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A Case Study of Liberation Among Latino Immigrant Families Who Have Children with Disabilities

Fabricio E. Balcazar · Yolanda Suarez-Balcazar · Sandra Bibiana Adames · Christopher B. Keys · Manuel García-Ramírez · Virginia Paloma

Abstract Latino immigrant families with children with disabilities experience multiple sources of oppression during their settlement process in the United States. Unfair social structures and dominant cultural values and norms and the way they influence the immigrants' personal life stories generate a cycle of oppression very difficult to break. This paper presents a case study of how a group of Latino parents carried out a process of liberation fueled by the generation of empowering community narratives (critical awareness leading to transformative action) that resulted from a community-university partnership. Participants initiated a process that led them to discover their own stories of oppression and create new stories; to deconstruct the dominant cultural narratives and modify existing ones; and to understand contexts for power sharing. This joint reflection and increased awareness propelled group members to take action by founding a grassroots organization to redress some of the injustices that were partly responsible for their oppression, thus generating shifts at the personal, relational, and collective levels. In light of the theory of liberation, we discuss the participants' development of critical awareness that led them to take action to address their unmet needs.

F. E. Balcazar (✉) · Y. Suarez-Balcazar · S. B. Adames
Department of Disability and Human Development, University of Illinois at Chicago, 1640 W. Roosevelt Rd., Chicago, IL 60608, USA
e-mail: fabricio@uic.edu

C. B. Keys
DePaul University, Chicago, IL 60608, USA

M. García-Ramírez · V. Paloma
Universidad de Sevilla, Sevilla, Spain

Due in part to global economic disparities, immigration to a new country is a process that millions of individuals attempt every year. Immigrants often endure oppressive conditions and asymmetric power relationships as they settle in their new countries (García-Ramírez et al. 2010), which are aggravated if they have a family member with a disability. Structural oppressive conditions in receiving societies, including, but not limited to, discriminatory laws, economic exploitation and political exclusion (Moane 2003), generate negative consequences at multiple levels: the collective (sense of alienation, passive attitude), relational (isolation, low participation), and personal levels (low self-esteem, depression) (Prilleltensy 2008). These experiences are often internalized by the newcomers, thereby maintaining their condition of oppression (Martín-Baró 1987). Martín-Baró (1996) proposed a process of liberation through which oppressed people develop critical awareness of the connections between the political/economic context and their personal lives. Individuals who participate in this process can build capacities and skills while joining with others to take action against their oppressive structural context. Participation can lead to gradual change over time and individuals can become critical thinkers and proactive. This approach has been applied to study the acculturative integration of migrant populations (García-Ramírez et al. 2010). In addition, community psychologists have suggested constructs like empowering community settings (Maton 2008; Paloma et al. 2010) and empowering community narratives (McDonald et al. 2007; Rappaport 2000) in order to operationalize this process.

This paper analyzes how marginalized Latino immigrant families with children with disabilities in the United States carried out a process of liberation fueled by the creation of community narratives resulting from a community-university partnership. These narratives enabled participating families to overcome multiple oppressions. First, we analyze the situation of oppression that Latino immigrants with children with disabilities experience in the U.S. Second, we introduce some guidelines to encourage the liberation process from the literature. Then, we present a case study to illustrate a successful experience of liberation. Finally, we discuss the case and implications for community psychology research in this area.

Oppression Experiences Among Immigrant Latino Families with Children with Disabilities

Oppression in the case of immigrants is defined as a state of asymmetric power relations in which some social groups and institutions (composed of citizens from the receiving country and even of people inside the migrant group) accumulate privileges—material and/or psychosocial resources—over newcomers (Nelson and Prilleltensky 2005). This relationship limits the newcomers' possibilities for self-determination and well-being and leads to social fragmentation and marginalization (Hernández-Plaza et al. 2010; Hernández-Plaza et al. 2004).

Dominant cultural narratives are "over-learned stories communicated through mass media or other large social and cultural institutions and social networks" (Rappaport 2000, p. 4), which usually work to maintain the status quo. In this case, the discourse of White domination justifies and keeps the asymmetry in the relationships between groups, validates the perception of immigrants as a threat to the stability of community life, forces immigrant groups to adopt the values and behaviors of the receiving society, and often criminalizes the migrants' presence and their attempts to resist the oppression (Sonn and Fisher 2005; Van Dijk 1996). On the other hand, dominant cultural narratives of disability include assumptions that people with disabilities are pathological and incompetent, and these narratives have been used to exclude people with disabilities from community life (Balcazar and Taylor-Ritzler 2009; Block et al. 2001; McDonald et al. 2007).

In the 2000 census, Latinos in the U.S. represented 12.5% of the total population, with Mexicans as the largest group (64% of all Latinos) (U.S. Census Bureau 2004). However, the Latino population reached 16.3% of the total population in the 2010 census (over 50 million and a 43% increase since the 2000 census) (U.S. Census Bureau 2011). The overall disability rate is slightly lower for Latinos (10.4%) than for Whites (12.6%), but 62% of

working-age Latinos with disabilities and 61% of working-age Whites with disabilities are unemployed (Houtenville et al. 2007). The last U.S. Census introduced the ethnic category Hispanic or Latino as interchangeable terms. We prefer Latino because it is more inclusive of all individuals from Latino America, including those who do not speak Spanish, like the Brazilians.

