Trauma, Ableism, and the CODA Experience in Educational Contexts

By

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Abstract

This qualitative phenomenological study explored how ableist societal structures influence the identity development, lived experiences, and well-being of Children of Deaf Adults (CODA), with particular attention to educational contexts. Guided by Critical Disability Theory and Stuart Shanker's Self-Regulation Framework, the study examined how systemic barriers contribute to both hardship and resilience among CODAs and how educational systems can better recognize and support them. Eight adult CODAs between the ages of 20 and 34 participated in semi-structured interviews and completed a demographic questionnaire.

This study contributes to the limited body of research on CODAs by centering their voices and lived experiences. It recommends recognizing CODAs as Multiple Language Learners (MLLs), improving educator knowledge of Deaf culture and bilingual language development, ensuring accessible communication for Deaf parents, increasing Deaf and CODA representation within curricula, and expanding culturally responsive mental health supports. Ultimately, the findings call for educational and social systems that move beyond accommodation toward equity, cultural validation, and meaningful inclusion for CODAs and their families.

Keywords: Children of Deaf Adults, CODA, Parentification, Ableism

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PROLOGUE

Growing up as a Child of Deaf Adults (CODA), I never perceived my experiences as unusual. Signing was my first language, and I took pride in being able to share my culture with others. I am fortunate to belong to a unique and significant community. It was not until university, however, that I began to recognize the underlying complexities of my upbringing. I had not previously named the layers of challenges embedded within experiences I once considered ordinary. What I had accepted as simply “my normal” began to surface as a source of strength and, at times, an invisible hardship. This duality lies at the heart of the CODA experience: it is both a privilege and a burden, a reality that is as enriching as it is complicated. Being a CODA is, in many ways, bittersweet.

CHAPTER ONE: INTRODUCTION

There is a significant body of research examining the implications that ableist societies have on individuals with disabilities (Tannenbaum-Baruchi, L; Allard, K; Beam, T; etc.). However, there remains a substantial gap in the literature regarding how these same societal structures affect and potentially traumatize children of parents with disabilities. This gap is particularly evident when considering the experiences of Children of Deaf Adults (CODAs), whose unique linguistic and cultural identities place them in a complex position within both hearing and Deaf communities.

The purpose of this qualitative study is to investigate the specific effects that ableist societal norms and systems have on CODAs, with a particular focus on how their positionality impacts their mental health, emotional well-being, and sense of identity. The Law Commission of Ontario states, "[Ableism] may be defined as a belief system that sees persons with disabilities as less worthy of respect and consideration, further, ableism may be conscious or unconscious, and may be embedded in institutions, systems, or the broader culture of a society. It can limit the opportunities of persons with disabilities and reduce their inclusion in the life of their communities (Ontario Human Rights Commission, 2016). This research is an exploration of the societal pressures imposed on CODAs, the responsibilities they may assume from an early age, and the internal conflicts that may arise from navigating two distinct cultural worlds.

A key objective of this work is to recognize CODAs as Multiple Language Learners (MLLs) and to address the educational implications of this identity. I will be investigating the following research: (1) How do ableist societal structures, such as the education system, affect the identity development and lived experiences of Children of Deaf Adults (CODAs), (2) How might ableist societal structures contribute to hardship or resilience within this population? And

(3) How do Children of Deaf Adults (CODAs) navigate their roles as cultural and linguistic mediators within an ableist society? The research findings may proffer how these systems can better recognize and support CODAs.

The research reveals that there is a tendency to misdiagnose CODAs with learning disabilities when academic struggles may instead be related to language differences and the unique process of acquiring both spoken and signed languages (Singleton & Tittle, 2000). Educators and policymakers can move toward more equitable and accurate assessment practices by reframing these learners through a strength-based lens.

The purpose of this thesis is not only to synthesize the current research related to CODAs, but also to identify pathways for meaningful change within educational contexts. My research will also explore how schools can move beyond surface-level accommodations toward practices that affirm CODAs' identities, honour their linguistic expertise, and provide equitable support to learning. My literature review aims to shift the narrative from one that pathologizes CODAs, often leading to misdiagnoses of learning disabilities, to one that recognizes them as multiple language workers with valuable skills and perspectives that enrich the entire classroom community. Through this research I aim to promote greater awareness and understanding among administrators, classroom educators, and special education teachers, about the needs and strengths of CODAs. I also hope to promote educational environments that validate CODAs' experiences, reduce systemic barriers, and ensure that all CODAs can thrive in both personal and professional contexts. My research provides a detailed overview of the studies conducted on CODAs through an asset-based lens, grounded in cultural validation and co-regulation (McCaslin & Hadwin, 2017), which is essential for dismantling ableist educational practices and fostering environments where their full potential can thrive. My literature review reveals that

ableist societal structures not only marginalize individuals with disabilities but also impose unique psychological, educational, and cultural burdens on their children, specifically CODAs, and that recognizing their multilingual identity while improving support practices is essential for fostering equity and well-being in educational systems (Allard & Roos, 2025).

Key Terms and Definitions

Establishing clear definitions of key terms is essential for conceptual precision and ethical research practice in studies involving Deaf communities and educational contexts. The term *Child of Deaf Adults (CODA)* refers to a hearing individual raised by one or more Deaf parents, often navigating both Deaf and hearing cultural worlds. CODAs frequently develop bilingual or multilingual competencies, particularly in a signed language such as American Sign Language (ASL) alongside a spoken/written language, while also assuming complex cultural and communicative mediation roles within their families and broader society. There are multiple forms of sign language however through this thesis, ASL is used, focusing on an anglophone Canadian context. The designation *Multiple Language Learner (MLL)* is used within educational discourse to describe students who are developing proficiency in more than one language, shifting away from deficit-oriented terminology, and recognizing linguistic diversity as an asset. This term is especially relevant for CODAs, whose language experiences may not align neatly with traditional second-language acquisition frameworks. CODAs can also be acknowledged as simultaneous bilingualism, which focuses on learning two languages concurrently from birth or very early infancy.

Additionally, the distinction between *Deaf* (with a capital “D”) and *deaf* (with a lowercase “d”) is critical: *Deaf* denotes affiliation with a cultural and linguistic community that shares a signed language and collective identity, whereas *deaf* refers to the audiological

condition of hearing loss without necessarily implying cultural identification *(*Canadian Association of the Deaf-Association des Sourdes du Canada, n.d.*).* However, it is important to note that several deaf scholars disagree with this terminology. Kusters et al. (2017) writes, "This dichotomy is, in fact, an oversimplification of what is an increasingly complex set of identities and language practices, and the multiple positionalities/multiple language use shown is impossible to represent with a simplified binary" (p.14). For this study, I use Deaf and deaf as different identities. Together, these definitions foreground the intersection of language, identity, and culture, and provide a necessary foundation for analyzing the nuanced experiences of individuals situated within Deaf and hearing worlds.

Rationale

My rationale for pursuing this thesis is multifaceted, rooted in personal experience and academic purposes. At its core, this project emerges from a deep personal connection. I was born into a family in which both of my parents are Deaf, and I have an older brother who is hearing. Having a sibling allowed me to share and balance some of the pressures and expectations that often fall on children of Deaf adults, particularly those related to interpreting. However, being raised by Deaf parents gave me the unique and lifelong gift of seeing the world through their perspective.

I did not immediately recognize the weight of this responsibility. It was only around the age of eleven or twelve that I noticed the societal barriers my parents faced, and how these challenges shaped my life. I remember interpreting for my parents during my parent-teacher interviews, and I recall translating conversations at family dinners so that my parents would feel included. I grew accustomed to choosing specific movies at the theatre simply because not all films offered closed captioning. These experiences were not moments of resentment but of

awakening. I realized that the source of these pressures was not coming from my parents, but rather from a society slow to accommodate and often unwilling to remove barriers. The barriers I faced included but are not limited to not having an available interpreter at the hospital when I had a concussion and was asked to translate for my parents, the everyday translating when I was shopping with my parents because cashiers look toward the hearing child and ignore the parent and even interpreting certain television shows when there was no closed captions or delayed closed captioning. The limitations on my parents inevitably affected me, influencing my development, worldview, and sense of responsibility. It was not until my university years that I began to reflect more deeply on the long-term impact of these experiences. I had gained enough perspective to see that I was not alone in these feelings and that my parents were never at fault. Instead, I recognized the broader systems of ableism that constrained them and, by extension, shaped my life as a CODA.

The effects of ableist societies on CODAs are not unique to me. Many of my friends who have Deaf parents also share similar experiences. Being a CODA is something I carry with pride. I am proud to have been raised in the Deaf community, surrounded by its language, culture, and resilience. I am grateful for my friendships with other CODAs who can relate to my experiences without explanation. As I began sharing my research interests with friends, many responded encouragingly, asking whether our experiences were widely shared among CODAs beyond our circles.

When I was in high school, I distinctly remember my dad telling me a story about his old teacher, who was a CODA. My dad shared the stories and experiences his teacher went through, and one resonated with me. When his teacher (now 80 years old) was a child, she would sit beside the television and interpret the entire show or newscast for their parents. I was curious

about what else happened in her upbringing. I realized that CODAs, time after time, had a specific responsibility for their parents because CODAs made up for the inaccessibility of society.

The primary goal of my thesis is to amplify the voices of CODAs, build awareness about their unique experiences, and advocate for more effective systems of support within schools. CODAs occupy a distinct position in the educational landscape, yet their needs often go unrecognized or are misunderstood. I will be examining how ableist societal structures affect the identity development and lived experiences of Children of Deaf Adults (CODAs), and in what ways these structures might contribute to hardship or resilience within this population.

There are compelling reasons to differentiate between the identification of learning disabilities and the classification of students as multilingual learners. CODAs often navigate both spoken and signed languages from birth, which can influence language development, literacy acquisition, and communication patterns in ways that may be misinterpreted in educational settings. I aim to fill a research gap, challenge systemic ableism, and advocate for meaningful change in how CODAs are understood and supported in education.

Historical Context

Research on Children of Deaf Adults (CODAs) remains sparse, and much of the existing literature is dated, with sources as early as 1990 being among the most cited frequently. However, the experiences of children of Deaf parents have existed for centuries, and their stories, though often undocumented, offer invaluable insights into the evolving intersections of family dynamics, language, and culture. Examining how CODAs' lives have changed or remained consistent over time is crucial for understanding the broader social, linguistic, and emotional implications of growing between Deaf and hearing worlds.

Society has gradually become more accommodating of Deaf individuals; however, many CODAs continue to assume adult-like responsibilities from a young age, particularly through interpreting, advocacy, and caregiving roles within their families (Tannenbaum-Baruchi et al., 2025). Many CODAs serve as informal interpreters, acting as their parents' "ears" in societal interactions, medical appointments, parent-teacher conferences (Ceccoli, 2025), social events, or even simply navigating daily environmental sounds (SignNexus, n.d). This role, which can be emotionally taxing, can overwhelm children across various contexts, from grocery stores to hospitals, and contributes to what researchers call a "parental-role reversal" within families (Beam, 2023).

CODAs' linguistic duality can be misinterpreted as a learning disability. Standard assessments centered on language development may not account for the bimodal and bilingual environment of CODAs, who often learn American Sign Language (ASL) as a first language and speak or read English as a second. ASL's grammatical structure is markedly different, frequently lacking elements like contractions, which can lead to misdiagnoses when their English usage reflects ASL influence. These differences should be attributed to their role as multilingual learner and as simultaneous bilingualism. However, Korkman et al. (2012) explores that simultaneous bilingualism does not aggravate specific language problems but may result in a slower development of vocabulary both in children with and without specific language problems. Furthermore, CODAs frequently navigate complex identities, shaped by membership in both Deaf and hearing communities. This bicultural position can be both a source of pride and emotional tension. Harmony between these cultural spheres is associated with better mental health outcomes, whereas unresolved identity conflict can exacerbate stress (Tripp, 2023). CODAs often develop heightened empathy early in life, shaped by their experiences as language

brokers and by continually adapting to the communication and accessibility needs of their Deaf parents within hearing environments (Heffernan & Nixon, 2023).

Children from families whose home language differs from the dominant language used in educational settings often experience unique linguistic and academic challenges, particularly when schools fail to recognize bilingualism as an asset. Research has demonstrated that multilingual learners are disproportionately vulnerable to being misidentified as having language-based learning disabilities when educators interpret normal processes of second-language acquisition through a deficit lens rather than considering students' linguistic backgrounds (Cummins, 2000; García & Kleyn, 2016). For CODAs, these concerns are particularly relevant because many grow up with ASL as a home language while navigating English-dominant educational environments. Despite developing bilingual and bicultural competencies, CODAs may not be recognized within traditional categories of multilingual learners, resulting in their language experiences being overlooked or misunderstood. Additionally, research on child language brokering highlights that children who possess linguistic skills that differ from the dominant language of their surrounding environment are often called upon to mediate communication between their families and institutions (Hall & Guery, 2010; Napier, 2021). Within Deaf-hearing families, CODAs may engage in sign language brokering by interpreting or facilitating communication for their Deaf parents in settings such as schools, healthcare environments, and community services. While these experiences can contribute to the development of advocacy skills, empathy, and cultural competence, they may also place children in roles involving adult responsibilities and emotional labour. Recognizing CODAs as bilingual learners and understanding the complexities of language brokering are

therefore essential steps toward creating educational systems that support both linguistic diversity and student well-being.

In summary, the research landscape concerning Children of Deaf Adults remains limited but rich with promise since there is increasing awareness. CODAs' dual roles, juggling linguistic brokering, cultural navigation, and adult-like responsibilities, profoundly influence their identity development, mental health, and educational trajectories.

CHAPTER TWO: LITERATURE REVIEW

Children of Deaf Adults occupy a unique intersection of linguistic, cultural, and societal pressures, living in both the Deaf and hearing worlds while often serving as informal bridges between the two (Hall et al., 2019). From an early age, many CODAs navigate complex communication demands, shifting between a signed language and spoken language, interpreting for their parents, and mediating interactions with institutions that may have little to no understanding of Deaf culture. While these experiences cultivate advanced bilingual, bicultural, and metalinguistic skills, they also place CODAs in environments where their linguistic and cultural identities are frequently misunderstood or undervalued. Despite their considerable strengths, CODAs remain underrepresented in academic discourse, with research only beginning to examine their complex linguistic, cultural, and emotional experiences. Existing studies suggest that CODAs often navigate responsibilities such as language brokering, mediating interactions between Deaf and hearing communities, and managing stigma associated with Deafness. These experiences must be understood within broader systems of audism and ableism that privilege hearing-centered norms and contribute to social, emotional, and institutional barriers (Eckert & Rowley, 2013; Heffernan & Nixon, 2023; Milliken, 2024). Although Mitchell and Karchmer (2004) highlighted challenges related to the availability and accuracy of demographic data within Deaf populations across different regions, the limited research extends beyond demographic representation to include a lack of understanding of the lived experiences of CODAs. Myers et al. (2010) emphasized that, despite the prevalence of hearing children within Deaf communities, professional literature has historically provided limited psychosocial information regarding their unique experiences. This gap in research has contributed to the continued invisibility of CODA perspectives within educational, psychological, and social service contexts. This lack of research

contributes to the continued marginalization of CODA experiences within educational, psychological, and social service contexts.

Theoretical Framework

This literature review examines the existing scholarship on the lived experiences of CODAs through two complementary theoretical frameworks. Critical Disability Theory (CDT) provides a structural lens, revealing how educational and societal systems perpetuate inequality through deficit-based narratives and exclusionary practices. Dr. Stuart Shanker's Self-Regulation Framework (Shanker, 2021) adds a developmental dimension, illuminating how chronic stressors manifest across biological, emotional, cognitive, social, and prosocial domains, and how these stressors shape a child or adolescent's well-being over time. The five steps of Stuart Shanker's Self-Regulation model can be used to cope with stress using a model that includes: recognizing stressors, reflecting on the stressors by enhancing stress awareness, reducing stressors, restoring energy, and reframing the behaviour. Together, these frameworks create a comprehensive foundation for analyzing how CODAs manage the cumulative effects of hardship while also leveraging resilience in the face of systemic barriers.

The multifaceted stressors that CODAs face are often invisible to educators and policymakers. The central question guiding this research is how CODAs are affected by ableist societies, with particular attention to the compounding effects of prejudice, linguistic bias, and systemic misunderstanding. My research aims to move beyond simply identifying challenges, emphasizing the examination of evidence-based interventions and their implications for CODAs and their families. Such interventions include culturally responsive teacher training, early identification of language diversity as an asset, and policy shifts prioritizing equity over mere accommodation. The goal is to determine how the education system can better recognize and

support CODAs, validating their bilingual and bicultural skills, reducing unnecessary misdiagnoses, and fostering inclusive environments where their identities are affirmed rather than pathologized.

Critical Disability Theory

Critical Disability Theory (CDT) serves as a theoretical framework for examining the experiences of Children of Deaf Adults (CODAs) within broader structures of ableism. CDT foregrounds disability as a central category of analysis and interrogates the ableist assumptions embedded within social, institutional, and cultural systems (Hosking, 2008). A foundational premise of CDT is that disability is socially constructed rather than an inevitable consequence of physical or sensory impairment. As Hosking (2008) asserts, "the social disadvantage experienced by disabled people is the result of the failure of the social environment to respond adequately to the diversity presented by disability" (p. 6).

