

**TOO QUEER FOR THE DEAF AND TOO DEAF (OR DISABLED) FOR THE QUEERS:
IDENTITY BASED STIGMA
AMONGST DEAF-LGBTQ+ FOLK IN THE UNITED STATES**

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Abstract

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Deaf and Queer identities are stigmatized and are often on the margins of society. As a result, Deaf-LGBTQ+ folk face compounding, intersecting forces of stigma and marginalization. This thesis asks if and how Deaf-LGBTQ+ folk describe experiences of their Deaf identity compared to their LGBTQ+ identity. It explores if experiences vary by situation (with whom, where), and if any (potential) patterns arise along lines of race, age, or disability status. I conceptually focus on the idea of stigma, looking at indicators of stigma and resistance to stigma. To illustrate this, I analyze thirty-one responses to a bilingual online survey by Deaf-LGBTQ+ folk in the United States. My results suggest two important findings: 1) the race and generation of my participants are key factors in understanding experiences and indicators of stigma within the lives of Deaf-LGBTQ+ folk; and 2) navigating life as a Deaf-LGBTQ+ individual appears to be more complicated with family and romantic/sexual partners than with other common categories of social interaction (such as interactions with: friends, teachers, doctors, gov. employees, coworkers, etc.). These two primary findings suggest future research on identity-based stigma should take an intersectional perspective to better understand how the situation one is in and the combination of identities one holds shape experiences of identity. Future qualitative work is especially well suited to do so and may reveal important mechanisms in use by multiply marginalized communities to combat and resist overlapping systems of oppression embedded within forces of stigmatization.

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INTRODUCTION

Individuals form, enact, and experience identities in complex and sometimes unexpected ways. Within the social sciences, critical theories of intersectionality and the application of an intersectional analysis has improved our ability to conceptualize and address how multiple marginalized identities are experienced within overlapping systems of oppression (Cho, Crenshaw, and McCall 2013; Collins and Bilge 2020). When researching stigmatization of marginalized identities, it is crucial to consider how structural, societal level forces like ableism, racism, and cis heterosexism both construct and sustain forces of stigmatization. It is also, as I argue in this work, crucial to do so by carefully considering the context in which experiences of identity take place. For example, if wanting to know what it is like to be a Black, Deaf, and Queer individual, researchers must first recognize three principles of social identities. First, identities are experienced in multiple ways (Owens, Robinson, and Smith-Lovin 2010) and at difference levels, hence understanding of identities may vary in significant ways (Miller, Taylor, and Rupp 2016). Second, identities are often co-constructed and interdependent, meaning that the different parts of who we are do not form independently; we are a complex combination of identities that form and are experienced in relation to each other (Collins and Bilge 2020; Tajfel and Turner 2004). Third, people do not experience identities in a vacuum. The situations in which various identities become salient to an experience are directly tied to the systems of power at work around us (Cho et al. 2013; Collins et al. 1995; West and Fenstermaker 1995). I believe these three principles are essential when studying identities and are the foundation of the following work.

In this work, I focus on Deaf identity and LGBTQ+ identity within the United States. Both identities are stigmatized and on the margins of society (Bienvenu 2008; Miller and Clark 2019; Moges 2017). This often coincides with an identity group existing on the margins of a society not designed for them. For example, mainstream society is largely designed for cisgender, heterosexual, non-disabled, hearing folk (Leigh, Andrews, and Harris 2018; Mitchell and Snyder 2015; Robinson 2016). Those who do not fall into

25 these normative categories face stigmatization (Goffman 1963; Pescosolido and Martin 2015). I
26 understand stigmatization as a process of devaluation fueled by discriminatory ideologies and systems of
27 oppression, which negatively impact an individual's life. This definition comes from the long history of
28 social science work on stigma beginning with Goffman (1963) and most recently expanded by Casey (2018)
29 with work on Muslim Americans and by theorization of the stigma complex by Pescosolido and Martin
30 (2015). Focusing on stigmatization within the broader study of identities, this work investigates identity
31 experiences for Deaf-LGBTQ+ adults to gauge stigma and in some cases the ability to resist stigma tied to
32 being Deaf and LGBTQ+.