On a collective level, the majority of Latino individuals with disabilities live below the poverty level and experience poorer outcomes as measured by post-school wages and engagement in postsecondary education than their same-age White peers (SRI International 2008; cited by Povenmire-Kirk et al. 2010). In addition, when compared to White families, Latino families who have children with disabilities have less access to social and health care services (Bailey et al. 1999). Among the many challenges they face in accessing these services are (1) lack of translated materials and/or interpreters to meet their service needs; (2) the need for a Social Security identification number to access federal programs, including educational and rehabilitation services; and (3) a lack of culturally appropriate practices or culturally competent providers (Povenmire-Kirk et al. 2010).

On a relational level, the immigrants' oppression translates into difficulties for family regrouping, and limited contacts with members of the receiving society (García-Ramírez et al. 2005). Encountering both disability and racial/ethnic discrimination can make it difficult for these individuals to find an accepting group (McDonald et al. 2007; Taylor-Ritzler et al. 2010). Besides, studies show a low participation in and many barriers to organizing or developing grassroots organizations among families of children with disabilities (Adames 2000). These families usually have to face complex challenges such as meeting their basic survival needs. As Kieffer (1984) said, "survival is, in itself, a full-time occupation; as such, engagement in citizen action is inescapably an additional burden" (p. 17). Fear of risking the limited opportunities they have found in the U.S. prevents many immigrants from becoming more actively involved in advocacy efforts—particularly in the case of undocumented immigrants who are afraid of deportation (Adames 2000).

On a personal level, these conditions determine a psychosocial profile among immigrants in which they often perceive themselves as victims of uncontrollable external forces, lacking confidence and the ability to gain the competencies they need to lead successful lives (Moane 2003). This experience leads to conformist behaviors, passivity, and a tendency to focus on the present moment (Martín-Baró 1987). On the other hand, the integration of disability shame, rather than disability pride, into an individual's self-image reduces the person's ability to develop a positive self-image that fully incorporates all of his or her

personal characteristics and potential (McDonald et al. 2007).

These oppressive contexts influence the *personal life stories* people tell about themselves because the stories are created in the communities in which they live (Rappaport 2000). Most individuals accept their social positions as natural outcomes of their relative lack of worth and, hence, out of their control. Only a few individuals resist internalizing the oppression and take action to transform their social realities (Block et al. 2001; McDonald et al. 2007). Latino immigrant parents of children with disabilities experience many barriers when settling into American society. They not only face the stressors of cultural adjustment but they also have to care for the special needs of their children and, in many cases, face dual or triple discrimination due to the disability, race, and language differences (Lequerica 1993).

Liberation Through Empowering Community Narratives

Liberation involves (1) transformation of oppressive social structures through collective action, unmasking "all unpopular ideology, that is, those forms of common sense that operationalize and justify an exploitative and oppressive social system" (Martín-Baró 1985, p. 6) and (2) transformation of the psychological patterns of internalized oppression that maintain the injustice (Martín-Baró 1986). Through the lens of narrative literature, liberation becomes a process by which oppressed people can deconstruct the dominant cultural narratives (hegemonic interpretations of their conditions of oppression), thereby fostering the change of unjust structural conditions, and reconstructing their personal life stories through the development of empowering community narratives in shared settings. Liberation from conditions of oppression implies people undoing social constructions or interpretations of their belief systems. Developing critical awareness is the first step in the process of liberation which can result in an increased sense of empowerment, allowing people to consider that something can be done to "change my situation". Empowerment typically refers to the degree of control that people have over relevant aspects of their lives (Rappaport 1987). Pyles (2009) adds that empowerment is "ultimately a political idea that seeks to develop individual power in order to reshape the environment, a belief that people are capable of making their own choices and have much to offer in shaping society" (p. 11).

Empowering community narratives are stories that individuals tell about themselves with regards to power relationships in their lives, including experiences of oppression. These stories explain current power relationships, history of oppression, and a vision for future liberation; they act as an impetus toward meaning, identity, and personal and social change (Harper et al. 2004). People uncover, create, and sustain these kinds of narratives in *empowering community settings* (ECS), which are community-based structures that facilitate the personal development of its members, community betterment, and positive social change (Maton 2008). A community-university partnership can act as an ECS, making it possible to "incorporate multiple perspectives, share different narratives, challenge old narratives that may be damaging, and create new ones *together*" (Harper et al. 2004, p. 213). There are several reasons why the narrative that arises from this kind of setting holds considerable empowering potential for oppressed communities. First, at the individual level, people who tell their own personal life stories in an ECS may discover new self-perceptions and strengths or recognize negative constructions of reality (Williams et al. 2003). These authors have found that oppressed people who engage in a process of storytelling can obtain a sense of self-transformation, more confidence in themselves, a source of courage and inspiration, a renewed pride in their cultural identities, and a sense of belonging. Through the empowering community narratives that they construct among themselves, people develop a sense of self-efficacy and acquire power to promote social change (Paloma et al. 2010).

Second, at a relational level, oppressed groups who participate in empowering community settings can overcome their isolation, increase their social networks, and build links with peers in order to confront common challenges. The ECS functions on principles of cooperation, sharing experiences, personal responsibility, and mutual help in order to achieve a common goal (Dalton et al. 2001). These values lead participants to solve power issues inherent in their relationships and share power in order to pursue the common agenda.

Third, at a collective level, people living in the economic or cultural margins who share their own personal life stories in an ECS have the potential to uncover knowledge that has been subjugated to dominant ideas (Williams et al. 2003). Through involvement in an ECS, a person can come to realize that his or her experience is not just a unique, individual circumstance, but the result of a societal political situation of generalized oppression (Gutiérrez and Ortega 1991; Pyles 2009).

Based on our experience with intervention research, a community-university partnership can act as an ECS as the members initiate a process that can lead them to discover their stories of oppression, create new stories, modify existing ones, and/or understand contexts for power sharing. This joint reflection and comprehension propels group members to take action as they pursue measures to redress some of the historical injustices that led to their oppression (Prilleltensky 2003; Rappaport 2000; Williams et al. 2003).