Snoddon (2020) extends CDT into Deaf education by arguing that many so-called inclusive educational systems continue to privilege hearing norms while denying Deaf children meaningful access to sign language, Deaf peers, and Deaf cultural knowledge. Rather than promoting equity, these educational structures can perpetuate what she terms *social and epistemological violence*, where Deaf ways of knowing and communicating are marginalized in favour of spoken-language norms. Although Snoddon's work focuses primarily on Deaf children, her analysis provides an important framework for understanding the experiences of CODAs. When educational systems fail to recognize Deaf language and culture, CODAs often become informal communicative bridges between inaccessible institutions and their families, further reinforcing parentification and ableist expectations. Parentification is a form of role reversal in which a child assumes developmentally inappropriate caregiving responsibilities that are

typically expected of an adult. These responsibilities may be instrumental or emotional, involving the regulation of a parent's emotional well-being (Hooper. 2007). CODAs experiences become parentification when societal inaccessibility and ableism require children to assume adult communication, advocacy, and caregiving roles that exceed what is developmentally appropriate, rather than because their parents are Deaf.

Stuart Shanker's Self-Regulation

In developmental psychology, Shanker's Self-Reg framework is considered a staple, offering a well-established model for understanding stress and self-regulation in children and youth. This framework is especially relevant when exploring how CODAs navigate heightened stress levels due to the emotional and social demands placed on them from a young age. Stuart Shanker (2021) has five practices to help people respond to stress: reframe the behaviour; recognize the stressors across the five domains; reduce stress; reflect and enhance stress awareness; and restore energy.

Applying this theory to CODA begins at the first step. Reframing the behaviour from seeing the behaviour as misbehaviour to understanding it as a sign of stress can help CODAs feel seen in their true stressors. CODAs may exhibit frustration or over-responsibility due to the emotional and social stress of navigating two worlds - the Deaf and hearing communities. Rather than labelling these behaviours as problematic, we can reframe them as adaptive responses to stress (Shanker, 2011).

Recognizing stressors focuses on identifying the biological, emotional, cognitive, social, and prosocial stressors affecting self-regulation (Shanker, 2011). CODAs often face pressure to act as mediators or interpreters, navigating misunderstandings in school or society about Deafness, feeling different from peers, and coping with the emotional weight of protecting or

helping their families navigate ableist societies. Recognizing these stressors can help CODAs, teachers, and caregivers create a supportive environment that reduces overload.

After they are identified, reducing or removing stressors is the next step (Shanker, 2011). This is where ensuring access to interpreters is critical, so CODAs do not bear responsibility. Promoting inclusive environments that respect Deaf cultures and encouraging peer support groups where CODAs can share their experiences are beneficial to reducing stressors and can better focus on their emotional and academic growth by lessening the CODA's societal role.

CODAs are encouraged to identify these triggers by reflecting on what is stressing an individual or noticing when they feel calm. When they feel drained, or relied on, reflection helps them understand how emotional responsibility could deplete their energy. Reflection can enable them to develop self-awareness to rest when they need to, set boundaries, or ask for support (Shanker, 2011).

Lastly, responding helps develop personalized strategies for restoration of balance and well-being (Shanker, 2011). For CODAs, effective strategies can be individualized but may include spending time in Deaf spaces to feel a sense of cultural belonging, engaging in open conversations with teachers or counsellors to understand what it means to be a CODA, and finding people with similar experiences. These experiences can foster resilience and empower CODAs to self-regulate across any environment.

Emotional and Intergenerational Trauma

A theme that consistently arises is emotional and intergenerational trauma for Children of Deaf Adults. Kamis (2020) explores how the mental health challenges faced by Deaf parents, who often deal with systemic barriers and social exclusion, can impact the emotional well-being and development of their hearing children. CODAs frequently become emotional caregivers,

navigating adult issues from an early age, which can result in burnout, guilt, and a complex sense of responsibility that extends into adulthood. This emotional labour contributes to what some researchers call parentification, where children take on roles and responsibilities typically reserved for adults. Intergenerational trauma is "how trauma experienced in one generation can reverberate in the lives of the descendants" (Keaney, J. et al., 2024, p. 166). CODAs grow in families that have experienced educational oppression, communication deprivation, discrimination, and stigmatization. Intergenerational trauma can appear through emotional transmission, where the child feels a responsibility to protect their parents. CODAs may develop dual identity stress due to hearing and the Deaf world and feeling confusion or guilt if they feel more attached to one over the other. Furthermore, CODAs are often silenced or emotionally suppressed as they develop self-awareness to rest when they need to, set boundaries, or ask for support (Shanker, 2011).

Furthermore, CODAs are often silenced or emotionally suppressed as they have grown up with parents who experience oppression and do not want to speak about it, which causes an environment where CODAs mirror these patterns of cycling silence. It is important to recognize that Deafness itself does not inherently cause trauma; rather, harm often emerges from ableist social structures, including communication barriers, limited accessibility, and systems that fail to recognize Deaf individuals and their families' linguistic and cultural needs (Hall et al., 2019). The lack of institutional support reinforces the intergenerational transmission of stress and emotional burden.

Trauma-Informed Therapy

Paivio and Pascual-Leone (2023) contribute valuable insights from the field of complex trauma therapy, helping to contextualize the emotional and relational impacts that may emerge

from chronic stress and intergenerational patterns. Through a trauma-informed lens, therapeutic approaches recognize that responses to adversity often represent adaptive attempts to cope with difficult circumstances rather than individual deficiencies. Approaches such as Emotion-Focused Therapy for Complex Trauma (Paivio & Pascual-Leone, 2023), Somatic Experiencing (Levine, 2010), Internal Family Systems (Schwartz, 2021), and Narrative Therapy (Rice, 2015) may provide frameworks for understanding how individuals process experiences of responsibility, identity negotiation, and emotional regulation. For CODAs specifically, these perspectives can help examine how societal ableism and hearing-centered expectations shape family roles, self-perception, and relationships. Myers et al. (2010) explain that "growing up in a Deaf–hearing family context presents both stress and strength," as hearing children frequently navigate communication, parentification, stigma, identity, and intergenerational dynamics between Deaf and hearing worlds (p. 9)

Creating safe spaces to explore these themes and dynamics allows CODAs to develop a deeper understanding of their identities beyond the burdens of systemic oppression and to establish healthier boundaries around advocacy.

Ableism

Ableism refers to a system of beliefs, practices, and social structures that devalue and discriminate against people with disabilities. Rooted in assumptions that privilege abled bodied and normative ways of functioning, ableism often positions disabled individuals as deficient or in need of being "fixed" to conform to dominant societal expectations (Bottema-Beutel et al., 2021; Campbell, 2009). Ableism impacts CODAs through a variety of pathways including systematic ableism, internalized ableism, internal conflict, social isolation and misunderstanding, emotional and psychological impacts, resistance, and resilience.

Considering that society has historically viewed Deafness through medical and deficit-based frameworks that position deafness as an individual impairment rather than a difference shaped by social and environmental barriers, Deaf individuals continue to experience ableist assumptions and institutional barriers (O'Connell, 2024). CODAs, witnessing these challenges, are often required to act as interpreters, advocates or mediators between their parents and the hearing world from an early age. This parentification places emotional and cognitive demands on children beyond their developmental stages, leading to stress, anxiety, and over-responsibility.

Growing up in an ableist society can cause CODAs to internalize negative attitudes towards Deafness or feel conflicted due to their bicultural identity. They may experience embarrassment as others perceive them and their family as *different* (Tripp, 2023). Considering that ableist structures often exclude or stigmatize Deaf families, CODAs may grow up in environments that lack understanding or support. Schools, health systems, and social services often fail to provide interpreters (Ceccoli, 2025) or accessible communication, thereby isolating Deaf parents and children (Tripp, 2023). The exposure to ableist microaggressions, such as pitying comments about their parents, the pressure to translate everything, or witnessing systemic neglect, can contribute to vicarious trauma in CODAs (Tripp, 2023). Without appropriate support, CODAs may internalize the message that they must overperform or overaccommodate to compensate for societal barriers imposed on their families.

Hosking's (2008) work on Critical Disability Theory provides an important framework for understanding ableism as a socially constructed system of exclusion rather than an individual deficit. Her scholarship emphasizes how disability is shaped by political, cultural, and institutional structures that create barriers to full participation, particularly within systems such as education and healthcare. Applying a CDT lens to Deafness challenges deficit-based

perspectives by recognizing Deaf individuals as members of a linguistic and cultural community rather than defining Deafness solely through impairment. This perspective is particularly relevant for CODAs, as it supports the reclamation of Deaf-centered narratives and highlights the need for systemic change that promotes accessibility, inclusion, and recognition of Deaf identities.

Snoddon (2020) further argues that ableism within education extends beyond physical accessibility and includes linguistic oppression. When educational systems privilege spoken language while marginalizing signed languages, they reinforce hearing norms as the standard for communication and knowledge. Such practices not only disadvantage Deaf individuals but also indirectly affect CODAs, who frequently become responsible for compensating for institutional communication failures.

Educational Policy

The Accessibility for Ontarians with Disabilities Act (AODA, 2005) mandates accessible education, communication, and services for people with disabilities, including those who are Deaf or hard of hearing (Ontario, 1990). For CODAs, this means their parents should have equitable access to school communications, such as meetings, reports, and events, through interpreters for accessible formats. When schools fail to meet these standards or deem an interpreter unnecessary for a brief meeting, CODAs often interpret their parents, thereby reinforcing parentification and placing emotional strain on the child.

Snoddon (2021) argues that although Ontario has formally recognized American Sign Language as a language of instruction within provincial schools for Deaf students, implementation has remained inconsistent due to institutional resistance, limited teacher preparation, and inadequate policy enactment. She suggests that true educational equity requires systemic commitment to sign language planning, Deaf educators, and bilingual-

bicultural approaches rather than relying solely on legislative recognition. These observations are particularly relevant for CODAs because inadequate implementation often shifts communication responsibilities from educational institutions onto children instead of ensuring accessible communication for Deaf parents.

The *Education Act* (Ontario) and the Ministry of Education's Policy/Program Memorandum No. 119 (PPM 119), *Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools*, provide a framework for addressing systemic barriers and promoting equitable access, respect for diversity, and inclusive learning environments (Ontario Ministry of Education, 2009). Although these policies do not explicitly identify Children of Deaf Adults (CODAs) as a distinct student population, their emphasis on recognizing students' diverse identities and removing barriers to participation is directly relevant to CODA experiences. As bilingual and bicultural learners who may navigate both Deaf and hearing communities, CODAs benefit from educational practices that acknowledge ASL as a legitimate language and Deaf culture as a valued cultural identity. Applying the principles of equity and inclusion outlined in these policies requires educators to recognize linguistic diversity, challenge ableist assumptions, and create learning environments where CODAs' identities and lived experiences are affirmed.

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) recognizes the right to full participation in education and society for people with disabilities (United Nations, 2006). Article 24 emphasizes the importance of accessible communication and the recognition of sign languages (United Nations, 2006). This global policy highlights the responsibility of institutions, rather than children, to bridge communication gaps. While the Truth and Reconciliation Commission of Canada (TRC, 2015) primarily focuses on Indigenous education, its broader emphasis on inclusion, representation, and cultural respect

aligns with CODA experiences. The TRC calls for culturally responsive pedagogy to reinforce the importance of validating *all* identities within education (Truth and Reconciliation Commission of Canada, 2015).

Support Programs

The only identified support program for CODAs/KODAs (with "KODA" referring to individuals under 18 and "CODA" to those 18 and older) was KODA Camp. However, access to these programs was limited for individuals in Canada, as they are primarily located in regions of the United States, including New York, Ohio, Wisconsin, Arizona, and Southern California. These camps accept anyone of any background, but the distance proves to be challenging for Canadians. If a KODA is fortunate enough to attend one of these camps, it is an incredible opportunity to receive support. These camps run workshops that focus on coming together in a unified setting, where Kids of Deaf Adults (8-17 years old) can explore their identities, Deaf cultures, and provide a welcoming environment for campers to connect through similar backgrounds (KODAWest, n.d.). One of the notable programs within this camp is the Big CODA Little KODA program, where younger children are paired with strong role models who have deaf parents (KODAWest, n.d.). The young KODAs may be struggling with identity, or their childhood may look different, but being paired with a CODA mentor fosters positive, healthy identities and acceptance as KODAs. Another notable aspect of this camp is that it provides low-cost workshops for Deaf parents, featuring a therapist with extensive knowledge in bicultural living who supports and educates parents (KODAWest, n.d.).

Signing Families/Children Resources is another support for CODAs and their families. This site focuses on understanding the CODA by providing support in various contexts such as language development, videos, CODA resources, and family resources. One example is a

prewritten letter by Jennifer Witteborg, which aims to help teachers understand CODA students by sharing Deaf culture and the language used at home (Signing Families Corner, n.d.). This editable source supports students in school and provides their teacher with a deeper understanding of the Deaf and hard-of-hearing culture. The website includes C/KODA organizations; however, they are all located within the United States, preventing access for other CODAs from different countries.

Bob Rumball Camp of the Deaf in Parry Sound is a Deaf ithat focuses on a space where Deaf people can enjoy the joys of camp without any barriers. This camp welcomes hearing campers as well as Deaf and hard-of-hearing. This camp can allow CODAs to feel understood and immersed within the Deaf community (Bob Rumball Canadian Centre of Excellence for the Deaf, n.d.).

Education as an Authoritative Structure

It is important to recognize that the academic discipline of education holds significant influence in shaping research, policy, and professional practice (Hordern, 2023). Educational knowledge is closely connected to institutional structures, government priorities, and educational practices, positioning the field as a powerful mechanism through which social values, norms, and understandings of knowledge are constructed, challenged, and reproduced (Hordern, 2023). This authoritative nature means that dominant perspectives within educational literature often shape how teachers are trained, how students are assessed, and how diverse learners are understood or misrepresented. As a result, it is essential to engage critically with educational sources, recognizing that while they offer valuable insights, they may also reflect systemic biases or overlook the needs of marginalized groups, such as CODAs and Deaf families. Kolluri and Tichavakunda (2023) argue that educational research has historically relied on deficit-based

perspectives when examining marginalized students, emphasizing the need for critically engaged scholarship that centers students lived experiences and examines the structural conditions that shape educational inequities.

Integrating sources from psychology and Deaf studies alongside educational research allows this work to challenge dominant narratives and amplify voices and experiences that are often underrepresented or misunderstood in mainstream academic discourse (Bauman, 2004). This multidimensional approach not only strengthens the credibility of this research but also challenges the notion that educational expertise alone can fully account for the nuanced and intersectional experiences of CODAs. Instead, it enables a more holistic and socially informed exploration that respects lived experiences, acknowledges cultural complexity, and seeks to inform educational practice in more inclusive and responsive ways (Bauman, 2004).

Increased Responsibility

According to Dutta (2023), CODAs "act as an interpreter or a communicator for their families" and frequently help their parents navigate interactions in the hearing community, which fosters early maturity and independence. This role-reversal may introduce significant pressures: delivering age-inappropriate information, shouldering adult-level tasks, and moderating communication boundaries which all contribute to emotional strain and a sense of premature responsibility (Dutta, 2023).

Teachers' Impact on CODAs and their Misrecognition in Educational Contexts

Another important theme is the misrecognition of CODAs within educational systems. Since many CODAs grow up in households where American Sign Language is the primary language, their spoken and written English may reflect the structure of ASL. Educators often misunderstand this linguistic influence, leading to misdiagnosis or labelling CODAs as having

speech or learning delays. Singleton and Tittle (2000) argue that such misjudgments reveal a lack of understanding around bimodal bilingualism and expose significant gaps in teacher training and culturally responsive assessment practices. Within Deaf studies, scholars such as Singleton, Tittle, and Christiansen (2000) provide foundational knowledge on bimodal bilingualism, cultural identity, and the lived realities of Deaf and hearing family dynamics. Their research informs my analysis of the cultural and linguistic components that CODAs often face in educational settings, due to ASL-influenced English, and their unique role as cultural mediators.

Snoddon (2021) similarly argues that teacher preparation programs in Ontario have historically provided limited attention to sign language planning and Deaf education despite legislative changes supporting bilingual education. This lack of preparation contributes to misunderstandings surrounding Deaf culture, bilingual language development, and the educational experiences of Deaf families. Consequently, educators may unintentionally misinterpret CODAs' linguistic development because they have received little formal preparation regarding ASL-English bilingualism.

Multiple Language Learners Versus Learning Disabilities

Misidentification of Multiple Language Learners (MLL) as students with a learning disability is a persistent and concerning issue (Cevheroglu, 2023). MLLs are often incorrectly evaluated using assessment tools that do not account for their language acquisition process, cultural background, or home linguistic contexts. As discussed in Cevheroglu's (2023) thesis, students navigating the complexities of multilingualism or bimodal language development may be inaccurately classified under special-education labels, leading to inappropriate interventions, misaligned supports, reduced access to the general education curriculum, and potential stigma

(2023). This underlines the critical need for educator training to differentiate between language learning challenges and genuine learning disabilities.

Cultural Isolation

CODAs often navigate complex identity negotiations as they grow up within both Deaf and hearing cultural worlds. Research has demonstrated that CODAs may experience a unique position of belonging and difference, as they are connected to Deaf culture through their family relationships and language while simultaneously participating in the broader hearing world (Preston, 1994; Singleton & Tittle, 2000). This bicultural experience can provide CODAs with valuable linguistic and cultural knowledge; however, it may also create challenges related to identity formation, social belonging, and expectations from both Deaf and hearing communities. Singleton and Tittle (2000) emphasize that CODAs' experiences are shaped by their dual positioning as hearing individuals within Deaf families, where they may serve as cultural and linguistic bridges between communities. Similarly, Bauman and Murray (2014) argue that Deaf identity is rooted in language, culture, and community rather than solely in auditory ability, highlighting the importance of recognizing the complex relationships between Deaf and hearing identities. For some CODAs, navigating spaces where their experiences are misunderstood or where they feel pressure to align with one cultural group over another may contribute to feelings of isolation, identity conflict, or emotional exhaustion. These experiences reflect broader issues of cultural recognition and accessibility rather than an inherent conflict between Deaf and hearing communities.

