

Untold Stories of US Immigrant Mothers of D/HH Children

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Abstract

In the United States, one unresearched or undiscussed immigrant population is immigrant parents of children with disabilities. Research shows that immigrant parents of deaf and hard of hearing (D/HH) children migrate to the US to find better opportunities, resources, and services for their D/HH children and an environment in which their D/HH children can thrive away from the native country's social-cultural stigma (Steinberg et al., 2002; Stone-MacDonald, 2019). Like many other parents of D/HH, they lack previous interactions with a D/HH person; they experience challenges and stress when raising their D/HH children; however, being an immigrant with a D/HH child is a unique experience. Using the lens of community cultural wealth (Yosso, 2005) and an intersectionality framework (Crenshaw, 1989), the current study examines the lived experiences of US immigrant parents of D/HH children and their journey to resilience.

Keywords: immigrant; deaf; deaf children; immigrant mothers; community cultural wealth; intersectionality framework

Immigrants who relocate to the United States are sometimes accompanied by their children with special needs, adding to the tremendous number of hurdles they must learn to navigate. Generally, immigrants go through life-changing experiences involving stressors such as career changes, unfamiliar networks, separation from relatives, and change in their citizen status (Glick, 2010; Gonzales, 2017). Moreover, when an immigrant parent has a child diagnosed with a disability, they face the additional challenge of caring for their special-needs child and accessing appropriate health care and special education services and support, all of which create a great deal of stress as the parents search for answers in a confusing new cultural setting (Chiri, 2012; Millau et al., 2016). Hence, immigrant parents of children with disabilities experience double the pressure of immigration and disability. In addition, most of these parents lack access to services for their children due to cultural differences and a lack of experience with local systems, worsened by the lack of translated materials and/or interpreters to assist them in understanding what is available and presented to them (Povenmire- Kirk, 2010).

In the case of D/HH children, US immigrant parents often are not proficient in either English or American Sign Language. Generally, 90-95 percent of D/HH children are born to hearing parents, and one of the biggest challenges for all parents of D/HH children is language and a communication system (Kushalnagar et al., 2010). Lack of a shared language between

parents and their D/HH children is a struggle no matter what language hearing parents speak, and additional language barriers between parents and service providers in the host country compound their parents' stress; these communication problems prevent them from effectively supporting their D/HH children (Crowe, 2013; Gerner de Garcia, 2000; Steinberg et al., 2002). Also, parents' response after their child's diagnosis as D/HH varies along a continuum, ranging from those accepting the diagnosis and willing to learn alternative ways of communication to those rejecting that the child is D/HH and being unwilling to learn to communicate and interact with the child (DesGeroges, 2016). Therefore, the experiences of US immigrants who are also hearing parents of D/HH children can be stressful. It is vital to understand why and how some immigrant parents thrive while others fail, learning from their stories of resilience—their ability to withstand adversity and bounce back from complex life events such as immigration (Alsharaydeh et al., 2019).

Previous research on immigrant parents' resilience has focused on individual family adjustment and adaptation to stress and crisis. However, often ignored are the structural and systematic roots of many struggles stemming from the broader context of sociopolitical challenges and structural oppression that can negatively affect resilience (Vesely et al., 2017). In addition, previous research that examines fathers and mothers of a child with disabilities reported differences in the experiences of a (Gerstein et al., 2009; Crnic, 2009; Levert & Bourgeois-Guerin, 2009). This study only looks at mothers because none of the participants we found through our snowballing were fathers. Hence, the current study examined the experiences of US immigrant mothers with D/HH children and how they developed collaborative resilience involving service providers. In examining immigrant mothers' experiences caring for D/HH children in the US, the study adopted two theoretical frameworks: community cultural wealth (CWW; Yosso, 2005) and intersectionality (Crenshaw, 1989).

The community cultural wealth (CWW) theoretical framework shifts the research lens away from a deficit view of minority communities to focus on and learn from the often unrecognized and unacknowledged array of cultural knowledge, skills, abilities, and contacts possessed by these socially marginalized groups. The CCW framework includes six tenets or forms of capital: aspirational, navigational, social, resistance, familial, and linguistic capital. In this study, CCW theory examines the forms of capital from which immigrant mothers draw their knowledge of and experiences with D/HH children as they move from their home to their host country. Aspirational capital is immigrant parents' motivation to attend to the needs of the D/HH child. Linguistic capital is involved how the immigrant parent uses or is required to use (even if unable) multiple languages to access needed information and help. Familial capital refers to the availability of a family network to attend to the immigrant parents' and D/HH children's social and emotional needs and provide support and strength for parents continuing to meet the evolving needs of their children. Social capital is how immigrant parents network and use professionals and other individuals in the community to attend to the needs of their D/HH children. Navigational capital is how parents navigate their host country's laws and systems to

access their D/HH children's support resources. Finally, resistance capital refers to how a parent can resist oppression as an immigrant parent with a D/HH child.

