Journal of Deaf Studies and Deaf Education, 2026, 1–16
https://doi.org/10.1093/jdsade/enag051
Published: 7 August 2026
Theory/Review Manuscript

OXFORD

A qualitative literature review of how hearing codas navigate deafness stigma

Noel O'Connell PhD[1] and Jemina Napier PhD[2]

[1]Institute for Social Science in 21st Century (ISS21), Donovan Road, University College Cork, Cork, Ireland
[2]Heriot-Watt University, Department of Languages & Intercultural Studies, Edinburgh and Cork, Scotland, United Kingdom

Corresponding author: Institute for Social Science in 21st Century (ISS21), Donovan Road, University College Cork, Cork, Ireland. Email: noconnell@ucc.ie

Abstract

The theoretical contexts of stigma have rarely been applied to a study of the experiences of hearing children of deaf adults (Codas), nor to the ways they respond to parental stigmatization and the efforts they take to protect their parents from these stressors. The wellbeing of Coda children, young people and adults is known to be challenged by discrimination and social exclusion arising from deaf-related stigmatization. It is therefore imperative that these are addressed appropriately to enable Codas to reach their potential and to recognize the agency that Codas have in supporting their deaf parents. This narrative review aims to specifically explore Codas' experiences of courtesy stigma, indirect stigma or stigma-by-association. The databases Scopus, Web of Science, Google Scholar, and reference lists of publications were searched; 61 peer-reviewed articles and 2 books were screened; *22 articles featuring qualitative studies and 2 books* were included. The researchers found that Codas experienced courtesy stigma due to their association with deaf parents but also exhibit a sense of resilience and agency. Understanding and valuing Codas' lived experience of courtesy stigma help to make more appropriate recommendations for future research and social interventions.

Introduction

The theoretical contexts of stigma have rarely been applied to a study of the experiences of hearing children of deaf adults (Codas), nor to the ways they respond to parental stigmatization and the efforts they take to protect their parents from these stressors. Academic research defines Codas as hearing children who have at least one deaf parent, a cohort also identified as "children in deaf-parented families" or "heritage signers" (Napier, 2021). While global demographic trends indicate that 90%–95% of offspring into deaf-parented families are hearing individuals (Mitchell & Karchmer, 2004), establishing an exact figure for this cohort remains problematic. This population remains largely invisible to census trackers, causing existing statistical estimates to range widely (Harrison & Watermeyer, 2019; Klimentová et al., 2017). Linguistic development strategies also vary among deaf families, with some deaf parents using signed languages as their preferred mode of communication while others use spoken languages in the home. Consequently, many Codas experience a bilingual upbringing, acquiring a signed language from birth at home and a spoken language externally through formal schooling, which stimulates the development of bilingual skills. Sign language fluency diverges among Codas. Although some deaf parents emphasize maintaining deaf cultural roots and transmitting a signed heritage, others prioritize their children's speech development, hearing identity and social integration into the hearing world.

Scholarship on Codas first began to emerge during the 1960s and 1970s, predominantly rooted in the field of psychology, psychiatry and pathology. These publications were few and far between, and relied mainly on case studies tracking language development and perceived "language disorders" in these children. This clinical orientation persisted into the 1980s, where researchers evaluated Coda linguistic outcomes through a deficit framework to assess how parental deafness impacted speech and spoken language acquisition (Murphy & Slorach, 1983; Sachs et al., 1981; Schiff-Myers & Klein, 1985). These studies largely overlooked the broader socio-cultural contexts of Coda lives. A paradigm shift in the 1990s introduced larger empirical studies which helped dispel the negative stereotypes about deaf parents and their hearing offspring (Mallory et al., 1992, 1993; Preston, 1995, 1996). Breaking away from the traditional medical lens, this body of research prioritized the social and cultural realities embedding Coda lives. Since then, an influx of autobiographical narratives and memoirs has transformed the field (e.g., Corfmat, 1990; Miller, 2004; Mudgett-DeCaro, 1996; Sidransky, 2006; Sorenson, 2019; Uhlberg, 2009). These first-person accounts directly counter dominant perspectives of Codas by highlighting the

Received: February 11, 2026. **Revised:** June 26, 2026. **Accepted:** June 29, 2026

bicultural and bilingual experiences largely absent in early clinical literature.

Prior studies distinguish between hearing children of deaf parents (Codas) and hearing children of hearing parents due to their contrasting family cultures. Codas, for example, grow up immersed in deaf culture, prioritizing visual communication and sign language. Conversely, hearing children of hearing parents are submersed in hearing culture, concentrating on auditory-verbal communication and spoken language. Codas must therefore continuously navigate two distinct cultural spheres: the deaf world of their parents and the dominant hearing society (Çelik, 2017). This cultural negotiation is further complicated by the different family structures; for example, Codas raised by one deaf and one hearing parent often experience childhood differently to those raised in households where both parents are deaf (Bishop & Hick, 2005).

Under the United Nations Convention on the Rights of the Child (UNCRC), protecting children's well-being and facilitating opportunities to fulfill their potential are fundamental human rights (UNICEF, 1989). Despite the UN Sustainable Development Goals' (SDG) explicit mandate to secure an inclusive society free from stigma and discrimination under SDG 10, the distinct needs of Coda children remain largely unaddressed by family services and children's advocacy networks. This oversight happens because statutory bodies routinely associate Codas with the dominant hearing majority, thereby overlooking their unique needs in comparison to the needs of deaf parents and deaf children (Klimentová et al., 2017). Consequently, there is an urgent mandate to demonstrate how Coda rights can be systematically prioritized, protected and promoted. The Coda lack of visibility is worsened by the fact that deaf parents often avoid seeking public support for their children out of fear of being judged unfit to parent. As Oram, Young and Cartney (2024) highlight, deaf parent anxieties that social workers will remove their children if they seek professional support. This mistrust toward hearing social workers is a response to a system that routinely frames parental deafness as an automatic safeguarding risk to a child's welfare instead of a situation where they need family support. While research acknowledges and validates the parental competencies of deaf people (see Preston, 1995; Sorenson, 2019; Townshend, 2008), it is important to recognize that this positive parenting equips Codas with a unique expertise regarding their own upbringing. As the primary experts regarding their own lived realities, their insights provide critical data for family welfare professions. To date, empirical research regarding the discrimination faced by these children has mostly been filtered through parental accounts. Thus, the direct inclusion of Coda voices can substantially improve the design of family services, empowering these children to navigate their lives as autonomous agents.

Childhood studies literature stresses that research must foreground the direct experiences of children and young people, thereby validating their agency both as research participants and autonomous individuals (Bradbury-Jones et al., 2018; Kellett, 2011). Emphasizing the lived realities of Codas is equally essential to fully understanding their distinct challenges. Understanding the childhood experiences of Codas requires an examination of qualitative research. Empirical data from Knight (2018) reinforces this approach, demonstrating that younger "Kids of Deaf Adults" (Kodas) felt validated by research participation and valued the opportunity to share their histories. This act of including the voices of Coda in research significantly enhances our understanding of their childhood experiences. It also equips family professionals with insight required to make informed welfare decisions. By examining the relevant qualitative literature, this study will help family welfare professionals recognize how Codas' experience indirect discrimination due to their association with deaf parents. This narrative literature review provides vital insight into the specific factors that trigger perceived discrimination and subsequent social isolation for these youth. Since stigma is frequently cited as a core contributor to negative social experiences, this study evaluates the qualitative literature on Codas through the lens of stigma. Before presenting our methodology and results, we define the core stigma constructs that anchor our analysis.

Defining stigma in relation to deaf people and Codas

According to Goffman (1963), stigma is "an attribute, behavior, or reputation which is socially discrediting in a particular way," (p.3). Stigma spoils the social identity of individuals and pushes them into the margins of society. Goffman argues that stigma is concerned with the "devaluation" of an individual who is then disqualified from full social acceptance by society. As such, devaluation can result in discrimination leading to negative impacts on the mental and physical health, school outcomes, and social competence of those affected by the stigma. The two dimensions of stigma most relevant to *Codas are*: first, deafness-related stigma refers to the negative stereotypes, prejudices, and discrimination directed at deaf individuals because of their hearing status. In that context, Codas often found themselves witnessing the external stigmatization of their deaf parents. Second, indirect stigma or courtesy stigma occurs when a person is targeted with prejudice not because of their own traits, but because of their *relationship to a marginalized individual.* Because of their association with deaf parents, Coda children tend to experience indirect stigmatization. Regardless of type, the experience of direct and indirect stigma can contribute to feelings of isolation and loneliness (Prizeman et al., 2024). Before we can thoroughly discuss how Codas lived experience through the lens of indirect stigma, it is important to address the meaning of stigma. Indeed, any discussion of stigma, both within and outside sociology, tends to begin with Goffman's (1963) classic work on stigma as the foundational text for stigma studies research (Link & Phelan, 2001). However, Pescosolido and Martin (2015) suggest that the stigma concept originated from Allport's (1954) work on prejudice and discrimination.

According to Allport, contact between members of different racial, ethnic, religious, and other groups may reduce prejudicial attitudes under particular conditions. Allport further maintains that social contact works through knowledge acquisition processes changes people's beliefs and behavior about certain groups of people. His theory has been applied to the case of mental illness stigma. Goffman (1963), however, suggests that social contact or social interaction actually intensifies rather than reduces the experience of stigma in different social contexts. Goffman describes stigma as an "attribute that is deeply discrediting" and that reduces the stigmatized person "from a whole and usual person, to a tainted, discounted one" (p.3). He conceptualizes stigma primarily as a social process that is dependent on the social context (Link & Phelan, 2001). In other words, stigma should be understood in interactional and situational contexts rather than a "thing" attached to an individual. Goffman pays particular attention to membership categorization and to understanding how one experiences shame and degradation as a result of being directly and indirectly stigmatized. For Goffman (1963), stigma arises when the stigmatizing society and the stigmatized individual interact with each

other. In his view, stigmatization occurs through social contact and social interaction, "those moment[s] when stigmatized and normal are in the same social situation" (p.23).