The following is a case study that illustrates the experience of liberation of a group of Latino immigrants with children with disabilities.

Case Study

Background

This study was part of a project funded by the U.S. Department of Education under an Americans with Disabilities Act (ADA) capacity-building research grant. The ADA, a U.S. federal law passed in 1990 to protect the civil rights of individuals with disabilities was designed to remove barriers faced by people with disabilities in the areas of employment; access to local and state government services; and access to public accommodations, transportation, and telecommunications. The primary objective of the ADA project was to further the implementation of the ADA law within the Latino community in a large city. As part of this research project, we developed partnerships with community grassroots organizations and conducted advocacy trainings. Approximately 10–15 individuals with disabilities or parents of children with disabilities attended monthly advocacy training meetings with the research team at a local public library for a period of about a year and a half. Participants divided into two groups according to their interest—accessibility issues in the community and school services for children with disabilities. Once the groups had discussed their concerns and analyzed the causes carefully, they started to develop action plans and the researchers monitored the implementation of these plans (see Balcazar et al. 2001). The research team was composed of three faculty members and one community psychology graduate student.
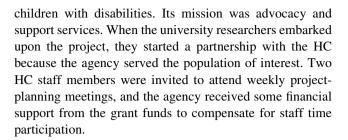
Methods

Participants

Six parents of deaf children who attended the advocacy trainings are the focus of this case study. These families were first generation Mexican immigrants, did not speak English and where learning American Sign Language. They all had children who were hearing-impaired and their children between the ages of 12 and 5, attended a primary school that specialized in serving that population. None of these families had been in the US for more than 5 years.

Organizational Context

A local agency—which we will call the Hispanic Center (HC)—was providing services to Latino families who had children with disabilities. Its mission was advocacy and support services. When the university researchers embarked upon the project, they started a partnership with the HC because the agency served the population of interest. Two HC staff members were invited to attend weekly project-planning meetings, and the agency received some financial support from the grant funds to compensate for staff time participation.

Procedures

During the monthly advocacy training meetings, participants shared their own personal life stories and discussed problems that they or their children faced in order to obtain benefits from community agencies and schools, as well as the strategies they used to cope with their problems. Following guidelines proposed by Kieffer (1984) and the stages proposed by Block et al. (2001), the researchers posed questions to provoke a new vision of the problems among the participants—a vision outside of the dominant cultural narratives—in an effort to raise their critical awareness about their experiences of oppression and to encourage actions to overcome them. The researchers provided advice and training on advocacy skills (using training manuals developed by Seekins et al. 1986)[1], analyzing and selecting issues, action planning, and how to take actions to attain desired outcomes. The research team never directed group members toward particular choices when selecting issues or action strategies.

In order to foster the liberation agenda of advocacy training participants, we developed an intervention based on Block et al. (2001) model of responses to oppression. It proposes the use of ECS for gaining power in four stages: (1) gaining critical awareness of societal discrimination; (2) learning to emphasize individual and group strengths rather than deficits and limitations; (3) gaining skills, knowledge, and experiences to aid individual growth and foster collective action; and (4) taking action in collaboration with others. This framework uses the dialogue that takes place in an ECS as a liberation process to move from dominant cultural narratives and oppressive personal life stories to narratives of liberation that promote individual, group, and collective empowerment in order to enable individuals to act together in collaborative efforts toward establishing more egalitarian social structures (Block et al. 2001; Fawcett et al. 1994; and Kieffer 1984).

Data Collection and Analysis

We used a naturalistic inquiry approach (Harper et al. 2004; Lincoln and Guba 1985) and narrative recording in

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[1] Copies of the advocacy training materials are available at http://www.disabilityempowerment.org

order to capture the multiple realities and changes in power relationships. Narratives were collected through personal interviews with the group members, which were recorded and analyzed for descriptive statements and critical themes (Balcazar et al. 2001). The interviews were conducted in Spanish by a Latino graduate research assistant and then translated into English. A number of research questions were generated to guide the intervention. For example, with regards to raising critical awareness about oppressive conditions, the following questions were raised: What are the power relations between service providers and Latino families with children with disabilities? How are these relations modulating the access to those services? With regards to strategies to overcome oppressive conditions, the researchers asked the following questions: What strategies could be implemented to increase the accessibility to available services? And what are the likely results/impacts of such strategies if implemented? During monthly meetings, the researchers recorded statements about actions taken and the challenges that the group members encountered in the process of attempting to address identified needs; they also took notes about participants' reports of service outcomes and community changes.

Results

Service Outcomes

The six parents decided to learn American Sign Language (ASL) in order to communicate with their children, many of whom were learning ASL at school. Basic instruction in ASL was one of the services the local HC provided to these families. However, after 1 year of training, the parents realized that they needed more advanced ASL classes. Basic ASL instruction was repeated to all members in attendance every time a new parent joined the group, which happened frequently. No advanced ASL classes were offered and the agency staff had not planned for any progression. As a result of their discussions in the partnership with the university researchers, the group of parent leaders approached the director of the agency and asked for more advanced ASL classes. They made the request several times, but the agency director made no effort to change the program. Parents were told that this was the only option available to them and that they did not need more advanced ASL classes. From their exchanges with the agency director, it became clear to them that the director thought that, given their limited English proficiency, they did not have the capacity to learn more advanced ASL.

