the identity of the group or category to which they have been assigned (Trepte, 2006). For example, if one identifies as a musician, it is likely that they will begin to exhibit behaviors believed to be indicative of a musician. Finally, in the social comparison process, people typically begin comparing their group to other groups (Trepte, 2006). Differences in disability perspectives may result from this theory. CLD parents identify socially with their racial or cultural group, and, throughout time, they begin to adopt the identity or beliefs of that group. Then, when encountering conflicting viewpoints or perspectives, which contradict their established beliefs, they may begin to feel challenged or threatened. The same could be applied to school professionals. Social Identity Theory shows just how difficult it is to abandon deep-rooted identities and beliefs, even when presented with new information or experiences.

The cross-cultural perspective that identifying and labeling students in public schools with disability categories is negative may be attributed to Labeling Theory or Modified Labeling Theory. Link et al. (1989) built on the concept of Labeling Theory and proposed a modified labeling perspective in which they claim that labeling an individual may not directly produce mental challenges (as the previous theory suggested) but can lead to negative outcomes. The researchers found that socialization leads individuals with disabilities to develop a set of beliefs about how others perceive and treat them (Link et al., 1989). These individuals retreat and are less likely to socially interact when they feel this type of judgment and mistreatment. Link et al. (1989) also found that individuals with disabilities may attempt to educate others about their situation, but that they sometimes prefer withdrawal or secrecy. This theory can potentially be connected to the way in which individuals with disabilities and their parents or family members feel about

disability. It has been shown that parents feel the stigma and negative associations of a special education label and that they will take action to alleviate that stress and stigma. The Modified Labeling Theory goes a long way to support the reasons why many parents feel that way. It should be the goal of schools and school professionals to eliminate this feeling. By empowering, educating, and listening to parents who feel this way about the label of their child, change and reparation can occur.

Finally, attribution bias may explain why research shows that stereotypes and prejudices exist within the relationships between CLD parents and schools. Attribution bias, brought fully into realization by Harold Kelley, is a cognitive bias that is based on the reasons that people try to explain or justify the behavior or beliefs of others (Kelley, 1967). These explanations are often rooted in misinformation and misconception, meaning that the reason many people believe that one might act or think a certain way is based on incorrect attributions. These attributions do not accurately mirror reality, but they provide individuals with a sense of false comfort in that they can explain or justify a behavior, even if that perception is skewed. One such example could be an assumption that cultural beliefs and practices are the reason why CLD parents and families do not always provide needed attention and appropriate care to children with disabilities. Racial or ethnic stereotypes are often used to explain the behavior of others when, in reality, that behavior is not caused simply by the culture of the individual. These kinds of attributions, sometimes incognizantly made by school professionals, may lead to further overgeneralizations and misconceptions, by perpetuating the cycle of disconnect.

### **Discussion, Implications, and Conclusion**

This article attempted to explore how parents of different racial and cultural backgrounds perceived disability and special education. The overall findings provide a basis for

future empirical research and practical implications in the school system.

The literature review indicates that there are both subtle and more pronounced differences in the way individuals perceive disabilities both inside and outside of schools. These differences are often centered around deeply ingrained traditional cultural beliefs passed from generation to generation. However, it is imperative to remember that just because an individual identifies with a particular racial, ethnic, or cultural group, it does not necessarily imply that they indiscriminately subscribe to these traditional beliefs. For instance, Ravindran and Myers (2012) state in their study, “we can neither assume that families from other cultures, including India, share similar viewpoints about Autism Spectrum Disorders (ASDs) and approaches to treatment as the Western world, nor can we assume that these views are different” (p. 7). The reviewed literature also reveals that there are many distinct reasons for these differences in perspective. While cultural issues, particularly language and religion, can play a significant role, they do not paint the entire picture. Lack of knowledge and resources, often brought about by stereotypes and prejudices from the Western world, can lead to parents feeling unsure of what to do for their children. While many perceive this apparent parental inaction as an assumed extension of their cultural beliefs, in reality, it is often the lack of community outreach and parental inclusion that these CLD parents encounter when trying to navigate rather unfamiliar and often intimidating realities of the U.S. educational system. This brings us to the next theme from the existing literature – the pervasive problem in the way that schools and school professionals perceive parents of diverse racial and cultural backgrounds. Too often it is presumed that these parents should and will conform to the norms, expectations, and requirements of the dominant cultural group. This is not an appropriate, caring, or effective practice. In order to constructively address these deficit views, schools need to begin looking at cultural differences as positive, enriching, and

empowering aspects of their increasingly diverse communities. They need to give ownership to CLD parents in decision-making processes, by letting their voices be heard and considered as well as by trusting and respecting their parental views. Only then can schools best meet the needs of all students and all families – not just those who look, speak, behave, or think like the majority of the community.