Identity Conflict

One central theme is the development of a bicultural identity and the frequent role of reversal that CODAs experience within their families (Singleton & Tittle, 2000). From an early

age, many CODAs are placed in adult-like positions, often serving as interpreters or mediators for Deaf parents in situations involving medical appointments, legal matters, or school communication. This premature responsibility leads to increased emotional, biological, and social stress. Searls (2019) found that over 60% of CODAs regularly interpret for their parents, illustrating how normalized this role of reversal is within Deaf-hearing family dynamics.

Parental Roles

Research indicates that Deaf parents frequently encounter systemic barriers to accessibility, including limited access to information, support services, and equitable communication within institutional contexts such as education (St. Clair et al., 2025). Many educational institutions fail to provide interpreters or accessible means of communication during parent-teacher interviews, school events, or academic updates. This tends to happen due to lack of training among teachers and administrators, budget constraints that deem interpreters unnecessary unless requested, systemic ableism, and over reliance on children as interpreters (O'Connell, 2024). Without proper accommodation, the responsibility of facilitating communication often falls on CODAs. This practice places undue stress on the child, disrupts appropriate boundaries in child development, and further contributes to prosocial stress, where the child feels pressured to support others at the expense of their own well-being.

Gaps in the Literature

The literature I have reviewed offers a strong and balanced foundation for understanding the complex realities of Children of Deaf Adults, particularly related to trauma, identity, and systemic challenges. It spans several decades and incorporates historical insights alongside contemporary perspectives, allowing me to trace patterns and shifts in how CODAs have been understood in academic, psychological, and educational contexts. My approach has been

deliberately narrowed to ensure a focused analysis that remains specific to CODAs, avoiding unnecessary divergence into broader Deaf community issues that, while important, are not directly relevant to my thesis. This careful curation of material has enabled me to construct a research base that is appropriate in scope and depth for a master's level project. Authors such as Cevheroglu (2023) and Tannenbaum-Baruchi (2025) express the gap in literature and suggest further research.

Throughout my research, I have made a concerted effort to consider various perspectives across multiple disciplines, including developmental psychology, trauma theory, disability studies, Deaf studies, and education. This interdisciplinary approach has helped me appreciate the nuanced ways CODAs navigate their roles, relationships, and cultural identities. Foundational works by scholars such as Shanker (2021), Singleton (2000), and Christiansen & Nixon (1993) have provided a solid grounding in the emotional, educational, and cultural aspects of the CODA experience. At the same time, Paivio and Pascual-Leone (2023) contribute valuable psychological insights into trauma and healing, broadening the lens through which I interpret CODA stress and resilience.

While the emotional and social burdens experienced by CODAs are well-documented in the existing literature, my review has revealed some significant gaps. Few studies have explored the coping strategies of CODAs for managing their responsibilities or the resilience they develop from navigating bicultural roles. Even fewer examine the long-term mental health outcomes that may emerge from early parentification, emotional caregiving, or cultural isolation. Moreover, there is a lack of research on how inclusive classroom practices might affirm CODA identity, reduce stress, or promote well-being within school environments. These areas represent

significant opportunities for further investigation. CODAs face practical implications for educational policy and support.

Importance of This Literature Review

This literature review is critically important for the field of education because it challenges misconceptions that often lead to the misdiagnosis of CODAs as having speech or learning disabilities when their language patterns reflect the influence of American Sign Language within a rich bilingual and bicultural context. Conceptualizing CODAs as multiple language workers, students who navigate two distinct linguistic systems support educators in moving away from deficit-based frameworks and towards recognizing linguistic diversity as an educational asset. This shift directly impacts assessment practices, teacher training, and curriculum design, ensuring that CODAs are not penalized for their unique language profiles but instead are provided with opportunities to leverage their bilingualism for academic success.

Building on this, the literature examines the extent to which systemic ableism within schools contributes to detrimental educational trajectories for CODAs. When teachers, speech-language pathologists, and school psychologists lack awareness of Deaf culture and bilingual language acquisition, ASL-influenced English may be wrongly interpreted as evidence of cognitive delay or academic weakness which can lead to unnecessary placement in special education programs, stigmatization, and diminished academic expectations. By reframing CODAs as multiple language workers, the education system can reposition their experiences within a strengths-based framework that values their advanced code-switching, metalinguistic awareness, and intercultural communication skills. Moreover, integrating summarization (creating brief, concise overview that captures the main point) into teacher preparation programs,

professional development, and policy can foster early intervention strategies that support language development without pathologizing it.

In conclusion, this literature review demonstrates that CODAs face layered, and often invisible stressors rooted in systemic ableism and social misunderstanding. While many CODAs display remarkable resilience, their development is deeply influenced by ongoing emotional, linguistic, and cultural pressures, often beginning in early childhood. These challenges are not isolated but span multiple emotional, cognitive, social, and educational domains, making their experiences complex and frequently overlooked. Integrating Critical Disability Theory and Shanker's Self-Reg framework, a more nuanced and empathetic understanding of CODA experiences emerges, acknowledging the systemic roots of their stress and the importance of co-regulation and supportive relationships. The review emphasizes the pressing need for education and mental health systems to move beyond basic accommodations and toward practices that foster equity, cultural validation, and holistic well-being. This includes rethinking how CODAs are supported in classrooms, how their families are engaged in school communities, and how their mental health needs are addressed. Continued research is necessary, particularly from an intersectional perspective, to ensure that the full diversity of CODA experiences is recognized, and that policies and practices evolve to meet their unique needs with sensitivity, respect, and justice.

CHAPTER THREE: METHODOLOGY

In this chapter, I outline the research methodology used in this study that examines the recollection of eight CODA's experiences with ableism in society. Using a qualitative methodological approach informed by phenomenology was necessary for this work because it centers lived experience, meaning-making, and subjective reality – key elements when studying this group whose identities are shaped by their cultural upbringing. Both a questionnaire and semi-structured interviews were chosen as data collection methods. In this chapter, I also discuss the participant recruitment and data analysis process along with ethical considerations.

Qualitative Research Method

This study addressed how CODAs experience systematic ableism and trauma in educational and personal contexts. According to Merriam and Tisdell (2016), the primary goal of all qualitative research is to interpret and understand how people make sense of their experiences. Methodologists such as Creswell and Creswell (2018) and Hatch (2002) indicate that one of the distinguishing characteristics of qualitative research is maintaining a focus on the participants' perspectives. In other words, participants' meanings about the phenomenon under study should be prominent in any qualitative report. Marshall and Rossman (2016) also suggest that qualitative methodology is best utilized in research that elicits tacit knowledge, subjective understandings, and interpretations. The rationale, according to them, is that lived experiences cannot be understood unless the meaning humans assign to those experiences is understood.

The primary goal of this study was to interpret and understand how systematic ableism has impacted CODAs in an educational context, and through the research also discovered how it has affected participants in a personal context. This study employs a qualitative research methodology, which is particularly suited to exploring life stories and lived experiences. The

central focus of the thesis is the lived experience that supports CODAs, indicating that ableist societal structures have shaped, traumatized, or otherwise impacted their development.

Phenomenology

I am specifically using phenomenology, which is the reflective study of pre-reflective or lived experiences. Phenomenology is a qualitative research approach that focuses on understanding individuals lived experiences and the meanings they ascribe to those experiences. As noted in Mortari, et al. (2023), phenomenology "takes, as its object of investigation, lived experiences" and seeks to understand the essence of human experience through participants' perspectives (p. 2). Similarly, Creswell defines phenomenological research as exploring the "life experience of several individuals on a concept or a phenomenon" (Tiwari et al., 2025, p. 1866). Phenomenological research is, therefore, the study of lived or experiential meaning and attempts to describe and interpret these meanings through ways that they emerge and are shaped by consciousness, language, our cognitive and non-cognitive sensibilities, and by our preunderstanding and presuppositions (Given, 2008).

This approach is particularly well suited to the present study, as it centers the voices of CODAs and allows for an in-depth exploration of how trauma and ableism are experienced and interpreted within educational and personal contexts. Phenomenology offers a rigorous and appropriate framework for capturing the complexity, emotional depth, and nuance of CODA experiences by foregrounding participants' narratives and meaning making. I aimed to use a methodology that focused on unique human experiences as each CODA may have had different experiences. As a CODA myself, this methodology helps me understand the different, or similar lived experiences and life stories.

In the long term, this research aims to generate insights that inform systemic educational system changes to better support CODAs. Qualitative inquiry is the most suitable approach for this project, as it enables an in-depth exploration of variables that cannot be fully understood through quantitative measurement (Creswell, 2018). The use of qualitative research emphasizes meaning-making, personal narratives, and social contexts in which experiences are embedded.

Theoretical Framework

Two theoretical frameworks will guide the study. The first is Critical Disability Theory (CDT), which interrogates the systemic, cultural, and institutional forces that marginalize individuals with disabilities. CDT will provide a lens for examining how ableism operates in the lives of CODAs, not only through their direct experiences but also through the broader societal attitudes and structures that influence their families and communities. Using CDT to frame participant narrative enables the study to examine power imbalances, uncover systemic barriers, and expose the subtle reproduction of ableism across educational and public contexts.

The second is Stuart Shanker's Self-Regulation Framework, which conceptualizes stress and behaviour through five interrelated domains: biological, emotional, cognitive, social, and prosocial. This framework will be applied using the five steps of self-regulation to analyze how the stressors described by participants manifest across these domains and how they interact over time. Using the Self-Regulation Framework will help me identify the cumulative impact of systemic ableism on the mental health, emotional well-being, and social functioning of CODAs. It will also provide a foundation for translating participants lived experiences into actionable educational policy and practice strategies, focusing on co-regulation, resilience-building, and creating inclusive learning environments.

Integrating Critical Disability Theory with the Self-Regulation Framework ensures that the research remains both critically grounded and solution focused. Critical Disability Theory offers a socio-political critique that examines disability within broader systems of power, challenging dominant assumptions about ability, normalcy, and inclusion by highlighting how social structures contribute to the marginalization of disabled individuals (Goodley, 2025). In contrast, Self-Regulation Framework provides a practical, developmentally informed model for understanding and supporting individuals in navigating stress across biological, emotional, cognitive, social, and prosocial domains (Shanker, 2016). Together, these frameworks enable the study to move beyond documenting challenges toward proposing meaningful educational system changes that promote equity, understanding, and cultural validation for CODAs.

These first-hand accounts address identified gaps in the literature, particularly those related to resilience and long-term outcomes, which remain underexplored in research on children of Deaf adults (Preston, 1994; Napier, 2017). Weaving lived experiences into academic analysis aligns with qualitative and phenomenological approaches that prioritize participants' meaning making and voice as central to knowledge production (Creswell & Creswell, 2018; Mortari et al., 2023). This integration supports the development of rigorous and resonant scholarships that are both theoretically informed and grounded in lived realities.

Research Design

Participant Recruitment Process

This study was based on eight semi-structured interviews with adults ranging from 20-34 years who are self-identified as a CODA. Seven of the participants identified as a CODA, and the 8th participant first selected that he did not identify as a CODA in the initial demographic questionnaire but then decided after the interview that he did identify as a CODA. Participants

were required to be CODAs, at least 18 years of age, and to have completed high school and/or post-secondary education to be eligible for the study.

In addition to utilizing my personal contacts, I recruited participants through advertisements (see Appendix E) on various social media sites such as Facebook, Instagram, and Snapchat. I had planned to attend an Alumni event at E. C. Drury School of the Deaf to advertise the event. However, I received twelve emails indicating interest in participating in the research, which led me to decide not to advertise at the school. I initially received twelve emails but completed eight interviews as I did not receive consent forms from three interested parties, and the other did not respond to my email after inquiring about monetary compensation.

When receiving the initial email of interest from a potential participant, I sent an email with the approved REB information letter, allowing the potential participants to make an informed decision based on the information provided in the letter and the consent form. These documents detailed the objectives, procedures, and measures to ensure participant confidentiality and data security. Completed consent forms were asked to be returned via email before participating in the study. Refer to Appendix A for the sample participant's consent form and Appendix B for the sample information form. Table 1 shows the procedure of the selection process.

Table 1

Selection Criteria and The Selection

Step #	Recruitment Action	Explanation
Step 1	Identify and justify sampling strategy	A purposive sampling strategy was employed to intentionally recruit individuals who self-identify as CODAs and possess lived experience relevant to the research focus. This approach aligns with qualitative and phenomenological methodologies that prioritize depth and meaning over generalizability.

Step 2	State the criteria for participant selection	Participants were required to (a) self-identify as a CODA, (b) be at least 18 years of age, and (c) have completed high school and/or post-secondary education.
Step 3	Establish how participants are known to meet the criteria	Eligibility was determined through a demographic questionnaire completed prior to the interview, as well as through self-identification during initial email correspondence and confirmed during the interview process.
Step 4	State the number of participants/cases and the rationale for that number	A total of eight participants were included in the study. This sample size is appropriate for phenomenological research, allowing for in-depth exploration of lived experiences while maintaining manageability for detailed analysis.
Step 5	Explain the specific procedures for identifying, contacting, and recruiting participants	Participants were recruited through a combination of personal networks and social media platforms, including Facebook, Instagram, and Snapchat. Although recruitment at an alumni event at E. C. Drury School of the Deaf was initially planned, sufficient participant interest (n = 12) was generated through online outreach, eliminating the need for additional in-person recruitment.
Step 6	Outline consent procedures and participant selection outcomes	Interested individuals were provided with a Research Ethics Board (REB)-approved information letter and consent form via email. These documents outlined the study's purpose, procedures, and measures for confidentiality and data security. Participation was confirmed upon receipt of signed consent forms. Of the twelve individuals who initially expressed interest, eight completed the study; three did not return consent forms, and one did not respond to follow-up communication. One participant initially did not identify as a CODA in the demographic questionnaire but later self-identified as a CODA following the interview and was therefore included in the study.

As a gesture of appreciation, each participant received a handmade card with a small CODA sticker, which was artwork created by a local Deaf artist. The chosen artwork

thematically engages with CODA identity, thereby aligning the token of appreciation with the study's cultural and conceptual focus.

Data Collection

A research interview relies on the development of rapport between the researcher and participants to discuss in detail all aspects of the phenomenon under study (DeMarrais, 2004). Engaging in conversations, developing rapport, and building trust with participants is crucial to understanding participants lived experiences from their point of view. I shared my rationale with participants and my personal connection to the research to build this trust. A comfortable environment was intentionally established to support participants in sharing their experiences as CODAs and to encourage the disclosure of potentially sensitive information. Participants' awareness of the researcher's shared CODA identity and lived experiences further contributed to a sense of comfort and trust.

After completing the recruitment process, participants were asked to complete a brief online questionnaire via Google Forms to collect demographic and background information relevant to the study (see Table 3 for the questions). Subsequently, a semi-structured interview was scheduled with each participant, done in spoken English (see Table 2 for questions). Interviews were conducted via Zoom, with each session planned for approximately 45 minutes, allowing an additional 15 minutes for extended discussion. The average time spent in the interviews was 30 minutes. All interviews were recorded (with consent) with live captioning enabled, both to support accessibility and to generate an initial transcript. These transcripts were reviewed and coded for data analysis and interpretation.

Table 2

Demographic Interview Guide

Background/Demographic Questions (Pre-Interview Questionnaire)

Self-Identifying Questions

1. What is your name?
2. How old are you?
3. What is your current occupation?
4. Tell me about your family. Do you have any siblings? If so, how many? Do you have one or more Deaf parents?

CODA Themed Questions

5. Why did you decide to take part in this research?
6. How do you and your parents communicate with each other? ASL, lip-reading, verbal, etc. How did you communicate growing up versus now?
7. Did you grow up interpreting for your parents?
8. Do you still interpret for your parents?
9. Do you identify as a CODA?

Education Questions

10. What is your school level?
11. Have you ever been identified with a learning disability?
12. Have you ever been recognized as a Multilingual Learner or an English as a Second Language student?

Extra Accommodating Questions

13. What time is best for you to meet through Zoom?
14. What pseudonyms would you like?
15. Are there any accommodations you will need from me to conduct our Zoom interview?

Table 3

Zoom Interview Guide

Semi-Structured Interview Questions

Background Family Context

16. Could you share a little about yourself and your family background?
17. How would you describe your relationship with your parents growing up?

Language, Communication, and Interpreting

18. What was the primary language or mode of communication you used at home?
19. How did you learn to navigate between sign language and spoken language?

20. Are there any moments or stories about interpreting for your family that stand out for you?
21. Did interpret or advocate for your parents impact your childhood? If yes, how?

Identity and Belonging (CODA Experience)

22. Do you feel more connected to the Deaf community, the hearing community, both or neither? Why or why not?
23. Were there times where you felt "in between" those worlds? Please explain.
24. How has being a CODA shaped the person you are today?

Educational Experiences

25. Do you wish you were identified as an MLL in school?
26. Did your CODA experience influence your time in school? If yes, how?
27. Growing up, did your teachers and friends understand your family's communication style? Give examples.

Challenges, Strengths, and Personal Impact

28. Have you faced any challenges as a CODA? If yes, please explain
29. Have you developed skills or strengths as a person because of your experiences as a CODA? Please explain.