The second foundational theory in this work, intersectionality, is named for a term coined to show how variables such as gender, race, class, and ableism interact simultaneously to form one's social identity and shape one's experiences (Crenshaw, 1989). Intersectionality in research provides a lens for understanding complex identities and explaining how people's living conditions are affected by the existing social structures (Bowleg, 2012). In the current study, adopting intersectionality as a lens allows us to examine the experience of immigrant mothers with D/HH children and argue that the intersection of race, immigrant status, hearing status, and disability can result in a unique experience. At times, some of the variables of the individual or their child—such as immigrant status, race, and being D/HH—can be objects of discrimination; therefore, it is important to examine how the intersection would impact the individual. These two lenses, community cultural wealth (CWW; Yosso, 2005) and intersectionality (Crenshaw, 1989), enabled the researchers to meet the purpose of the study: to explore, document, and describe the experiences of US immigrant families with D/HH children. The central research question was, “What are the experiences of immigrant mothers of D/HH children?” Specifically, the researchers explored the experiences of immigrant parents of D/HH children regarding their language and culture differences, their children's educational and special needs services, barriers, and resilience. In addition, the study explored the shared narrative of the parents' experiences and their actions upon arrival in the US to seek and receive services for their D/HH child. Also, the study examined their methods for identifying and accessing the available services, the barriers and challenges they encountered, and the strategies they used to overcome those challenges.

Methodology

Research Design

The current study adopted a narrative inquiry design, focusing on “events experienced by an individual over time and the settings, actions, contexts, and people involved in these events” (Creswell & Clark, 2010, p. 237). The participants' stories are used as data to describe their lives and discuss the meaning of those experiences (Creswell & Clark, 2010; Patton, 2002). Additionally, the stories in a narrative inquiry project are collected from individuals or small groups who are invited via interview to share their experiences on various issues related to the research (Creswell & Clark, 2010). For example, the current study used the narrative inquiry method to collect stories of mothers who immigrated to the United States accompanied by a D/HH child.

Participants Sampling Procedure

The current study involved three immigrant mothers with D/HH children. According to Guetterman (2015), the minimum sample size for a narrative research study in education ranged from 1 to 24; due to the difficulty in finding this population, three mothers were recruited for the study. The sampling procedures included purposeful sampling and snowball sampling. Purposive

sampling was used to identify and select information-rich cases—i.e., individuals or groups that are especially knowledgeable about or experienced with the phenomenon of interest (Cresswell & Clark, 2010; Patton, 2002). Additionally, the procedure was used to select participants who could communicate experiences and opinions in an articulate, expressive, and reflective manner (Spradley, 1979) and were available and willing to participate (Bernard, 2002).

The second sampling technique, snowball sampling, is used when potential participants are hard to find (Spreen, 1992). In the current study, finding immigrant mothers with D/HH children was difficult. Hence, one participant assists the researchers by providing the name of another participant, who in turn provided the name of a third, allowing the sample to grow like a rolling snowball (Patton, 2002).

Participant Profiles

This study only looks at mothers because none of the participants we found through our snowballing were fathers. Hence, the participants were three mothers, each with a deaf daughter. The names of these mothers are anonymous and chosen by the researchers to match the mothers' ethnic and cultural identities. The first mother, Margarita, is a hearing Hispanic woman from Mexico who moved to the United States with her six-year-old named Maria. At the time of this study, Margarita was 45 years old. Although she did not know the cause of her daughter's hearing loss, Margarita knew that her husband's family included three people who were D/HH. Margarita had limited education and no high school diploma. The second mother, Isabela, is a hard-of-hearing Hispanic woman from Argentina. Her daughter Sofia was two years old and deaf. At the time of this study, Isabela was above 45 years old. Isabela had become hard of hearing at the age of 39 because of an illness, but she did not know anyone in her family who was D/HH. Her highest level of education was high school. The final mother is Chu Hua, a hearing Chinese mother of an eight-year-old deaf named Mei Xing. Chu Hua was above 45 years old, and her highest level of education was a graduate degree.