Furthermore, although there is a growing body of research investigating beliefs and perspectives of multicultural parents regarding disability and special education, especially those of Asian American (as discussed earlier) and African American (Pearson & Meadan, 2018; Shippen et al., 2009; Williams, 2007; Zions et al., 2003) backgrounds, more studies are needed to explore unique insights into Native American and Hispanic American parental experiences (Morgan et al., 2018; Murry & Wiley, 2017; Nelson, 2017; Robinson-Zañartu & Majel-Dixon, 1996). A future study, for instance, may aim to examine a school district in a culturally diverse community. By seeking the perspectives of all parents of children with disabilities in that district, one may find a representative sample of many different racial and cultural groups. The way in which those individuals perceive disability, special education labels, and associated stigma may go a long way in explaining how immigrant or minority parents feel across the nation. This type of research is imperative, given the bias, misunderstanding, and marginalization perceived by some racial and cultural groups. To further examine the way in which these individuals perceive the concept of disability in schools, a concept which many in the Western world do not think twice about, could be very fruitful. If there is culturally sensitive parent education and concurrent open parent-school communication that need to occur in order to ease the concerns of CLD parents, schools can and should be taking every necessary step to do that, first and foremost, for the benefit of the children needing special education services.

To reiterate and conclude, it all starts with open-mindedness, acceptance, and respect. It

can be easy to perceive the beliefs, values, and practices of another as strange, misguided, or even inappropriate or hurtful. However, until a meaningful school-family-community communication is started, and a mutual understanding is achieved, that impeding educational gap, especially for CLD students with special needs, will never be thoughtfully closed.

## References

- American Anthropological Association (1997). *A brief history of the OMB directive 15*. <http://www.americananthro.org>.
- Bywaters, P., Ali, Z., Fazil, Q., Wallace, L. M., & Singh, G. (2003). Attitudes towards disability amongst Pakistani and Bangladeshi parents of disabled children in the UK: Consideration for service providers and the disability movement. *Health and Social Care in the Community*, 11(6), 502-509.
- Center for Parent Information and Resources (2014). *Evaluating children for disability*. <http://www.parentcenterhub.org/repository/evaluati#idea>
- Chamberlain, S. P. (2005). Recognizing and responding to cultural differences in the education of culturally and linguistically diverse learners. *Intervention in School and Clinic*, 40(4), 195-211.
- Chavez, A. F., & Guido-DiBrito, F. (1999). Racial and ethnic identity and development. *New Directions for Adult and Continuing Education*, 1999(84), 39-47.



- Gillman, M., Heyman, B., & Swain, J. (2000). What's in a name? The implications of diagnosis for people with learning difficulties and their family carers. *Disability & Society, 15*(3), 389-409.
- Green, S., Davis, C., Karshmer, E., Marsh, P., & Straight, B. (2005). Living stigma: The impact of labeling, stereotyping, separation, status loss, and discrimination in the lives of individuals with disabilities and their families. *Sociological Inquiry, 75*(2), 197-215.
- Harmon, C., Kasa-Hendrickson, C., & La Vonne, I. N. (2009). Promoting cultural competencies for teachers of students with significant disabilities. *Research and Practice for Persons with Severe Disabilities, 34*(3-4), 137-144.
- Harry, B. (2008). Collaboration with culturally and linguistically diverse families: Ideal versus reality. *Exceptional Children, 74*(3), 372-388.
- Kayama, M., & Haight, W. (2013). Disability and stigma: How Japanese educators help parents accept their children's differences. *Social work, 59* (1), 24-33.
- Kelley, H. H. (1967). Attribution theory in social psychology. In *Nebraska symposium on motivation*. University of Nebraska Press.
- Lamorey, S. (2002). The effects of culture on special education services: Evil eyes, prayer meetings, and IEPs. *TEACHING Exceptional Children, 34*(5), 67-71.
- Lauchlan, F., & Boyle, C. (2007). Is the use of labels in special education helpful? *Support for Learning, 22*(1), 36-42.
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A modified labeling theory approach to mental disorders: An empirical assessment. *American Sociological Review, 400-423*.
- Lo, L. (2012). Demystifying the IEP process for diverse parents of children with disabilities. *Teaching Exceptional Children, 44*(3), 14-20.
- Maloni, P. K., Despres, E. R., Habbous, J., Primmer, A. R., Slatten, J. B., Gibson, B. E., & Landry, M. D. (2010). Perceptions of disability among mothers of children with disability in Bangladesh: Implications for rehabilitation service delivery. *Disability and Rehabilitation, 32*(10), 845-854.
- McHatton, P. A., & Correa, V. (2005). Stigma and discrimination perspectives from Mexican and Puerto Rican mothers of children with special needs. *Topics in Early Childhood Special Education, 25*(3), 131-142.
- Morgan, P. L., Farkas, G., Cook, M., Strassfeld, N. M., Hillemeier, M. M., Pun, W. H., Wang, Y., & Schussler, D. L. (2018). Are Hispanic, Asian, Native American, or