The parents also felt that the agency was not providing adequate support for including their children in regular community activities like sports, art programs, summer camps, or after-school activities. When the parents raised these concerns to the agency director, they were ignored or told they had no say in the matter. As the leaders of the group persisted in their requests, the director at some point threatened to inform their employers and the U.S. Immigration and Naturalization Service of their undocumented status. Such threats were regrettably a desperate attempt at stopping what the director perceived as unwanted intrusion into the management of the organization. When these events became known to the research team, the contractual agreement between the university and the community agency was terminated, although the collaboration with the parent group continued uninterrupted.

Unfortunately, other agencies in the city serving the deaf community did not have the institutional capacity to provide services in Spanish to these families or required social security numbers, so the parents realized they did not have any other place to go for needed support services. Faced with these challenges, the parents decided that they had to do something themselves.

The parents' reactions and the steps they took followed Block et al. (2001) framework. First, they engaged in an initial process of critical awareness through sharing their own personal life stories of oppression. They gradually gained awareness when the services they needed from the HC were denied. When they were threatened, they realized it was up to them to solve their problems. The parents described many of the services provided by HC as being culturally inappropriate (e.g., lacking awareness of the impact of disability on the family and linguistic discrepancies with the director who spoke primarily English) and unresponsive to their children's special needs, such as the lack of recreational and social programs with sign language interpreters. Consequently, they felt discriminated against and distrustful of the institution intended to assist them. The uncertainty of their immigration status also had made some participants reluctant to actively seek services from agencies they did not know or trust. Many of the parents were ineligible for many federal and state services in the U.S. because the lack a social security number, and, in addition, many had experienced oppression in Mexico. These experiences combined with low levels of education, led to feelings of despair and helplessness. By sharing all these personal experiences of oppression and engaging in dialogue with the researchers, the parents' awareness of their disadvantages became a source of relief and the driving force for their active involvement in the partnership, as is exemplified in the following statements by two of the parents:

> I have attended all of those meetings … for me … it's for an emotional relief … [to] share something of my feelings.

[I feel] more confident because I am an immigrant, [because] you have to struggle and you have to have confidence in yourself, you have strength from faith, to forge ahead and struggle. The desire to seek and move forward is greater because you say: Well, I'm an immigrant and most likely because of this, they are going to deny me this or the other thing.

Second, parents began to validate their own strengths as a group and the potential they would have if they worked together. They started to construct a common empowering community narrative that promoted their deeper involvement. The main reason parents gave for going to partnership meetings was their sense of connection with other parents in need. These connections were a source of mutual support, both emotional and logistical (e.g., transportation, childcare). They also reported that the most common benefit obtained through these connections was the sharing and exchanging of information and knowledge—usually about rights, benefits, and services. The parents learned and demonstrated that relying on their individual and collective strengths was a means for reaching their objectives and fighting against systemic inequities. As two parents said:

As people that come from another country, we are going to encounter infinity of problems; 75% of the responsibility to facilitate things is in our hands, we shouldn't be conformists.
Unity and collective effort is what leads to changes, because when we distance ourselves from each other, nothing is accomplished… we can accomplish many things together.

Third, the researchers provided advocacy training and support for their actions. It helped them to gain new competencies, knowledge, and skills to cope with the new situation. As a consequence, members expressed higher levels of confidence in their potential to make a difference; and they felt the necessity to organize themselves in order to pursue common goals and address their needs. As exemplified by two parents:

I feel up to 100% capable of changing [things to improve my child's life], until now I have been demonstrating it, I hope to have more opportunities to accomplish what I want.
If we join all of our needs, we can do something to be able to forge ahead.

Fourth, a small group of parents (the original six families) decided to move away from the HC and start their own grassroots organization. It was the parents' decision—not the researchers'—to confront the situation they were experiencing. According to the parents who participated in the partnership meetings, their decision to move away from

HC was provoked by having personally experienced a sense of confidence in the possibility of organizing themselves that grew out of all their shared narratives and the advocacy training. Most of the other families receiving services from HC became involved in the new grassroots organization. The group mobilized to reach out to parents of children with disabilities, developing participatory skills and a political understanding of the oppressive situation with regards to HC, and initiating a process of collaboration and setting common goals. They set two main goals for the group. The first goal was to provide basic ASL classes using volunteer parents as teachers and to hire an instructor to teach more advanced ASL communication and practice to those who needed it. The second goal was to promote the inclusion of their children in community life, such as in sports and art programs, particularly during the summer, since their children were excluded from those programs because of their communication challenges. The excerpts below show how members felt they could help others in their situation and contribute to social change:

Because we know there are other parents with the same need or others who are starting out, then we want to be an example for those who are just beginning … we are trying to save other parents … from everything we already went through.
[By forming the organization] we, as Latinos, feel we are contributing to a change for many Latinos.
"… simply thinking and reflecting that if I have a need, others probably have it too, reflecting on that more than anything … if we all join all of our needs, we can do something to be able to forge ahead, it's that, more than anything…"

The grassroots organization began serving approximately 10 families, and, within a year, they had a group of 50 families and over one hundred children. Nearly half of the children had hearing impairments, and the remaining were their siblings without disabilities. Through fundraising activities and donations, they were able to secure funding support to pay for the advanced sign language instructor while volunteers provided the basic classes to other parents and siblings who needed the training. The researchers provided space for their meetings and other supports such as childcare, refreshments, technical assistance, training, information, networking, and translations of documents as needed. After about a year of operation, a major social service system in the city offered the group regular office and meeting space. The following is a quote from one of the founders of the organization explaining why they did it:

"… there are organizations for Americans, Whites and why not one for Latinos? How can we get

[things], or how can we be heard? Well, uniting! So then I was one of the founders, with another parent … of a small support group … as a support group we had to depend on other organizations that were not giving us the necessary services that we were looking for. We had to grab our own light; we were being forced to no longer be a support group, but be an organization; the need forced us, so when you don't get a service, what do you have to do? Create an organization"

The group organized a board of directors that was made up of parent members and supporters who were committed to the organization and its activities, including two community psychology graduate students working on the project. The group also organized a monthly parent support group, advocacy training, social gatherings for the families, fundraising parties, and special events (e.g., trips to the circus, museums, and theme parks with interpreters for the children). They also organized summer arts and sports programs for the children with disabilities. They connected with a state agency that was distributing communication devices (TTYs) to low-income families with deaf children at the time, and they were able to distribute the devices free of charge to all families who did not have them.