33 Research Questions and Approach

34 In this work, I ask three overarching questions: First, what about the relationship between Deaf
35 and LGBTQ+ stigma can we learn from the culture, history, and experiences of Deaf-LGBTQ+ folk? Second,
36 how do Deaf-LGBTQ+ folk describe their Deaf identity compared to their LGBTQ+ identity? And third, do
37 indicators of identity stigma change depending on the situation one is in?

38 To answer these three research questions, I analyze responses from a bilingual online survey
39 (n=31) of Deaf-LGBTQ+ folk in the United States. The survey was developed with close community
40 collaboration and offered a series of questions to estimate experiences of stigma and indicators of
41 resistance to stigma. I began my analysis by exploring the individual measures of stigma within the survey.
42 In the second part of my analysis, I weave together the individual measures into a composite measure of
43 Deaf and LGBTQ+ stigma respectively. Through this combination of analytical approaches, I problematize
44 the practice of relying on one measure or a select few measures when exploring identity-based stigma
45 and identify two key findings:

- 46 1) An intersectional analysis of how Deaf-Queer folk experience their Deaf identity and their LGBTQ+
47 identity must prioritize participants' race and age over traditionally used characteristics like disability
48 or big D Deaf status which appear less salient in shaping Deaf and LGBTQ+ identity experiences.
- 49 2) Deaf-LGBTQ+ folk experiences and/or indicators of stigma with family and romantic/sexual partners
50 in dynamic and unexpected ways. Responses suggest a level of duality of stigma and acceptance
51 within intimate relationships, warranting further study.

BACKGROUND PART 1: Deaf and LGBTQ+

Framing Deaf and LGBTQ+ Identity, Culture, and Communities

I do not believe there is one way to define LGBTQ+/Queer or Deaf identities. The mere practice of defining boundaries is antithetical to the crip-queer lens I aim to employ; however, I do believe there is analytical value in thinking about what it could or typically means to experience life as a given identity. In the following section, I provide an introduction of key ideas related to Deaf identity and a small introduction to LGBTQ+/Queer identity, not to limit what each entail, but to contextualize my comparison of how individuals experience each. I spend more time on Deaf identity due to the unfamiliarity of the ideas within much mainstream sociological research.

Deaf Culture, Identity and Community

My use of capital D 'Deaf' in this work is intentional. I focus on survey respondents who self-identified as big D Deaf (n=31, 74%). Deaf with a capital 'D' refers to individuals who identify as a member of the Big "D" Deaf community which formed around the cultural-linguistic experience of being Deaf; often associated with the use of sign language as a primary language (Holcomb 2012). In contrast, the term 'deaf' with a lowercase d (often accompanied by hard-of-hearing/HoH), typically refers to someone who identifies as physically deaf or HoH but does not necessarily identify as a part of the cultural big "D" Deaf community. Often this can mean that an individual does not use sign language as their primary language and does not actively participate in the Deaf community. In the past this divide appeared more salient and linked to debates between community members about whether Deafness was a disability and whether Deaf folk should use hearing assistive technologies like cochlear implants (Leigh 2017). Today, amidst increased visibility and acceptance of Deaf identity in society, the importance given to these debates and the difference between big D Deaf and little d deaf / HoH has decreased. For this work, I draw on community ideas unique to the big D deaf community when discussing historical and cultural ideas

76 held in that community as well as when discussing perspectives of participants who identified as such. For
77 more information on this topic, as well as the growing discussion of a diverse, more representative
78 d/Deaf/HoH community, *see Leigh et al. (2018)*.

