



Understanding the influence of cultural beliefs on the experiences of Latina mothers of children with autism spectrum disorder

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ABSTRACT

Disparities in the diagnosis and access to services for children with autism spectrum disorder (ASD) persist amongst Latino children compared to non-Latino White children. This qualitative study focuses on the experiences of Latina mothers of children and youth with ASD (aged 5–20 years) to explore how cultural beliefs influence their acceptance of their child's diagnosis and their willingness to seek intervention services. Eleven Latina mothers participated in individual semi-structured interviews; eight interviews were conducted in Spanish. Interviews revealed the following themes: (1) resilience, (2) family resistance to accept the ASD diagnosis, (3) lack of understanding of ASD, (4) a sense of relief, (5) heavy emotions, (6) negative family response, (7) support and understanding outside the family, and (8) mothers as advocates for their children. Findings highlight the importance of addressing cultural beliefs and barriers that interfere with diagnosis and appropriate services for children ASD in the Latino community. Implications for policy and practice are discussed.

Autism spectrum disorder (ASD) is a developmental disability that begins before the age of 3 years and lasts throughout a person's life. ASD can affect many aspects of life such as behavior, communication, learning, and interaction with others. It is characterized by ongoing social difficulties that include issues with communication, repetitive behaviors, and/or limited interests or activities (American Psychiatric Association, 2022). The most recent data available shows that 1 in every 31 children aged 8 years has been identified with ASD (Centers for Disease and Control [CDC]; 2025).

Though it affects individuals from all races, ethnicities, and socioeconomic groups, the prevalence of ASD diagnoses in children varies amongst groups (Gallin et al., 2024). Diagnostic disparities are especially notable among Latino children in the U.S. (i.e., children residing in the U.S. with origins from anywhere in Latin America and/or the Caribbean, regardless of race; U.S. Census Bureau, 2025). ASD is diagnosed less often among Latino compared with non-Latino White children with similar clinical presentations (Christensen et al., 2016; Mandell et al., 2009). The current autism prevalence rate for Latino children aged 8 years is 3.30 %, compared to 2.77 % of White children (Shaw et al., 2025). Further, compared with non-Latino children, Latino children are more often diagnosed with ASD later in life, usually with more severe symptoms (Montiel-Nava et al., 2017).

This disparity is a major issue, as early diagnosis and access to services are essential for improved long-term outcomes for individuals with ASD (Gabbay-Dizdar et al., 2022). A reliable diagnosis is the first step in improving the developmental trajectory of a child with ASD, allowing them to obtain intervention services as needed (James & Smith, 2020). Evidence suggests earlier onset of

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intervention leads to greater likelihood of an improved developmental trajectory (Koegel et al., 2014). Despite the significance of early diagnosis and access to services for children with ASD, there are barriers to both for Latino families in the U.S.

One barrier to diagnosis and access to services for Latino children with ASD may be cultural perceptions of disability (Jones, 2024). Perceptions of disabilities, such as ASD, vary between cultures and have implications for how a disability may be treated, as culture frames worldview and helps people make sense of what they know (Ravindran & Myers, 2012). Research has found negative perceptions of an ASD diagnosis within Latino culture, including rejection, ignorance, and negative evaluations from family and community members (Cohen & Miguel, 2018) found. Such negative perceptions may have damaging effects on parents of children exhibiting ASD symptoms and their ability to attain a diagnosis or treatment (Ennis-Cole et al., 2013). For instance, Zuckerman and colleagues (2014) found that Latino parents would hide a child with ASD due to concerns that family and community members may think that the child was merely improperly disciplined.

Dealing with a child's ASD diagnosis can be a difficult process for any parent. Parents' have reported feelings of shock and difficulty with acceptance (Gabbay-Dizdar et al., 2022). Lopez et al. (2018) found that Latino and White mothers had similar reactions to their child's ASD diagnosis, reporting depression, devastation, denial, loss, disbelief, and guilt. Though facing a diagnosis is not an easy process, caring support from family and community members may alleviate concerns (Walsh, 2003). To date, there is a lack of research studying how Latino parents navigate their child's disability after facing a diagnosis, particularly amongst mothers – who are often the primary caregivers for children in the Latino culture (Gordillo et al., 2020). This study seeks to fill this gap by specifically examining the experiences of Latina mothers navigating an ASD diagnosis and accessing services for their children.