Although Goffman (1963) focused his study of stigma at an individual level, scholars have examined stigma at different levels of analysis. For instance, Link and Phelan (2001) expanded on Goffman's conceptualization of stigma by identifying four components of stigma, with each component being a necessary condition for stigma. The first component is concerned with labeled difference. Labeling theory was first developed in the 1960s when sociologists such as Becker (1963) and Scheff (1966) published work on the role of social labeling in the development of deviance. According to Link and Phelan (2001), society categorizes people into groups and determines who "fits in" with "normal." For example, some people may be "different," but they may also be labeled deviant; that is, they do not conform to society's expectation of normative behavior. In the second component, stigma may be enacted through stereotypes. Stereotypes are defined as collectively agreed upon negative beliefs about a group of people (Corrigan & Watson, 2002). People who endorse stereotypes about particular groups of people they are said to be prejudiced. The third component involves separation. Link and Phelan argue that stigma separates people into categories of "us" versus "them." Status loss and discrimination constitute the fourth component of stigma. For Link and Phelan, stigma provides a rationale for devaluing, rejecting, and excluding labeled individuals by linking them to undesirable characteristics and traits, which then leads them to experience discrimination and status loss. This could be considered, as a form of structural stigma, which results from systemic societal-level conditions, cultural norms, and government, institutional, or private organization policies that intentionally or unintentionally constrain the opportunities, resources, and well-being of marginalized groups.

Structural stigma functions as a powerful mechanism for social control, embedding discrimination into societal infrastructures that cannot be untangled from power dynamics. Baruffati et al. (2026) argue that powerful groups deploy stigma to keep certain populations "down, in, and/ or away," and this is most effective when it is so deeply ingrained in society that it becomes invisible. Examples include lower funding mental health services relative to other health care. With respect to Deaf people, this could be lack of funding for professional sign language interpreting services, which then leads to hearing children brokering communication for their deaf parents in high-stakes settings such as healthcare (Napier, 2021). Over the past three decades, the stigma concept has been extensively studied and contextualized in different social contexts, and its adverse impact on a multitude of social groups—such as people living with cancer (Tang et al., 2016), mental illness (Jauch et al., 2024), HIV and/or AIDS (Liamputtong et al., 2013), homelessness (Phelan et al., 1997) and disability (Chatzitheochari & Butler-Rees, 2023).

Some researchers have started to explore the mechanisms of stigma related to deafness or hearing loss (Higgins, 1980; Perry, 1996). Mousley and Chaudoir (2018) define "deafness stigma" as "the social ramifications of living in a society that labels deafness an impairment and operates in ways that exclude and devalue deaf people" (p.341). According to this definition, deaf people are stigmatized because of societal perceptions of their hearing "disability." To better understand deafness stigma, Mousley and Chaudoir examine the relationship between three domains of anticipated, enacted, and internalized stigma. First, anticipated stigma refers to the belief that prejudice, discrimination, and stereotyping will be directed at the self from others in the future. In other words, deaf people who anticipate stigma expect that others will devalue them based on their deaf identity. Second, enacted stigma describes actual experiences of discrimination by others that are related to their deaf identity (e.g., someone making fun of their signing). Finally, internalized stigma refers to a process whereby deaf people internalize negative stereotypes imposed by others and apply them to themselves, and expect to be rejected by others and feel alienated from society. Based on the findings of a survey of 171 deaf adults, Mousley and Chaudoir conclude that enacted stigma rather than anticipated or internalized stigma was related to depression and anxiety among the deaf participants in their study. Since Mousley and Chaudoir's exploration of these three domains of stigma in relation to deaf people, other studies have confirmed that anticipated, enacted and internalized stigma can manifest through experiences of ableism (discrimination of disabled people), audism (oppression based on hearing status) or linguicism (discrimination based on sign language modality versus spoken language) (e.g., De Clerck & Willems, 2023; Tomaszewski et al., 2025).

Although Mousley and Chaudoir assert that research into the impact of deafness stigma is virtually non-existent, there exists a body of qualitative literature directly exploring the lived experiences of this stigma. For instance, Perry (1996) offers a qualitative, autoethnographic account of "hearing loss stigma," defined as the "biases and attitudes" that render hearing loss a stigmatizing attribute (p. 258). Exploring life as a deaf individual in a hearing world, she evaluates how this stigma impacts her family dynamic, particularly her close relationship with her hearing sister. Perry reveals that during childhood, she depended on her sister to navigate communication with the hearing public. She conceptualizes these personal experiences through Goffman's (1963) theory of impression management. Furthermore, O'Connell (2016) conceptualizes the stigma of deafness as a distinct social phenomenon with unique characteristics, dynamics, and consequences. Drawing on Goffman's sociological framework, the author illustrates how deaf individuals internalize negative societal judgments, resulting in a "spoiled identity." In this state, individuals subconsciously adopt a deficit model of deafness, which erodes self-confidence and fosters internalized negative self-beliefs. Such studies are essential to the broader literature on deafness stigma, as capturing these lived experiences is paramount to understanding the social context of stigma.

Drawing on sociological concepts of stigma and Becker's (1963) framework of "outsiderness," Higgins (1980) examines how deaf individuals are socially positioned and perceived. He posits that deaf people are labeled as "deviants" not due to inherent deficiencies, but because they exist outside the established norms of the hearing world. Consequently, hearing society routinely marginalizes deaf perspectives—an exclusion driven entirely by this ascribed outsider status and perpetuated by deeply ingrained stereotypes and prejudices. Yet, while Higgins draws parallels between deaf individuals and other marginalized groups, such as racial minorities and the economically disadvantaged, he omits Codas from this paradigm. More importantly, his analysis offers little insight into how Codas navigate the lived experience of indirect stigma.

The two major types of stigma identified by Goffman (1963) are visible or "discredited identity" and "easy-to-hide identity" (p.63). Those with a discreditable identity may choose to pass—or hide the stigmatized trait. For instance, a deaf person may attempt to pass as "hearing" (Brueggemann, 1997; Perry, 1996). However, if the stigmatized "difference" is visible, then the person bearing it cannot

pass but may attempt to minimize it by covering: for instance, the hearing aid may be visible behind a deaf woman's ear, but she may grow long hair to cover it. According to Brown (1991), passing is "an adaptation to circumstances of oppression" (p.36) which occurs when "individual members of various minority/subordinate groups [attempt to] achieve an identity as a member of the dominant/superordinate group" (p.33). Passing is when people present themselves as a member of a social group other than the one that they belong to: race, disability, sexuality, social class, and ethnicity. Although Perry (1996) actively concealed her deaf identity, the effort to pass as "hearing" caused profound stress and a constant fear of exposure. She eventually realized that this pressure is largely "self-inflicted" and "self-perpetuating" (p.251). Crucially, Perry shifted her perspective to recognize that hearing loss stigma is not an inherent individual flaw, but a direct byproduct of wider societal attitudes toward deafness. Indeed, passing is a key behavioral response to experiencing stigma. When deaf parents attempt to hide their identity to pass as hearing, Codas often suffer from identity confusion and altered beliefs about sign language. Interpreting their parents' concealment as a necessary defense mechanism against societal prejudice, Codas may internalize this behavior and replicate it. This defensive mimicry results in a loss of cultural connection, fostering internalized stigma and a subsequent alienation from sign language.

As Goffman argues, a stigmatized identity, rooted in asymmetrical power structures, marginalizes individuals and bars them from full social acceptance. Despite these barriers, targeted groups often "cultivate alternative positive conceptions of their selves, and to enact self-serving impression management tactics, which accommodate, mitigate, transmute, deflect, defend and contest understandings of their selves" (Toyoki & Brown, 2014, p.715). For deaf individuals, this empowerment is illustrated by political advocacy for legal sign language recognition (Murray, 2015) and the deployment of diverse semiotic repertoires to achieve autonomous, unmediated communication (Kusters, 2017). A stigmatized identity is an effect of power and can marginalize an individual, resulting in that person being disqualified from full societal acceptance. Nevertheless, stigmatized individuals and groups are often able to "cultivate alternative positive conceptions of their selves, and to enact self-serving impression management tactics, which accommodate, mitigate, transmute, deflect, defend and contest understandings of their selves" (Toyoki & Brown, 2014, p.715). For deaf people this may involve, for example, activism for legal sign language recognition (Murray, 2015) or using their linguistic repertoire for direct communication without the involvement of interpreters (Kusters, 2017).

Courtesy (or indirect) stigma refers to the prejudice experienced by individuals connected to a marginalized group, despite not personally possessing the stigmatized characteristic (Goffman, 1963). Unlike direct stigma (Link & Phelan, 2001), indirect stigma is an associative phenomenon independent of an individual's actions, stemming entirely from their social ties to a devalued cultural group. Numerous empirical studies demonstrate that children frequently experience this indirect stigma as a result of parental traits or statuses, such as disability, mental illness, criminality, incarceration, or minority sexuality (Birenbaum, 1970; Chatzitheochari & Butler-Rees, 2023; DiBennardo & Saguy, 2018; Gaolaolwe et al., 2023; MacRae, 1999; McGinley & Jones, 2018; Saunders, 2018).

The stigma attached to the child of a same-sex couple, for instance, does not stem from the child's own sexuality, but rather from their parental association. Because family ties are deeply embedded, evading or detaching from these associations is exceptionally difficult. Conversely, individuals who bear a primary stigma often experience profound guilt, worrying that their status will bring shame and discredit to their family members (Corrigan & Miller, 2004). Hearing Codas operate within this exact reciprocal dynamic. They face external marginalization due to their proximity to deaf parents, while those parents frequently internalize guilt over the vicarious stigma inflicted upon their children by an ableist society. Consequently, to mitigate these sociocultural pressures and navigate pervasive stereotypes, Codas routinely employ strategic impression management by trying to influence how others perceive them, their identities, or their situations. While international research on the lived experiences of Codas has expanded significantly, empirical studies within the United Kingdom and Ireland remain scarce (Heffernan & Nixon, 2023; Napier, 2021). Consequently, a qualitative literature review that synthesizes existing evidence is vital to constructing a comprehensive, nuanced overview of Coda experiences. This narrative review summarizes and consolidates current qualitative findings regarding Coda perspectives, utilizing sociological stigma frameworks to interpret their narratives. Specifically, this review addresses three central questions: (1) How do hearing Codas conceptualize the experience of growing up with deaf parents and immersing themselves in deaf culture and sign language? (2) How do hearing Codas describe and process their encounters with deafness stigma? (3) How do Codas respond to the external stigmatization of their deaf parents?