79 The formation of Big D Deaf identity and subsequent Deaf communities within the United States
80 is a story of political and social meaning making. As early as the mid-18th century, deaf colonists began to
81 connect and form small groups across the Eastern United States around shared forms of communication
82 and culture (Holcomb 2012; Robinson 2010). Over the next 250 years, growing deaf populations in the
83 United States organized around education equality and access to work (Robinson 2010). As early as the
84 late 19th century, documented publications sought to educate the hearing population that being deaf was
85 not a deficit but another difference (Robinson 2010). This rhetoric and intentional distancing from a
86 deficit, the disabled body would grow to define much of mainstream deaf activism of the 20th century.

87 Amidst the dominance of Eugenics during the 20th century, deaf individuals across the United
88 States worked with key community organizations such as the National Association of the Deaf and the
89 National Fraternal Society of the Deaf against waves of discrimination and medicalization, which together
90 sought to pathologize being deaf (Robinson 2010). Despite these organizational efforts, differences in
91 communication and education access resulted in deaf populations' routine disenfranchisement, most
92 notably in the workplace (Holcomb 2012). In the later part of the 20th century, during and in wake of the
93 Civil Rights era, Deaf activism used multiple avenues to try and improve the social location of d/Deaf/HoH
94 individuals in the United States (Holcomb 2012; Leigh 2017). Some of the most notable moments include
95 the establishing sign language as not solely a tool of communication but as a recognized language in 1965.
96 This led to deaf population who use sign language primarily to gain public recognition as a cultural-
97 linguistic minority, distinct from other disabled communities within U.S. society. Another was the use of
98 political activism, such as the historic Deaf President Now (DPN) protest of 1988, establishing a Deaf

99 president over the only Deaf university, Gallaudet and protests leading to the passage of the ADA in 1990,
100 which made legislative strives to protect disabled persons' rights in the U.S (Nielsen 2012).¹

101 *ASL and the Linguistic Minority*

102 The Deaf community functions as a linguistic and cultural minority and a part of the United States'
103 Disabled community. Disability, in this context, is a socially constructed idea that is culturally determined
104 and reinforced through oppressive norms that determine what a body and mind should have and should
105 be (Shakespeare 2006). It is a value-based system that actively *others* members of society based on
106 characteristics deemed undesirable. Hearing impairment is a physical condition that may cause an
107 individual to be hard of hearing or deaf; from this, many individuals are acculturated into the Deaf
108 community through the sharing of knowledge and language, at which time the identity forms into Deaf
109 with a capital D to showcase a cultural identity that goes beyond a physical condition (Holcomb 2012;
110 Leigh 2017; Leigh et al. 2018) Due to this process, Deaf culture and in turn the Deaf community at large
111 has worked hard against ableist notions of hearing loss as negative (Robinson 2010) and asserted that it
112 is not hearing *loss*, but Deaf *Gain* (Bauman and Murray 2014).

113 *Deaf Gain and Deafhood*

114 Deaf Gain is a concept that reframes what it means to be Deaf in society. In a Deaf Gain
115 framework, to become Deaf is to actually *gain* something more than hearing people have -- a unique way
116 of physically and theoretically engaging with the world (Bauman and Murray 2014). It considers the
117 biocultural diversity and value that Deaf people bring to society. The concept itself is a diverse term meant
118 to encompass the benefits and contributions being Deaf affords. Within the model of Deaf Gain, benefits
119 come from how identity is constructed and experienced across the deaf community or social contexts by
120 the individual. The concept of contribution is when Deaf individuals and the communities they belong to

¹ For a detailed look at the vastness of d/Deaf/HoH history and community formations, see Robinson (2010), Gannon (2012) and Leigh and O'Brien (2019).

121 and the situations they engage in benefit from their presence and that D/deaf individuals are uniquely
122 situated to offer and contribute to the human experience (Bauman and Murray 2014).