Indeed, culture carries a strong influence on many aspects of one's life. In addition to shaping one's understanding and attitude toward disability, cultural values may offer protective factors for individuals experiencing difficulty or hardships (Clauss-Ehlers, 2010). In Latino culture, family is the social core where cultural values and social conventions are transmitted (Bandura, 1977). *Familismo* is a foundational value deeply rooted in Latino culture. *Familismo* relates to feelings of loyalty, solidarity, and reciprocity among family members, emphasizing family honor (Lugo Lugo Steidel & Contreras, 2003). For families of children with ASD, *familismo* may offer benefits, such as increased support from family members. Alternatively, *familismo* could result in the desire to avoid family members' negative perceptions of disability. In turn, this could lead to avoiding ASD diagnosis and/or ASD-related services in the Latino community. Studying cultural influence on the perception of disability will provide important information regarding how Latino families navigate a diagnosis of ASD. In particular, the experiences of Latina mothers are uniquely shaped by cultural expectations tied to *familismo*, the role of family, and stigma associated with disability in the Latino culture. As Latina mothers often serve as primary caregivers, they must navigate the pressure that arises from their central role within the family.

Theoretical frameworks

Walsh's (2003) family resilience framework is the overarching theoretical framework for this study. This framework provides a guide to processes that assist families through adversity by identifying family processes that can reduce stress and vulnerability in high-risk situations, foster healing and growth out of crisis, and empower families to overcome prolonged adversity. While an ASD diagnosis can present challenges, the family resilience framework views challenges as something to overcome, ultimately strengthening the family. The key processes of the family resilience framework that are directly applicable to this study are clarity, social resources, and open emotional expression. These processes help delineate the importance of rejecting negative perceptions of disabilities in Latino culture and, instead, create an environment of acceptance and support for Latina mothers of children with ASD.

Intersectionality theory is another framework that helps examine how factors such as socioeconomic status, immigrations status, and gender intersect with cultural beliefs to shape the experiences of Latina mothers of children with ASD. Intersectionality theory stresses the need for consideration of different social dimensions such as racialized identity, gender and class in order to properly understand the social context acting on individuals (Axelsson Fisk et al., 2021). Together, the family resilience framework and intersectionality theory offer a comprehensive lens to explore systemic barriers and cultural strengths shaped by intersecting social identities, revealing both the stressors and sources of resilience that may influence Latina mothers' acceptance of ASD diagnosis and services. While the family resilience framework highlights the internal strengths and coping strategies families use to adapt to an ASD diagnosis, intersectionality theory contextualizes these experiences within broader social and cultural contexts allowing for a deeper understanding of how intersecting identities shape both challenges and sources of resilience for Latina mothers.

While existing literature confirms disparities in ASD diagnosis and access to ASD-related services for Latino children, as well as stigmas surrounding disability in the Latino culture, more research is needed to understand how cultural beliefs influence experiences of Latina mothers. Despite the growing body of literature on ASD, there is a limited understanding of how cultural perspectives influence Latina mothers of children with ASD and their acceptance of their child's diagnosis and willingness to seek services. This study aimed to fill this gap by exploring the cultural dynamics at play within the Latino community affected by ASD. Specifically, we addressed the following research questions: (1) How do cultural beliefs about ASD influence Latina mothers' acceptance of their child's ASD diagnosis? and (2) How do cultural beliefs about ASD influence Latina mothers' willingness to seek services for their child with ASD?

Method

Recruitment

Purposeful sampling was used for recruitment. Flyers describing the study were shared via email with a non-profit disability

support organization for Latinos located in Los Angeles, California. The agency was selected because it served our target research population and its geographic proximity to the researchers. The agency then shared study flyers with their members. Snowball sampling was used to recruit additional participants through participants' personal networks.

Participants

To participate in this study, participants were required to be aged 18 years or older, identify as Latina, and be a mother of child(ren) diagnosed with ASD aged 2–20 years. For our study, Latina was defined as a person residing in the U.S. with origins from anywhere in Latin America and/or the Caribbean, regardless of race (U.S. Census Bureau, 2025). Eleven Latina mothers of children diagnosed with ASD participated in the study. Eight interviews were conducted in Spanish and three were conducted in English. See Table 1 for participant overview.

Research design

We used a multi-case study qualitative research design to explore the effects of cultural beliefs of ASD on Latina mothers' acceptance of their child's ASD diagnosis and willingness to seek services. Multi-case studies explore one or more cases within a bounded system (i.e., a setting or a context; Creswell et al., 2007). In our study, participants collectively represent a defined system that is bounded together by identifying as mothers within the Latino community who have children diagnosed with ASD.

Data collection

The study was approved by the university Institutional Review Board prior to conducting interviews. Research questions guided the interview protocol. Interview questions were developed by the researchers and designed to explore participants' experience navigating their child's ASD symptoms and diagnosis while considering their cultural beliefs about ASD. See Table 2 for interview questions in English and Spanish. The first author is bilingual and conducted individual, semi-structured interviews with all 11 participants. Interviews were held virtually via Zoom and recorded using the audio recording feature embedded in the software. Interviews ranged from 20–40 min (mean = 25 min).