Data Collection

Data collection involved individual online interviews. Creswell (2013) noted individual or group interviews as the most common mode of collecting story data. Because the data was collected during the COVID-19 pandemic, interviews were conducted through online platforms like WhatsApp, Skype, and Zoom, selected depending on accessibility to the participants.

Data Analysis

Narrative data analysis began during data collection. There are four types of narrative data analysis: thematic analysis, structural analysis, dialogic/performance analysis, and visual narrative analysis (Parcell & Baker, 2017; Riessman, 2007). The current study adopted thematic analysis, which focuses on the content of the stories. The researchers followed the five steps of the thematic analysis process proposed by Butina (2015). First, the video data was transcribed into scripts, which were then assigned anonymous names for each participant. Because narrative data analysis involves data interpretation, any unrelated side conversation was deleted during transcription, after which the researchers began examining any emerging patterns and themes.

For instance, the researchers noted recurring words, phrases, or ideas while reading. The next stage involved reading the scripts to obtain a general sense of the collected information.

The third step was the coding process. During initial coding, the researchers remained open to other directions and combinations of the data indicated by the reading of the data (Charmaz, 2006). Next, the researchers developed a code list to code the data and establish intercoder reliability between the two coders. Any new codes added at this stage followed discussion and agreement. During the next step, the data analysis, done through axial coding, the researchers categorized the data into themes (Bengtsson, 2016). Finally, in the fifth stage, the researchers examined the five themes that emerged and interpreted their meaning from the data.

Research Rigor

Like other qualitative research approaches, narrative inquiry is challenged regarding objectivity and truth. To address these issues and ensure trustworthiness, qualitative researchers attend to four elements: truth-value (credibility), applicability (transferability), consistency (dependability), and neutrality (confirmability) (Munn et al., 2014; Pandey & Patnaik, 2014). There are various techniques for establishing these elements. The techniques employed in the current study included member check, peer debriefer, thick description, inquiry audit, audit trail, and reflexivity.

For member checks, the researchers consulted with each participant and shared her video script to get feedback on its accuracy and clarify shared and/or missing information (Birt et al., 2016). To conduct peer debriefing, the researchers consulted with other qualified peer researchers to assess the transcripts and examine the codes and emerging themes (Janesick, 2007). Next, the research included thick descriptions of the various research components, such as the methodology, sampling procedures, data collection and data analysis procedures, and discussion and interpretation of the findings. The goal was to provide in-depth details so readers could understand the study's findings significant, complex, and unique meanings (Crabtree et al., 2007). Next, for the inquiry audit, the researchers invited external researchers to examine the processes of data collection and data analysis and the research study results to confirm the accuracy of the findings as a way to ensure the collected data supported those findings. The process of inquiry audit was made possible by the researchers' audit trail, a clear presentation of the research steps taken from the start of a research project to the reporting of findings (Pandey & Patnaik, 2014). The last technique used was reflexivity, in which the researchers, as part of the research, recognized their own beliefs, judgments, and practices and self-examined them during the study by developing memos to assess how their background experience could influence the research (Dowling, 2006).

Findings

Five themes emerged from the stories of the three mothers: mothers' reactions to diagnosis, pre-migration intervention, decision to migrate, immigrant challenges, and strategies for resilience. A discussion of each theme is presented below:

1. Mothers' Reaction to Diagnosis

Two mothers (Margarita and Chu Hua) received their children's hearing loss diagnosis while still in their native countries. In contrast, one mother (Isabela) suspected hearing loss but received the diagnosis six months after arriving in America. Irrespective of where and when they received the diagnosis, these mothers expressed sadness and grief and struggled to accept their daughters' hearing loss diagnosis. The three mothers shared their first experience as follows:

Margarita: The first reaction that I felt after finding out that my daughter was D/HH was feeling shocked and scared. What would her future look like? Will she be okay?

Isabela: I was sad and cried a lot.

Chu Hua: I was shocked, felt guilty, and couldn't accept my daughter as D/HH. I talked to doctors about what would be best to do, and they recommended that my daughter should get cochlear implants.