123 A key idea developed to explain Deaf identity is the concept of Deafhood. Ladd (2003) explains
124 Deafhood as a Deaf epistemology or way of knowing what it means for individuals to hold Deaf identity.
125 Deafhood at its core is an identity process, where Deaf individuals learn and embody various parts of Deaf
126 culture, community, and language. It serves as a rallying cry and link for Deaf individuals to find comfort
127 in a collective recognition of shared beliefs, values, and potential. The process of Deafhood and the
128 actualization of one's Deaf identity is also very contextual. Ladd makes sure to point out that one's
129 position as a Deaf person is heavily impacted by their other identities and the era they come from. While
130 Deafhood may seem somewhat broad for use in understanding Deaf identity, it is intentionally so. One of
131 the strengths of Deafhood is the reluctance within such a framework to say there is path to becoming
132 Deaf or one way of being Deaf (Luczak 2007). In contrast with work that focused on articulating specific
133 steps to becoming Deaf or that centers a certain type of Deaf individual as the right type of Deaf (see
134 Deafnormativity below), Ladd (2003), provides a concept that takes pride in all Deaf folk and the multitude
135 of paths toward Deaf identity. In fact, the Deaf-gay author Raymond Luczak (1999, 2007) relies heavily on
136 this concept in his second volume on Deaf-LGBTQ+ identities, framing the knowledge and stories shared
137 by Deaf-LGBTQ+ folk as windows into the embodiment of Queerness and Deafhood.

138 *Framing Deaf Identity.*

139 Multiple models to explain Deaf identity have emerged within Deaf studies. Glickman (1996)
140 offers one popular identity model for Deaf individuals when he created a multi-stage explanation of the
141 journey to identify as culturally Deaf. He outlines four descriptors: culturally hearing, marginal, immersion,
142 and bicultural (Glickman 1996). *Culturally hearing* individuals are those with hearing impairment who view
143 their condition not as an identity per se but a physical status to navigate. *Marginal* describes individuals
144 who feel no longer welcomed in hearing culture and who have little to no connection with Deaf persons

145 or culture. *Immersion* describes the stage where a Deaf person embraces Deaf culture, and leaves behind
146 hearing cultural norms and values. *Bicultural* (the final of the four stages) describes when an individual
147 embodies both perspectives of hearing and Deaf cultures in their self-conception (Glickman 1996). Not all
148 Deaf individuals follow this model; however, it is a common pathway due to the high volume of Deaf
149 children born to hearing families (Glickman 1996; Leigh et al. 2018).

150 *Deaf Elitism and Deafnormativity*

151 Formative sociological research on communities argued that communities gain meaning based on
152 how well they give individuals within the community a sense of shared belonging (Crow and Allan 1995).
153 According to Cohen (1985), communities are constructed “symbolically, making it a resource and
154 repository of meaning, and a referent of their identity” (Cohen 1985:118). Deaf leaders in the second half
155 of the 20th century fought to establish a politically relevant community able to mobilize around a shared
156 position (Robinson 2010). Behind the creation of this socially and politically defined *Deaf* community was
157 the rhetoric that to be Deaf was like being Black or a specific gender; it was different than hearing, not
158 less than (Robinson 2010). Education and workplaces were particularly important sites for deaf individuals
159 to try and prove this rhetoric to be true. Ableist rhetoric became commonplace in what scholars name the
160 d/Deaf elite,² those within the larger Deaf community of the United States responsible largely for shaping
161 cultural norms and representations of Deaf people within society. These norms were then policed actively
162 within Deaf spaces and through the spreading of materials in the Deaf community, such as newspapers
163 working to embed the deaf more into mainstream society (Robinson 2010). Like the early gay rights
164 movements and the modern gay identity politics, this series of approaches to advancing the deaf position
165 in society left many people behind, such as Black d/Deaf (James 2000) and d/Deaf-LGBTQ+ (Robinson
166 2023) individuals. These exclusionary boundaries used within the Deaf broader community are largely

² The *deaf elite* refers to a segment of the d/Deaf community who hold power in determining the larger community’s collective identity and boundaries. Typically, these are individuals who are born Deaf into a multigenerational Deaf family and attend Deaf schools, with ASL as their native language (Wright 2021).