Data analysis

Interview audio files were uploaded to the software *Sonix* for transcription. Interviews conducted in Spanish were translated to English. To verify accuracy of the transcription and translations, all audio files were reviewed and compared alongside their transcription; corrections were made as needed. Transcripts were then uploaded to NVivo for analysis.

Data were coded using Braun and Clarke's (2006) six-step framework for thematic analysis. This six-step process involved familiarization with the data, generating codes, combining codes into themes, reviewing themes, determining significance of themes, and reporting findings. Using this framework, we were able to use a top-down approach driven by the research questions. The initial round of coding encompassed a comprehensive exploration of the data to familiarize the researchers with the data. Second, codes were generated for data that were related to the research questions. Third, the codes consistent across participants were condensed into themes. In the fourth step, themes were reviewed and modified as needed. This involved focusing on patterns that emerged from participants' interviews by re-reading each participant's transcripts to see how responses aligned with themes. Next, we determined the significance of themes and refined themes by re-reading transcriptions and editing themes to accurately reflect participant experiences. This layered approach to data analysis allowed for an understanding of the complexities within each participant's narrative and how they relate to one another to draw meaningful conclusions.

Table 1
Participant information.

Participant	Language	Age Child Diagnosed with ASD	Current Age
Participant 1	Spanish only speaker	Child diagnosed at 3	6
Participant 2	Spanish only speaker	Child diagnosed at 2	Current age not shared
Participant 3	English speaker	Child diagnosed at 4	12
Participant 4	Spanish only speaker	Child diagnosed at 7	13
Participant 5	English speaker	Child diagnosed at 3	7
Participant 6	Spanish only speaker	Child diagnosed at 13	17
Participant 7	English speaker	Child diagnosed at 3	11
Participant 8	Spanish only speaker	Child diagnosed at 7	20
Participant 9	Spanish only speaker	Child diagnosed at 3	10
Participant 10	Spanish only speaker	Child diagnosed at 5	20
Participant 11	Spanish only speaker	Children diagnosed at 10 and 2	12 and 5

Table 2
Interview questions.

English	Spanish
1. Tell me about your child.	1. Háblame de tu hijo/a
2. What did you and your family know about autism before your child's diagnosis?	2. ¿Qué sabían usted y su familia sobre el autismo antes del diagnóstico de su hijo?
3. When did you first suspect your child had a disability? How did you respond to your child's symptoms when you first noticed them?	3. ¿Cuándo sospechó por primera vez que su hijo tenía una discapacidad? ¿Cómo respondió a los síntomas de su hijo cuando los notó por primera vez?
4. At what age was your child diagnosed with autism?	4. ¿A qué edad le diagnosticaron autismo a su hijo?
5. How did you feel when your child was diagnosed?	5. ¿Cómo se sintió cuando le diagnosticaron a su hijo?
6. How did your Latino culture influence your ability to accept your child's diagnosis?	6. ¿Cómo influyó su cultura latina en su capacidad para aceptar el diagnóstico de su hijo?
7. How did your family and friends react to your child's diagnosis? Was it difficult to tell them? Why?	7. ¿Cómo reaccionaron su familia y amigos ante el diagnóstico de su hijo? ¿Fue difícil decírselo? ¿Por qué?
8. Who do you turn to for advice regarding your child with autism? Why?	8. ¿A quién acude para pedir consejo sobre su hijo con autismo? ¿Por qué?
9. Prompt (if do not mention family) - Do you feel like you can turn to your family? Why/why not?	9. Preguntar (si no menciona a la familia) - ¿Siente que puede recurrir a su familia? ¿Por qué por qué no?
10. Does your child receive any autism-related services? (e.g., behavior therapy, special education, speech and language, etc.) Did anything prevent you from obtaining these services for your child before you did?	11. ¿Recibe su hijo algún servicio relacionado con el autismo? (p. ej., terapia conductual, educación especial, habla y lenguaje, etc.) ¿Hubo algo que le impidió obtener estos servicios para su hijo antes de hacerlo?

Study integrity

To ensure study integrity, the two authors engaged in peer debriefing. Peer debriefing is a collaborative process in which two or more qualified researchers engage in informal and formal discussions to review and assess emerging and final codes, themes, and findings of a given study (Janesick, 2015). At each stage of this project, the two authors discussed codes and themes. Any disagreements were resolved through discussion and consensus; inter-rater reliability was not calculated. Further, research logs (pen and paper) were utilized to reflect on findings and our personal reactions and relations to them. This practice aimed to keep us aware of our personal connection to the research and allowed us to critically examine our identities in relation to findings.

Author positionality

The first author identifies as a Latina woman. She has observed the stigmatization of disability in the Latino culture and witnessed both acceptance and denial (or a lack of openness to seeking ASD-related services) from parents of children with ASD – initiating her interest in exploring the topic. The second author identifies as a White woman. She has provided disability services to Latino children with ASD and their families. To mitigate potential biases, peer debriefing was used to reflect on personal connections to data, as well as the identification and interpretation of emerging themes.