Positionality statement

As researchers, our positionality in this study is shaped by our intersecting deaf-hearing, Coda/non-Coda identities and professional backgrounds. The first author is a deaf, non-Coda researcher, while the second author is a hearing Coda researcher. Together, we hold expertise in deaf studies, sign language, interpretation and translation, and deaf education, and we are fluent in several national sign languages and International Sign. Our distinct backgrounds provide both unique and overlapping insights. While the first author's work in deaf studies offers a framework for understanding cultural variations between deaf-parented and hearing-parented families, the second author provides an insider's perspective that helped refine the literature review using extensive knowledge of CODA studies research. Ultimately, our combined cross-cultural perspectives ensure that the literature review, data analysis, and interpretations directly align with our core research questions.

Method

In order to develop an evidence base on Coda lived experiences of indirect stigma, a narrative literature review was undertaken. A narrative literature review is a comprehensive analysis of the current knowledge of a particular topic (Cronin et al., 2008). A narrative approach was intentionally selected because our objective is to synthesize complex, intersectional qualitative experiences alongside foundational sociological theories of stigma (e.g., Goffman, 1963; Link & Phelan, 2001). This conceptual mapping is best served by a descriptive narrative synthesis rather than a rigid systematic or scoping protocol. A narrative literature review is an essential part of the research process that helps to establish a theoretical framework and focus or context of a research study (Fink, 2005). The method is well suited to providing insight into current knowledge that can be used to inform

policy and practice. It is descriptive in nature and involves a process of identifying patterns and trends in the literature and summarizing, interpreting and critically evaluating the findings so that gaps or inconsistencies can be highlighted. This approach to research was appropriate for this review given that we sought to combine and compare qualitative research to gain an emic perspective. The aim was to identify predominant themes in order to inform the research on the social, cultural and educational experiences of Codas (Nowell et al., 2017).

Search strategy

In addition to our own knowledge of the literature, the following international databases were searched: Google Scholar, ERIC, Sage Sociology Collection, Web of Science, and the university library database was applied. Our search strategy included the following keywords: "qualitative studies on children of deaf adults," "qualitative studies on hearing children of deaf parents," "qualitative research on hearing children of deaf parents," "qualitative studies on hearing children of deaf parents and stigma," "children of deaf adults," "children of deaf parents," "hearing children of deaf adults," "hearing children of deaf parents," "children of deaf adults and stigma," "children of deaf adults," "children of deaf adults and courtesy stigma," "children of deaf adults and indirect stigma," "deafness stigma," and "deaf people and stigma." We also searched the reference lists of the articles that met our inclusion criteria.

Selection criteria and evaluation process

A comprehensive breakdown of the 24 included sources, detailing their geographic locations, participant demographics, and specific qualitative designs, is provided in Table 1. To ensure transparency during our narrative review, each source was evaluated using the Critical Appraisal Skills Program (CASP) Qualitative Checklist. The itemized evaluation matrix, outlining the methodological parameters and conceptual synthesis weights assigned to each primary text, is detailed in Appendix A. Studies were evaluated against strict selection filters. Inclusion required: (1) a primary focus on hearing children of deaf parents (Codas); (2) empirical qualitative data capturing lived experiences of deafness-related stigma, courtesy stigma, or discrimination within family, school, or community settings; and (3) peer-reviewed journal articles published in English between January 1990 and December 2024. The initial search was intended to capture peer-reviewed literature published in this time period. However, to preserve contemporary comprehensive relevance, a final manual search update was performed in November 2025 and again at the time of making revisions to the paper in May 2026, allowing for the inclusion of articles carrying 2025 and 2026 publication dates. Inclusion criteria consisted of searching the abstract–title–key words. Some articles appeared that focused only on "deaf adults," and the key word "children of deaf parents" often elicited papers that concentrated on hearing parents of deaf children, which did not meet the criteria. Other articles found on these databases suggested studies that concentrate on the experiences of hearing parents of deaf children, including deaf parents' perspectives of their hearing children (e.g., Zaborniak-Sobczak, 2020). Qualitative and theoretical literature addressing issues related to Codas, sign language, deafness stigma, indirect stigma, and family were identified for this paper using key search terms described above. Dissertations, theses, gray literature, clinical speech-therapy metrics, and studies focused exclusively on deaf parents or deaf children were excluded. Two books (Higgins, 1980; Napier, 2021) were permitted as unique theoretical exceptions due to their foundational impact on conceptualizing courtesy stigma and language brokering within deaf spaces. A multi-stage screening process was utilized to ensure transparency. The first author initially screened titles and abstracts, removing records focused strictly on hearing parents of deaf children. Potentially eligible full-text reports were then downloaded and evaluated independently by both authors to reach a collaborative consensus on the final corpus of 24 studies.

Analyzing the results

Thematic analysis was used to methodically identify, analyze, and categorize the body of literature by analyzing and interpreting the qualitative findings and categorizing them into recurring patterns or themes. We follow the Braun and Clarke (2022) six-step framework: familiarization, coding, generating themes, reviewing, defining, and writing up. The first step, familiarization, involved the authors reading and re-reading the data and becoming absorbed in the qualitative literature. The second step involved identifying and naming the relevant literature. This was done manually, and the following themes were identified: "Children of Deaf Adults," "stigma," "deafness stigma," "indirect stigma," and "parentification." The authors then analyzed the themes and produced a detailed narrative of each theme while also explaining their significance. The six-step approach was ideal for exploring lived experiences and perspectives as it allowed the authors adopt a flexible approach to analysis across various theoretical frameworks and research questions (Braun & Clarke, 2022). This approach allowed the identification of the characteristics of each text, the main areas of interest, and the research gaps, which are the basis of the review (Nowell et al., 2017). The identified articles and results of each study were charted (See Table 1).

Results

Twenty distinct sources (22 qualitative articles and 2 books) were included in the narrative analysis. Geographically, these sources consist of 7 studies from North America (USA), 11 from Europe (Sweden, Czech Republic, Ireland, United Kingdom, Cyprus), 3 from Africa (South Africa), 1 from Israel, 1 from Australia, and *1 multi-national study* spanning multiple countries (South Africa, Canada, Botswana, United Kingdom, and South Korea). All articles include Codas' own narratives about their stigmatization experiences as a result of their parents' deafness, of which three articles used the word stigma, and one paper and one book referenced the term indirect stigma. The current narrative review aims to explore Codas' perspectives on their experiences of indirect stigma and the impact of this on their childhood and adult lives. Thematic analysis of the Codas' narratives presented in the studies revealed a range of unmet needs: individual, relational and social. These are captured in four core themes: Parentification, stigma, shaming, and stereotyping, which contribute to the concluding themes of indirect stigma and resilience.

Parentification: the negative and positive impact of taking on adult responsibilities

Most parents are expected to fulfill their children's basic needs, but not all parents have the capacity or resources to do so. From the literature,

Table 1 Chronological summary of Reviewed Literature.

No.	Author, year	Title	Research topic	Research design	Country	Key findings	Source
1	Allard and Roos (2025)	Identity formation in bimodal-bilingual children of Deaf adults (Codas)	Examination of social identity of Codas	Interviews with 12 Coda adults	Sweden	The main findings indicate that for these Codas, the everyday experience of bimodal bilingualism acts as a driving force in the formation of social identities, fostering linguistic, cultural, and social awareness, which, in turn, influences how individuals invest in their languages and cultures.	Journal of Deaf Studies & Deaf Education
2	Dočekal and Klimentová (2025)	Specific manifestations of sandwich generation effect in deaf parents and CODA families	Examination of concept of "sandwich parenting" in families with deaf parents and hearing children	Interviews with deaf parents and Codas aged 18–41	Czech Republic	Five themes were defined—grandparent help, child help with interpretation and life support, help from neighbors and others, parental dependency, child independence, and interpretation of childhood and parenthood	Journal of Deaf Studies & Deaf Education
3	Millar and Vione (2024)	Social identity of Codas in relation to family identity	This study explores of the social identity experiences of Codas & the cultural identity of their families	Qualitative interviews with 15 Codas	South Africa, Canada, Botswana, United Kingdom, Korea.	Codas experience cultural disconnect, taking on adults responsibilities and frustration. Familial culture is considered a contributing factor in the social identity of Codas.	Theory and Practice in Child Development
4	Zvědělíková and Hanáková (2024)	Parenting of people with hearing impairment: A comprehensive analysis of perspectives and experiences	This article focuses on the perceptions of parenting among deaf people	Mixed method including qualitative interviews with 5 adult female Codas	Czechia	Parenting is influenced by motivation to parent, gender differences in parenting styles, & challenges associated with disability/deafness	Journal of Exceptional People
5	Heffernan and Nixon (2023)	Experiences of hearing children of deaf parents in Ireland	Study based on the experiences of Codas and their family roles and life at the intersections between Deaf-hearing worlds	Qualitative research. Semi-structured interviews with 12 Codas	Ireland.	CODAs developed strategies for dealing with deafness stigma—seeing deaf culture as normal, positive qualities. CODAs took on adult responsibilities by engaging in language brokering, interpreting—with negative/positive outcomes.	Journal of Deaf Studies and Deaf Education
6	Harrison and Watermeyer (2019)	Views from the borderline: Extracts from my life as a colored child of Deaf adults, growing up in apartheid South Africa	This evocative auto/ethnography explore the life world of a now adult female hearing child of Deaf parents	Auto/ethnography	South Africa	life of a female, colored CODA in South Africa is complex, multi-layered and multidimensional: (1) CODAs as language brokers, (2) being bilingual and trilingual, (3) being bicultural, (4) role reversal & parentification and (5) issues of identity.	African Journal of Disability Studies
7	Gee et al. (2021)	Brokering communication between deaf signing parents and healthcare professionals: The experience of young hearing people in the UK	The study focuses on young Codas in England and their experiences of sign language brokering in healthcare settings.	Qualitative semi-structured interviews with 12 young Codas aged 16–25	United Kingdom	Findings reveal that experiences of brokering in healthcare settings were varied, as were their attitudes, feelings and views toward brokering. Key themes were identified including: pride and pressure; insider and outsider status; conflicting roles; autonomy, dependence and independence; choice and expectation; and perceptions of high or low-stakes brokering.	Communica-tion & Medicine
8	Moroe (2019)	Physiologically, I am hearing, but psychologically, I am deaf. Identity: lived experiences of hearing children born in families with Deafness in South Africa	The study is concerned with the Codas' sense of identity as hearing people in deaf-parented families.	Phenomenological, qualitative interviews with 10 Codas two male and eight female aged 21–40 years	South Africa	Findings reveal a tension between how Codas feel as hearing people having grown up in a deaf world—feeling deaf but not being identified as deaf.	Journal of Psychology in Africa