The parents remained involved in their group for over 6 years—until the children graduated from high school. The group operated successfully because it was addressing the needs of its members in an effective and culturally

sensitive way. They were also proud of their accomplishments and their efforts, and they were recognized by the state vocational rehabilitation agency, which gave the leaders of the organization an award for exemplary community service. Table 1 provides an example of personal reflection from one of the founding leaders of the organization. These are his reflections on the topic of leadership.

Based on the narratives of this case study, researchers built a matrix (see Table 2) that conceptualizes the experience from the power perspective in which the columns represent the oppression, liberation, and wellness dimensions. The rows represent different levels of involvement (personal, relational, and collective). In the cells, we included aspects related to entitlement, access, and quality of services. This matrix depicts the cluster of the most relevant problems, strengths, strategies, and outcomes of the liberation process.

Discussion

This paper illustrated the responses to experiences of multiple oppressions by a group of immigrant Latino parents of children who are deaf in a community-university partnership context. The steps taken by the parents in this group fit the framework proposed by Block et al. (2001). The process included the development of critical

Table 1 Example of a personal reflection from one of the leaders

Context: The following reflection about leadership was written by one of the leaders of the organization, who migrated to the U.S. from Mexico with his wife seeking better treatment and education for his deaf son. They had to abandon family, friends and jobs in order to come to Chicago. It was a difficult transition, not knowing the language and having to start a new life without the support of their extended family. They never saw themselves as leaders but their involvement in the organization gradually led them to assume the leadership of the group. They worked very hard for the success of their organization and had to sacrifice family time in order to do it. These are his reflections about leadership

WHAT IS A LEADER?

Leaders are people that seek changes in the community in different areas; they can be found in politics, at churches, in schools, organizations, and anywhere there is a need

Leaders are people that have brought about changes in the community

Leaders can die, but their ideas can never die, and their work will remain as testimony of progress

Leaders feel satisfied when they see their ideas and projects become a reality, and with them, a change for the benefit of many

Good leaders never surrender when they encounter barriers or obstacles; on the contrary, they continue with faith and perseverance, until they reach their goals without losing their objective

Leaders are not martyrs, nor do they sacrifice themselves for others; all of the work that they do brings them satisfaction; when they do a good job someone might praise and congratulate them, but when things don't go too well, they are criticized, maybe even abandoned, and only a few will help them and continue to believe in them

In the life of a Leader there are neither rests nor privacy; there will always be people in need and leaders trying to find a solution to their problems

Leaders are needed by the community and are acclaimed by the world

When a leader is born, the hope of many is born, and you know…

you are that leader!

Table 2 Oppressive conditions, actions to liberation, and wellness outcomes in latino immigrant families who have children with disabilities

	Oppression	Liberation	Wellness
Personal	Lack of entitlement to community services.	Development of critical awareness of the service providers' lack of response.	Increased perception of sense of control. Emphasis on personal strengths.
	Fear of being identified as illegal.	Awareness of the necessity to create alternative services.	Acquisition of self-confidence to cope with personal and family challenges.
	Lack of knowledge of available services.	Overcoming the fear of threats.	Development of skills of social activism.
	Lack of access to relevant information.	Realization of capacity to transform own social reality.	Increased self-confidence.
	No knowledge of American Sign Language.		Pride on addressing their children's needs.
	Emotional exhaustion and depersonalization.		
Relational	Disconnection among parents in similar situation.	Development of grassroots organization.	Emphasis on the group strengths.
	Lack of emotional and social support to attend their special needs.	Use of self-help strategies to address indentified needs.	Exchange of information and knowledge.
	Limited access to culturally competent service providers.	Development of and access to community leaders.	Emotional and logistic social support.
	Lack of participation in advocacy efforts.	Engagement in group advocacy efforts.	Improved organizational capacity for self-help activities.
Collective	Social discrimination of Latino families with children with disabilities.	Separation from local unresponsive agency.	Improved implementation of the ADA in the Latino community.
	Service agencies insensitive to community diversity.	Fundraising for alternative community initiatives.	Sense of pride on grassroots organizations and their accomplishments.
	High risks of community marginalization.	Reaching out to other organizations to gain support for new initiatives and services.	Increased sense of communality among themselves
	Lack of social sensitivity to the special requirement of immigrant groups.	Effective recognition of organizational status.	Increased community cohesion.
	High risks of social fragmentation.	Networking with other local agencies.	"SI PODEMOS!" (YES WE CAN!)

awareness, recognition of own strengths, training and skills development and action for overcoming oppression.

The community-university partnership worked as an empowering community setting, that is, a setting in which participants found a catalyst in their process of liberation. In this context, the people came together to take action because they realized it was up to them to find the solutions to their problems. This new interpretation of their situation had two main consequences: First, it broke the dominant cultural narratives that say immigrant populations have a passive role in their process of adaptation to the new society; have to adopt the values and behaviors of the receiving society to access societal resources and support systems; have to conform to the requirements of available sources of assistance; and that immigrant populations with disabilities cannot be fully integrated into the community because of their language and cultural characteristics, often perceived as limitations. Second, it allowed some of the participants to transform themselves into community leaders; instead of being victims of the various oppressive forces acting upon them, these parents became the leaders of their own organization.