Results

Impact of cultural beliefs on ASD diagnosis

Our first research question explored how cultural beliefs of ASD influence Latina mothers' acceptance of their child's ASD diagnosis. The following five themes emerged from the data: (1) resilience, (2) family resistance, (3) lack of understanding of ASD, (4) a sense of relief, and (5) heavy emotions.

Resilience

Participants touched on the distance family created and the dismissive comments they received from their family as a response to their child's diagnosis, resulting in the need for mothers to find strength and resilience within themselves. Participant 5, the mother of a 7-year-old with ASD, shed light on her challenges to find support and guidance:

In terms of advice, like I definitely don't think I can really turn to them [family] for things. One, you know, the Latino culture I feel like can be very stubborn and everybody thinks that their way is the right way at least. Or maybe it's just my family, but everyone has an opinion and everybody thinks their opinion is correct. I still get pushed back and I still get them like giving their opinion on things that they don't understand. Um, so it's hard to really turn to them. I think a lot of this journey has been, um, just me kind of figuring it out on my own and doing my homework and learning how to advocate for my child and learning what my child needs.

Despite facing opposition, Latina mothers developed a sense of self-reliance as they took it upon themselves to learn about ASD. Becoming informed on ASD helped reshape their perspectives and allowed them to rely on their own knowledge. Participant 4, the mother of a 13-year-old son with ASD, shared the transformative impact of her child's diagnosis on her role as a mother:

I have learned a lot. I can tell you that I am a speech therapist, without being a speech therapist. I'm a lawyer, without being a lawyer. I have faced people that I never thought I would face because of my son. That's why I tell you, I get English when I barely understand it. Many people have confronted me about my son. That's why I tell him that he is my life teacher.

Family resistance

Participants also expressed resistance from family members to accept an ASD diagnosis. When asked how her family responded to her child's diagnosis, Participant 10, the mother of a 20-year-old, shared:

I think negatively. Everyone said "No, it wasn't true, you're always exaggerating. That is not true. They are crazy. How can it be if something like this has never happened in the family? This shouldn't have happened. What did you do to him?"

Participant 6, the mother of a 17-year-old daughter, provided a personal account of her mother's response to her child's diagnosis:

So it was very difficult because I said ... they are not going to love her, they are going to say things about her. For example, when she was a baby, my mother lived here, and my mother carried her and she cried and cried. She told me "Look, she doesn't love me," but it wasn't that she didn't love her, it was that she didn't want to be with her. Maybe because of the textures of the clothes, maybe because of the perfume. I don't know, because until now I don't know why, but she cried when my mom hugged her. And I told her "No, mom, look, it's because of her autism." "No, no, no. Which autism? That does not exist, that is not true, she has nothing."

Disbelief and reluctance of family members to accept a diagnosis was an additional layer of adversity for Latina mothers navigating ASD.

Lack of understanding of ASD

Many mothers touched on the lack of understanding from their family as they initially navigated their child's diagnosis. Participant 5 elaborated:

And like the lack of understanding from my family and like understanding what the diagnosis is, what, you know, what comes with the diagnosis. Um, my uncles and my grandma and stuff, they still say things that is kind of like. It seems like they're still in denial of what, you know, his life is going to look like, or they'll make comments in front of him. And it's just it's still hard because I can still see like, okay, they still don't get it. Like a lot of them saw it as like a burden. So I think that was difficult seeing them refer to my child as a burden. Because to me, it's like regardless of what's going on, like, he's not a burden, he's my child. I think in their eyes they were just like, this is going to be a lot of work. And they also didn't fully understand what autism was, so that was a whole other side of it.

Similarly, Participant 8, the mother of a 20-year-old with ASD, shared:

The truth is that it didn't help much because unfortunately for Latinos, if it's a child with autism, they think it's a capricious child, spank it and that's it. But they do not know that when a child with autism is crying, it is not because of a tantrum, but because it is too much stimulation for them. When my children were little from my family, from my relatives, I never felt the support in understanding my child or supporting me in my child's diagnosis. No, because they don't really understand the diagnosis.

Blaming the mother. While most participants received negative responses from their family, some were also blamed for their child's ASD diagnosis. Participant 6 recounted a distressing encounter of blame from her mother-in-law: "My mother-in-law said, 'it's just that when you had the girl you were already very big, and it was your fault.'" Participant 10 shared a similar experience:

I even had an uncle - because my daughter is sometimes a little aggressive - and his wife told me that my daughter was like that because I didn't hit her. So, I said "Well to each their own, I don't believe [in that]."