(*Continued*)

Table 1 Continued

No.	Author, year	Title	Research topic	Research design	Country	Key findings	Source
9	Moroe and de Andrade (2018)	"We were our parents" ears and mouths': Reflecting on the language brokering experiences of hearing children born to deaf parents	The study is concerned with the childhood experiences of language brokering in deaf-parented families.	Phenomenological, qualitative interviews with 10 Codas 2 male and 8 female aged 21–40 years	South Africa	The findings revealed that Codas found language brokering experiences a significant challenge which had a profound impact on their childhood and adult lives	Journal of Child Health
10	Knight (2018)	Social identity in hearing youth who have deaf parents	Based on findings reported in the author's PhD dissertation, the article examined the social identity of 11 hearing youth aged 11 to 17 years old who have Deaf parents using American Sign Language (ASL) & who were raised in Deaf and hearing cultures using ASL and English.	Phenomenological qualitative research method using questionnaires based on Henri Tajfel's social identity theory under these three subgroups: Social Categorization, Social Identification & Social Comparison.	USA.	Kodas expressed positive feelings of belonging, pride and being bicultural. Kodas experience a sense of belonging at home, at KODA camp events & during the interview.	Interna-tional Journal of Business and Social Science
11	Klimentová et al. (2017)	Hearing children of deaf parents—a new social work client group?	This article explores the life experience of children of deaf parents in their role as native interpreters during childhood.	Semi-structured interviews with 14 Codas over 2 years, aged between 18 and 41 years old	Czech Republic.	The findings show they experience inappropriate form of burden placed on a child's shoulders by the parents. This article offers possible ways of supporting families with deaf parents and in the process of solving the problem.	European Journal of Social Work
12	Pizer et al. (2012)	"We communicated that way for a reason": Language practices and language ideologies among hearing adults whose parents are deaf	This qualitative study focuses on the way that CODAs use of signed and spoken languages in family situations. It explores the language choice patterns of CODAs in deaf parented families.	Qualitative interviews with 13 American Coda adults.	USA	Deaf parents' language ideology can be influential in how CODAs use language and communication modalities. For instance, deaf parent may attempt to overcome communication barriers by encouraging the children to use spoken and/or signed languages CODAs used varying language and communication modalities in an effort to overcome potential communication barriers. How they do this depends on the deaf parents use of spoken and signed language and parent–child relationships.	Journal of Deaf Studies and Deaf Education
13	Hadjikakou et al. (2009)	The experiences of Cypriot hearing adults with deaf parents in family, school, and society	This paper investigates the personal experiences of hearing adults with signing Deaf parents in their families, school, and society.	Semi-structured interviews with 10 Cypriot Codas between the ages of 21 and 30 years.	Cyprus.	Most CODAs developed a bicultural identity, interpreter & protector role in their family, and interacted well with deaf parents. The prejudices of hearing people against the Deaf people and lack of state support toward the Deaf community were noted.	Journal of Deaf Studies and Deaf Education

(*Continued*)

Table 1 Continued

No.	Author, year	Title	Research topic	Research design	Country	Key findings	Source
14	Mand et al. (2009)	Genetic selection for deafness: The views of hearing children of deaf adults	The study examines Codas' views on preimplantation genetic diagnosis and prenatal diagnosis to select for or against deafness.	A mixed method approach: semi-structured interviews with Codas & health professionals; electronic survey on 66 individuals.	Australia.	Codas share similar same views as deaf communities re: deafness is not a disability, but a distinct culture & disapproval of using genetic technologies for selecting deafness	Journal of Medical Ethics
15	Shield (2005)	Ideological conflict at group boundaries: The hearing children of deaf adults.	Exploration of issues surrounding Coda identity and Deaf ideologies	Interviews with Codas aged 21–63.	USA	Codas occupy a conflicted position in the Deaf community: they are both insiders and outsiders, hearing and Deaf, and neither. While they are marginalized in the Deaf community by institutionalized practices, personal interactions, and ideologies which call their authority as members into question, they are also legitimated as participants through their linguistic and cultural knowledge as well as by authenticating their blood relations to the Deaf community	Texas Linguistic Forum
16	Preston (1996)	Chameleon voice: Interpreting for deaf parents	This paper looks at how gender influences the way Codas communicate in family situations	Life history interviews with 150 male and female Codas	USA	Gender roles highlighted: female Coda children are often assigned interpretation responsibilities compared to male Coda children. Female Coda children are more likely to be bilingual, competent signers, & interested in sign language.	Social Sciences and Medicine
17	Preston (1995)	Mother Father Deaf: The heritage of difference	Coda cultural identity, identification to hearing people & the paradox of being culturally "Deaf" and functionally hearing.	Interview & life history methods. 150 adult CODAs in the USA Author—personal narrative	USA.	CODAs understand the meanings people attach to deafness can vary: 1) deafness is stigmatized by hearing society; 2) is treated as a disability by hearing society; 3) is treated as normal everyday experiences by deaf parents and deaf community members. CODAs response to these diverse meanings is dependent on social context which have implications for developing a sense of belonging and negotiating the parameters of deaf and hearing culture.	Social Science & Medicine Journal
18	Buchino (1993)	Perceptions of the oldest hearing child of deaf parents: On interpreting, communication, feeling and role reversal	The study focuses on a comparative study on the experiences of hearing Codas and hearing children of hearing parents in age, school, gender, education, and socio-economic contexts.	A mixed-method approach using questionnaires and interviews with 16 Codas and 16 hearing children of hearing parents	USA	No significant differences between the two groups in terms of communication and role reversal were found. Perceptions on role reversal and communication vary according to the age of the participants.	American Annals of the Deaf

(*Continued*)

Table 1 Continued

No.	Author, year	Title	Research topic	Research design	Country	Key findings	Source
19	Frank (2019).	The identity development of the only hearing child in an all-deaf family	This article focuses on identity development among individuals who grew up as the only hearing child in an otherwise all-deaf family. Being the only hearing child (assuming they have deaf siblings) is quite different from being one of a number of hearing children of deaf parents.	Face-to-face interviews in eight states with thirteen Codas	USA	Findings showed that only hearing children in all-deaf families experience obstacles in various settings. Examples include serving as family interpreter, not realizing they are hearing until they enter school, and taking responsibilities to protect their parents because they are the only ones who can hear in their families.	JADARA
20	Tannen-baum-Baruchi et al. (2026)	The responsibiligated status: Exploring the experiences of hearing children with deaf parents	This study explores how CODAs navigate dual roles as children and caregivers, particularly in their relationships with parents, siblings and the broader community.	Semi-structured interviews with 11 adult Codas, four men and seven women; aged between 21–60 years	Israel	Findings reveal that Codas' relationships with their parents exist on axes of responsibility and obligation. Three central themes emerged: Codas' role as interpreters, their place within the family and their "responsibiligated" status—a term coined to describe Codas' relationships with their parents.	Child & Family Social Work
21	Napier (2021)	Sign language brokering in deaf-hearing families.	The book qualitatively explores the lived experiences of "heritage signers"— individuals who grow up using sign language at home and act as informal interpreters for their deaf parents. "child language brokering" involves cultural mediation, advocacy, & navigating power dynamics.	Multi-stage, mixed-method research from 2012 to 2018.	While primarily focused on United Kingdom and Australia, it is interna-tional in scope (e.g., online survey covering many countries).	Language brokering—equip "heritage signers" with skills required for professional interpreting careers. Interpreting responsibilities often falls on female Codas, fostering a deep family bond & childhood resilience.	Palgrave MacMillan
22	Napier et al. (2025)	Sign LOUD: Perspectives of deaf mothers and signing practitioners on domestic abuse, communication issues and the impact on Deaf families.	Focuses on exploring deaf women in Scotland who experience the double trauma of domestic violence/abuse & communication barriers when accessing support.	Qualitative, participatory research using interviews, focus groups & workshops.	Scotland, UK.	Lack of national BSL support services, barriers to accessing justice, & children being forced to interpret for victims Rates of domestic abuse is higher among deaf women compared to hearing women.	Heriot-Watt University & University of Edinburgh
23	O'Connell (2016)	"Passing as normal": Living and coping with the stigma of deafness.	Exploring the emotional & social impact of managing the "stigma of deafness" while attempting to conform to hearing norms,	Qualitative method-Auto/ethnography	Ireland	The author is able to transition from hiding deafness to embracing a positive deaf identity.	Qualitative Inquiry
24	O'Connell (2022)	"Opportunity blocked": Deaf people, employment and the sociology of audism.	Examines the way audism acts as a barrier to employment for deaf people.	Qualitative method—interviews with 8 deaf adults	Ireland.	Deaf people are affected by discrimination in employment manifest through stigmatization, negative stereotyping, & lack of accommodation in the workplace.	Humanity & Society

it is notable that many deaf people attended schools that operated a policy of banning the use of signed language in the classroom with profound consequences to their social and educational lives (Dočekal & Klimentová, 2025). A direct consequence of early language deprivation is that many deaf individuals complete their schooling with suppressed literacy levels in English, and occasionally in sign language. Consequently, when transitioning into parenthood, they may lack the foundational linguistic resources necessary to cultivate these language skills in their own children. These disadvantages are compounded by employment inequalities that drive disproportionately high rates of unemployment and poverty among members of deaf communities (O'Connell, 2022). Furthermore, deaf people raised by hearing families often face restricted access to parenting knowledge due to early linguistic barriers within the household. Because their hearing parents frequently lack sign language fluency, these individuals are deprived of opportunities for incidental learning regarding child-rearing practices. Consequently, a persistent language barrier prevents many deaf adults from accessing positive parental role models during their own formative years (Harrison & Watermeyer, 2019; Heffernan & Nixon, 2023).