Reflection, Awareness, and Advice

30. What do you wish people understood about CODAs?
31. If you could provide advice to a CODA, what would it be?

Open Reflection

32. Is there anything else about your story or experiences that you would like to share that we have not covered?

Data Analysis

Analysis of the interview data in this study was conceptualized as a systematic and iterative process of organizing and interpreting transcripts and other forms of unstructured textual data to deepen understanding of the phenomenon under investigation (Wong, 2008). Central to this process was coding, which involved assigning labels to segments of data and grouping these into meaningful categories. Through coding, patterns, similarities, differences,

and underlying structures within participants' narratives were identified and examined (Seidel & Kelle, 1995).

Coding was approached using a blended strategy that incorporated both inductive and deductive processes. While coding may be conducted inductively, deductively, or through a combination of both, qualitative researchers commonly employ a hybrid approach, often referred to as abduction (Linneberg & Korsgaard, 2019). In this study, the analysis began with an inductive approach to ensure close engagement with the data and to privilege participants' voices by drawing on their language and meanings. This approach supported the emergence of insights grounded in participants lived experiences. Subsequently, a deductive lens was applied to connect these insights to existing theoretical frameworks, thematic coding, and relevant literature. Moving iteratively between inductive and deductive approaches allowed for both openness to new understandings and alignment with established scholarships (Linneberg & Korsgaard, 2019). This process is consistent with the distinction between initial and focused coding as outlined by Thornberg and Charmaz (2014).

During the initial phase of coding, interview transcripts were read in detail to identify segments relevant to the research questions. Descriptive codes were assigned to selected excerpts to summarize the core idea of each segment, with particular attention given to capturing participants' experiences in their own terms. At this stage, coding remained closely aligned with the data, providing a comprehensive overview of the dataset and supporting the identification of recurring patterns and points of divergence (Linneberg & Korsgaard, 2019). Multiple rounds of analysis were conducted, first to identify patterns within the descriptive codes and then to group these codes into broader categories.

Following this initial phase, a more focused and deductive approach was employed to refine and synthesize the data. Codes were prioritized, grouped, and conceptualized in relation to emerging themes and existing literature. The analysis involved continuous movement between inductive insights and deductive frameworks to remain attentive to alternative interpretations and theoretical possibilities. This iterative process supported the development of robust and theoretically informed themes while maintaining fidelity to participants' experiences (Linneberg & Korsgaard, 2019). An example of this analytic process is presented in Table 4.

Table 4

An Example of Qualitative Data Coding Process

Specific Observation (Empirical Evidence)	Pattern Recognition (Analytic Category)	General Trend (Interpretive Claim)	Literature Theme (Theoretical Alignment)
Participants described engaged in interpreting, caregiving, and mediating adult situations during childhood.	Early assumption of both instrumental and emotional caregiving roles.	Parentification was normalized in childhood but retrospectively understood as burdensome.	Parentification; Role Reversal; Family Systems Theory
Interpreting was framed as both a source of skill development and emotional strain.	Coexistence of empowerment and responsibility within language brokering.	Interpreted functions as both cultural capital and emotional labour.	Language Brokering; Emotional Labour; Funds of Knowledge
Participants navigated ASL and English without formal recognition in schools.	Systematic misrecognition of bilingual and bicultural identities.	Educational systems render CODA bilingualism invisible.	Bilingualism; Linguistic; Marginalization; Deficit Framing

Participants described inaccessible system requiring their intervention.	Redistribution of institutional responsibility onto children.	Structural ableism produced reliance on CODAs as informal accessibility supports.	Systematic Ableism; Accessibility Studies; Disability Theory
Participants expressed feeling "in-between" Deaf and hearing worlds.	Ongoing negotiation of cultural and linguistic identity.	Identity was fluid, context-dependent, and shaped by competing norms.	Bicultural Identity; Liminality; Hybrid Identity Theory
Participants reflected on feelings of guilt, shame, or misperceptions of Deaf parents.	Internalization of dominant hearing-centric ideologies.	Emotional conflict emerged through internalized ableism.	Internalized Ableism; Critical Disability Theory
Participants reported emotional impact from witnessing parental marginalization.	Indirect exposure to systematic oppression and distress.	Trauma was experienced vicariously across generations.	Intergenerational Trauma; Secondary Trauma
Participants described feeling different or isolated in school contexts.	Persistent experiences of social and cultural misrecognition.	Educational environments contributed to marginalization and exclusion.	Social Exclusion; Belonging; Educational Inequity
Participants demonstrated strong empathy, adaptability, and advocacy skills.	Strengths developed in response to complex responsibilities.	Resilience coexisted with emotional strain rather than replacing it.	Resilience Theory; Post-Traumatic Growth; Strength-Based Approaches

Ethical Considerations

Cresswell and Cresswell (2017) emphasize that ethical considerations must be anticipated and continuously reflected throughout all stages of the research process. In alignment with this

approach, my study adhered closely to the procedures outlined in the Participation Information Form, which is included in the Appendix. Prior to participation, individuals were provided with a detailed letter of information that introduced me as the researcher and supervising Principal Investigator, identified Lakehead University as the affiliated institution, and clearly explained the purpose of the study – exploring trauma, ableism, and the experiences of CODAs in educational and personal contexts. Participants were informed that their involvement was entirely voluntary and that they must be at least 18 years of age. They were also made aware of the study procedures, which included a brief online questionnaire followed by a semi-structured one-on-one Zoom interview lasting 45-60 minutes. Informed consent was obtained only after participants had the opportunity to read the document thoroughly, ask questions, and confirm their understanding.

Participants' rights were prioritized throughout the study. They were informed of their right to decline participation, skip any question, or withdraw at any point during the data collection phase without penalty, with the option to have their data removed and destroyed prior to the completion of data collection. Given the sensitive nature of discussing trauma, ableism, and individual experiences, it was acknowledged that participation could evoke emotional discomfort. As such, participants were reminded of their autonomy during the interview process, including culturally and linguistically accessible counselling services, such as Canadian Hearing Services and the Bob Rumball Canadian Centre of Excellence for the Deaf. While no participants required intervention, these safeguards were essential to ethical preparedness.

Confidentiality and data security were rigorously maintained. Pseudonyms were assigned to all participants, and identifying details were removed or generalized to reduce the risk of re-identification, though participants were informed that a minimal risk may remain due to the

specificity of lived experiences. All data was stored in password-protected files, with identifying information kept separately from research data for 7 years. Access was restricted to the research team, and data was securely retained in accordance with institutional policy. Participants were also informed of the limits of confidentiality associated with online platforms and the potential, albeit minimal, risk of third-party data access. Participants were offered the opportunity to review and verify their interview transcripts to enhance credibility and accuracy. Upon completion of the study, participants were given the option to receive a copy of the final thesis, and all indicated their interest.

This study employed a qualitative methodology grounded in phenomenology and narrative inquiry to examine the lived experiences of CODAs. Through semi-structured interviews and thematic analysis, the research I sought to illuminate how trauma and ableism are experienced and understood within educational contexts. The subsequent chapter presents participants' narrative and explores the key themes that emerged from their stories.

CHAPTER FOUR: FINDINGS

The findings of this study reveal CODA experiences in relation to the following research questions: *1) How do ableist societal structures, such as the education system, affect the identity development and lived experiences of Children of Deaf Adults (CODAs)? 2) In what ways might these structures contribute to hardship or resilience within this population? 3) How can these systems better recognize and support CODAs?* and 4*) How do Children of Deaf Adults (CODAs) navigate their roles as cultural and linguistic mediators within an ableist society?* Analysis of the data collected from these interviews resulted in nine distinct themes that highlighted how CODAs navigate their roles and how being a CODA in ableist societies has affected their identity development. These included: (1) Parentification and early responsibility; (2) Interpreting as both skill and burden; (3) Language, bilingualism, and educational misrecognition; (4) Systematic ableism and institutional barriers; (5) Identity negotiation and cultural liminality; (6) Guilt, shame, and internalized ableism; (7) Secondary and intergenerational trauma; (8) Social differences and educational isolation; and (9) Emotional impact, coping, and resilience.

The process of deriving these themes involved a systematic coding of the interview data. During the analysis of the interviews, recurring words, phrases, and shared experiences emerged across participants' narratives. Initial coding began through colour-coding and highlighting segments of text that reflected similar ideas, emotions, and lived experiences. As patterns became increasingly evident, these codes were grouped into broader thematic categories based on their conceptual relationships. Through this iterative process, themes were refined and titled according to the central phenomenon they represented. For example, within the theme of *Parentification and Early Responsibility*, participants repeatedly described experiences of

assuming caregiving roles for their parents. A recurring statement expressed by participants included variations of "I had to take care of them [the parents]." The repetition of these narratives across interviews demonstrated a shared experience of responsibility reversal, leading to the identification of parentification as a significant theme within the data. Table 5 provides a list of participants and a demographic overview.

Table 5

Participant Demographics

Participant Pseudonym	Age	Completed Schooling Level	Grew Up Interpreting for Parents	Still Interpreting for Parents	Identifies as a CODA	Identifies as MLL
Abigail	20	College	Yes	Yes	Yes	No
Kayla	20	University	Yes	Yes	Yes	Yes
John	34	University	Yes	Sometimes	Yes	No
Charlie	27	College	Yes	Sometimes	Yes	Yes
Betty	30	High School	Yes	Yes	Yes	No
Mark	23	University	Sometimes	No	Yes	No
Tristan	29	University	Yes	No	Yes	No
Lindsay	25	College and University	Yes	Yes	Yes	No

Note. CODA = Child of Deaf Adult; MLL = Multiple Language Learner

Themes

Parentification and Early Responsibility

"My priority was trying to make sure that my parents understood" – Kayla

A dominant theme across all interviews was the assumption of adult-like roles in childhood. Participants described both instrumental parentification (e.g., interpreting, caregiving, navigating systems) and emotional parentification (e.g., supporting parents, mediating conflict). All interviewees describe a gradual but profound shift into adult-like roles, often normalized over

time but deeply shaping their development. Abigail reflects on how this responsibility emerged through repeated exposure to adult situations:

> I think I had to grow up much faster than everyone else being in real-life situations, like my mom's doctor's appointments. That's not something regular kids have to deal with. Trying to explain what's going on like eye doctor appointments and things like that, those are situations where a child should not be interpreting at all because I'm not a certified interpreter, and also those were my own appointments like, I was going for my own well-being, but I still had to explain everything to my parents and relying on a child to do all of that, probably not the best thing.

Abigail's narrative demonstrates that even as a child, she knew she should not be interpreting, but it was her role to attend appointments, and to interpret her own appointments. It limited her ability to be a patient because she had to perform her job.

Lindsay similarly describes the expectation as something embedded into everyday life. "Every time there's an appointment, I'm there with them… if there's a phone call that needs to be made, I'm the one making the phone call." She elaborates on a more specific example of going to a therapist appointment:

> We couldn't find an interpreter fast enough and I didn't want to see my mom suffer anymore, so I took the initiative and said I would interpret. I think I was like 15 and I was sitting there with my mom and a psychologist and I had to interpret questions about her childhood and trauma.

Ultimately, these CODAs had the responsibility of not only interpreting but ensuring their parents understood social situations and navigated culture. Kayla summarizes this point by stating, "My priority was trying to make sure that my parents understood what was going on,

especially in group settings." Mark further explains, "Helping them navigate culture. Helping them translate important things like an immigrant family situation where the kids are helping their parents figure things out." Kayla and Mark both exemplify the added responsibility of not only translating language, but translating a new culture that ensures their parents fit into society. This role reinforces the child that they need to become the parent by teaching social norms and adopting an early responsibility for their parents' actions.

Betty emphasizes the instability of these roles. "[The parents] see you as an interpreter, and then they see you as a child. The interchanging is hard, all the hats we wear." The interchanging roles between child and interpreter contribute to parentification as the child must assume the position of communication and no longer be seen as their age.

Together, these accounts demonstrate that CODAs experience parentification not as an exception, but as a structural condition shaped by inaccessibility, where children become essential intermediaries within their families because of the lack of accessible communication. These various recollections illustrate that their childhood was interrupted by the need for them to act as adults for their parents to fit into society by taking on early responsibilities. Not only do these early responsibilities hold a heavy weight on the child, but on the Deaf parents as well, as they struggle to be the parent to their own child without feeling guilty for relying on the hearing child.

Interpreting as Both Skill and Burden

"Constant interpreting, it feels normal, but it can get exhausting and sometimes it feels like that's all people see you as" - Mark

Interpreting was central to all participants' experiences and was described as both a valuable skill and a significant burden. Interpreting is consistently described as both a developed

competency and a source of emotional, ethical, and cognitive strain. Each of the eight participants described interpreting as a job that you had to do, rather than an option. Abigail highlights the complexity and unfairness of early interpreting:

> I was always the one interpreting--whether it was doctor's appointments, school events, and parent-teacher interviews. Interpreting is a job. You have to think about grammar, structure, meaning, and if I'm there for myself and I have to do all that, it takes away from my own experience.

The participant exemplified the complexity involved in interpreting by explaining the importance of "grammar, structure, and] meaning." Going from English to American Sign Language (ASL) includes translating from one dialect into another, putting heavy pressure on ensuring the translation is correct from the perspective of both languages. It can be daunting to perform the job of an interpreter. If the child makes a mistake, it can convey the wrong meaning for both parties involved. As Abigail describes her experiences interpreting in different settings, her role as a child has vanished and she has become an interpreter for the moment. These moments weigh down on Abigail as she needs to fully focus on ensuring both parties are properly translated and heard. Just because Abigail has the skill and capability of translating, does not necessarily mean she should be automatically expected to translate.

Lindsay's account emphasizes the emotional weight of interpreting intimate experiences as a burden:

> As her daughter, I am sitting there hearing all these negative things about her trauma and it hurt me and made me worry about her, but I still had to keep interpreting because if I wasn't there, she wouldn't be able to communicate.

Lindsay became the only option for her parents to access therapeutic treatment because an interpreter had not been booked. Being placed in such sensitive situations can create a significant burden for any child, as therapy is intended to remain in a private and confidential space. The long-term impacts of these experiences may contribute to the child's feeling obligated to remain actively involved in their parents' lives to continue providing care while carrying out the ongoing responsibility of caregiving. Additionally, being exposed to her parents' trauma may influence Lindsay's perception of her parents, causing her to view them in a different light. This dynamic may also affect how she interacts with her parents and could lead her to suppress her own emotions, feeling unable to express them out of concern for her parent's wellbeing.

Other participants highlight the relational tension of mediating between people. When their parents were feeling frustrated or upset, the child was often expected to communicate and convey those emotions accurately to another person. At the same time, the child frequently felt pressure to remain composed and emotionally controlled while delivering the message, despite internally experiencing the intensity of their parent's emotions. Betty said, "Trying to keep things neutral while meeting the needs of both people is so hard. There's so much emotional friction, and you're the one in the middle of it when things get heated."

Betty expresses the difficulty of translating in high tension situations. It can be challenging to interpret different emotions, and if one party does not feel that their side is being expressed accurately, it falls on the child/interpreter to take the burden. Both sides become upset or angry at the translator rather than the conversation that is actively happening. This challenge should not be the responsibility of the child.

Tristan brings another perspective on when he is expected to fill in conversations that are beyond his age, which leads to exposure to adult content.

> You are always in this funny state where it is like you don't have the authority to do this, but you still must do it; like going to the bank and trying to handle things you're not really supposed to be responsible for.

Tristan's experiences highlight the reality of children being exposed to mature content. Whether it is the bank in his experience or ordering alcohol at a restaurant, these experiences are meant to be ones that people experience once they reach a certain age or maturity. This can influence the child to be placed in a position of power that they may be too young to handle and can cause a power imbalance within the dynamics of child and parent.

Another perspective of interpreting emerges when the child becomes emotionally and personally erased within the interaction, fully transitioning into the role of interpreter. John frames interpreting as a process that requires self-erasure.

> When I must interpret it is like a professional face; you must disappear like, do not look at me, look at my mom. The disappearance of self is essential to the job.

The disappearance of a child during translating can impact the child's emotional regulation as they become increasingly frustrated or burdened with the task. Interpreting is a job that people are trained to do, not raised to do. This job requires a certain eligibility that goes beyond knowing the language. When John experiences interpreting, he feels as though his sense of self has completely been erased from the conversation which can be uncomfortable and frustrating for a child.

The experience of feeling a lack of attention was heard across most interviews, and it became an acknowledgement of their role as a child, and not unique to being a CODA. Kayla captures the normalization and discomfort as "constant interpreting… it feels normal, but it can

get exhausting… and sometimes it feels like that's all people see you as." These narratives reveal interpreting as invisible labor that is cognitively demanding, emotionally taxing, and often developmentally inappropriate. Interpreting is often described as a skill that involves advanced communication abilities and an elevated level of maturity. However, this skill also comes with significant stress, pressure, and exposure to adult or complex content that can be difficult for a child to navigate.

Language, Bilingualism, and Educational Misrecognition

"For complex things… I can't fully express them in ASL… so I mix English and signs" - John

Participants consistently describe navigating between ASL and English, often identifying as bilingual or bicultural. However, for most participants, this bilingualism was unrecognized within educational systems. Participants describe linguistic experiences that are complex and nuanced, often involving multiple languages, informal translation, and context-dependent meaning-making. These experiences do not align neatly with institutional frameworks, which typically assume standardized, formal language use and clear boundaries between languages, roles, and communication contexts. As a result, the participants' lived realities of language use often fall outside or exceed what educational and institutional systems are designed to recognize or support. Abigail emphasizes:

> ASL is my first language. That's what I use to communicate with my family but in school I was always considered English-speaking, and I never got that recognition or support.