The dialogue between the community members and the community psychologists during the advocacy training process energized the participants to seek power redistribution resulting in changes at different levels. On a collective level, people realized that the roots of the problems were not inside them (e.g., because they do not speak English or do not know how to navigate the social service system), they were outside at a contextual, societal and policy levels (e.g., social services lack culturally competent staff and/or adhered to policies that are discriminatory and exclusive). Participants created their own grassroots organization, reducing the group dissatisfaction and increasing access to social activities and services that their children needed—without speaking fluent English and even though many were not legal U.S. citizens. On a relational level, people overcame their isolation, reinforced their social ties, increased peer support, constructed a sense of belonging, and built a culture of participation focused on confronting common challenges. On a personal level, participants developed a sense of self-efficacy and self-confidence to pursue social change, perceived themselves as active individuals with the capacity of influencing their future,

and renewed their identities as Latino leaders and as persons with pride. They also developed a more positive view of disability. The outcomes of their engagement process were consistent with the outcomes from other liberating interventions documented in the literature (Cheung et al. 2005; Schulz et al. 1995; Williams et al. 2003). We believe that this process was facilitated, in part, by the collaborative and empowering approach taken by the research team.

The fact that this group was able to survive as an independent organization for several years is very significant given the challenging social context in which they had to function. But despite their achievements, the story is not one of complete success. The group struggled to procure regular funding and had to rely on their members' voluntary support, fundraising activities (raffles and parties), and occasional small donations from local neighborhood merchants. The organization was fragile and some of the services, like art and sports programs for the children, were provided only occasionally due to insufficient funds. The reliance on volunteers generated fatigue among some parents who eventually dropped out. Overall, the parents struggled mostly with lack of time for maintaining both family and organizational commitments. The majority of the parents reported that their level of involvement in the organization depended on the amount of time they had available. Radermacher et al. (2010) identified similar barriers to full participation in a disability advocacy organization. On the other hand, the organization gradually became independent from the researchers' support. The researchers provided participants the skills and the medium for them to empower themselves through a university-community partnership (see Suarez-Balcazar et al. 2004, 2005). Although success seems partial, this experience reminds us of the importance of community organizing and collaboration among individuals sharing a common predicament in order to address their unmet needs.

The case study research approach also has some limitations, particularly regarding generalization of the findings and replication of the experience. We have had several opportunities to conduct advocacy trainings with the same materials and approach but each group is unique. The events that led this group to create their own organization were particular to the HC leadership, financial situation and families involved. The publication of more case studies in the area of advocacy training and community organizing would enhance our understanding of the process of liberation, its strengths and limitations.

The empowering community-settings concept needs more attention in future research. What are the main characteristics that can lead people to act and make these settings generators of empowering community narratives? What are the elements inside the settings that fuel the liberation process? Many organizations say they advocate

for oppressed people; however, in practice, they reproduce the cycle of oppression—like our original HC. Why does this occur? Sometimes they repeat practices that foster oppression such as "token participation," in which service recipients may be informed or consulted about an organizational policy decision but rarely have the power to influence it. In other cases, they may engage in the process of "co-option" (Ife 1995; cited by Radermacher et al. 2010), in which community leaders find themselves becoming part of the power structures that they were originally trying to oppose. So, some interventions have often created the illusion of change and have ended up contributing to preserve the status quo.

From a critical point of view, the grassroots organization offered services that should have been provided by the community agency. What should be the role of grassroots organizations? From a liberation perspective (Martín-Baró 1987), options include: (a) to foster social organizations and movements; (b) to regain the historical memory of their own group; (c) to unmask the oppressive "common sense" or dominant cultural narratives; (d) to emphasize the strengths or virtues of their own group; (e) to increase the critical awareness and actions of group members; and/or (f) to demand that their unmet needs be addressed by community agencies, claiming their rights and denouncing the injustices through political participation.

During the process of liberation, community psychologists can perform several active roles (Balcazar et al. 2004). Initially, we may encourage potential participants to initiate the gradual process of critical awareness by sharing personal life stories and helping to collect the history of the community. In this case, we facilitated a dialogue in the tradition of Freire (1970) that led to increased critical awareness. Second, we may act as educators in order to facilitate the acquisition of new skills to "understand" the world and the connection between the political and personal levels. Our advocacy training incorporated skills on how to run meetings and develop grass-roots organizations that was very useful to the leaders of the parents' organization. Third, we may assist group members in establishing linkages with resources and building coalitions with other groups and organizations. In this case, we were able to facilitate access to resources from the State Division of Rehabilitation Services (e.g., Telecommunication Devices for the Deaf). Fourth, we received the federal funding for the ADA project and were able to implement the advocacy trainings and open the process up for participants to decide the direction of their efforts. We recognize that consumer advocacy is not typically funded by federal or state funds and this project was somewhat unique. Advocacy training is an activity that community psychologists usually perform as community service or as volunteers. Fifth, in collaboration with participants, community psychologists may

have to confront existing organizations in order to challenge unfair or discriminatory policies. In this case, we had to severe our contractual agreement with the HC, which precluded any future collaboration with that agency. At that time, this was the main agency serving the Latino population with disabilities in the city and that was a hard decision. Finally, community psychologists may provide technical assistance in order to support and sustain the group's efforts for taking actions over time (Cheung et al. 2005; Kieffer 1984; Schulz et al. 1995). We provided meeting space for the group when they started the classes on their own and community psychology graduate students volunteered to help the leaders filling out applications for non-for-profit status in order to seek donations and funding. In others words, we were able to "uncover both tales of terror and of joy and help give voice to hidden narratives" (Harper et al. 2004, p. 201), allowing people to "develop their own critical consciousness and develop their own strategies for transformation" (Moane 2003, p. 92). At the same time, community psychologists need to realize that the process is transformative and has the capacity to increase our own level of critical awareness and trust on the people we work with.