Participant 5 also described the effect of blaming mothers in Latino culture:

I kind of learned that I'm the expert of my child and I need to remember that. And although, like, I love my family and I love my culture, my culture truly doesn't understand it. And many times things are blamed on the mother. Rather, that's, you know, for lack of, you know, for not reprimanding my child enough or for whatever reason, not hugging my child enough. There's always these beliefs in the Latino culture.

These accounts collectively underscore the lack of understanding surrounding ASD.

A sense of relief

For many Latina mothers raising a child with ASD, obtaining a diagnosis for their child came with a sense of relief, representing a gateway to getting the support they needed for their child. Participant 11, the mother of two children with ASD aged 12 and 5-years-old, shared:

So, for me, the diagnosis of my oldest son was a pleasure for me to say okay, you have it and they are going to help you. Yes, I already made an effort to ensure that you also managed to have the need, that is, that your needs were heard. So for me it was like a pleasure, it was not like a shock, it was like a victory to say we did it.

Participant 3, the mother of a 12-year-old son with ASD, echoed a similar sentiment of relief:

Honestly, I was, like, relieved because I didn't know like, I just didn't know, like, how to help him. And I felt like it was at least, like, kind of provided, like, a small map, which, again, like, I feel like people don't know enough and like agencies don't work cohesively enough to like, really be able to help you. But it was still like a lot of relief.

These mothers' reflections weave a narrative of relief as they received an acknowledgement of their child's condition.

Heavy emotions

While some mothers felt a sense of relief after their child was diagnosed with ASD, others experienced feelings of disillusion, worry, denial, and/or grief. Participant 10 shared:

I felt very bad. I felt devastated. Disillusioned, I felt like I had lost something... I felt very bad, and I didn't understand the diagnosis very well. Even when for the first time they told me that it could be autism and I looked it up and I didn't understand, I continued, in a way I denied it.

Participant 2 also shared her thoughts of having an altered family post-diagnosis:

The other thing that is related to culture is, well, ignorance. Yes, the ignorance of the details, not and above all the fear of rejection, the fear of being classified as a child, as stupid as a retarded child, as a "less" than child. So, there are a lot of feelings that a family receives. Concern. In the fear of rejection, of no well what is going to happen. I am no longer a normal family.

Participant 5 also shared her worry and grief when noticing symptoms of ASD in her child:

To be honest, like, I was pretty worried. I think I was in a little bit of denial and I think I started kind of entering this, like, stage of grief that I didn't realize until much later on. Now I look back and I realize that I was really beginning to grieve, you know, when I realized like, there is something going on. This is not typical development. Um, so it was, it was, it was hard. I think I was in a lot of denial. I listened a lot to the people around me who didn't have the same knowledge I had about autism.

The emotional landscape following an ASD diagnosis clearly encompassed a range of reactions for these mothers.

Impact of cultural beliefs on willingness to seek ASD services

Our second research question addressed how cultural beliefs of ASD influence Latina mothers' willingness to seek services for their child with ASD. Three themes emerged: (1) negative family response, (2) support and understanding outside the family, and (3) mothers as advocates for their children.

Negative family response

Findings suggest that mothers were open, if not eager to obtain services for their diagnosed child; however, their family were critical of ASD services. Participant 10 described her family's reaction to ASD services:

My mom thinks it's a waste of time. I'm just wasting time that I should be dedicating to being at home. Better take care of her. Take care of them. "You go from therapy to therapy all the time. And I don't know if that's going to help." ...My sister even once told me, "Oh, I don't know why so much therapy. If I were you, I would have already canceled everything, I wouldn't go."

Participant 6 shared her family's reaction to her child's services:

They said no, that I was crazy, that she had nothing, that I wanted to see things they didn't, that I just wanted to be with her without working, that I just wanted to be at home and that's why I was making things up.

The gap between the mothers' proactive approach and their families' negative reactions paints a picture of the cultural hurdles that Latina mothers encounter as they navigate obtaining services for their children with ASD.

Support and understanding outside the family

While mothers were met with resistance and a lack of understanding from their family, they found support from a different source—other Latino mothers raising a child with ASD. Participant 10 shared:

Usually, I hang out more with parents who have children with disabilities because well, I feel like we understand each other more. Ah, because even though I see it in my family, even though my daughter has been with us for years, I still hear those words and those comments. Just two years ago, visitors came from where I'm from and when my mother was alone with this person, she told her, "Oh, the girl turned out sick" and that is a negative comment for me. So, I say no one who is not in the same situation is going to understand exactly what is happening. And many, even if they understand you, at least in Latino culture, I think they try to hide their children as much as possible.

Participant 6 described the understanding amongst other mothers of children with ASD:

I am in many mothers' groups. There I began to meet groups of parents, there I began to attend classes and among mothers we talk... we advise each other and then there are mothers who are just coming into this world, and I always know what they feel, so there, there we talk with them.