Abigail touches on the lack of support in school systems as she was not recognized as ESL or MLL. Having the recognition that she was a MLL could have provided her more support within Language classes or further clarification in English compared to ASL.

Lindsay highlights gaps in cultural and linguistic knowledge through her experiences in post-secondary education.

> I remember getting to college and not knowing certain words… and people were shocked, but I had to explain that my parents are Deaf. They don't hear all those little things in the hearing world… so I missed that exposure.

Lindsay speaks about the experience of feeling left out or behind compared to her classmates. Certain social situations would expose her cultural knowledge or lack thereof, specifically in post-secondary. This would leave Lindsay feeling embarrassed or different.

When being asked if MLL or ESL recognition would have been beneficial, Charlie reflected on an educational struggle tied to language:

> English was not my strong suit… I was in university-level English and had to drop down… realistically, it would have been accurate to have that recognition and support.

Charlie's experience with English was not strong, but he never recognized it as something connected to being a CODA. However, when asked if being a MLL would have helped, Charlie takes the time to reflect that it would have been helpful to have additional support and recognition. These types of support in schools - for any MLL - can help develop clarification for a child.

Further supporting the narrative that ASL and English grammar differ and the lack of institutional support available to young children, Mark highlights linguistic hybridity and limitation, by noting that, "sometimes it's English words with ASL grammar… it was confusing figuring out which rules to follow." These accounts illustrate how CODAs are linguistically positioned outside dominant categories, resulting in misrecognition and lack

of institutional support. Being acknowledged as a MLL could have provided extra support to clarify grammar differences between the languages to support the child in navigating bilingualism.

Systematic Ableism and Institutional Barriers

"The inaccessibility they experience… that's what puts the burden on us" - Betty

Ableism emerged as a pervasive structural force shaping participants' experiences. Rather than being limited to overt discrimination, participants described systemic and institutional barriers that limited accessibility for their parents and shifted responsibility onto them. Participants consistently point to systemic failures that shift responsibility onto CODAs. Abigail recalls, "my school would say, 'can't you just interpret?'… and it's like, that's illegal… interpreting is a job… and it takes away from my experience as a student." Institutions such as the education system rely on the child for convenience rather than honouring the rights of Deaf people to have an interpreter that is qualified through being a member of the Canadian Association of Sign Language Interpreters, a graduate of an accredited interpreter training program, and/or certified.

Lindsay describes similar gaps in medical institutions. "We couldn't find an interpreter fast enough… so I had to step in… even though I was just a teenager." Due to the lack of expeditious access to an interpreter, the responsibility fell onto the child to make up for a gap in the system.

Tristan highlights bureaucratic barriers along with the reality for people who are Deaf who must depend on their child for fulfilling the duty of translating. "You don't have the authority to do this but you're still the one on the phone, or sending emails, trying to figure things out because there's no other option." The frustration of lack of accessibility is felt by the child, not

only the parent. When a Deaf person cannot communicate through a phone call or speak to a worker, it falls on the child to assist with the lack of accessibility. These situations can become even more challenging when institutions do not allow a child to speak for the parent and become impossible for the Deaf parent as they are now stuck. They cannot communicate because of barriers, so they are blocked once again using their only source of communication.

It is critical to acknowledge that the dependency on the children is not a result of parenting, but rather the result of inaccessible or lack of supports, demonstrating ableism and institutional barriers. Betty clarifies, "It's not my parents' fault… it's society not being accessible that forces us into that role." The responsibility of accessibility falls onto the institutions who should be providing proper community support for Deaf people.

Ultimately, these findings underscore the need for systemic change. Addressing the experiences of CODAs requires more than individual awareness; it necessitates institutional accountability, including consistent access to qualified interpreters, improved policy enforcement, and recognition of CODAs as individuals with their own rights rather than as an extension of their parents. Without change, ableist structures will continue to reproduce conditions in which children are required to compensate for systemic failure.

Identity Negotiation and Cultural Liminality

"*I feel like I'm in the middle… not fully part of either*" - Abigail

Participants described a keen sense of existence between Deaf and hearing worlds, often navigating cultural and linguistic liminality, and consistently describing occupying an in-between identity shaped by partial belonging. Charlie articulates this tension clearly, "There's this feeling of having to pick one or the other, but when you do, not everyone is happy… so you try to balance it… but it's difficult because you want your own identity, but you also don't want

to discount your parents' world." Charlie's description aligns strongly with Bhabha's (1994) concept of the "Third Space," where identity is not fixed within one culture or another but is instead produced in an ongoing, hybrid space shaped by negotiation, tension, and meaning making (Bhabha, 1994). In this sense, the "in-between" Charlie articulates is not simply a transitional state between Deaf and hearing worlds, but a site of cultural hybridity where competing expectations and loyalties must be continuously managed. Bhabha (1994) argues that this liminal space disrupts binary thinking (e.g., Deaf/hearing, belonging/exclusion) and instead produces an identity that is fluid but also often marked by ambivalence and pressure. Charlie's need to "pick one or the other" while simultaneously attempting to "balance it" reflects this tension within the Third Space, where belonging is partial and relational rather than complete or stable. Stenner (2017) expands liminality beyond traditional ritual contexts and examines how people experience uncertainty, transition, identity negotiation, and "in-between" states within social and psychological contexts. In Charlie's case, however, the ambiguity is not temporary but enduring, suggesting that CODA identity is sustained within this ongoing liminal condition rather than resolved through integration into a single cultural world.

Tristan reflects on his evolving identity and describes feeling like an imposter in the Deaf community since he is not Deaf himself but has a part within it. "I didn't integrate heavily with the Deaf community because I didn't feel like I fit… but later I realized I am deeply embedded in it… it's part of who I am, even if it's not always visible." In the various interviews, it is common for the participants to feel waves of inclusion in the Deaf community, coupled with exclusion because they feel like they do not belong. They find a sense of self in the Deaf community as they grow in their identities.

These narratives position CODA identity as fluid, negotiated, and often contested across contexts. All eight participants mentioned the challenge of their in-between identities, feeling that they are limited in terms of navigating the different worlds and a lack of belonging because they are not fully immersed in either. Conversely, those around them are either fully in the hearing world or fully in the Deaf world.

Guilt, Shame, and Internalized Ableism

"*You feel torn like you want independence, but you're also thinking, am I betraying my parents?"* - Lindsay

A significant emotional thread across interviews was the presence of guilt and internalized ableism. Emotional conflict emerges as a recurring theme, particularly tied to responsibility and social perception. The discrimination that CODA parents face often occurs verbally, leaving the child to overhear discriminatory and ableist remarks which, leave the child to internalize these messages. Mark, in his response to feeling guilt for internalizing negative perceptions, states that, "as a kid, I thought it was my parents' fault… that they didn't understand… and now I feel horrible for ever thinking that." The social cues of the hearing community and Deaf community differ in many ways that the CODA often feels embarrassed for the parent for not understanding. As Mark grew and matured, he felt guilty for adopting societal deficit views.

Lindsay highlights relational guilt when speaking about moving away because her parents rely on her. As she grows, she wants her own life as well. Lindsay explains, "You feel torn… like you want independence, but you're also thinking, am I betraying my parents?" Throughout the interview, she speaks about feeling needed and relied on and that if her parents needed her, she could not live her own life. This relational guilt is a result of the emotional impact of being a CODA.

Betty describes her guilt as feeling helpless. “You feel guilty because you’re just trying to help… but there’s frustration too.” The internalization of watching her parents struggle made Betty feel frustrated along with guilt. The frustration surfaces when she feels that she is adopting a societal view. The frustration Betty feels, varies across feeling annoyance at her parents, aggravation at her role, and overall disappointment in herself for feeling this way. Feeling frustrated at your parents can seem normal, but the level of frustration over the lack of understanding your parents have in each situation can feel heavy and guilt ridden.

The narratives of Betty, Lindsay, and Mark reveal how emotional responses are shaped by internalized societal attitudes and structural expectations. Having ableist societal structures and discrimination against Deaf people, directly affects CODAs through forcing them to internalize which then takes a toll on their emotional impact and leads to guilt.

Secondary and Intergenerational Trauma

“*There’s a lot of very terrible traumatic things I had to learn of at a very young age”* - Abigail

Participants described experiencing trauma indirectly through their parents’ experiences of oppression, marginalization, and exclusion. Participants describe trauma as both inherited and experienced through proximity. Five of the participants shared that one of their parents had been through traumatic events that affected the participant through interpreting to either a police officer, therapist, or doctor. These situations not only put the child in an inappropriate position but also placed them in a nonvoluntary position because these situations needed an interpreter and if one is not available, they must fill in as the only available interpreter. A key point to note is that children are not qualified to interpret because interpretation is a legitimate job that requires specific academic qualifications. It is also important to note that deaf individuals (especially deaf children) are more vulnerable to all types of abuse (Humphries et al., 2018).

Lindsay describes secondary exposure when interpreting for a therapist appointment for her mom that did not have an interpreter booked. “He was asking about her trauma… and I had to interpret it… hearing that as her daughter was really hard.” The impact of Lindsay’s parents' trauma had now seeped into her experiences as she learned things that no child should be exposed to. Consequently, Lindsay felt the traumatic experience as well.

Abigail situates a similar experience with secondary trauma within broader patterns. “There’s a lot of traumas… especially for Deaf women… and I had to learn about that very young.” The topic of trauma and sexual abuse towards Deaf women was a pattern that came through in three different interviews. Each participant described several ways they had to support their parents. For John, it was contacting the police department; for Lindsay it was interpreting a therapist appointment and doctors' appointments; and for Abigail it was a personal conversation. Each of these accounts reveals trauma as relationally transmitted through communication roles. The five participants were experiencing vicarious trauma through their parents' experiences, therefore demonstrating secondary trauma, and living with the impacts of the trauma that their parents endured.

Social Difference and Educational Isolation

“*I shied away from using ASL because classmates made negative comments*” - Lindsay

Participants consistently described feeling different within educational environments. This difference was often subtle but persistent, contributing to feelings of isolation. Experiences of exclusion are particularly evident in schooling. The participants’ schooling experience often left them feeling different and isolated. Abigail recalls, “I had friends who didn’t want to sleep over because they were uncomfortable… I was bullied a lot… and people didn’t think I could tell my parents.” The perception of other students impacted Abigail, who felt different and alone in her

experience. Consequently, she was picked on for having Deaf parents, emphasizing her experience as different in social and cultural contexts.

Lindsay's comments reflect the early stigma of using ASL in mainstream educational settings. She explains, "I shied away from using ASL because classmates made negative comments." Having classmates who made negative comments contributed to her feeling different from others and positioned Lindsay's experience as uncommon. This social response not only discouraged her from using ASL openly but also reinforced a sense of isolation within the classroom environment, where her language and identity were implicitly marked as "different" or outside the norm.

The experiences of Lindsay and Abigail highlight how CODAs are positioned as socially different within mainstream education environments. The lack of representation of CODA lives influences the community to see Deaf families and CODAs as different, isolating the families. Both Lindsay and Abigail touch on how these negative comments hurt them and made them feel alone and alienated.

Emotional Impact, Coping, and Resilience

"It does get exhausting... but... you love your parents and you'll do anything for them" - Charlie

Despite the challenges described, participants demonstrated significant resilience and adaptive capacity. The results of interpreting and constantly translating, CODAs grew into a maturity quicker than other children, giving them a sense of understanding and compassion. When asked how being a CODA has helped them or given them strength, each of the eight participants mentioned having empathy. This theme was the most notable because each CODA took their unique experience and turned it into something positive and normalized the idea of being relied on because of their love for their parents, hence accepting their role.

Lindsay's reflection, "As I've gotten older, I've really learned to love and embrace this part of myself and appreciate the language and culture," can also be interpreted through Stuart Shanker's Self-Reg framework, particularly in relation to stress recognition, recovery, and the development of greater self-awareness over time (Shanker, 2016). From a Self-Reg perspective, Lindsay's earlier experiences of guilt and internalized ableism can be understood as indicators of chronic social and emotional stressors linked to navigating conflicting Deaf and hearing cultural expectations. These stressors often contribute to heightened arousal states that can shape how individuals interpret identity, belonging, and self-worth. Her later shift toward acceptance suggests a process of "reframing," one of the five steps of Self-Reg, where the meaning of stressors is reinterpreted to reduce their emotional charge and support more adaptive self-understanding. In this sense, Lindsay's growing pride in Deaf culture and ASL reflects not only identity development but also improved self-regulation capacity, as she is able to recognize past stress responses and transform them into a more integrated and affirming sense of self. This aligns with Shanker's view that well-being is supported through awareness of stress patterns and the gradual development of strategies that promote restoration and resilience within complex social environments.

Abigail's and John's narratives can also be understood through Stuart Shanker's Self-Reg framework, particularly in relation to how supportive relationships and meaning-making processes reduce stress load and strengthen adaptive capacity (Shanker, 2016). Abigail's statement, "My friends learning sign language for my parents… that meant the world to me," reflects the importance of co-regulation through social connection. Within Self-Reg, supportive relationships act as key external regulators that help reduce stress arousal and promote emotional recovery. Her friends' willingness to learn ASL not only affirms her family context but also

reduces the social and emotional strain often associated with navigating Deaf-hearing boundaries, allowing her to experience greater ease in identity acceptance and pride.

Similarly, John's reflection, "it helped me develop radical empathy," can be interpreted as evidence of enhanced self-regulation through reframing and perspective-taking. In Self-Reg terms, this shift reflects the development of stronger cognitive and emotional control systems, where lived experience is reinterpreted in ways that transform stress into growth-oriented meaning. His articulation of "radical empathy" suggests an expanded capacity to read social cues, regulate interpersonal interactions, and engage in perspective-taking—skills that emerge when individuals successfully navigate and manage complex social stressors over time. Together, these narratives complicate deficit-based frameworks by showing how CODAs actively develop self-regulatory strengths through lived experience. Rather than positioning CODAs as burdened by their roles, the data demonstrate adaptive capacities such as advanced communication, mediation, empathy, and cultural flexibility. From a Self-Reg perspective, these are not incidental traits, but emerging regulatory competencies shaped through repeated cycles of stress exposure, co-regulation within relationships, and reframing of lived experience into meaning, identity coherence, and resilience (Shanker, 2016).

Advice for CODAs

The final question during my interview focused on what the participants would share with younger CODAs or to themselves when they were children. The responses demonstrated deep reflection and resilience as well as healing for the participants. The responses were added in Table 6.

Table 6

Advice for CODAs

Participant	Advice
Abigail	"Set boundaries for yourself... recognize that you're a kid; you deserve to have experiences that a child should have. you should not be worrying about what your friends think about your parents" "If you have people around you that make you feel embarrassed about where you come from, those are probably not people you want around you anyways. Things get better... you will eventually find your people. Everything will be okay. Just push through"
Lindsay	"Embrace your identity but also make time for yourself. Find that healthy balance, because if you do not, then it'll consume you"
Kayla	"Relax... just relax. I would say not to worry so much. It's okay if you can't meet that expectation if you're not mentally or physically there"
Tristan	"Just be you, kid. You're going to figure it out" "Your problems are pretty real, it's okay. And it does suck, and you can acknowledge that. It's okay to not want to take care of these people, even if these people are your parents. It's okay to not be happy when your parents aren't willing to learn"
Mark	"Not everything is because they're Deaf. These are normal experiences. You can talk to people about that and see what's normal, see what's not"
Charlie	"It's okay to share your feelings and to connect with other CODAs. I think that's something that I regret... not having connected enough with other CODAs. It makes you feel more seen, understood, and relatable to people that may be experiencing the same experiences that you're going through"
Betty	"Take it easy on yourself. You're not responsible for the reactions or the emotions of others. As long as you try your best, that's good enough. And at the end of the day, put yourself first in some of those regards, and express yourself in those ways, so, you know, you don't have those conflicts with your parents, or you can come to an understanding. Not being fearful, because you have hearing and they don't or you have communication and they don't"

Summary of Findings

The themes presented in this chapter serve to answer the underlying research questions: *1) How do ableist societal structures, such as the education system, affect the identity development and lived experiences of Children of Deaf Adults (CODAs), 2) In what ways might these structures contribute to hardship or resilience within this population? How can these systems better recognize and support CODAs?* And 3*) How do Children of Deaf Adults (CODAs) navigate their roles as cultural and linguistic mediators within an ableist society?* Table 7 summarizes the themes and sub-themes that emerged, with the participants they correlated with.

Table 7

Emergent Themes and Sub-Themes

Theme	Sub-Theme	Code	Description	Participants
Parentification	Instrumental	Interpreting Responsibility	Acting as an interpreter in daily/adult contexts	All
Parentification	Emotional	Emotional Support Role	Supporting parents emotionally/ mediating conflict	Kayla, John, Betty, Abigail
Interpreting	Skill	Communication Development	Advanced communication and maturity	Charlie, Mark, Tristan
Interpreting	Burden	Emotional Labour	Stress, pressure, exposure to adult content	Kayla, John, Tristan
Language	Bilingualism	ASL-English Navigation	Managing two languages and grammars	All
Language	Educational Gap	Misrecognition	Lack of ELL/MLL identification or support	Mark, Abigail, Lindsay
Ableism	Structural	Systemic Barriers	Institutional inaccessibility (phones, services)	Charlie, Tristan, John

Ableism	Social	Misconceptions	Stereotypes about Deaf individuals	Mark, Betty, Kayla
Identity	Liminality	In-Between Identity	Navigating Deaf and hearing worlds	All
Identity	Cultural Influence	Deaf Cultural Norms	Impact of ASL/culture on behaviour	John, Charlie
Emotional Impact	Internalization	Internalized Ableism	Adopting societal deficit views	John, Charlie, Mark
Trauma	Secondary	Vicarious Trauma	Impact of parents' trauma	John, Tristan, Lindsay, Abigail
Social Experience	Schooling	Isolation/ Difference	Feeling different in school	Mark, Kayla, Abigail, Lindsay
Resilience	Strengths	Adaptive Skills	Empathy, advocacy, flexibility	All

The findings illustrate that CODA experiences within educational contexts are shaped by the intersection of parentification, systemic ableism, linguistic marginalization, and identity negotiation. While participants often normalized their experiences, deeper analysis shows patterns of emotional strain and structural inequity.