Evidence demonstrates that some Codas experience parentification, assuming adult roles by taking on multifaceted practical and emotional responsibilities for their deaf parents; these dynamics stem from diverse structural factors and yield both positive and negative outcomes (Frank, 2019; Hadjikakou et al., 2009; Harrison & Watermeyer, 2019; Heffernan & Nixon, 2023;

Klimentová et al., 2017; Millar & Vione, 2024; Moroe & de Andrade, 2018; Napier, 2021; Shield, 2005; Tannenbaum-Baruchi et al., 2026). Within Coda studies literature, this phenomenon is conceptualized through various frameworks: while some researchers analyze this responsibility through the lens of "parentification" (e.g., Heffernan & Nixon, 2023), others classify it as a "parent-child role reversal" (e.g., Buchino, 1993; Dočekal & Klimentová, 2025; Hadjikakou et al., 2009; Tannenbaum-Baruchi et al., 2026). Alternatively, it is characterized as a demand for the individual to "function as an adult while still a child" (Harrison & Watermeyer, 2019, p.5). Parentification describes a developmental process wherein a child assumes inappropriate responsibilities for a parent's emotional, physical, or psychological well-being, effectively acting as their caregiver (Hooper et al., 2008). Applying this framework, recent studies emphasize that such role reversals compel Coda children to undertake tasks typically reserved for adults (Dočekal & Klimentová, 2025; Heffernan & Nixon, 2023; Tannenbaum-Baruchi et al., 2026).

Coda studies scholars frequently attribute parentification to systemic communication barriers, noting that deaf parents often rely on their children for language brokering and interpretation (Heffernan & Nixon, 2023). This linguistic labor serves as a crucial bridge to the hearing public and non-signing family members alike (Harrison & Watermeyer, 2019; Moroe & de Andrade, 2018). Research by Napier (2021) reveals that the role of family language broker is primarily assumed by the eldest female child, suggesting a gendered division of responsibility within deaf-parented households. When female Codas interpret for their parents, they generally view it as a loving act of family support rather than a chore or job. Research by Preston (1995) and Moroe and de Andrade (2018) show that Codas do not consider language brokering to be labor. The findings reported by Napier (2021) reinforce this point, demonstrating that Codas frame their language brokering experiences around affectionate "caring" rather than obligatory "care work." The findings also show that some Codas view this "communicative care" as a practical necessity and a normal part of collective family responsibility, often comparing it to standard childhood chores (Napier, 2021). Far from indicating parental neglect, this cooperation reflects a standard family dynamic. Nevertheless, research warns that consistently prioritizing these parental demands can severely compromise Codas emotional well-being.

Another manifestation of parentification occurs when Codas develop hypervigilance, remaining constantly alert to acoustic danger signals such as alarms or unexpected noises. Furthermore, empirical literature demonstrates that Coda children often suppress negative information, purposefully concealing derogatory comments about their parents overheard from the public (Moroe & De Andrade, 2018; Napier, 2021; Preston, 1995). Similarly, they frequently avoid reporting personal experiences of bullying to shield their parents from emotional distress. This sustained pattern of defensive concealment and emotional safeguarding can ultimately exert a detrimental effect on their psychological health and well-being. Research by Heffernan and Nixon (2023) and Tannenbaum-Baruchi et al. (2026) indicates that excessive caregiving roles lead Codas to feel they missed out on a "normal" childhood. Driven by age-inappropriate demands, these children forgo typical stages of play and discovery to manage adult responsibilities. Language brokering requires rapid comprehension and delivery in acute environments like medical appointments (Napier, 2021). For instance, translating complex clinical data or distressing diagnoses during a medical appointment creates a heavy psychological burden on the child (Gee et al., 2021), which ultimately carries the risk of fracturing the parent–child relationship.

Notwithstanding the negative impacts of parentification, evidence shows that Codas often sustain positive parent–child bonds by exercising agency over how and when they offer support (Allard & Roos, 2025). This role can cultivate autonomy and self-reliance, especially when interpreting is mutually agreed upon by parent and child (Harrison & Watermeyer, 2019). Consequently, language brokering emerges as an experience driven by a mixture of resilience, empathy, and collective responsibility. Rather than viewing the practice as a burden, most Codas experience and understand brokering as a normal, reciprocal element of family life (Heffernan & Nixon, 2023), even when experienced as a culturally expected obligation for their parents (Tannenbaum-Baruchi et al., 2026).

Coda's experiences of indirect stigma

Several key qualitative studies document how Codas experience discrimination or witness their deaf parents encountering discrimination as a result of indirect stigma or the alternatively conceptualized *courtesy stigma or stigma-by-association (*Hadjikakou et al., 2009; Heffernan & Nixon, 2023*).* Research in South Africa reveals that hearing Codas face significantly higher rates of bullying and discrimination than peers raised by hearing parents. Consequently, these individuals are much more reluctant to disclose their parents' Deaf identity (Harrison & Watermeyer, 2019; Moroe, 2019; Moroe & De Andrade, 2018). Qualitative accounts from Codas—as young heritage signers—note that using sign language in public spheres encourages staring, mocking, or social exclusion (Napier, 2021). Such studies reveal patterns of indirect stigma across school settings. Specifically, peer-directed teasing or exclusion occurred most frequently during early adolescence and teenage years. Indirect discrimination was experienced by Codas when school teachers displayed a lack of awareness regarding deaf culture and did not understand the rights of their deaf parents to

have access sign language interpretation services. The qualitative data show that Codas experience "language shaming" as an immediate source of indirect stigma in various social settings (Napier, 2021). Qualitative data from a number of sources such as Heffernan and Nixon (2023), Moroe and De Andrade (2018), Harrison and Watermeyer (2019) and Moroe (2019) demonstrate that the experience of indirect stigma and discrimination among Codas is domain-specific and age-related.

According to Napier (2021), Codas frequently encounter negative experiences outside the family home, particularly within school and public settings. *Napier's research highlights* that while adolescent Codas often face immediate "language shaming" when signing in public, retrospective data from adult cohorts reveals a significant shift. *The author notes* that these early negative encounters eventually evolve into bicultural pride and resilience in later adulthood. Specifically, *Napier reports* that adult Codas develop "shame resilience," ultimately viewing their bicultural bilingual skills as a resource for self-empowerment. Furthermore, *the study suggests* that these positive developmental outcomes are heavily influenced by high-quality parenting, socio-economic status, and family stability within deaf-parented homes. Finally, *Napier concludes* that the quality of deaf parenting and parent–child relationships plays a significant role in fostering a hearing Coda's health and personal development.

While sociological literature extensively details indirect stigma (Link & Phelan, 2001), Coda scholarship rarely integrates this phenomenon, apart from foundational work by Napier (2021). Rather than considering stigma as a passing concept, this narrative review establishes a comprehensive framework based on five identified dimensions of the Coda experience: stereotyping/prejudice, discrimination/rejection, concealment/disclosure, public shame, and protectionism. By tracking these elements across family, educational, residential, and community contexts, we illustrate the pervasive reach of associative stigma. Unpacking these dynamics is important, as the cumulative impact of discriminatory social messaging and behavior poses significant risks to the well-being of Codas, their families, and the wider Coda communities.

Stereotyping

Studies show that Codas often experience pervasive stereotyping, which subjects them to indirect stigma. Given that stereotypes operate as socially constructed assumptions about a particular group, individuals such as teachers, social workers, law enforcement, and extended family members frequently project negative expectations onto Codas, arising from misconceptions about deaf people. This dynamic is illustrated by South African research, which highlights how hearing individuals tended to falsely assume deaf people are illiterate or intellectually inferior (Moroe & de Andrade, 2018). For Codas, this form of stereotyping materializes in everyday language since they frequently witness or overhear people use derogatory labels like "deaf and dumb" or "dommies" (dummies)—an experience that damages or erodes their self-esteem (Harrison & Watermeyer, 2019; Moroe, 2019). Furthermore, Harrison and Watermeyer (2019) observe that professionals frequently pathologize Coda children by assuming they have inherent speech defects, subjecting them to unnecessary hearing tests and speech therapy. This pathologization is an extension of indirect stigma, rooted in deep-seated social prejudice that manifests in deeply personal ways. For example, Hadjikakou et al. (2009, p.497) documented an instance of discrimination where a Coda's future parent in-laws opposed marriage due to a fear that the union would produce "children with a problem." Furthermore, Napier (2021) conceptualizes as "language shaming" an experience where members of the public openly ridicule deaf parents for using sign language and verbalizing words. Ultimately, Codas view these derogatory encounters with educators, medical professionals, and the general public as a direct consequence of institutional misconceptions, negative stereotypes, and systematic lack of deaf awareness.

Discrimination/rejection

Qualitative research indicates that Codas frequently endure various forms of discrimination, including bullying, rejection, social exclusion, and shame (Heffernan & Nixon, 2023). Despite being hearing individuals themselves, Codas are often perceived as outsiders by the broader hearing community. They experience targeted marginalization due to the indirect societal stigma associated with their parents' deafness. The school environment represents a primary site of this hostility, where Codas routinely face disapproval and a lack of support from peers, educators, and other adults (Harrison & Watermeyer, 2019; Heffernan & Nixon, 2023). Significantly, while these children report severe peer-led teasing, the individuals responsible for their protection and support frequently exacerbate this vulnerability by further marginalizing them.