The empathetic support from a community of mothers with shared experiences helped navigate the landscape of raising a child with ASD, providing not only practical advice but a shared emotional understanding.

Mothers as advocates for their children

The journey through an ASD diagnosis and seeking services transformed these mothers into advocates for their children, providing them with a newfound sense of empowerment. Participant 4 described her efforts to secure services for her child:

I have had to fight for some more services in the school district. I had to fight for the one-on-one aid. Everyone told me that they weren't going to give it to me if I didn't have a lawyer. And I said, well, who else but me? I had to spend three hours at the meeting giving my points of view, even to the point where the person from the special education department at that time was very harsh with me. And I won it. That's why I tell you that you learn to overcome everything.

Participant 9, the mother of a 10-year-old with ASD, portrayed herself as a warrior in the face of adversity:

I know it's not easy but as a Latina mother, I say, I planted myself at a point of we are warriors and we do not give up for any reason especially when it has to do with our kids. I can say that my child was my driving force, he was my greatest driving force to face the situation and well whatever happened, I knew I had to fight to get him ahead. My son doesn't have much language, he doesn't do conversations, but I am the voice of my son.

The participants not only embraced the challenges of securing services for their child but also evolved into advocates empowered by love and responsibility for their children.

Educating others. Participants not only became advocates for their children, but they also took on the responsibility to educate those in their social networks who were uninformed about ASD. Participant 5 described educating her family:

My family can have whatever belief they want. I'm going to do what I think is best for my child because I'm the expert at the end of the day when it comes to my child. And I've really educated my family on that, and I've really educated my family on how I want them to speak about my child and how I want them to speak to other people about him and his diagnosis.

Similarly, Participant 7, the mother of an 11-year-old daughter, persisted for years to educate her family, not only about her daughter's diagnosis but also the specific ways they could support her independence:

So, the goal for hubby and me is to make her as independent as possible. Right? Grandmas baby her. You know, it's like to this day, they try to spoon feed her. You know, they wipe her. I was like, "don't put the bib on her, Granny." She's 11... the goal is for her to learn how to do these things by herself.

These narratives highlight the roles of Latina mothers of children with ASD as advocates and educators.

Discussion

Our study explored how cultural beliefs impact Latina mothers of children with ASD. Though interviewing 11 Latina mothers, we identified several themes that provide insight into how Latina mothers navigate their child's ASD diagnosis and services. Our findings have significant implications for practice and policy.

Navigating their child's ASD diagnosis, Latina mothers in our study initially responded to their child's ASD diagnosis with two reactions: (1) "heavy" feelings (e.g., disillusion, worry, denial, grief) or (2) a sense of relief as the diagnosis represented a gateway to getting the support they needed for their child. Though most mothers in our study were accepting of their child's diagnosis, they were impacted by the effect of cultural beliefs about ASD held by members of their immediate social circles, including family members. Participants shared an array of challenges they faced amid learning to accept their child's diagnosis, including isolation as their family distanced themselves and/or blamed the mothers for their child's disability. Family members also resisted the child's ASD diagnosis. Some mothers were met with a lack of understanding from their family as to what autism truly was, while other family members denied that autism exists. However, in the face of adversity and isolation, mothers developed a sense of self-reliance as they educated themselves on ASD and potential services for their child.

Latina mothers shared they were open and eager to obtain services for their children (e.g., behavior therapy, speech therapy, etc.). However, mothers were faced with negative responses from their family members who believed such services were not helpful. Despite the negative responses received from their family, mothers found support and guidance from other parents — specifically other Latina women who were raising a child with ASD. These parent-to-parent networks helped mothers navigate the landscape of raising a child with ASD, as they provided practical advice regarding services and emotional understanding. Mothers also gained a sense of empowerment as they became advocates for their children. While fighting for their children's services, mothers also took on the responsibility to educate those in their social networks who were uninformed about ASD. Though Latina mothers were open to obtain services for their child, the impact of cultural beliefs regarding ASD negatively impacted them. Although Latina mothers were open to obtaining services for their child, cultural beliefs regarding ASD impacted them. Specifically, *familismo* shaped how mothers internalized their experiences and navigated family resistance. For some, *familismo* created a pressure to conform to expectations or avoid

bringing shame to the family. In turn, this complicated the mother's willingness to openly discuss their child's diagnosis or seek support.

Indeed, various studies have explored the perceptions of disabilities in Latino culture and its effects on parents of children diagnosed with ASD. Findings from our study closely align with some of those findings. Similar to our study, Zuckerman, Sinche, Mejia et al. (2014) found that barriers to an ASD diagnosis in the Latino community included lack of information about ASD and mental health and disability stigma. In a 2016 study, (Ijalba, 2016) interviewed 22 primary caregivers to study how Latino immigrant mothers of children with ASD understand and cope with ASD. Similar to our findings, all mothers in Ijalba's study reported feeling socially isolated and stigmatized, which ultimately led to mothers developing a strong sense of self-reliance. Similarly, Cohen and Miguel (2018) studied ASD beliefs among immigrant Mexican parents. Participants described rejection, ignorance, and negative evaluations from family and community members regarding their child's behavior. Similar to our findings, mothers in Cohen and Miguel's (2018) study felt judged for their child's behavior and their response to it.