The painful emotions of the diagnosis did not improve with time, so as two of the mothers immigrated to the US, they still held on to them. They reported grief and grief-related anxiety, resulting from their perceptions of their children being deaf, concerns about their future, and considerable stigma associated with disabilities from their communities and families in their native countries.

2. Pre-Migration Intervention

Although the mothers reported going through a period of grief, anxiety, sadness, shock, and denial of the diagnosis, they also acknowledged that their children depended on them for help. The mothers shared their experiences and the interventions they sought before immigrating. They all said they had acknowledged their roles as mothers, realizing they could no longer cry but needed to act. They understood that, despite their emotional states, they were expected to make significant decisions regarding their children's early intervention.

Margarita shared that before leaving Mexico, she started thinking of how she could help her daughter. There was no formal early intervention available for her, so she decided on the nature of the early intervention needed for her daughter. She said,

I didn't want her to think she couldn't do anything just because she had a disability. I started to show her how to do various things so she could be independent.

Chu Hua struggled with accepting her daughter as deaf and sought early intervention for her daughter to hear and talk. Her search led her to migrate from China to another country before migrating to the US. She said:

After being diagnosed deaf, I took my daughter to many different doctors and looked for resources to try to help her gain hearing. The family moved to Australia, where Mei Xing enrolled in regular school and started speech therapy and auditory.

Isabela did not know of or provide early intervention to her daughter while they lived in her native country. As a result, her daughter was deaf for two years without diagnosis until six months after arriving in America. The child began early intervention at 2 ½ years old.

3. Decision to Migrate to the US

Many consider the US their best destination for fulfilling their and their family's dreams. The three mothers held the same view when deciding to migrate to the US in search of better opportunities for themselves and their deaf children.

Margarita said:

I was very worried about my daughter's future because, in my country, we lived in a small town with limited educational opportunities. My husband and I wanted what was best for our children, especially my deaf daughter. We moved to America for better opportunities, especially education. Mexico wouldn't provide the kind of education such as D/HH programs, interpreters, etc. [...] That was when I knew we needed to do something. We decided to migrate to the US.

Although Chu Hua migrated first to Australia, she said she believed, like many other immigrants, that the US was a better choice, particularly for her D/HH daughter. She said,

...we moved to seek educational opportunities for my deaf daughter to maintain her academic and social skills.

Although Isabella's daughter was not diagnosed as deaf until they arrived in the US, her daughter had demonstrated speech problems while still in Argentina. Isabella saw the move to the US as an opportunity to discover what was happening with her daughter. Isabella said,

I moved to the US because life is better here than in my country. If one comes from another country and does not know why their children do not speak, they must talk with the doctor and find out why...

The three mothers shared their decision to move to America and the necessary sacrifices they undertook to follow through with this decision.

Margarita shared her sacrifice:

It was a huge sacrifice, but I knew that moving to the United States was the best decision I could make... It was so hard to leave my family, my house, and everything.

Chu Hua echoed Margarita's comment about leaving family members:

I moved away from my immediate family, making sure I made the right decision. A lot of people suggested a lot of things, but I was very careful to ensure my daughter received what she needed to thrive.

Isabela discussed how she had to sacrifice her community and language she grew up knowing and using. Instead, she found herself needing to depend on interpreters to communicate. She said:

I knew and always spoke Spanish. I did not speak English and had to meet the doctor and the ear specialist. I had people interpret for me. It is not easy to have to go through all this, but for my daughter, I give everything.

4. Challenges of Immigrant Mothers with a Deaf Child

For most immigrants in the US, their home language is not English; hence, language tends to be the greatest challenge for most immigrants to overcome. In the case of families with D/HH children, for over 90 percent of the D/HH children, their parents are hearing with no previous experience with ASL or the D/HH community. Therefore, it was not surprising that the

immigrant mothers in the study expressed that language was a key barrier because they lacked skills in two languages in their host country: English and ASL.

Sharing her challenges as an immigrant mother with a D/HH child, Margarita said:

My first barrier was language. I didn't know English or sign language at the time. My first language is Spanish. [...] Also, at the time, I had to learn American Sign Language as well because I was told that learning American Sign Language was the way to communicate with my daughter. It was very hard to learn two languages at the same time.

Similarly, Isabela echoed Margarita's words, saying,

I only spoke Spanish. Lack of the English language made it very difficult for me to know, find, and ask for the appropriate resources for my deaf daughter.