167 responsible for dividing power within Deaf community spaces and advancing the idea of Deafnormativity
168 (Wright 2021). Deafnormativity refers to the version of Deaf identity (and behavior) that is culturally
169 valued and as such normative within the community. Deafnormativity is often used to explain the
170 systematic exclusion of DeafDisabled, DeafBlind, Deaf Queer, and Deaf BIPOC folk from mainstream Deaf
171 spaces (Bienvenu 2008; Dunne 2013; James 2000; Klein 2006; Wright 2021). I now turn to LGBTQ+/Queer
172 identity to offer a brief introduction to the idea of what an LGBTQ+/Queer experience or position in
173 society looks like.

174 LGBTQ+/Queer Identity in the United States

175 In the latter half of the 20th century, the rise of the modern gay rights movement established
176 organizations and communities seeking to carve space and protect individuals from legal and social
177 persecution (Armstrong and Crago 2006; Lecklider 2023). Mainstream efforts relied heavily on improving
178 how Lesbian, Gay, and Bisexuals were seen by society and working to include them within current
179 institutions. In many ways, this political approach gave way to the theoretical idea of homonormativity³
180 and established queer rights around individualized identity politics. In turn, the social, cultural position of
181 LGBTQ+/Queer people in the United States is often framed around what it means to be a white, middle-
182 class, able-bodied, gay/lesbian with little regard for how genders and sexualities are done by Queer,
183 BIPOC, and/or Trans community members. Over time, queer activism and scholarship found footing in the
184 work of Black feminist thinkers who had long challenged normality and categorization through the lens of
185 race, gender, and class (Collins 1986; Collins et al. 1995; Collins and Bilge 2020). As such, the development
186 of ideas around intersectionality (Collins and Bilge 2020) and embodiment, crucial to understanding Black
187 women's experiences within matrices of oppression, became used to study various domains, including
188 queer (Adeyemi 2019; Ferguson 2003; Robinson 2020) and disabled ones (McRuer 2006; Moges 2017).

³ The adoption of heteronormativity into LGBTQ+ culture and practices. Heteronormativity is the system "norms, discourses, and practices that construct heterosexuality as natural and superior to all other expressions of sexuality" (Robinson 2016: 1).

189 Like with Deaf identity, what it may mean to be LGBTQ+/Queer in the United States is complex.
190 The term “LGBTQ+” is an initialism used to group together the identities Lesbian, Gay, Bisexual, Trans, and
191 Queer or Questioning. The “+” at the end signifies the multiple other identities that exist outside of
192 heterosexual and cisgender systems. A longer, popular version of the initialism is LGBT2QIA+ which
193 explicitly includes Two-Spirit, Intersex, Questioning, and Asexual folk. The initialism has become a helpful
194 umbrella term to denote the shared experiences of identity for those that are not heterosexual or
195 cisgender. Relatedly the word Queer is used both as an umbrella term and a specific identity label. The
196 use of Queer as a popular identity label was an example of reclaiming and embracing the antinormativity
197 of Queerness.⁴ It is due to the complexities and overlaps of these terms that I opt to use LGBTQ+/Queer
198 or LGBTQ+ to denote a specific social position in society rather than dwell on the specifics of terminologies
199 for a wide diverse group. For many, the term Queer as a socially constructed collective identity produced
200 through specific social movements (Miller et al. 2016). In fact, the term is routinely operationalized by
201 scholars and activists alike to challenge and interrupt the flow of heteronormative societies; it is used to
202 create social and political interventions that address topics in relation to a fluid matrix of genders and
203 sexualities (Martin 1994).