While our findings align with certain aspects of prior research, they are also contradictory to some. For example, findings from Calzada 's et al. (2014) study found that *familismo*, a protective factor that promotes well-being through its emphasis on family support, provides a vital social network of family members and fosters healthy maternal functioning and, in turn, benefits their young children. By this definition, *familismo* should foster healthy experiences for Latina mothers of children with ASD facing stigma over their child's diagnosis. However, our findings demonstrate a lack of protective factors typically associated with *familismo*. This may be due to the familial separation that Latina mothers of children with ASD in our study commonly experienced. Participants' family members responded to their child's ASD diagnosis with a lack of understanding; mothers experienced isolation as their family pulled away. Latina mothers instead created a new and different level of *familismo*, as mothers created a community with other parents of children with ASD.

We also identified a theme that is rarely reflected in the literature - Latina mothers as empowered advocates for their children with ASD. Obtaining knowledge and becoming educated about ASD significantly helped mothers raising a child with ASD. As Latina mothers gain knowledge, they are able to better advocate for their child's needs (Burke et al., 2019). Participants in our study shared a sense of empowerment as they became advocates for their children. Mothers also took on the responsibility to educate those in their family and community about ASD, in an effort to build disability awareness and acceptance. When considering similar studies conducted with non-Latina mothers from different cultural backgrounds, Lopez and Magaña (2020) explored perceptions of family problems and pessimism among Latina and non-Latina white mothers raising children with ASD. Findings revealed that White mothers had higher levels of perceived family problems and pessimism compared to Latina mothers.

Family resilience framework

Walsh's (2003) family resilience framework provides a conceptual map to identify key family processes that can empower families to overcome adversity, reduce stress, and foster healing and growth — offering a positive lens to interpret our findings. Three key family processes directly relate to our findings: clarity, social resources, and open emotional expression (Walsh, 2003). First, clarity refers to clear and consistent messaging. Clarity about causes and characteristics of ASD (from doctors, diagnosticians, and service providers) could lead to a better understanding from family regarding ASD and alleviate misconceptions, removing blame from the mother and reassuring family that a child with ASD is not “sick” or a burden. Second, social resources refer to kin and social networks, which offer vital lifelines in times of trouble (Walsh, 2003). In our study, Latina mothers found practical and emotional support from other Latina mothers of children with ASD — creating their own communities (social resources) to meet their unique needs. Finally, open emotional expression encompasses communication, empathy, and tolerance for differences (Walsh, 2003). Open emotional expression could allow Latina mothers to share their feelings with family and community members without a fear of rejection, alleviating stressors that exist while raising a child with ASD in the Latino culture.

Intersectionality theory

Findings from this study underscore how intersectional factors such as socioeconomic status, immigration status, and cultural expectations shaped the experiences of Latina mothers of children with ASD regarding stigma, support-seeking, and advocacy. Challenges such as limited financial resources, lack of access to culturally appropriate services, and fears tied to immigration status often led to feelings of isolation and stress. The intersectionality theory is critical to understanding how Latina mothers' overlapping identities led to barriers that influenced their ability to navigate their child's ASD diagnosis and access needed services.

Implications for policy and practice

Findings from this study have clear implications for policy and practice. First, these findings call attention for the need to raise awareness of ASD in the Latino community. Developing and promoting a family-centered approach to understanding a diagnosis may be beneficial to address the lack of understanding of ASD (Myers et al., 2021). Involving immediate and extended family members in the diagnostic process, providing information about ASD, and addressing concerns may help foster an informed family and thus a supportive environment. Further, clinicians should utilize culturally responsive strategies when supporting Latino families who are navigating an ASD diagnosis and determining appropriate services for their child. For instance, offering bilingual resources can bridge language barriers by explaining a diagnosis in culturally relevant terms and help families access services with greater confidence.

A second implication concerns education and outreach. Based on these findings, anti-stigma campaigns launched at both

community and institutional levels could challenge misconceptions about ASD, specifically those in communities with a high number of Latino families. These campaigns should emphasize the importance of family support and understanding in the well-being of both the child with ASD and their mother. The inclusion of cultural knowledge, values, attitudes, and behaviors are needed in parent education and outreach to address the unique needs of the Latino population (Rodríguez & Dueñas, 2023). Recently, researchers have begun to develop such practices. For instance, Magaña and colleagues (2017) developed Parents Taking Action, a culturally relevant parent education intervention to teach Latino families about autism, available services, and evidence-based practices. Latino parents who participated in Parents Taking Action demonstrated significant increases in knowledge of autism, advocacy, and efficacy in addressing their child's social communication skills.