Isabela and Margarita shared how the language barrier hindered their children's access to information on special education services because the helpful documents were in English. Additionally, because of the language barrier, they both experienced challenges when meeting with professionals serving their children.

Chu Hua did not report any language barriers because she had moved to Australia, where she learned English; therefore, unlike Margarita and Isabella, knowledge of English was not a challenge for her when she came to the US. Also, because Chu Hua had enrolled her daughter in an oral program, she did not need ASL for communication.

Besides language, the second challenge that the mothers experienced related to their educational level, which influenced their ability to seek or understand information. Two mothers, Margarita and Isabela, did not have a college education. Isabela had a high school diploma, but Margarita did not even have that much formal education. On the other hand, Chu Hua had a graduate-level college education. Education influenced how the mothers participated in the most critical tasks for all parents of a child with a disability which is taking an active role as a member of the Individual Education Program (IEP) team. Unfortunately, due to their educational level, Margarita and Isabela felt they could not understand all the information in the IEP documents to advocate for their children as they would have wanted adequately. On the other hand, Chu Hua talked about how she did intensive independent research on every piece of information she received before attending any meeting. She spoke about how her independent research helped her decide between her child using sign language or having a cochlear implant and speech and auditory training.

5. Strategies for Resilience

The immigrant mothers expressed resilience as they navigated resources and services for their D/HH children. They shared strategies for building the kinds of resilience that can reduce the effects of grief upon an initial diagnosis, counteract the frustration of lacking knowledge about D/HH individuals, and help overcome the challenges of adjusting to a new culture and language in a foreign country.

Intentionality

Resilience is all about intentionality. The first strategy the mothers demonstrated was their intentionality to access information on education, social services, and health service providers for their deaf children. The mothers struggled to deal with the unprecedented changes they faced while trying to adapt to their new US home and find new ways to meet their children's needs while battling to support themselves and their families. They demonstrated intentionality in balancing their time, communicating, and connecting with professionals to get their children's necessary information and services.

In her story, Margarita shared:

I was not sure where to start, such as finding a school for my deaf daughter, Maria. I worked to find more information about deaf education because the school told me they didn't provide services for deaf students. I was later referred to a different elementary school with a D/HH program. Since I did not receive any welfare services, I had to work at the same time to find information and resources for her daughter, which took some time.

Professional Collaboration

Immigrant mothers with D/HH children must mentally and emotionally adapt to challenging life experiences and adjust to external and internal demands. To be resilient, these mothers need supportive relationships with families and professionals to share ideas, vent frustrations, obtain support and plan to tackle their challenges. New US immigrant parents of D/HH children need a support system that includes family, friends, colleagues, or school. Margarita discussed her collaboration with those involved in D/HH education, such as teachers and sign language models, who assisted her directly and indirectly by supporting her daughter. Margarita said,

Always ask for help if you are not sure about what to do. And get support from your family, friends, colleagues, or school. My ASL teacher assisted me in navigating the system and helped me to find the resources I needed for my daughter. Maria's first-grade teacher was a pillar to my daughter, and together they were able to support my daughter in meeting her educational needs.

Isabela also commented on the support she received from professionals:

I found the school for the D/HH through my doctor, and when I went to see it, it seemed very good. They also had people who helped them translate. I had a gratifying experience, and as I shared the first months with my baby, I was pleased with the teachers. They were all outstanding, and I am very grateful to all of them because my baby learned to speak and sign. I am very proud of my daughter.

Similarly, Chu Hua noted how contacting others was important when searching for information. She said,

I researched and got information for educational and welfare services for my D/HH daughter from doctors, welfare offices, and information from other families who had D/HH children.

Research for Knowledge

We are not born with resilient qualities, but one can develop these strengths by researching the information that allows one to examine a challenging situation and attend to its problems. Knowledge and information are crucial, as they empower individuals and increase resilience. For example, all the mothers expressed how raising a deaf child was new for them. Being an immigrant created a double challenge because they needed information both about deafness and about their host country's systems and how to navigate them as an immigrant. Hence, conducting research enabled immigrant mothers to build greater resilience and develop a deeper understanding of their deaf children's educational and service needs. This knowledge empowered them to participate in decision-making processes during Individual Educational Planning meetings, which can be very daunting for a parent who is not prepared.