language-minority children overrepresented in special education? *Exceptional Children*, 84(3), 261-279.

Murry, A.T., & Wiley, J. (2017). Barriers and solutions: Direction for organizations that serve Native American parents of children in special education. *Journal of American Indian Education* 56(3), 3-33.

Nelson, M. (2017). *Indigenous parents of students with special needs in education: The lived experience (thesis)*. Vancouver, BC, Canada: University of British Columbia.  
<https://open.library.ubc.ca/collections/ubc-theses/24/items/1.0343287>

Olivos, E. M., Gallagher, R. J., & Aguilar, J. (2010). Fostering collaboration with culturally and linguistically diverse families of children with moderate to severe disabilities. *Journal of Educational and Psychological Consultation*, 20(1), 28-40.

Pai, Y., Adler, S.A., & Shadiow, L.K. (2006) *Cultural foundations of education* (4<sup>th</sup> Ed.) Pearson/Merrill/Prentice Hall.

Palawat, M., & May, M. E. (2012). The impact of cultural diversity on special education provision in the United States. *Journal of the International Association of Special Education*, 13(1), 58-63.

Pearson, J. N., & Meadan, H. (2018). African American parents' perceptions of diagnosis and services for

children with autism. *Education and Training in Autism and Developmental Disabilities*, 53(1), 17-32.

Ravindran, N., & Myers, B. J. (2012). Beliefs and practices regarding autism in Indian families now settled abroad: An internet survey. *Focus on Autism and Other Developmental Disabilities*, 28 (1), 44-53.

Robinson-Zañartu, C., & Majel-Dixon, J. (1996). Parent voices: American Indian relationships with schools. *Journal of American Indian Education*, 36(1), 33-54.

Scior, K. (2011). Public awareness, attitudes and beliefs regarding intellectual disability: A systematic review. *Research in Developmental Disabilities*, 32(6), 2164-2182.

Shippen, M. E., Curtis, R., & Miller, A. (2009). A Qualitative analysis of teachers' and counselors' perceptions of the overrepresentation of African Americans in special education: A preliminary study. *Teacher Education and Special Education*, 32(3), 226-238.

Skinner, D., & Weisner, T. S. (2007). Sociocultural studies of families of children with intellectual disabilities. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(4), 302-312.

Tajfel, H. & Turner, J.C. (1979). An integrative theory of inter-group conflict. In J.A. Williams & S. Worchel (Eds.), *The social psychology of inter-group relations* (pp. 33-47). Wadsworth.

Trepte, S. (2006). Social identity theory. In J. Bryant & P. Vorderer (Eds.), *Psychology of entertainment* (pp. 255-272). Lawrence Erlbaum Associates.

U.S. Census Bureau (2010). 2010 Form. [http://www.census.gov/schools/pdf/2010form\\_info.pdf](http://www.census.gov/schools/pdf/2010form_info.pdf).

U.S. Department of Education (2005). *History: Twenty-five years of progress in educating children with disabilities through IDEA*. <http://www2.ed.gov/policy/speced/leg/idea/history.pdf>.

Werner, S., & Shulman, C. (2015). Does type of disability make a difference in affiliate stigma among

family caregivers of individuals with autism, intellectual disability or physical disability? *Journal of Intellectual Disability Research*, 59(3), 272-283.

Williams, E. R. (2007). Unnecessary and unjustified: African-American parental perceptions of special education. *The Educational Forum*, 71(3), 250-261.

Zionts, L. T., Zionts, P., Harrison, S., & Bellinger, O. (2003). Urban African American families' perceptions of cultural sensitivity within the special education system. *Focus on Autism and Other Developmental Disabilities*, 18(1), 41-50.