Protectionism

Research indicates that Coda children face distinct challenges when navigating indirect stigma, particularly regarding negative public commentary directed at their parents. Although these children frequently demonstrate resilience (Napier, 2021), discrimination against their deaf parents can heavily compromise Coda well-being. To mitigate this stress, many Codas develop a protective impulse by internalizing the dynamics of marginalization in order to actively protect their parents from experiencing the impact of external prejudice (Bishop & Hick, 2005; Frank, 2019; Napier, 2021). In other words, Codas see how society mistreats their parents and instinctively step in to shield them from that pain. Qualitative literature consistently connects the Coda experience to heightened anxieties regarding parental welfare, discrimination, and social uncertainty (Heffernan & Nixon, 2023; Preston, 1996). This psychological burden compounds when insensitive public encounters occur; Codas often withhold these negative experiences from their parents to spare them the emotional distress that might arise, further isolating the child within their protective role (Bishop & Hick, 2005; Frank, 2019; Napier, 2021).

Public shame, concealment and disclosure strategies

Parental deafness stigma often categorizes hearing Codas as "outsiders" navigating a hearing society. Within this dynamic, public shame emerges as a primary affective consequence of indirect stigma (Napier, 2021; O'Connell, 2016). To manage this vulnerability, Codas use active situational coping strategies, including selective non-disclosure or the strategic concealment of their parents' deaf identity from peers. While such concealment shields the family from potential discrimination, it simultaneously restricts opportunities for authentic peer alignment and community support. In more severe instances of public stigma, Codas may choose to physically separate themselves from the deaf community entirely, returning only later in adulthood once they have developed greater personal resilience

(Napier, 2021; Preston, 1995). Conversely, rather than withdrawing, some Codas exhibit "shame resistance" through their active use of sign language, such as when they facilitate communication between their deaf parents and non-signing hearing people (Napier, 2021).

How do Codas develop agency and resilience in the face of parental deafness stigma?

Our narrative review demonstrates that Coda children actively develop coping strategies to navigate the negative attitudes, behaviors, and commentary associated with their parents' deaf identity (Frank, 2019; Harrison & Watermeyer, 2019; Heffernan & Nixon, 2023; Knight, 2018; Moroe, 2019; Moroe & de Andrade, 2018; Preston, 1995; Townshend, 2008). While qualitative literature establishes that Codas are acutely aware of mainstream societal prejudices against deaf people, empirical evidence highlights their capacity for agency. Specifically, Codas often reframe stigma alongside their bilingual and bicultural experiences into positive, identity-affirming assets. By embracing their parents' cultural "difference" as a source of positive personal development, Codas find that they are able to subvert dominant narratives. This is clearly illustrated in Harrison and Watermeyer's (2019) study, where a participant expressed profound cultural pride, stating, "Yes, I may be hearing, but I am proudly Deaf" (p.7). Ultimately, by embracing deaf culture, Codas disrupt hegemonically defined concepts of "normalcy" and engage in performative acts of resistance against systemic discrimination.

Furthermore, Napier's (2021) study indicates that Codas reframe their bimodal bilingual and bicultural status as a powerful resource for subverting external shame. They demonstrate notable resilience by proudly undertaking the role of language brokers for their parents. Similarly, the Coda respondents in Heffernan and Nixon's (2023) research conceptualized their experiences with systemic stigmatization and discrimination not as permanent vulnerabilities, but as life obstacles that fostered psychological strength. When navigating deaf parental stigma, the respondents gained support through their deaf parents and Coda communities. This literature underscores the point that parental and community validation are necessary in helping Codas see their identity as a source of pride. In some cases, a Coda's capacity for resilience in the face of adversity is deeply dependent upon the support of both the family unit and the wider Coda community.

Scholars suggest that cultivating resilience in Codas may mitigate the adverse impacts of structural stigma. Although the phenomenon of Coda resilience remains under-researched, preliminary studies indicate that these individuals insulate themselves from negative societal attitudes through peer support, heightened positivity, acceptance, and optimism (Frank, 2019; Harrison & Watermeyer, 2019). Additional protective mechanisms include community support networks (Frank, 2019; Harrison & Watermeyer, 2019), a shared sense of belonging (Heffernan & Nixon, 2023; Knight, 2018), and the proactive use of sign language fluency to assist their deaf parents (Napier, 2021). Resilience describes the capacity to successfully adapt, thrive, and preserve well-being despite acute adversity, trauma, or systemic stressors (Luthar, Cicchetti & Becker, 2000; Masten et al., 2021). For Codas, sign language proficiency serves as an empowering resource, driving not only academic achievement but also accelerating literacy acquisition and overall developmental maturity (Harrison & Watermeyer, 2019; Napier, 2021). Codas also identified several critical protective factors that help mitigate the effects of indirect stigma, emphasizing the foundational importance of consistent, trustworthy parental guidance. For instance, in a study exploring the identity development of Codas raised as the sole hearing individual within entirely deaf families, Frank (2019) notes that deaf parents play a central role in fostering a positive self-concept in their children. Parents can promote healthy boundaries and alleviate adult burdens by deliberately discouraging their hearing children from interpreting, choosing instead to navigate communication barriers with hearing adults independently (Frank, 2019).

Along with practical and emotional parental support, Codas report that coping mechanisms significantly alleviate the problem of negative societal attitudes. For instance, participating in extracurricular activities and peer-led spaces—such as deaf social clubs—provides Codas with a vital sense of agency, normalization, and community connection. Furthermore, findings from Moroe (2019) and Pizer, Walters, and Meier's (2017) underscore the power of parental confidence in public spaces. While Codas may initially experience acute embarrassment when using sign language in public, parental confidence and visible comfort while signing serve as a safeguard, helping children overcome public anxiety and confidently embrace their own bimodal linguistic identity (Moroe, 2019; Pizer, Walters, & Meier, 2012). Allard and Roos (2025) note that embracing bimodal bilingualism serves as a primary catalyst for identity development, prompting Codas to invest deeply in both their heritage languages and respective cultures. This aligns with the findings reported by Napier (2021), whose participants not only demonstrated confidence when signing but also proactively volunteered to act as language brokers. For these individuals, language brokering is conceptualized as a normative, expected facet of family life and a profound source of personal pride. Codas highly value open, transparent dialogues regarding their parents' deaf identity, as well as empathetic, appropriate, and non-judgmental social support.

Conclusions

This narrative review highlights the complexity of hearing Codas experiences of indirect stigma. The qualitative evidence demonstrates that growing up in a deaf-parented household is multifaceted. In one context, evidence shows that Coda's experiences of deaf culture foster bicultural competence, strong family bonds, and a sense of belonging. However, for some Codas, navigating the intersection of the deaf and hearing worlds forces them to confront conflicting social norms and indirect stigma. This associative discrimination manifests across everyday educational, public, and professional settings through stereotyping and derogatory assumptions about parental competence and social status. Exposure to negative public attitudes causes some Codas to experience internalized shame, identity tension, and social isolation. To manage external prejudice, Codas employ a range of impression management strategies which often function to shield the parent from potential harm and to facilitate their social integration into the hearing world. While some Codas employ selective concealment to avoid anticipated stigma, others proactively mediate public interactions or shield parents from derogatory comments. Furthermore, Codas demonstrate significant agency by using their experience of bilingualism and deaf culture as resources for affirming their identities and building self-confidence. Evidence shows that their capacity to experience resilience and empowerment is often underpinned by positive parental attitudes toward sign language, strong family relationships, and peer support from the Coda community. Ultimately, this review underscores the need to recognize Codas as a distinct

social group who share experiences outside binary deaf-hearing identities and whose experiences differ from those of hearing children of hearing parents. Despite global commitments to child inclusion, Codas remain largely invisible as a social identity group within family policy, research, and professional frameworks, particularly in Ireland and the United Kingdom. Addressing this gap requires targeted attention to how indirect stigma impacts Coda wellbeing. Future empirical research must explore these dynamics more deeply. Concurrently, social policy and practice must transition toward inclusive, informed approaches to deaf-parented family issues that center Codas' perspectives to support their distinct developmental needs.

Author contributions

Noel Patrick O'Connell (Conceptualization, Formal analysis, Funding acquisition, Methodology, Writing—original draft, Writing—review & editing) and Jemina Napier (Formal analysis, Methodology, Validation, Writing—review & editing)

Funding

The research for this paper is supported by funding from Research Ireland under the SFI-IRC Pathway Program.

Conflicts of interest

None declared.

Acknowledgments

The authors wish to thank the anonymous reviewers for their constructive feedback. Gratitude is also extended to Professor Deirdre Horgan and Dr Gill Harold of University College Cork for their valuable feedback on earlier versions of the paper.

Ethical approval statement

Narrative literature review therefore none required for this study.

References

Allard, K., & Roos, C. (2025). Identity formation in bimodal-bilingual children of deaf adults (Codas). *Journal of Deaf Studies & Deaf Education*, **30**(4), 481–495. https://doi.org/10.1093/jdsade/enaf040.

Allport, G. W. (1954). *The nature of prejudice*. Addison-Wesley Publishing Company.

Baruffati, D., Mackenzie, M., Lindsay, C., Ellis, D., Major, M., O'Donnell, C., Simpson, S., Wongh, G., & Williams, A. (2026). Keeping people down, in (line) and out: Structural stigma and missingness in health care. *International journal of social determinants of health and health services*, **56**(3), 360–373. https://doi.org/10.1177/275519382614194.

Becker, H. (1963). *Outsiders: Studies in the sociology of deviance*. The Free Press.

Birenbaum, A. (1970). On managing a courtesy stigma. *Journal of Health and Social Behavior*, **11**(3), 196–206. https://doi.org/10.2307/2948301.

Bishop, M., & Hick, S. (2005). Orange eyes: Bimodal bilingualism in hearing adults from deaf families. *Sign Language Studies*, **5**(2), 188–230. https://doi.org/10.1353/sls.2005.0001.