For example, Chu Hua said,

I researched to make sure I was making the right decisions for my deaf daughter. Through my research, my daughter received support from speech therapy, received hearing aids, school itinerary support, sign language interpreters, and FM systems for the classroom.

Her suggestion for new parents was to

Meet people with similar experiences so that one can use their experiences to help raise a child to the fullest success. Talk to the educators and parents of other D/HH children at school. Ask about their experiences with resources they used for their D/HH child.

Margarita believed immigrant mothers needed to be aggressive and assertive in their search for interaction and support.

Margarita recommended,

New parents should not give up because of the challenges they experience as immigrant parents. Parents need to be assertive in asking questions and getting what they need for their children. Always ask for help if you are not sure about what to do. It worked for me.

Discussion

The immigrant mothers' experiences were not so unique regarding their reactions to their children's diagnoses. Most (90%) of the hearing parents of D/HH children first go through similar experiences of shock, sadness, and grief (King, 2006; Marshall, 2018; Porter et al., 2018; Scarinci et al., 2018). Additionally, "these first-time parents" of a D/HH child have no experience with deafness or hearing loss and may have no knowledge of how to communicate or support their children in acquiring and developing language (Lederberg et al., 2013; Weaver, 2011). Most of them report being overwhelmed with the information from the professionals and decisions they must make, which can lead to stress (Porter et al., 2018; Scarinci et al., 2018).

Despite their reaction to the diagnosis, the immigrant mothers in this study determined that the US would meet their children's language and literacy needs because of the more accessible resources and services (Batamula, 2016; Rodriguez & Allen, 2020). Having a clear goal of what they needed for their children and immigrating to the US strengthened these

parents' resilience because it increased their hopes for their children's future. However, their resilience to go on supporting their children was tested by various challenges, such as language and communication barriers (Adsera & Pytlikova, 2016), which affected their assimilation and better job opportunities because they had to forego better job opportunities in order to focus their energy on solving the educational puzzles of special needs education in a new country.

The experiences and resilience of the immigrant mothers of deaf children in this study align with the community cultural wealth (CCW) theoretical framework developed by Yosso (2005). Despite the uniqueness of each parent's story, the emerging themes showed how the parents demonstrated all six tenets of the CCW theory: aspirational, linguistic, family, social, navigational, and resistance capital. The parents' aspirational capital was demonstrated in their motivation to continue despite the challenges. The linguistic capital was evident in how the mothers tried to learn and navigate all the languages—i.e., native languages, ASL, and English—to access the information needed to support their children. Familial capital included people who supported them emotionally, such as new family members in the host country, people from their native country living in the US, friends, and coworkers in their host country. The immigrant mothers networked with others, such as doctors, social workers, audiologists, and speech therapists. These networks formed the social capital that the parents needed to be familiar with the host country's laws surrounding accessing the services for their children. Navigational capital refers to the immigrant mothers' skills and abilities to navigate the medical and educational systems even when they lack support or experienced conflicts with their beliefs and culture. Navigational capital was employed in how they chose to interact with medical professionals, educators, and service providers to access what they needed for their children. Finally, resistance capital was in their experiences as immigrants seeking, demanding, and accessing equal rights to the resources and services stipulated by the law in the host country's Individuals with Disabilities Education Act (IDEA). Resistance capital also involved immigrant mothers engaging in social justice talks and activities regarding equitable health and educational resources and services for their D/HH children.

Conclusion

Throughout the current study, the experiences of US immigrant mothers of deaf children indicated their resilience. The study also showcased the array of various individuals who supported the mothers in their journey—e.g., pediatricians; early intervention and early childhood education professionals; educators; administrators in school programs for D/HH; and clinicians, such as audiologists and speech therapists, who continue to work with the children and the families. Providing prior knowledge about immigrant mothers' experiences of D/HH children would better prepare similar individuals who, alongside their professional responsibilities, serve as the capital that helps immigrant parents navigate the system more easily.

Additionally, the current study's findings can provide other immigrant parents of children with disabilities, particularly deafness, a sense of familiarity with their experiences in navigating

their and their children's lives. Finally, the information from this narrative could provide other immigrant parents with strategies for navigating their own resilience in a host country.

Limitations and Future Research

The current study is limited to a sample of participants. The study participants are three immigrant mothers with deaf children. There is a need for additional research with a larger sample size that includes immigrant parents of children with disabilities, including fathers. More data will better inform this issue of immigrant parents of children with disabilities in the United States.

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