In addition, the data shifts the focus away from Deaf parents as the source of difficulty and instead highlights how institutional failures and societal ableism produce conditions that place disproportionate responsibility on CODAs.

At the same time, participants' narratives demonstrate significant resilience, emphasizing the importance of recognizing CODAs' strengths alongside their challenges. Table 8 is a conceptual model of the CODA experience within ableist systems. The model represents the

stages of systematic ableism and how they impact CODAs, resulting in mixed emotions between the outcome and adaptations.

Table 8

Conceptual Model of CODA Experiences Within Ableist Systems

	Stage	Description
1	Structural Context	Systemic ableism (education, healthcare, institutions)
2	Immediate Impact	Inaccessibility for Deaf parents
3	Role Shift	Transfer of responsibility to CODAs
4	Mediating Roles	Parentification, interpreting, linguistic mediation, institutional navigation
5	Outcomes	Guilt, shame, trauma; liminal identity; social isolation
6	Adaptation	Resilience, empathy, advocacy, bilingual skills

Overall, the findings reveal that the experiences of CODAs are not shaped solely by their relationships with Deaf parents, but by the broader ableist structures that influence how Deafness is understood and accommodated within society. The themes identified in this study demonstrate that CODAs often assume significant linguistic, cultural, and emotional responsibilities because of systemic barriers rather than family circumstances alone. At the same time, participants' stories highlight the development of resilience, empathy, advocacy, and strong bilingual and bicultural competencies. Together, these findings provide a foundation for the thematic analysis that follows, illustrating both the challenges and strengths that characterize the lived experiences of CODAs within ableist systems.

CHAPTER FIVE: DISCUSSION

This chapter contextualizes the findings of this study within the existing literature and the theoretical frameworks of Critical Disability Theory (CDT) and Stuart Shanker's Self-Regulation Framework to address the following research questions: *1) How do ableist societal structures, such as the education system, affect the identity development and lived experiences of Children of Deaf Adults (CODAs)?, 2) In what ways might these structures contribute to hardship or resilience within this population? 3) How can these systems better recognize and support CODAs?* and 4*) How do Children of Deaf Adults (CODAs) navigate their roles as cultural and linguistic mediators within an ableist society?*

This study examined how Children of Deaf Adults (CODAs) experience trauma through ableist societies in both educational and personal contexts. Through semi-structured interviews and a demographic questionnaire, the research critically explores the indirect and direct effects of ableism on CODAs and reveals the emotional, linguistic, and identity-based consequences of growing up as hearing children of Deaf parents. The findings reveal that CODAs often experience parentification, emotional labour, educational misrecognition, cultural liminality, and secondary trauma as a direct result of inaccessible and ableist systems. At the same time, participants demonstrated significant resilience, empathy, advocacy, and adaptive strength. Importantly, the findings shift responsibility away from Deaf parents and instead locate the burden within institutions and societal structures that fail to provide accessibility and equity.

This chapter begins with a discussion of the major findings and how they relate to literature and theoretical frameworks. It then explores the implications for educational practice, policy, and mental health support, followed by recommendations for future research.

Major Research Findings

The in-depth, semi-structured interviews with the eight CODAs revealed narratives that reflected similar concerns and outcomes. Nine themes that emerged from my analysis of participants' reflection about their experiences as a CODA. The themes are shown in Table 9.

Table 9

Emerging Themes

Theme #	Theme Description
Theme 1	Parentification and early responsibility
Theme 2	Interpreting as both skill and burden
Theme 3	Language, bilingualism, and educational misrecognition
Theme 4	Systematic ableism and institutional barriers
Theme 5	Identity negotiation and cultural liminality
Theme 6	Guilt, shame, and internalized ableism
Theme 7	Secondary and intergenerational trauma
Theme 8	Social differences and educational isolation
Theme 9	Emotional impact, coping, and resilience

Separately and together, they represent the major findings that help to answer the research questions. In this chapter, I focus on major findings through my theoretical frameworks of s*elf-regulation,* and the second, c*ritical disability theory.* Each of these major findings is discussed independently in this section, where I connect the participants' experiences with the research literature.

Using Self-Regulation

Drawing on Stuart Shanker's Self-Regulation Framework, this study demonstrates that the Self-Reg cycle offers a critical and multidimensional lens through which to interpret the lived experiences of CODAs, particularly in relation to chronic stress shaped by systemic ableism. Participants' narratives reveal a clear alignment with the recursive processes of the five R's—recognizing, reflecting, reducing, restoring, and reframing—illustrating how self-regulation is

not merely an individual capacity but one deeply embedded within sociocultural and structural contexts.

At the level of recognizing stressors, participants identified persistent stress rooted in ableist societal norms that position Deaf individuals, and by extension, their hearing children, within communicative and institutional inequities. These stressors ranged from routine public interactions, such as mediating communication in commercial spaces, to more complex and ethically inappropriate situations, including interpreting within medical, legal, and therapeutic settings. These experiences reflect the early internalization of responsibility, where CODAs are positioned as linguistic and cultural brokers because institutional support is absent. This finding strongly aligns with previous literature on parentification and role reversal (Beam, 2023; Buchino, 1990; Pollard & Rendon, 1999). Participants did not describe these responsibilities as isolated events but rather as normalized expectations within childhood. The expectation that hearing children will bridge communication barriers for Deaf adults can also be understood as a manifestation of audism and ableism, whereby responsibility for accessibility is shifted away from institutions and onto families (Ballenger, 2013; Christiansen & Nixon 1993; Eisenmenger, 2021).

Through reflection, participants who are now adults critically examined the long-term effects of these responsibilities on their identity formation, emotional regulation, and interpersonal relationships. Reflection revealed that much of their childhood labour had been invisible and unacknowledged. Many participants described realizing later in life that what felt "normal" was inappropriate developmentally, which aligns with Shanker's emphasis that awareness of stress patterns is necessary before meaningful regulation can occur (Shanker, 2021). These reflections also parallel findings from research on adult CODA identity

development, which suggest that many CODAs only recognize the complexity of their childhood experiences retrospectively, after gaining distance from their family roles (Miliken, 2024; Tripp, 2023). Similarly, Searls (2019) found that family dynamics and social perceptions significantly influence CODAs' self-concept and identity formation across their lives.

The process of reducing stressors emerged as participants described actively resisting or renegotiating these roles in adulthood. Strategies such as using written communication, technology, text messaging, video relay services, and boundary-setting represented attempts to redistribute communicative responsibility away from the child and back toward institutions. These strategies functioned not only as practical solutions but as forms of self-advocacy and resistance against normalized parentification. Such efforts align with broader disability rights frameworks that emphasize accessibility as a societal responsibility rather than an individual burden (United Nations, 2006; Ontario, 1990). They also reflect principles of equity and inclusion that call for systemic accommodations to remove barriers rather than expecting marginalized individuals or families to compensate for inaccessible environments (Ontario Ministry of Education, 2013).

Restoration was evident in participants' use of storytelling and reflection as healing forms. The interview process itself created space for participants to process emotions, validate shared experiences, and reconstruct meaning. Several participants described never having spoken about these experiences before, suggesting that narrative reflection can support the development of agency and personal meaning. This finding is consistent with research on narrative identity, which suggests that individuals construct stories about their lives to create coherence, purpose, and a stronger sense of self (Adler, 2012). Participants' reflections also resonate with principles found in Internal Family Systems theory, which views healing as emerging through increased

awareness, self-understanding, and compassionate reflection on past experiences (IFS Institute, n.d.). The restorative nature of sharing experiences with others who hold similar identities has also been identified within CODA-specific community programming and support networks (KODAWest, n.d.; Signing Families Corner, n.d.).

Finally, reframing enabled participants to reconstruct their experiences beyond deficit-based perspectives. Rather than defining themselves solely through burden, participants emphasized the development of empathy, resilience, intercultural competence, bilingual communication skills, and strong advocacy abilities. This finding aligns with literature highlighting the unique strengths that emerge from growing up within Deaf-hearing families, including advanced social awareness, perspective-taking, and early bicultural competence (Orlansky & Bonvillian, 1985; Tripp, 2023). However, this reframing must be approached critically. While resilience is significant, it should not romanticize hardship or obscure the structural violence that made such resilience necessary. Critical disability theorists argue that narratives of resilience can unintentionally shift attention away from the societal barriers and ableist systems that produce inequitable conditions in the first place (Hosking, 2008). Therefore, participants' strengths should be understood not as justification for the challenges they faced, but as evidence of their capacity to navigate and resist those challenges.

Collectively, the Self-Reg framework reveals that CODA stress cannot be understood solely as an individual coping issue. Instead, systemic ableism produces the conditions that require ongoing self-regulation. This finding supports broader disability studies scholarship demonstrating that many stressors experienced by marginalized groups originate from environmental and institutional barriers rather than personal deficits (Hosking, 2008; Ballenger, 2013). Consequently, educational, and institutional reform must focus not only on helping

CODAs cope, but also on removing the external stressors that create chronic dysregulation in the first place. Such reforms are consistent with disability rights frameworks, including the Convention on the Rights of Persons with Disabilities (United Nations, 2006), the Canadian Charter of Rights and Freedoms (Government of Canada, n.d.), and Ontario's Human Rights Code (Ontario, 1990), all of which emphasize equitable access, inclusion, and the removal of systemic barriers.

Figure 1

Self-Reg Cycle for CODAs

Critical Disability Theory (CDT)

Critical Disability Theory provides an essential structural lens for understanding the findings of this study because it shifts attention away from individual families and toward the social systems that create disadvantages. Rather than locating difficulty within Deafness itself or within Deaf parenting, CDT positions disability as a product of institutional failure, inaccessible environments, and ableist assumptions (Hosking, 2008). This perspective challenges dominant deficit-based narratives that have historically framed Deaf individuals as lacking rather than recognizing the social barriers that restrict participation and access (Christiansen & Nixon, 1993). The distinction of disability as a product of institutional failure, inaccessible environments, and ableist assumptions is particularly significant for CODAs, whose experiences are often misunderstood through assumptions that frame their responsibilities as family issues rather than systemic consequences.

Participants consistently emphasized that the burden they experienced was not caused by their parents being Deaf, but by society failing to provide equal access. For example, schools asking children to interpret during parent-teacher interviews, hospitals failing to secure interpreters, and businesses relying on children to mediate communication all reflect institutional ableism rather than individual family dysfunction. Similar patterns have been identified throughout the CODA literature, where hearing children often become default interpreters because professional accommodations are unavailable or underutilized (Buchino, 1990; Pollard & Rendon, 1999; Beam, 2023; Dutta, 2023). These findings strongly support CDT's assertion that disability is socially constructed through exclusionary systems rather than inherent impairments.

Participants' experiences of interpreting reveal how institutions redistribute responsibility to children rather than fulfilling legal and ethical obligations. This is particularly visible in healthcare and education, where accessibility should be protected through human rights legislation and disability policy but is often inconsistently implemented. The findings therefore illustrate a gap between policy and practice. Frameworks such as the Canadian Charter of Rights and Freedoms (Government of Canada, n.d.), Ontario's Human Rights Code (Ontario, 1990), and the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) establish accessibility as a fundamental right, yet participants' experiences suggest that Deaf families continue to encounter barriers that transfer responsibility onto children. CODAs are therefore positioned as informal accessibility tools rather than children with their own developmental needs.

CDT also helps explain the emotional consequences of internalized ableism. Several participants described childhood embarrassment, guilt, or frustration toward their parents before later recognizing that these feelings were shaped by societal attitudes toward Deafness. This reflects how ableist ideologies are internalized not only by disabled individuals but also by family members navigating those same systems (Eisenmenger, 2021). Participants' reflections parallel findings from adult CODA research demonstrating that many individuals revisit childhood experiences and reinterpret them through a more critical understanding of disability, oppression, and identity (Milliken, 2024; Tripp, 2023). These experiences further support CDT's argument that oppression often becomes normalized because dominant social values position disability as a problem to be managed rather than a form of human diversity.

The findings, viewed through the lens of CDT, reveal that the social disadvantages experienced by Deaf parents directly shape the development of their hearing children. CODAs

inherit the consequences of systemic exclusion through parentification, emotional labour, advocacy, and cultural mediation. Their lived experiences are therefore not separate from disability discourse but deeply connected to it. This conclusion is supported by Singleton and Tittle (2000), who argue that hearing children of Deaf adults develop within unique linguistic and cultural environments that are profoundly shaped by the accessibility barriers their families encounter. Similarly, Burge's (2018) work on CODA identity highlights how identity formation emerges through continual negotiation between Deaf and hearing worlds.

Applying CDT to this study challenges educational systems to move beyond accommodation toward structural accountability. CODAs should not be positioned as solutions to institutional inaccessibility. Instead, schools, healthcare systems, and public services must recognize accessibility as their responsibility. This expectation is consistent with Ontario's equity and inclusive education policies, which emphasize systemic responsibility for removing barriers and promoting equitable participation (Ontario Ministry of Education, 2013). CDT therefore reframes CODA experiences, not as private family struggles but as evidence of broader systemic failure. This perspective is essential for disrupting deficit narratives and advocating meaningful institutional change.

Through the interview process, an important pattern that emerged was the normalization of responsibility among CODAs. Many participants spoke about interpreting, advocating, and managing adult responsibilities as though these experiences were simply a normal part of childhood rather than exceptional or inappropriate burdens. Tasks such as attending medical appointments to interpret, making phone calls, handling school communication, and mediating emotionally difficult conversations were often described without immediate recognition of how developmentally inappropriate these roles were. It was only through deeper reflection during the

interviews that many participants began to identify these experiences as forms of parentification and emotional labour. Similar findings have been documented by Buchino (1990), Pollard and Rendon (1999), and Milliken (2024), all of whom describe the tendency for CODAs to normalize adult responsibilities because such expectations are embedded within everyday family interactions.

This normalization is significant because it demonstrates how systemic ableism becomes internalized within family life. When institutions repeatedly fail to provide accessible communication for Deaf parents, children begin to accept responsibility as an expected part of their identity rather than as a symptom of structural failure. Several participants described realizing only in adulthood that their childhood experiences were not typical of their hearing peers. What had once been understood as simply "helping" their parents was later recognized as a form of invisible labour shaped by inaccessible systems. Tripp (2023) similarly found that adult CODAs often reinterpret childhood experiences through a more critical lens, recognizing patterns of responsibility that were previously normalized.

Participants' accounts of schools failing to recognize ASL-English bilingualism, provide appropriate support, or understand Deaf family experiences reflect this broader critique of institutional inclusion. Research has demonstrated that hearing children of Deaf adults often develop bilingual competencies that differ from traditional conceptions of language learning, yet these skills are frequently overlooked within educational settings (Orlansky & Bonvillian, 1985; Singleton & Tittle, 2000). From a Critical Disability Theory perspective, these findings demonstrate how systems often maintain hearing-centered norms while shifting the burden of accessibility onto Deaf families and their children. The failure to recognize ASL-English bilingualism may also contribute to broader misunderstandings of language development,

particularly given educational systems' tendency to misinterpret linguistic differences through deficit-oriented frameworks (Cevheroglu, 2023).

Normalization of added responsibility is further understood within the combined frameworks of Critical Disability Theory and Shanker's Self-Regulation Framework. From a CDT perspective, the normalization of responsibility reflects how ableist structures shift institutional obligations onto children while making that burden appear natural. From a Self-Regulation perspective, chronic exposure to responsibility creates ongoing stress that often goes unrecognized because the child has adapted to functioning within it (Shanker, 2021). The fact that many participants initially minimized these experiences demonstrates how deeply embedded this normalization becomes. Research on self-concept among hearing children of Deaf parents similarly suggests that identity development is shaped by the ongoing negotiation of family expectations, social perceptions, and responsibility (Searls, 2019). Collectively, these findings highlight the importance of creating spaces where CODAs can critically reflect on their lived experiences and recognize that many of the challenges, they faced originated not from their families, but from systemic barriers embedded within society.

Discussion of Themes

Parentification and Early Responsibility

One of the prevalent findings across all interviews was the normalization of parentification. Participants described both instrumental parentification—such as interpreting, making appointments, and navigating adult systems—and emotional parentification, such as protecting parents emotionally or managing family stress. Parentification supports existing literature on role reversal in CODA families (Searls, 2019; Dutta, 2023). However, participants made it clear that this responsibility was not caused by parental neglect but by inaccessible

systems that required children to compensate for institutional failure. Unlike traditional discussions of parentification, CODA parentification is often socially invisible because it is framed as "helping" rather than burden. This invisibility makes it particularly difficult to challenge. Participants often only recognized the developmental impact of these experiences in adulthood.

Interpreting as Both Skill and Burden

Interpreting emerged as both a source of strength and a source of emotional exhaustion. Participants described advanced communication skills, empathy, and maturity developed through interpreting, while simultaneously describing stress, pressure, and inappropriate exposure to adult conversations. Preston (1994) supports the finding on language brokering and emotional labour (Preston, 1994). Interpreting was not experienced as optional but as a duty. Particularly significant were examples involving therapy appointments, medical appointments, and legal situations where children were exposed to trauma and adult content.