Bradbury-Jones, C., Isham, L., & Taylor, J. (2018). The complexities and contradictions in participatory research with vulnerable children and young people: A qualitative systematic review. *Social Science & Medicine*, **215**, 80–91. https://doi.org/10.1016/j.socscimed.2018.08.038.

Braun, V., & Clarke, V. (2022). *Thematic analysis: A practical guide*. Sage.

Brown, P. (1991). Passing: Differences in our public and private self. *Journal of Multicultural Social Work*, **1**, 33–50. https://doi.org/10.1300/J285v01n02_03.

Brueggemann, B. J. (1997). On (almost) passing. *College English*, **59**(6), 647–660. https://doi.org/10.2307/378278.

Buchino, M. A. (1993). Perceptions of the oldest hearing child of deaf parents: On interpreting, communication, feelings and role reversal. *American Annals of the Deaf*, **138**(1), 40–45. https://dx.doi.org/10.1353/aad.2012.0598.

Çelik, G. (2017). The hearing children of deaf parents: A qualitative study regarding the experiences between two cultures. In N. Tüfekci (Ed.), *Current approaches on communication, philosophy and social services* (pp. 117–146). LAP Lambert.

Chatzitheochari, S., & Butler-Rees, A. (2023). Disability, social class and stigma: An intersectional analysis of disabled Young People's school experiences. *Sociology*, **57**(5), 1156–1174. https://doi.org/10.1177/00380385221133710.

Corfmat, P. (1990). *Please sign here: Insights into the world of the deaf*. Churchman Publishing.

Corrigan, P. W., & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health*, **13**(6), 537–548. https://doi.org/10.1080/09638230400017004.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, **1**(1), 16–20 https://pubmed.ncbi.nlm.nih.gov/16946807/.

Cronin, P., Ryan, F., & Coughlan. (2008). Undertaking a literature review: A step-by-step approach. *British Journal of Nursing*, **17**(1), 38–43 https://doi.org/10.12968/bjon.2008.17.1.28059.

De Clerck, G. A. M., & Willems, R. A. (2023). Structural stigma in mental health care for deaf and hard of hearing people: The perspectives of care users and caregivers. *Tijdschrift voor Psychiatrie*, **65**(3), 205–210 https://pubmed.ncbi.nlm.nih.gov/36951781/.

DiBennardo, R., & Saguy, A. (2018). How children of LGBQ parents negotiate courtesy stigma over the life course. *Journal of International Women's Studies*, **19**(6) Article 19, https://vc.bridgew.edu/jiws/vol19/iss6/19.

Dočekal, V., & Klimentová, E. (2025). Specific manifestations of sandwich generation effect in deaf parents and CODA families. *Journal of Deaf Studies & Deaf Education*, **30**(4), 553–563. https://doi.org/10.1093/jdsade/enaf020.

Filer, R. D., & Filer, P. A. (2011). Practical considerations for counselors working with hearing children of deaf parents. *Journal of Counselling & Development*, **78**, 38–43. https://doi.org/10.1002/j.1556-6676.2000.tb02558.x.

Fink, A. (2005). *Conducting research literature reviews: From the internet to paper*. Sage.

Frank, A. (2019). The identity development of the only hearing child in an all-deaf family. *JADARA*, **49**(1), 1–25 https://nsuworks.nova.edu/jadara/vol49/iss1/3.

Gaolaolwe, W., Manyedi, E., & Serapelwane, M. (2023). Family members' experiences of courtesy stigma associated with mental illness. *Health SA Gesondheid*, **28**(0), a2184. https://doi.org/10.4102/hsag.v28i0.2184.

Gee, A., Wright, B., Napier, J., Hayes, R., Ackroyd, V., & Phillips, H. (2021). Brokering communication between deaf signing parents and healthcare professionals: The experience of young hearing people in

the UK. *Communication & Medicine*, **18**(2), 136–152. https://doi.org/10.1558/cam.20385.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Penguin Books.

Hadjikakou, K., Christodoulou, D., Hadjidemetri, E., Konidari, M., & Nicolaou, N. (2009). The experiences of Cypriot hearing adults with deaf parents in family, school, and society. *Journal of Deaf Studies and Deaf Education*, **14**(4), 486–502. https://doi.org/10.1093/deafed/enp011.

Hannem, S. (2021). Risk, structural stigma, and the exercise of power: Keynote address to the 2018 couch-stone symposium and XI annual meetings of the European symbolic interactionists. In N. Denzin, J. Salvo & S. Chen (Eds.), *Radical interactionism and critiques of contemporary culture*. Emerald Publishing *https://doi.org/10.1108/S0163-239620210000052011*.

Harrison, J., & Watermeyer, B. (2019). Views from the borderline: Extracts from my life as a coloured child of deaf adults, growing up in apartheid South Africa. *African journal of disability*, **8**(0), a473. https://doi.org/10.4102/ajod.v8i0.473.

Heffernan, G., & Nixon, E. (2023). Experiences of hearing children of deaf parents in Ireland. *The Journal of Deaf Studies and Deaf Education*, **28**(4), 399–407. https://doi.org/10.1093/deafed/enad018.

Higgins, P. (1980). *Outsiders in a hearing world: A sociology of deafness*. Sage.

Hooper, L. M., Marotta, S. A., & Lanthier, R. P. (2008). Predictors of growth and distress following childhood parentification: A retrospective exploratory study. *Journal of Child and Family Studies*, **17**, 693–705. https://doi.org/10.1007/s10826-007-9184-8.

Jauch, M., Occhipinti, S., O'Donovan, A., & Clough, B. (2024). A qualitative study into the relative stigmatization of mental illness by mental health professionals. *Qualitative Health Research*, **34**(13), 1326–1338. https://doi.org/10.1177/10497323241238618.

Kellett, M. (2011). Empowering children and young people as researchers: Overcoming barriers and building capacity. *Child Indicators Research*, **4**, 205–219. https://doi.org/10.1007/s12187-010-9103-1.

Klimentová, E., Dočekal, V., & Hynková, K. (2017). Hearing children of deaf parents – A new social work client group? *European Journal of Social Work*, **20**(6), 846–857. https://doi.org/10.1080/13691457.2017.1320527.

Knight, T. (2018). Social identity in hearing youth who have deaf parents. *International Journal of Business and Social Science*, **9**(9), 1–12. https://ijbss.thebrpi.org/journals/Vol_9_No_9_September_2018/1.pdf

Kusters, A. (2017). Gesture-based customer interactions: Deaf and hearing Mumbaikars' multimodal and metrolingual practices. *International Journal of Multilingualism*, **14**(3), 283–302. https://doi.org/10.1080/14790718.2017.1315811.

Liamputtong, P., Haritavorn, N., & Kiatying-Angsulee, N. (2013). AIDS support groups and women living with HIV/AIDS in Central Thailand. In P. Liamputtong (Ed.), *Stigma, discrimination and living with HIV/AIDS: A cross-cultural perspective* (pp. 377–397). Springer.

Link, B., & Phelan, J. (2001). Conceptualizing stigma. *Annual Review of Sociology*, **27**, 363–385 https://www.jstor.org/stable/2678626.

Luthar, S. S., CIcchettI, D., & Becker, B. (2000). The Construct of ResIlIence: A CrItIcal EvaluatIon and GuIdelInes for Future Work. *ChIld Development*, **71**, 543–562. http://onlInelIbrary.wIley.com/doI/10.1111/1467-8624.00164/abstract, http://dx.doI.org/10.1111/1467-8624.00164

MacRae, H. (1999). Managing courtesy stigma: The case of Alzheimer's disease. *Sociology of Health and Illness*, **21**(1), 54–70. https://doi.org/10.1111/1467-9566.t01-1-00142.

Mallory, B. L., Schein, J. D., & Zingle, H. W. (1992). Hearing offspring as visual language mediators in deaf-parented families. *Sign Language Studies*, **76**(1), 193–213. https://doi.org/10.1093/oxfordjournals.deafed.a014307.

Mallory, B. L., Zingle, H. W., & Schein, J. D. (1993). Intergenerational communication modes in deaf—Parented families. *Sign Language Studies*, **78**(1), 73–92. https://doi.org/10.1353/sls.1993.0005.

Mand, C., Duncan, R. E., Gillam, L., Collins, V., & Delatycki, M. B. (2009). Genetic selection for deafness: The views of hearing children of deaf adults. *Journal of Medical Ethics*, **35**(12), 722–728.

Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in development and psychopathology: Multisystem perspectives. *Annual Review of Clinical Psychology*, **17**, 521–549. https://doi.org/10.1146/annurev-clinpsy-080921-081447.

McGinley, M., & Jones, C. (2018). Growing up with parental imprisonment: Children's experiences of managing stigma, secrecy and shame. *Practice*, **30**(5), 341–357. https://doi.org/10.1080/09503153.2018.1450497.

Millar, N., & Vione, K. C. (2024). Social identity of Codas in relation to family identity. *Theory and Practice in Child Development*, **4**(2), 68–85 https://doi.org/10.46303/tpicd.2024.11.

Miller, R. H. (2004). *Deaf hearing boy: A memoir*. Gallaudet University Press.

Mitchell, R., & Karchmer, M. (2004). Chasing the mythical ten percent: Parental hearing status of deaf and hard of hearing students in the United States. *Sign Language Studies*, **4**(2), 138–163. https://doi.org/10.1353/sls.2004.0005.

Moroe, N. (2019). Physiologically, I am hearing, but psychologically, I am deaf. Identity: Lived experiences of hearing children born in families with deafness in South Africa. *Journal of Psychology in Africa*, **29**(5), 499–504. https://doi.org/10.1080/14330237.2019.1665888.

Moroe, N., & de Andrade, V. (2018). 'We were our parents' ears and mouths: Reflecting on the language brokering experiences of hearing children born to deaf parents. *South African Journal of Child Health*, **12**(2b), 75–78. https://doi.org/10.7196/SAJCH.2018.v12i2b.1499.