Third, our findings call attention to the need for mental health support for Latina mothers of children with ASD. Mothers in this study experienced a range of emotions as they navigated their child's diagnosis and services. These feelings were exacerbated when mothers were met with a lack of familial understanding and support, blame, and negative reactions. As mothers are often the primary caregivers for children with ASD (Gordillo et al., 2020), more resources should be made available to support Latina mothers.

Finally, findings from this study highlight the importance of community. When mothers lacked familial support, they turned to other parents of children with ASD. Family support groups for parents of children with ASD with cultural affiliations may provide comfort to parents who are navigating cultural stigmas around disability and feeling unsupported, isolated, or in a state of grief (Clifford & Minnes, 2013). Knowing that they are not alone in their experiences may provide parents with a sense of belonging.

Future research

Findings from the current study are an important contribution to the limited research base on the experiences of Latina mothers as they navigate their children's ASD diagnosis and access ASD-related services. However, future research should expand on our study, incorporating additional data sources, such as surveys or focus groups, and a larger number of participants to confirm our findings. Given the complexity between cultural beliefs, family dynamics, and the experiences of Latina mothers raising a child with ASD, future research should also further examine the long-term implications of cultural beliefs on the experiences of Latina mothers of children with ASD. This may include longitudinal studies examining mothers' mental health, well-being, and mother and child outcomes.

Examining the psychological impact of a child's ASD diagnosis on Latina mothers is crucial, considering the disability-related stigma and blame they navigate. Exploring how these factors contribute to increased stress, anxiety, or depression may highlight areas of need for this population and provide insight for the development of targeted support services. Future studies could examine "What are Latina mothers' coping mechanisms in response to the isolation, blame, and resistance from family members?" Further, examining the cultural competence of mental health services available to Latina mothers raising a child with ASD could offer valuable information.

Exploring the experiences of Latino fathers to children with ASD may also provide a more comprehensive understanding of family dynamics in the Latino community affected by ASD. For instance, "How do Latino fathers navigate an ASD diagnosis?" and "How do Latino fathers paternal roles differ for their children with an ASD diagnosis vs. those without?" By focusing on both parents' experiences, future studies can explore how each parent contributes to the overall well-being of the child with ASD and the family as they navigate an ASD diagnosis.

Lastly, the findings of the current study highlight the transformative journey that mothers of children with ASD undergo as advocates and educators for their children's needs. Future research should expand on this by exploring "What are the long-term psychological and physiological effects of advocacy on Latina mothers and their children?" Understanding the long-term effects of maternal advocacy on the well-being (e.g., quality of life) and outcomes (e.g., academic achievement, adult employment) of children with ASD will provide valuable insight into the impact of mothers' advocacy efforts beyond the family context.

Limitations

This study has limitations that should be acknowledged. First, there are limitations related to our sample. Findings from this study were based on 11 interviews from Latina mothers belonging to one disability support agency. No data were collected on participants' subethnic identities (e.g., the participants' countries of origin) and the age range of participants' children were not limited to one developmental phase. Second, although steps were taken to mitigate bias, the authors' cultural identities and previous experiences may have resulted in bias during data analysis and interpretation. Third, due to resource limitations, member checking was not conducted. Member checking would have enhanced the credibility of research by allowing participants to review and confirm the accuracy of interpretations. Finally, interrater reliability, which can enhance the reliability of findings (O'Connor & Joffe, 2020), was not calculated during the coding process. These limitations should be considered when interpreting the study's findings, as they may affect how broadly the results can be applied as well as the generalizability of conclusions. However, findings from qualitative studies are meant to highlight participants' experiences, rather than generalize to a larger population. Even with these limitations, this study is an important contribution to the research on Latino families affected by ASD, as well as diagnosticians and service providers working with Latino families.

Conclusion

This qualitative study highlights the effect of cultural beliefs of ASD on Latina mothers' acceptance of their children's ASD diagnosis and their willingness to obtain services. Findings shine a light on lack of understanding of ASD within the Latino culture,

leading to negative responses from family. In turn, mothers experienced isolation, worry, denial, and/or grief when navigating an ASD diagnosis and seeking ASD-related services for their children. Despite these challenges, Latina mothers did not give up. Rather, they developed self-reliance by educating themselves, creating their own communities of support, and becoming empowered advocates for their children.

CRedit authorship contribution statement

Andrea Montilla: Writing – original draft, Formal analysis, Data curation, Conceptualization. **Kelli A. Sanderson:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Conceptualization.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.reia.2025.202629](https://doi.org/10.1016/j.reia.2025.202629).

Data availability

The authors do not have permission to share data.

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