Interpreting in CODA contexts should not be romanticized as simply a bilingual skill or evidence of advanced communicative competence; nor should it be framed solely as a burden. Rather, research positions it as a dual experience of skill and burden, where linguistic ability is inseparable from the social, emotional, and ethical conditions under which it is developed. Preston (1994) illustrates how CODAs often acquire interpreting skills organically through immersion in Deaf-hearing family life, becoming highly proficient mediators at an early age. However, this skill development is embedded within necessity rather than choice, as CODAs frequently interpret in everyday and institutional contexts due to systemic communication barriers rather than formal training or role assignment. At the same time, the literature emphasizes that this skill carries significant emotional and ethical burden. Singleton and Tittle

(2000) note that CODAs often occupy intermediary roles in school, medical, and community settings, where they must navigate adult-level information, authority structures, and relational expectations.

Language, Bilingualism, and Educational Misrecognition

Participants consistently described ASL as central to their upbringing, yet schools rarely recognized them as bilingual learners. Instead, many were treated as monolingual English-speaking students, resulting in linguistic misunderstanding and educational disadvantage.

The literature on the misidentification of CODAs as students with language deficits rather than as multilingual learners emphasizes this finding (Singleton & Tittle, 2000; Cevheroglu, 2023). Several participants reflected that being recognized as MLL students would have provided meaningful academic support through explicit instruction in English grammar, vocabulary development, and opportunities for small-group learning. As a result, CODAs may be assumed to be fully proficient in English because of their exposure to hearing environments, even when their language development is shaped through simultaneous bilingual exposure, ASL mediation, and interpreting responsibilities within the home.

Research on hearing children of Deaf adults has consistently demonstrated that CODAs often acquire language in ways that differ from monolingual hearing peers. Orlansky and Bonvillian (1985) found that hearing children of Deaf parents frequently develop sign language as an early language and demonstrate unique bilingual language trajectories as they navigate both signed and spoken language environments. Similarly, Singleton and Tittle (2000) argue that CODAs occupy a distinct linguistic position because they are simultaneously immersed in Deaf and hearing cultural contexts, requiring ongoing movement between languages and

communication modalities. These experiences challenge traditional educational assumptions that conceptualize bilingualism exclusively through spoken language acquisition.

Participants' reflections further suggest that educational systems often fail to recognize ASL as a legitimate language when considering language-learning support. This invisibility reflects broader patterns of linguistic marginalization in which signed languages are excluded from dominant understandings of bilingualism and multilingualism. Consequently, ASL-English bilingual students may not qualify for supports commonly available to students who speak languages other than English at home, despite experiencing many of the same linguistic transitions and academic challenges. Such findings align with broader scholarship in multilingual education that critiques deficit-oriented and standardized identification practices for failing to recognize diverse language-learning pathways (Cevheroglu, 2023).

The findings also reflect broader issues of educational equity and inclusion. Ontario's commitment to equitable and inclusive education emphasizes the importance of recognizing and responding to diverse learner identities and experiences (Ontario Ministry of Education, 2013). Yet participants described educational experiences in which their bilingual identities remained unrecognized. The absence of recognition for ASL-English bilingualism may inadvertently reinforce hearing-centered norms that position spoken languages as legitimate forms of multilingualism while overlooking signed language competencies. From a Critical Disability Theory perspective, this reflects the broader privileging of hearing culture within educational institutions and demonstrates how systems can marginalize Deaf-related linguistic identities even when inclusion policies exist (Hosking, 2008).

Participants' desire for MLL identification was not solely about accessing academic support but also about receiving validation for their linguistic experiences. Several participants

described the feeling that their unique language backgrounds were misunderstood or ignored throughout their schooling. Similar findings emerged in Milliken's (2024) study of adult CODAs, where participants described educational systems as lacking awareness of Deaf-hearing family dynamics and the linguistic realities of growing up between Deaf and hearing worlds. Tripp (2023) likewise found that many CODAs viewed their bilingual and bicultural identities as central aspects of their development, yet these identities were often unrecognized within formal educational contexts.

Additionally, language cannot be separated from identity development. Research has demonstrated that CODAs frequently develop strong bicultural identities rooted in both Deaf and hearing communities (Burge; Singleton & Tittle, 2000). When schools fail to acknowledge ASL-English bilingualism, they may inadvertently overlook a vital component of students' cultural and linguistic identities. Recognition of CODAs as multilingual learners would therefore provide more than instructional support; it would affirm the legitimacy of Deaf culture, signed languages, and the unique linguistic experiences of children raised within Deaf families.

Consequently, participants' desire for MLL identification reflects not only a need for academic assistance but also a call for educational systems to better recognize ASL-English bilingualism as a legitimate and distinct linguistic profile. Responsive educational practices should move beyond monolingual assumptions and acknowledge that bilingualism can occur across modalities, including signed and spoken languages. Such recognition aligns with inclusive education principles that emphasize valuing diverse forms of communication, identity, and language development rather than assimilating students into dominant linguistic norms (Ontario Ministry of Education, 2013). By recognizing ASL-English bilingualism within multilingual

learner frameworks, schools may be better positioned to provide equitable support while validating the linguistic and cultural identities of CODA students.

Participants' descriptions of navigating ASL and English across home, school, and community settings also resonate with Jones et al.'s (2023) discussion of translanguaging (using your entire linguistic repertoire) within Deaf-hearing families. Jones and colleagues argue that communication in Deaf families often involves the dynamic movement between languages, modalities, and communicative practices rather than adherence to a single linguistic system. This perspective challenges monolingual assumptions embedded within educational systems and further supports participants' assertions that their ASL-English bilingualism was frequently overlooked or misunderstood. Recognizing CODAs through a translanguaging lens highlights the complexity of their linguistic repertoires and strengthens the argument that educational systems must move beyond traditional definitions of bilingualism.

Identity Negotiation and Cultural Liminality

Participants consistently described existing “in-between” the Deaf and hearing worlds. They often felt not fully part of either community and struggled with belonging, legitimacy, and cultural identity. This finding strongly aligns with literature on bicultural liminality, which describes how individuals navigating two cultural and linguistic worlds often experience ongoing in-between identities shaped by partial belonging and shifting cultural expectations (Christiansen & Nixon, 1993). CODA identity is not fixed but fluid, negotiated, and context dependent. Importantly, participants often described identity development as improving with age. Maturity allowed them to move from confusion and guilt toward pride and acceptance of their bicultural identity.

The experiences described by participants also resonate with Jones and colleagues' (2023) reference to the *dinner table experience*. Originally used to describe Deaf and disabled individuals who sit physically present within family conversations while remaining excluded from meaningful participation, the concept captures the emotional consequences of existing at the margins of communication (Jones et al., 2023). Although the participants in this study were hearing, many described a parallel experience of occupying a parallel position where they were linguistically included but socially and emotionally isolated. As children, they often communicated between Deaf and hearing worlds yet often had limited opportunities to process their own experiences or have their needs recognized. Participants' descriptions of existing between Deaf and hearing worlds reflect what Jones and colleagues describe as feeling "loved yet disconnected" within the dinner table experience. The dinner table experience therefore extends beyond communication access alone and highlights broader issues of belonging, visibility, and participation. Through the lens of The Critical Disability Theory, this finding illustrates how ableist social structures create forms of exclusion that affect not only Deaf individuals but also their hearing children. Participants' narratives suggest that CODAs often navigate a paradoxical position of being simultaneously central to communication and peripheral to recognition, reinforcing feelings of liminality and social difference. This sense of partial belonging reflects the ongoing negotiation of identity that characterizes many bicultural and bilingual experiences.

Guilt, Shame, and Internalized Ableism

Feelings of guilt and internalized ableism were also common across interviews. Participants described childhood experiences of embarrassment, frustration, and shame that were closely tied to broader societal attitudes that position Deafness as a deficit rather than a linguistic

and cultural difference, which aligns with Deaf studies scholarship that critiques how audism and hearing-centered norms shape early identity formation for Deaf community members and their families (Lane, 1992; Bauman, 2004). These dynamics for CODAs are often experienced indirectly but powerfully, as they absorb societal messaging about Deafness through school environments, peer interactions, and institutional settings.

Later reflections in the interviews revealed a shift toward recognizing and critiquing these internalized assumptions, with participants expressing guilt for having once adopted ableist beliefs. This transformation illustrates how ableism operates not only as an external structure but also as an internalized and affective process that shapes self-understanding over time. This finding is consistent with disability studies literature on internalized ableism, which emphasizes how marginalized groups may initially reproduce dominant narratives before later reinterpreting their experiences through critical awareness and cultural pride (Campbell, 2009; Kafer, 2013). In CODA contexts, this process is particularly complex because identity development is shaped through simultaneous affiliation with Deaf and hearing worlds, where conflicting value systems can intensify emotional dissonance.

Importantly, this internalization is not an individual failure but a relational and structural phenomenon. CDT argues that ableist attitudes are produced through social systems that privilege being hearing while marginalizing Deaf ways of being (Hosking, 2008). CODAs do not simply witness discrimination—they often absorb and negotiate societal attitudes toward Deafness within their family, educational, and social environments (Christiansen & Nixon, 1993; Ballenger, 2013). Consistent with previous research, participants described early feelings of embarrassment, guilt, or difference that were later recognized as products of societal stigma rather than Deafness itself (Searls, 2019; Milliken, 2024). Over time, many participants reframed

these experiences through greater appreciation of Deaf culture and ASL, reflecting findings that CODA identity development often involves moving from internalized ableism toward bicultural pride and critical consciousness (Singleton & Tittle, 2000; Tripp, 2023). This shift has important implications for identity development and mental health, highlighting how cultural validation, language access, and community connection can support more integrated and resilient self-concepts.

Secondary and Intergenerational Trauma

Participants described being exposed to emotionally intense and traumatic conversations in healthcare, legal, and therapeutic settings at an early age, often while serving as interpreters for their Deaf parents. These findings align with research suggesting that children who are placed in caregiving, advocacy, or mediating roles are frequently exposed to adult emotional burdens before they are developmentally prepared to process them (Beam, 2023; Buchino, 1990; Pollard & Rendon, 1999). The findings further support literature on emotional parentification, which suggests that children who assume adult responsibilities often carry psychological burdens that extend beyond their developmental capacity (Milliken, 2024).

Furthermore, these findings connect closely to literature on vicarious trauma, explaining how individuals can experience emotional and psychological distress through repeated exposure to the traumatic experiences of others. Although vicarious trauma is most examined within helping professions, participants' narratives suggest that similar processes may occur within CODA family systems. Participants were not passive observers but active communicative intermediaries, translating conversations involving abuse, medical diagnoses, discrimination, legal matters, and family crises. Their emotional proximity to these experiences often required them to absorb distress while simultaneously managing the emotional needs of their parents. This

pattern is consistent with trauma literature emphasizing that repeated exposure to others' suffering can have lasting psychological consequences, particularly when individuals lack appropriate support or opportunities for processing those experiences (Paivio & Pascual-Leone, 2023).

The theories of relational and intergenerational trauma transmission argue that trauma can be communicated through family relationships, emotional roles, and chronic exposure to stress rather than solely through direct victimization (Keaney et al., 2024). Participants described witnessing the systemic oppression, discrimination, and exclusion experienced by their Deaf parents, including inaccessible institutions, communication barriers, and ableist treatment. These experiences mirror broader research suggesting that children can inherit the emotional consequences of systemic marginalization through repeated exposure to parental stress and societal inequities (Kamis, 2020; Keaney et al., 2024). Within the context of CODA experiences, trauma transmission often occurred through communication responsibilities and emotional labour that emerged in response to systemic ableism rather than parental actions themselves.

Significantly, these findings extend existing literature by highlighting the invisibility of CODA trauma. Participants' experiences may not traditionally be recognized as traumatic because they were not always direct victims of abuse or violence. However, the cumulative burden of translating traumatic content, navigating adult systems, witnessing parental vulnerability, and carrying responsibility for communication produced lasting emotional effects. Similar observations have emerged in recent CODA research, where adult participants reflected on the psychological impact of responsibilities that were normalized throughout childhood but later recognized as emotionally burdensome (Milliken, 2024; Tripp, 2023). These findings support emerging trauma scholarship that conceptualizes trauma not only through direct

experiences of harm but also through chronic emotional exposure, role reversal, sustained responsibility, and prolonged engagement with systemic oppression during childhood (Paivio & Pascual-Leone, 2023; Keaney et al., 2024).

From a CDT perspective, this trauma cannot be separated from the broader social context in which it occurs. Participants were often exposed to traumatic situations because institutions failed to provide accessible communication and shifted responsibility to children. Consequently, the emotional burden experienced by CODAs reflects not only family dynamics but also the cumulative effects of systemic ableism and institutional inaccessibility (Hosking, 2008). This finding reinforces the argument that many of the challenges faced by CODAs originate not within Deaf families themselves, but within social systems that consistently fail to provide equitable access and support.

Social Difference and Educational Isolation

Participants' descriptions of feeling different within school environments strongly support literature on social isolation, stigma, identity negotiation, and educational exclusion among CODAs and Deaf families. Participants described experiences of bullying, embarrassment, and misunderstanding from peers and educators because of their Deaf parents or their use of ASL. Some participants explained that they intentionally avoided signing publicly or discussing their family identities to avoid negative attention. These findings align closely with Preston's (1994) foundational ethnographic work on CODAs, where participants described growing up between Deaf and hearing worlds and often feeling that they did not fully belong to either. Preston argues that CODAs frequently learn to conceal aspects of their Deaf cultural identity in hearing spaces as a survival strategy to avoid ridicule, stigma, or social exclusion.

Participants' experiences also reflect Goffman's (1963) theory of stigma, which explains how individuals associated with marginalized groups may experience "courtesy stigma," meaning discrimination or social devaluation based on their relationship to a stigmatized identity. Although participants themselves were hearing, many described being treated differently because of societal attitudes toward Deafness. Bullying directed toward their parents' communication styles, public signing, or use of interpreters contributed to feelings of shame and hypervisibility, suggests that ableism extended beyond Deaf individuals themselves and affected family members through relational stigma. Participants' avoidance of ASL in public spaces can therefore be understood as a protective response to anticipated discrimination and social judgment.

The role school educators in reproducing dominant ableist norms are supported through research on educational exclusion. Participants described schools as spaces where the difference was magnified. Padden and Humphries (1988) argue that Deaf culture and signed languages have historically been marginalized within educational institutions, where spoken language and hearing norms are treated as the default standard. As a result, CODAs often navigate educational systems that lack understanding of Deaf culture, bilingual communication practices, or the sociocultural realities of Deaf families. Participants' accounts of misunderstanding and invisibility within schools reflect this broader systemic exclusion which also connects to research by Singleton and Tittle (2000), who found that CODAs frequently develop bicultural identities but may struggle within hearing-majority institutions that fail to recognize Deaf culture as valid and meaningful. Schools often interpret Deafness through a medical or deficit-based lens rather than a cultural and linguistic framework. Consequently, CODAs may feel pressure to distance themselves from their Deaf identities to fit into dominant hearing norms. Participants' reluctance

to use ASL publicly demonstrates how educational and social environments regulate which forms of communication are viewed as acceptable or “normal.”

Additionally, participants’ narratives align with literature on identity negotiation and code-switching among marginalized groups. Napier (2017) notes that CODAs often shift between cultural and linguistic identities depending on context, carefully managing how much of their Deaf cultural background they reveal in hearing environments. Constant negotiation can contribute to emotional exhaustion, identity fragmentation, and feelings of not fully belonging in either Deaf or hearing communities. Participants’ experiences of hiding ASL or avoiding conversations about their families illustrate the emotional labour involved in navigating these intersecting identities.

Participants' experiences of misunderstanding and invisibility within schools parallel Jones's (2024) argument that Deaf experiences frequently remain unintelligible within hearing-centered systems because dominant assumptions position hearing as the normative way of engaging with the world. Although participants were hearing, their connection to Deaf culture and ASL often rendered aspects of their identities similarly invisible within educational settings. Their experiences suggest that schools not only marginalize Deaf ways of being but may also overlook the unique cultural and linguistic realities of Deaf-parented families.

These findings highlight the urgent need for greater Deaf and CODA representation within school curriculum, educator preparation, and inclusive education practices. Researchers consistently demonstrate that representation and cultural inclusion improve students’ sense of belonging and reduce stigma (Banks, 2015). Accessible communication, and family diversity, schools risk reinforcing ableist assumptions and perpetuating exclusionary environments.

Participants' experiences reflect that schools are not neutral spaces, they are institutional sites where societal attitudes toward disability, language, and difference are reproduced.

Emotional Impact, Coping, and Resilience

Despite the significant emotional, social, and communicative challenges participants described, their narratives also revealed remarkable resilience, adaptability, and strength. Participants consistently identified empathy, advocacy, emotional intelligence, maturity, and intercultural awareness as qualities that emerged through their experiences growing up in Deaf-parented households. These findings strongly challenge deficit-based narratives that frame CODAs solely through burden, trauma, or dysfunction. Instead, participants' experiences align with literature emphasizing resilience, bicultural competence, and cultural wealth within Deaf families and CODA communities.

Preston's (1994) seminal work of *Mother Father Deaf* found that CODAs often develop heightened interpersonal awareness, strong communication skills, and deep empathy through navigating both Deaf and hearing worlds. Similarly, Singleton and Tittle (2000) argue that growing up between Deaf and hearing cultures fosters unique bicultural competencies, while Tripp (2023) highlights the development of advocacy skills, adaptability, and perspective-taking among adult CODAs. Participants in this study similarly described becoming emotionally attuned to others, skilled at reading nonverbal communication, and capable of advocating within inaccessible systems. These strengths emerged not despite their experiences, but often through them.