The participants in this case story overcame great obstacles in order to sustain the organization over several years. They did this because they believed they could provide a better future for their children and they thought they could make a difference. This study suggests that people can play a central role in developing their own capacity to promote social change through empowering community settings (Balcazar et al. 1998, 2001; Paloma et al. 2010). When the organizational process started, the parents involved were aware of the challenges that awaited them, but they forged ahead hoping for the best. They chose action over inaction, and although not all their efforts paid off, they were able to prove to their children and themselves that they could achieve desired change.

References

Adames, S. B. (2000). *An analysis of leadership development among immigrant Latino parents of children with disabilities.* (Master's Thesis). University of Illinois at Chicago. Retrieved from ERIC database. (ED449427).

Bailey, D. B., Skinner, D., Rodriguez, P., Gut, D., & Correa, V. (1999). Awareness, use, and satisfaction with services for Latino parents of young children with disabilities. *Exceptional Children, 65*(3), 367–381.

Balcazar, F. E., Garate-Serafini, T., & Keys, C. (2004). The need for action when conducting intervention research: The multiple roles of community psychologists. *American Journal of Community Psychology, 33*(3/4), 243–252.

Balcazar, F. E., Keys, C. B., Kaplan, D. L., & Suarez-Balcazar, Y. (1998). Participatory action research and people with disabilities: Principles and challenges. *Canadian Journal of Rehabilitation, 12*, 105–112.

Balcazar, F. E., Keys, C. B., & Suarez-Balcazar, Y. (2001). Empowering Latinos with disabilities to address issues of independent living and disability rights: A capacity-building approach. *Journal of Prevention and Intervention in the Community, 21*(2), 53–70.

Balcazar, F. E., & Taylor-Ritzler, T. (2009). Perspectives of vocational rehabilitation counselors on the factors related to employment outcomes of racial and ethnic minorities with disabilities. *Journal of Social Work in Disability and Rehabilitation, 8*, 1–16.

Block, P., Balcazar, F. E., & Keys, C. B. (2001). From pathology to power: Rethinking race, poverty, and disability. *Journal of Disability Policy Studies, 12*(1), 18–27.

Cheung, Y. W., Mok, B. H., & Cheung, T. S. (2005). Personal empowerment and life satisfaction among self-help group members in Hong Kong. *Small Group Research, 36*, 354–377.

Dalton, J. H., Elias, M. J., & Wandersman, A. (2001). *Community psychology: Linking Individuals and Communities.* Belmont, CA: Wadsworth/Thomson Learning.

Fawcett, S. B., White, G. W., Balcazar, F. E., Suarez-Balcazar, Y., Mathews, R. M., Paine-Andrews, A., et al. (1994). A contextual-behavioral model of empowerment: Case studies involving people with physical disabilities. *American Journal of Community Psychology, 22*(4), 471–496. doi:10.1007/BF02506890.

Freire, P. (1970). *Pedagogy of the oppressed.* New York: Continuum.

García-Ramírez, M., De la Mata, M., Paloma, V., & Hernández-Plaza, S. (2010). A liberation psychology approach to acculturative integration of migrant populations. *American Journal of Community Psychology. 47*(1/2), 86–97. doi:10.1007/s10464-010-9372-3.

García-Ramirez, M., Martinez, M., Balcazar, F. E., Suarez-Balcazar, Y., Albar, M. J., Dominguez, E., et al. (2005). Psychosocial empowerment and social support factor associated with the employment status of immigrant welfare recipients. *Journal of Community Psychology, 33*(6), 673–690.

Gutiérrez, L. M., & Ortega, R. (1991). Developing methods to empower Latinos: The importance of groups. *Social Work with Groups: A Journal of Community and Clinical Practice, 14*(2), 23–43.

Harper, G. W., Lardon, C., Rappaport, J., Bangi, A. K., Contreras, R., & Pedraza, A. (2004). Community narratives: The use of narrative ethnography in participatory community research. In L. Jason, C. Keys, Y. Suarez-Balcazar, R. Taylor, & M. Davis (Eds.), *Participatory community research: Theories and methods in action* (pp. 199–217). Washington, DC: American Psychological Association.

Hernández-Plaza, S., García-Ramírez, M., Camacho, C., & Paloma, V. (2010). Mobility and wellbeing. In C. Stuart (Ed.), *The psychology of global mobility. International Psychology.* New York: Springer.

Hernández-Plaza, S., Pozo, C., & Alonso-Morillejo, E. (2004). The role of informal social support in needs assessment: Proposal and application of a model to assess immigrants' needs in the south of Spain. *Journal of Community & Applied Social Psychology, 14*(4), 284–298.

Houtenville, A. J., Erickson, W. A., & Lee, C. G. (2007). *Disability statistics from the American Community Survey (ACS).* Ithaca, NY: Cornell University Rehabilitation Research and Training Center on Disability Demographics and Statistics.

Kieffer, C. H. (1984). Citizen empowerment: A developmental perspective. *Prevention in Human Services, 3*, 9–36.

Lequerica, M. (1993). Stress in immigrant families with handicapped children: A child advocacy approach. *American Journal of Orthopsychiatry, 63*(4), 545–552.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

Martín-Baró, I. (1985). La desideologización como aporte de la psicología social al desarrollo de la democracia en Latinoamérica. *Boletín de la AVEPSO, 8*(3), 3–9.