204 Like, Glickman’s (1995) framing of Deaf identity, an early framing of non-heterosexual identity by
205 Cass (1979) offers a nice foundation to understand marginal identities. Cass (1979) theorized a six-stage
206 model for non-heterosexual identities. The six steps were: confusion, comparison, tolerance, acceptance,
207 pride, and synthesis. The confusion stage is when one feels their identity is different and divergent. In the
208 comparison stage the individual learns language and cultural knowledge around the identity. This leads
209 to the tolerance stage where individuals work to overcome initial feelings of denial and begin a process
210 of looking towards the future. Then comes the stages of acceptance and pride. During these two stages,
211 an individual comes to full terms with one’s queer identity before entering the final synthesis stage, when

⁴ For more information on the origins of the word Queer see Chauncey (1994).

212 they see queerness as a part of who they are and how they navigate the world. While Cass (1979)
213 developed this theory largely around White gay men in a specific time period, limiting the application of
214 it today, it marked one of the earlier steps within some academic to really think about sexual and gender
215 minorities unique experiences, or in other words, what we now think of as queer identities.

216 BACKGROUND PART 2: 217 The Deaf-Queer (LGBTQ+) Intersection

218
219 When first embarking on this research project, colleagues often asked me why it was important
220 to study Deaf-LGBTQ+ folk and what I could learn about the social world from this very specific population.
221 I was often asked to justify my work to rooms full of peers and in close-door meetings, pushing me to
222 think about what my study was about and how it was more than a passion project. I faced three questions
223 repeatedly: How many Deaf-LGBTQ+ people live in the United States? What do we already know about
224 the formation of Deaf-LGBTQ+ communities? & Are Deaf and LGBTQ+ identities even related in
225 meaningful ways? In the following pages, I will work to answer these questions and provide key
226 background information for this study.

227 **How many Deaf-LGBTQ+ people live in the United States?** Determining how many people
228 identify as deaf, Deaf, or Hard-of-Hearing (d/Deaf/HoH) and/or LGBTQ+ is very difficult. Current
229 estimations of d/Deaf-LGBTQ+/Queer populations are largely unreliable and based on unclear methods.⁵
230 People can begin identifying as Deaf and/or LGBTQ+ identities at different phases in life, ranging from
231 birth to late adulthood, meaning the numbers of individuals who hold these identities can fluctuate in
232 ways other demographic characteristics do not. One difficulty in counting this population is how one
233 draws the boundaries of Deaf and LGBTQ+ identity categories. The most current data available estimates

⁵ The most common method used in error for estimating the amount of d/Deaf-LGBT folk in the United States relies on Alfred Kinsey's estimation that 10% of the population is homosexual, meaning that 10% of the d/Deaf population must be as well.

234 that 5.5% (13.9 million) adults are LGBT (Williams Institute 2023), and 3.1% (7.8 million) adults are deaf
235 (U.S. Census American Community Survey 2022). The U.S. Census counts “deaf” as individuals who
236 explicitly report being deaf or disclose that they have serious difficulty hearing. Mitchell and Young (2023)
237 offer an alternative method for estimating the adult deaf population from the National Center for Health
238 Statistics’ National Health Interview Survey (2010-2018). The survey captured a combination of measures
239 to obtain information on deafness and sign language use; Mitchell and Young (2023) estimate that only
240 0.25% (630,000) adults are deaf and approximately 24% of those (150,000) are sign language users. They
241 go on to estimate that while 5.64% of adults have “a lot to moderate trouble” hearing (14.2 million), only
242 5.92% of them (841,000) use sign language. These estimations appear in line with a new report from the
243 Human Rights Campaign in 2022 analyzing the CDC’s 2020 Behavioral Risk Factor Surveillance System
244 (BRFSS) data. The Human Rights Campaign finds that 5% of the LGBTQ+ population also identified as
245 deaf or having serious difficulty hearing, suggesting an estimated 695,000 adults in the United States
246 are LGBTQ+ and d/Deaf/HoH.⁶ Unfortunately, this estimation comes from only the thirty-two states
247 that use the BRFSS to collect sexual orientation and gender identity. Overall, these various estimates
248 indicate that while we cannot know the exact amount of d/Deaf-LGBTQ+/Queer individuals in the United
249 States, it is substantial. At the same time, I do not believe that the count of a population is a good measure
250 to justify studying a group of people—how many would be enough? As a social scientist of identity and
251 culture, I believe a more practical approach to justify studying the intersection of Deaf and LGBTQ+
252 identities would entail determining whether individuals have collectively mobilized around the
253 intersection of these two identities and established meanings around what it means to be both Deaf and
254 LGBTQ+. To determine this, I turn now to the history of Deaf-LGBTQ+ communities in the United States.