Participants' resilience also reflects broader literature on post-traumatic growth and adaptive coping. Tedeschi and Calhoun (2004) suggest that individuals who experience significant adversity may develop positive psychological changes, including deeper

relationships, increased personal strength, and a greater appreciation for human connection. Participants frequently described becoming more compassionate, socially aware, and committed to advocacy because of witnessing the barriers experienced by their Deaf parents. However, these findings must be interpreted carefully, as Ungar (2011) emphasizes that resilience is not simply an individual trait or personal achievement, but rather a dynamic process shaped by access to relationships, cultural belonging, and social resources. Therefore, participants' strengths should be recognized without romanticizing adversity or minimizing the systemic ableism, communication barriers, and parentification experiences that shaped their lives.

The distinction is critical because deficit-based frameworks often position marginalized families as dysfunctional while ignoring the structural inequities they navigate. Participants' narratives challenge these assumptions by illustrating that Deaf-parented households can foster strong relational bonds, cultural pride, and emotional competence. Padden and Humphries (1988) similarly argue that Deaf culture is rich in collectivism, visual communication, and community interconnectedness, all of which contribute positively to identity development for many CODAs. Participants' advocacy and empathy can therefore be understood not only as responses to adversity, but also as strengths rooted in cultural belonging and relational interconnectedness within Deaf communities.

Ultimately, these findings contribute to a more balanced and nuanced understanding of CODA experiences. While participants clearly experienced stress, invisibility, and systemic barriers, they also demonstrated substantial resilience and cultural competence. Their narratives complicate simplistic portrayals of CODAs as either burdened victims or inspirational success stories. Instead, resilience emerged as deeply interconnected with culture, relationality, and survival within systems shaped by ableism.

Implications and Recommendations

The findings of this study contribute to the existing literature on CODAs and the trauma they experience through societal ableism in both educational and personal contexts. Through this work, the aim is to raise awareness among educators, senior school board personnel, service workers, and Deaf adults about the perspective of CODAs and their own lived experiences. The type of experienced trauma and parentification needs to be further examined with larger population samples.

Recommendations for Practice and Policy

The literature review and findings directly address CODAs' social, emotional, linguistic, and cultural challenges, offering several recommendations for educational practice, policy, and mental health services. These recommendations also respond to gaps identified within the existing literature, where researchers have consistently noted the limited attention given to CODA experiences within educational, psychological, and policy contexts (Buchino, 1990; Singleton & Tittle, 2000; Milliken, 2024; Tripp, 2023).

First, CODAs should be recognized within educational systems as Multiple Language Learners (MLLs). Their ASL-English bilingualism shapes literacy development and language acquisition in ways that differ from monolingual students. Recognizing this within school systems would reduce misidentification and provide more accurate educational support. This recommendation builds upon research by Singleton and Tittle (2000), Orlansky and Bonvillian (1985), and more recent discussions by Cevheroglu (2023), which highlight the need for greater recognition of diverse language-learning pathways and bilingual development among children growing up in Deaf-hearing families.

Second, schools and healthcare institutions must consistently provide qualified interpreters for Deaf parents. Children should never be expected to fill this role in professional or sensitive contexts. Accessibility is an institutional responsibility, not a child's responsibility. This recommendation reflects concerns raised by Buchino (1990), Pollard and Rendon (1999), Beam (2023), and Milliken (2024), all of whom identify the burdens associated with children assuming interpreting and advocacy roles because of inaccessible systems.

Third, Deaf and CODA narratives should be integrated into the school curriculum. Representation reduces stigma, promotes belonging, and helps hearing students understand Deaf culture beyond deficit-based stereotypes. Literature inclusion through memoirs, children's books featuring Deaf families, and exposure to ASL storytelling can foster greater awareness and acceptance. This recommendation aligns with the work of Tripp (2023) and Milliken (2024), who emphasize the importance of visibility, identity affirmation, and increased understanding of Deaf-hearing family experiences. It also supports broader calls within disability studies to challenge ableist assumptions through education and representation (Hosking, 2008). Educational spaces that support CODA identity development and well-being must recognize and value the linguistic and cultural experiences that CODAs bring into the classroom. Rather than viewing ASL solely as a support tool for Deaf students, educational systems should consider the importance of recognizing ASL as a legitimate language and academic resource for Deaf children and heritage signers, including CODAs, siblings of Deaf children, and Deaf children from Deaf families. Bilingual ASL-English programs may provide opportunities for students to develop strong linguistic identities, maintain connections to Deaf culture, and experience greater belonging within educational environments. Such programs could also challenge ableist assumptions by positioning Deaf and signing communities through a cultural and linguistic lens

rather than a deficit-based framework. While the current study focused on adult CODAs' reflections on their educational experiences rather than evaluating specific program models, participants' experiences highlight the need for further research examining how ASL-inclusive and bilingual educational spaces can promote identity development, well-being, and educational equity for both Deaf students and CODAs.

Next, teacher education programs must include training on Deaf culture, CODA experiences, bilingual language development, and accessible family engagement. Teachers cannot effectively support students and families whose experiences they do not understand. Singleton and Tittle (2000), Milliken (2024), and Tripp (2023) all point to the need for greater awareness of Deaf-hearing family dynamics and the educational implications of growing up between Deaf and hearing worlds. Incorporating this knowledge into pre-service Bachelor of Education programs would strengthen inclusive educational practice and family engagement.

Further, my recommendation for Deaf parents of hearing children is to increase awareness regarding the potential impacts of relying on children as interpreters and to provide greater access to information about alternative communication strategies. This recommendation is not intended to place responsibility on Deaf parents for systemic accessibility failures; rather, it recognizes that many Deaf families have historically been forced to rely on informal communication solutions because institutions have failed to provide consistent and equitable access. When hearing children are placed in the role of interpreting complex adult conversations, such as medical appointments, educational meetings, or legal discussions, they may assume responsibilities that exceed developmentally appropriate expectations and contribute to experiences of parentification (Hooper, 2007; Preston, 1994). Providing Deaf parents with accessible, Deaf-led resources and parenting workshops can support families in identifying

alternative strategies while maintaining children's roles as children rather than communication intermediaries. Existing services, including Telecommunications Device for the Deaf (TTY/TDD), the Bell Relay Service, Video Relay Service (VRS), captioning services, and professional interpreting agencies, provide important opportunities for Deaf individuals to communicate independently with hearing institutions. However, the availability of these services does not always guarantee awareness, accessibility, or ease of use. Many Deaf individuals learn strategies for navigating communication barriers through other members of the Deaf community rather than through hearing systems, highlighting the importance of Deaf-led mentorship, community programs, and accessible information sharing. Organizations that support Deaf individuals and families should consider offering workshops that introduce available communication technologies, interpreter access procedures, and advocacy strategies within healthcare, education, and community settings. Increasing awareness of these resources can reduce the communication burden placed on CODAs while simultaneously promoting Deaf autonomy, family well-being, and more equitable interactions between Deaf families and hearing institutions.

Finally, mental health services should be developed specifically for CODAs. Traditional counselling models may overlook the unique emotional labour, identity complexity, parentification, and intergenerational stress experienced by this population. Milliken (2024) specifically identifies the need for additional research and support related to CODA well-being, while Tripp (2023) highlights the importance of creating spaces where CODAs can explore identity, belonging, and lived experience. Trauma-informed and culturally responsive approaches are therefore essential for addressing the unique experiences identified in this study.

These recommendations align closely with Shanker's (2021) emphasis on co-regulation, which focuses on reducing environmental stressors rather than placing responsibility solely on the individual. Supportive systems must be created before healthy self-regulation can be expected. This research therefore contributes to ongoing calls within the literature for greater recognition of CODA experiences and provides a foundation for professional development, policy revision, inclusive education planning, and culturally responsive mental health interventions (Milliken, 2024; Tripp, 2023).

Recommendations for Future Research

This study provides important insight into CODA experiences, but several areas require further exploration. Future research should examine CODAs across broader cultural, racial, and socioeconomic contexts, as experiences may differ significantly across communities. Research involving younger CODAs, particularly KODAs (Kids of Deaf Adults), would also provide valuable insight into how these experiences are shaped during childhood rather than only reflected in adulthood. Further study is also needed on long-term mental health outcomes related to parentification, and emotional labour. Longitudinal research could help better understand how early responsibilities shape adulthood, relationships, and professional identity.

There is also a need for school-based intervention research examining how inclusive educational practices can reduce CODA stress and improve belonging which includes evaluating MLL recognition, teacher training models, and curriculum inclusion.

Finally, Canadian-based CODA research remains limited. Much of the available literature comes from the United States, which creates significant gaps in understanding policy and support within Canadian educational systems.

Advice for CODAs

This section of the findings was particularly powerful in that it shifted the focus from analysis of experience to direct voice, reflection, and intergenerational guidance from CODAs themselves. Rather than solely interpreting their narratives through theoretical frameworks, the participants' advice offered an unfiltered articulation of meaning-making, healing, and resilience grounded in lived experience. Across responses, a clear pattern emerged: CODAs emphasized self-compassion, boundary-setting, identity affirmation, and the importance of peer connection with other CODAs. These reflections not only underscore the emotional complexity of growing between Deaf and hearing worlds but also highlight the adaptive strategies participants developed over time to navigate guilt, responsibility, and identity negotiation. Importantly, the advice speaks directly to younger CODAs in ways that are both validating and liberating, normalizing feelings of confusion or burden while also encouraging autonomy, self-care, and relational boundaries.

For readers who identify as CODAs, these voices carry particular significance. They offer reassurance that their experiences are shared, that their emotional responses are valid, and that they are not alone in navigating the tensions that can arise within Deaf-hearing family dynamics. Participants consistently encourage younger CODAs to recognize that they are not responsible for managing others' emotions, to seek out supportive communities, and to allow themselves space to develop an identity that is not defined solely by caretaking or interpretation roles. In this way, the advice functions not only as retrospective reflection but also as an important form of peer-to-peer guidance, offering practical and emotional insight that may support future CODAs in developing healthier, more balanced relationships with themselves, their families, and their sense of identity.

Conclusion

This study demonstrates that CODA experiences are profoundly shaped by systemic ableism, institutional inaccessibility, and educational misrecognition. The burdens of participants described were not caused by Deaf parents, but by societies and systems that failed to provide equitable access. CODAs navigate childhood within complex roles as interpreters, advocates, emotional support, and cultural mediators. These responsibilities often create parentification, secondary trauma, guilt, and identity conflict. At the same time, participants demonstrated resilience, empathy, advocacy, and deep cultural pride.

As Snoddon (2020) argues, educational inclusion cannot be measured solely by physical placement within mainstream schools but must also include linguistic justice, cultural recognition, and meaningful access to sign language. Extending this principle to CODAs suggests that educational systems must move beyond accommodation toward recognizing Deaf families as culturally and linguistically diverse communities whose children possess valuable bilingual competencies rather than educational deficits.

Using Critical Disability Theory and Stuart Shanker's Self-Regulation Framework allowed this study to move beyond describing deficit narratives to understanding CODA experiences as both structurally produced and emotionally lived. These frameworks reveal that support for CODAs requires more than awareness—they require institutional change. In summary, recognizing CODAs means that accessibility is not optional. Educational systems, healthcare institutions, and public spaces must move beyond convenience-based accommodation and toward equity-based responsibility. Only then can CODAs be allowed to exist not as translators of systemic failure, but simply as children.

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Appendix A: Participant Consent Form

Thesis Title: Trauma, Ableism, and in Educational Contexts
Investigators: Ashley McLetchie
Dear Participant,

I am a Master of Education student from Lakehead University in Orillia. I invite you to participate in my research on *Trauma, Ableism, and the CODA Experience in Educational Contexts*. The purpose of this research is to:

- Explore the specific effects that ableist societal norms and systems have on CODAs, with a particular emphasis on how their positionality influences their mental health, emotional well-being, and sense of identity
- Deepen the understanding of CODAs' social pressures, including the responsibilities they may assume from a young age and the internal conflicts that may arise from navigating two distinct cultural worlds.
- Recognize CODAs as Multiple Language Learners (MLLs) and question the educational implications of this identity

My research will be conducted in November and December 2025. Your participation will involve a participatory, semi-structured interview, and the completion of a demographic questionnaire. Through this interview, I hope to gain insight into your experiences as a CODA, so that the research can ultimately improve the experiences of other CODAs. The interviews will be conducted through Zoom with live captioning and audio; having your camera on is optional. The intent of this research is not to judge or evaluate your experiences, but rather to learn from your experiences. All field notes will not include personally identifying information, and I will use pseudonyms to protect your identity.Your participation in this study is voluntary. You will receive a small gift for your participation, including stickers and art created by a Deaf artist.

If you have any questions or concerns about my research project, please contact (905) 875-6701 or email aamcletc@lakeheadu.ca. Feel free to contact my supervisor, Dr. Sonia Mastrangelo, at smastran@lakeheadu.ca. The Lakehead University Research Ethics Board has approved this research project. If you have any questions related to research ethics and would like to speak to someone outside of my research, please contact Sue Wright at the Research Ethics Board at (807)-343-8283 or research@lakeheadu.ca. If you wish to participate in the research project, please complete and return the attached consent form to signify your intention to participate and email it back to me. Thank you for your interest in my research.
I look forward to hearing about your experiences.
Signature:
Date:

Appendix B: Participant Information Form

Dear potential participant,

This letter aims to provide information. I am a Master's student at Lakehead University, Orillia, studying in the field of Education. This research project is for my thesis, which I am working on to complete my degree.

My research project is titled *Trauma, Ableism, and the CODA Experience in Educational Contexts*. My research project explores how Children of Deaf Adults become traumatized by ableist societies through their experiences in the education system and in their personal lives. Your participation will further our understanding of the experiences of CODAs and how to best support future CODAs.

There is no foreseeable harm associated with participating in my research. Data collection will occur from November to December 2025; I will securely store all data in password-protected files on my computer while completing the assignment. Additionally, anything linking names to pseudonyms will be securely and separately stored by me in a password-protected file, separate from the research data. All data and pseudonym information will be destroyed following course completion and confirmation of course grades, typically within 4 weeks of the end of the term. Only my instructor and I will have access to the raw data. My course instructor will store the raw data for a minimum of 5 years, as per Lakehead University's Policy, on a secure internal cloud server (i.e., D2L) or a secure external hard drive locked within their office on the Lakehead University campus.

Using pseudonyms in data analysis and reporting processes will guarantee your anonymity and confidentiality as a participant in the research. Suppose you, as a participant, wish to be named and to waive your right to privacy and confidentiality. In that case, you will be provided with written evidence in the form of a letter and a revised consent form, and a copy of the final assignment I submitted.

Your participation in my research project is entirely voluntary. As a research participant, your rights include the right not to participate; to withdraw at any time during the data collection phase without prejudice to pre-existing entitlements and to continuing and meaningful opportunities for deciding whether or not to continue to participate; to opt out without penalty and to have any collected data withdrawn from the database and not included in the study (until completion of the data collection phase of the study; if you choose to opt-out any data about your participation will be destroyed); to privacy, anonymity and confidentiality; and to safeguards for security of data. If an audio taping of the interview is needed, your consent will be obtained.

I have completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Tutorial Course on Research Ethics and provided my instructor with a certificate as evidence of completion. If you have any questions or concerns regarding the project, please do not hesitate to contact me by email at aamcletc@lakeheadu.ca or by phone at [905-875-6701].

The Lakehead University Research Ethics Board has approved this study. If you have any questions related to research ethics and would like to speak to someone outside of the research team, please contact Sue Wright at the Research Ethics Board at (807)-343-8283 or research@lakeheadu.ca.

Your participation as a subject will be a valued component of my proposed research and will help me further my understanding. Of the ability to conduct qualitative research. Thank you.

Sincerely,

Ashley McLetchie
Email: aamcletc@lakeheadu.ca

Appendix C: Interview Questions

1. Could you share a little about yourself and your family background?
2. How would you describe your relationship with your parents growing up?
3. What was the primary language or mode of communication you used at home?
4. How did you learn to navigate between sign language and spoken language?
5. Are any moments or stories about interpreting for your family stand out?
6. Did you feel more connected to the Deaf community, the hearing community, or both? Why? Were there times when you felt "in between" those worlds? Explain
7. Did interpreting or advocating for your parents impact your childhood? If yes, how?
8. Did your CODA experience influence your time in school? If yes, how?
9. Did your teachers and friends understand your family's communication style? Give examples
10. Have you faced any challenges as a CODA? If yes, please explain
11. Have you developed skills or strengths as a person because of your experiences as a CODA? Please explain
12. How has being a CODA shaped the person you are today?
13. What do you wish people understood better about CODAs?
14. If you could advise a young CODA, what would it be?
15. Is there anything about your story or experiences that you would like to share that we have not covered?

Appendix D: Google Form Questions

- Name, Age, Gender
    - School, occupation, hobbies
    - Why did you decide to take part in this research?
- Tell me about your family. Siblings, home environment, etc
    - Do you have one or more Deaf parents? Tell me about their Deafness
- How do you and your parents communicate with each other? ASL, lip-reading, verbal, etc
    - How did you communicate growing up?
    - How do you communicate now?
- Did you grow up interpreting for them?
- Do you still interpret for your parents?
- Do you identify as a CODA?
- Have you ever been diagnosed with a learning disability?
- Have you ever been recognized as a Multilingual Learner or an English as a Second Language (ESL) student?
- What time is best for you to meet through Zoom?
- Are there any accommodations you will need from me to conduct our Zoom interview?