Martín-Baró, I. (1986). Hacia una psicología de la liberación. *Boletín de Psicología, 22*, 219–231.

Martín-Baró, I. (1987). El latino indolente: carácter ideológico del fatalismo latinoamericano. En M. Montero (Coord.), *Psicología Política Latinoamericana* (pp. 135–162). Caracas, Venezuela: Editorial Panapo.

Martín-Baró, I. (1996). *Writings for a Liberation Psychology. Ignacio Martín-Baró* (A. Aron & S. Corne (Eds.)). Cambridge: Harvard University Press.

Maton, K. I. (2008). Empowering community settings: Agents of individual development, community betterment and positive social change. *American Journal of Community Psychology, 41*, 4–21.

McDonald, K. E., Keys, C. B., & Balcazar, F. E. (2007). Disability, race/ethnicity and gender: themes of cultural oppression, acts of individual resistance. *American Journal of Community Psychology, 39*, 145–161.

Moane, G. (2003). Bridging the personal and the political: Practices for a liberation psychology. *American Journal of Community Psychology, 31*(1/2), 91–101.

Nelson, G., & Prilleltensky, I. (2005). *Community Psychology: In pursuit of liberation and wellbeing*. New York: Palgrave McMillan.

Paloma, V., García-Ramírez, M., De la Mata, M., & Amal, Y. (2010). Acculturative-integration, self and citizenship construction: The experience of Amal-Andaluza, a grassroots organization of Moroccan women in Andalusia. *International Journal of Intercultural Relations, 34*, 101–113.

Povenmire-Kirk, T. C., Lindstrom, L., & Bullis, M. (2010). From school to adult life: Transition needs for Latino youth with disabilities and their families. *Career Development for Exceptional Individuals, 3*(1), 41–51.

Prilleltensky, I. (2003). Understanding, resisting, and overcoming oppression: Toward a psychopolitical validity. *American Journal of Community Psychology, 31*, 195–201.

Prilleltensy, I. (2008). Migrant well-being is a multilevel, dynamic, value dependent phenomenon. *American Journal of Community Psychology, 42*(3/4), 359–364.

Pyles, L. (2009). *Progressive community organizing: A critical approach to a globalizing world*. New York: Routlege.

Radermacher, H., Sonn, C., Keys, C., & Duckett, P. (2010). Disability and participation: It's about us but still without us! *Journal of Community & Applied Social Psychology*. doi: 10.1002/casp.1039.

Rappaport, J. (1987). Terms of empowerment exemplars of prevention: Toward a theory of community psychology. *American Journal of Community Psychology, 15*, 121–145.

Rappaport, J. (2000). Community narratives: Tales of terror and joy. *American Journal of Community Psychology, 28*(1), 1–24.

Schulz, A., Israel, B., Zimmerman, M., & Checkoway, B. (1995). Empowerment as a multi-level construct: perceived control at the individual, organizational and community levels. *Health Education Research, 10*(3), 309–327.

Seekins, T., Balcazar, F.E., & Fawcett, S.B. (1986). *Consumer involvement in advocacy organizations. Volumes I, II and III*. Lawrence, KS: University of Kansas. Retrieved from http://disabilityempowerment.org/Advocacy_Products.html.

Sonn, C. C., & Fisher, A. T. (2005). Immigration and adaptation: confronting the challenges of cultural diversity. In G. Nelson & I. Prilletensky (Eds.), *Critical Community Psychology: In pursuit for wellness and liberation* (pp. 348–363). London: Palgrave Macmillan.

Suarez-Balcazar, Y., Davis, M., Ferrari, J., Nyden, P., Olson B., Alvarez, J., et al. (2004). University-community partnerships: A framework and an exemplar. In L. Jason, C. Keys, Y. Suarez-Balcazar, R. R. Taylor, M. Davis, J. Durlak, & D. Isenberg (Eds.), *Participatory community research: Theory and methods in action* (pp. 105–120). Washington, DC: American Psychological Association.

Suarez-Balcazar, Y., Harper, G., & Lewis, R. (2005). An interactive and conceptual model of community-university collaborations for research and action. *Health Education and Behavior, 32*, 84–101.

Taylor-Ritzler, T., Balcazar, F. E., Suarez-Balcazar, Y., Kilbury, R., Alvarado, F., & James, M. (2010). Engaging ethnically diverse individuals with disabilities in the vocational rehabilitation system: Themes of empowerment and oppression. *Journal of vocational Rehabilitation, 33*, 3–14.

US Census Bureau (2003). *Disability status 2000. Census 2000 brief*. Retrieved from http://www.census.gov/prod/2003pubs/c2kbr-17.pdf.

US Census Bureau (2004). *We the people: Hispanics in the United States. Census 2000 Special Reports*. Retrieved from http://www.census.gov/prod/2004pubs/censr-18.pdf.

US Census Bureau (2006). *Hispanics in the United States.* American Community Survey. Retrieved on September 13, 2010 from http://www.census.gov/population/www/socdemo/hispanic/files/Internet_Hispanic_in_US_2006.pdf.

US Census Bureau (2011). *2010 Census Briefs: Overview of Race and Hispanic Origin*. Retrieved on April 5, 2011 from http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf.

Van Dijk, T. A. (1996). Discourse, power and access. In C. R. Caldas-Coulthard & M. Coulthard (Eds.), *Texts and practices: Readings in critical discourse analysis* (pp. 84–104). London, England: Routledge.

Williams, L., Labonte, R., & O'Brien, M. (2003). Empowering social action through narratives of identity and culture. *Health Promotion International, 18*(1), 33–40.