Mousley, V. L., & Chaudoir, S. R. (2018). Deaf stigma: Links between stigma and well-being among deaf emerging adults. *The Journal of Deaf Studies and Deaf Education*, **23**(4), 341–350. https://www.jstor.org/stable/26507496.

Mudgett-DeCaro, P. (1996). On being both hearing and deaf: my bilingual-bicultural experience. In I. Parasnis (Ed.), *Cultural and language diversity: The deaf experience* (pp. 272–288). Cambridge University Press.

Murphy, J., & Slorach, N. (1983). The language development of pre-preschool hearing children of deaf parents. *British Journal of Disorders of Communication*, **18**(2), 118–127. https://doi.org/10.3109/13682828309019829.

Murray, J. J. (2015). Linguistic human rights discourse in deaf community activism. *Sign Language Studies*, **15**(4), 379–410 https://www.jstor.org/stable/26190995.

Napier, J. (2021). *Sign language brokering in deaf-hearing families*. Palgrave MacMillan.

Napier, J., Houghton, C., Clark, L., & Ahmed, T. (2025). *Sign LOUD: Perspectives of deaf mothers and signing practitioners on domestic abuse, communication issues and the impact on deaf families*. Research report. Heriot-Watt University and University of Edinburgh *https://www.sps.ed.ac.uk/research/research-project/sign-loud*.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, **16**(1). https://doi.org/10.1177/1609406917733847.

O'Connell, N. (2016). "Passing as normal": Living and coping with the stigma of deafness. *Qualitative Inquiry*, **22**(8), 651–661. https://doi.org/10.1177/10778004166347.

O'Connell, N. (2022). "Opportunity blocked": Deaf people, employment and the sociology of audism. *Humanity and Society*, **46**(2), 336–358. https://doi.org/10.1177/016059762199.

Oram, R., Cartney, P., & Young, A. (2024). Assessing deaf parents in safeguarding and child protection processes: Deaf experts experience of routine social work practice. *Qualitative Social Work*, **24**(4), 504–523. https://doi.org/10.1177/14733250241307263.

Perry, J. (1996). Writing the self: Exploring the stigma of hearing impairment. *Sociological Spectrum*, **16**, 239–261. https://doi.org/10.1080/02732173.1996.9982132.

Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology*, **41**, 87–116. https://doi.org/10.1146/annurev-soc-071312-145702.

Phelan, J., Link, B. G., Moore, R. E., & Stueve, A. (1997). The stigma of homelessness: The impact of the label "homeless" on attitudes toward poor persons. *Social Psychology Quarterly*, **60**(4), 323–337. https://doi.org/10.2307/2787093.

Pizer, G., Walters, K., & Meier, R. (2012). "We communicated that way for a reason": Language practices and language ideologies among hearing adults whose parents are deaf. *Journal of Deaf Studies and Deaf Education*, **18**, 75–92. https://doi.org/10.1093/deafed/ens031.

Preston, P. (1995). Mother father deaf: The heritage of difference. *Social Science and Medicine*, **40**(11), 1461–1467. https://www.sciencedirect.com/science/article/abs/pii/027795369400357Y.

Preston, P. (1996). Chameleon voices: Interpreting for deaf parents. *Social Science and Medicine*, **42**, 1681–1690. https://doi.org/10.1016/0277-9536(95)00299-5.

Prizeman, K., McCabe, C., & Weinstein, N. (2024). Stigma and its impact on disclosure and mental health secrecy in young people with clinical depression symptoms: A qualitative analysis. *PLoS One*, **19**(1), e0296221. https://doi.org/10.1371/journal.pone.0296221.

Sachs, J., Bard, B., & Johnson, M. L. (1981). Language learning with restricted input: Case studies of two hearing children of deaf parents. *Applied Psycholinguistic*, **2**(1), 33–54. https://doi.org/10.1017/S0142716400000643.

Saunders, V. (2018). What does your dad do for a living? Children of prisoners and their experiences of stigma. *Children and Youth Services Review*, **90**, 21–17. https://doi.org/10.1016/j.childyouth.2018.05.012.

Scheff, T. J. (1966). *Being mentally ill: A sociological theory*. Aldine.

Schiff-Myers, N., & Klein, H. (1985). Some phonological characteristics of the speech of normal-hearing children of deaf parents. *Journal of Speech and Hearing Research*, **28**(4), 466–474. https://doi.org/10.1044/jshr.2804.466.

Shield, A. (2005). Ideological conflict at group boundaries: The hearing children of deaf adults. *Texas Linguistic Forum*, **48**, 187–195. https://asol.ling.utexas.edu/salsa/proceedings/2004/Shield.pdf.

Sidransky, R. (2006). *In silence: Growing up hearing in a deaf world*. St Martins Press.

Sorenson, D. (2019). *Between two worlds: My life as a child of deaf adults*. Gallaudet University Press.

Tang, P. L., Mayer, D. K., Chou, F. H., & Hsiao, K. Y. (2016). The experience of cancer stigma in Taiwan: A qualitative study of female cancer patients. *Archives of Psychiatric Nursing*, **30**(2), 204–209. https://api.semanticscholar.org/CorpusID:43910338.

Tannenbaum-Baruchi, C., Aharonson-Daniel, L., & Feder-Bubis, P. (2026). The responsibiligated status: Exploring the experiences of hearing children with deaf parents. *Child & Family Social Work*, **31**(2), 798–809. https://doi.org/10.1111/cfs.70001.

Tomaszewski, P., Krzysztofiak, P., Kowalska, J., & Hauser, P. (2025). Internalized oppression and deaf people's mental health. *Scientific Reports*, **15**, 5268. https://doi.org/10.1038/s41598-025-89789-1.

Townshend, J. (2008). Deaf parents and a deaf brother: Some perspectives on identity as a hearing child growing up in a predominantly deaf family. *Sites: A Journal of Social Anthropology and Cultural Studies*, **3**(1), 214–222. https://doi.org/10.11157/sites-vol3iss1id50.

Toyoki, S., & Brown, A. D. (2014). Stigma, identity and power: Managing stigmatized identities through discourse. *Human Relations*, **67**(6), 715–737. https://doi.org/10.1177/0018726713503024.

UNICEF. (1989). The United Nations Convention on the Rights of the Child. *UN General Assembly Resolution* **44**/25. https://www.unicef.org/child-rights-convention/convention-text

Uhlberg, M. (2009). *Hands of my father: A hearing boy, his deaf parents, and the language of love*. Bantam Books.

Zaborniak-Sobczak, M. (2020). Deaf parents' communication with their hearing children (everyday problems). *Konteksty Pedagogiczne*, **14**(1), 103–123. https://doi.org/10.19265/kp.2020.1.14.246.

Zvědělíková, J., & Hanáková, A. (2024). Parenting of people with hearing impairment: A comprehensive analysis of perspectives and experiences. *Journal of Exceptional People*, **13**(24), 7–32 *http://jep.upol.cz/2024/Journal-of-Exceptional-People-Volume13-Number24.pdf*.

Appendix A: Quality Appraisal Matrix (CASP)

This matrix evaluates the 24 included primary sources using the 10-point CASP qualitative framework. Critical Appraisal Skills Programme (2018). CASP Qualitative Checklist. Casp-uk.net https://casp-uk.net/casp-tools-checklists/qualitative-studies-checklist/

Scoring Key: Y = Yes (1 point); *P* = Partial (0.5 points); *N* = No (0 points). *Weight:* High (8.5–10 points); Medium (6.0–8.0 points); Low (\(\le\) 5.5 points).

Key to CASP Core Checklist.

Q1: Was there a clear statement of the aims of the research?

Q2: Is it a qualitative method?

Q3: Was the research design appropriate to address the aims of the research?

Q4: Was the recruitment strategy appropriate to the aims of the research?

Q5: Was the data collected in a way that addressed the research issue?

Q6: Has the relationship between researcher and participants been adequately considered (reflexivity)?

Q7: Have ethical issues been taken into consideration?

Q8: Was the data analysis sufficiently rigorous?

Q9: Is there a clear statement of findings?

Q10: Is the research valuable?

Quality Appraisal Checklist.

Table A1

No.	*Author(s) & Year*	*Q1*	*Q2*	*Q3*	*Q4*	*Q5*	*Q6*	*Q7*	*Q8*	*Q9*	*Q10*	*Total*	*Weight*
1	Allard and Roos (2025)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
2	Dočekal and Klimentová (2025)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
3	Tannenbaum-Baruchi et al. (2026)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High
4	Harrison and Watermeyer (2019)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
5	Millar and Vione (2024)	Y	Y	Y	P	Y	N	Y	Y	Y	Y	*8.5*	High
6	Zvědělíková and Hanáková (2024)	Y	Y	Y	Y	P	N	Y	P	Y	Y	*8*	Medium
7	Heffernan and Nixon (2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High
8	Gee et al. (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High
9	Moroe (2019)	Y	Y	Y	P	Y	P	Y	Y	Y	Y	*9*	High
10	Moroe and de Andrade (2018)	Y	Y	Y	P	Y	P	Y	Y	Y	Y	*9*	High
11	Frank (2019)	Y	Y	P	P	Y	N	Y	Y	Y	P	*7.5*	Medium
12	Knight (2018)	Y	Y	P	P	P	N	Y	P	Y	Y	*6.5*	Medium
13	Klimentová et al. (2017)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
14	Pizer et al. (2012)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	*9*	High
15	Hadjikakou et al. (2009)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
16	Mand et al. (2009)	Y	Y	Y	P	Y	N	Y	P	Y	Y	*8*	Medium
17	Shield (2005)	Y	Y	P	Y	P	P	P	P	Y	Y	*7.5*	Medium
18	Preston (1996)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
19	Preston (1995)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	*9.5*	High
20	Buchino (1993)	Y	Y	P	P	P	N	P	P	Y	P	*6.0*	Medium
21.	Napier (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High
22.	Napier et al. (2025)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High
23.	O'Connell (2016)	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	*9.5*	High
24.	O'Connell (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	*10*	High

Journal of Deaf Studies and Deaf Education, 2026, 1–16
https://doi.org/10.1093/jdsade/enag051
Theory/Review Manuscript