255 **What do we know about the history of Deaf-LGBTQ+ communities?** Understanding how people
256 engage with identity and cultural ideas within the communities they belong to often requires looking to

⁶ <https://www.hrc.org/resources/understanding-disabled-lgbtq-people>

257 historical moments of collective meaning-making, where what it means to live as a given identity is at the
258 forefront of discussion. For marginal, oppressed identities, these moments of collective meaning-making
259 are often moments of resistance, where individuals come together to combat systems of oppression
260 (Miller et al. 2016); this was the case for many elders in the Deaf-LGBTQ+ community (Bienvenu 2008;
261 Klein 2022; Moges 2017).

262
Figure 1: Image from 1978 Gay Freedom Day Parade in San Francisco, California featuring marchers and signs that read "Deaf Gay of San Francisco and Gay Deafies" Source: Elaine Gay Jarvis in the Elaine Gay Jarvis papers (2018-90), GLBT Historical Society



263
264 In response to barriers facing Deaf-LGBTQ+ folk and a lack of networks to support one another,
265 groups began to mobilize around their experience as Deaf Gays and Lesbians. From the mid 1970s to the
266 late 1990s, organizations designed to offer support and collective action began to form. These
267 organizations primarily sought to carve space for Lesbian and Gay Deaf individuals within Deaf spaces and
268 the broader (hearing) society which was resistant to the presence of queerness (Bienvenu 2008; Stack
269 1995).⁷

270 Two important organizations that serve the Deaf-LGBTQ+ community are the Rainbow Alliance of
271 the Deaf and the Deaf Queer Resource Center. The *Rainbow Alliance of the Deaf (RAD)* began nearly 50
272 years ago in Fort Lauderdale, Florida when a group of deaf gay men committed themselves to building an
273 organization dedicated to uniting deaf gays and lesbians across the nation. At the time of RAD's founding,
274 very few ways existed for deaf gays and lesbians to connect and more importantly stay connected beyond
275 the political field (Stack 1995). The co-founders were Roy Parker, Michael Hagerty, Richard Hill, Guy

⁷ Alongside these key organizations are Deaf-LGBTQ+ elders who work in a variety of ways to improve the lives of Deaf-LGBTQ+ individuals in the United States; the four of whom most directly inspired this work are Deaf-Queer activist Drago Renteria, Deaf-Gay author Raymond Luczak, and Deaf-Lesbian scholar Dr. M.J. Bienvenu

276 Wonder, James Dunne, Herbert Fradin, Edward Schwartz, and Richard Thrash (Rainbow Alliance of the
277 Deaf 2023) The organization’s mission was and remains:

278 *“To establish and maintain a society of [LGBTQIA+] ⁸ to encourage and promote the educational,*
279 *economical, and social welfare; to foster fellowship; to defend our rights; and advocate our*
280 *interests as Deaf [LGBTQIA+] citizens concerning social justice; to build up an organization in which*
281 *all worthy members may participate in the discussion of practical problems and solutions related*
282 *to their social welfare” (Rainbow Alliance of the Deaf 2023).*

283
284 The *Deaf Queer Resource Center (DQRC)* is a non-profit operating out of San Francisco California
285 founded in 1995 and led by the father of Deaf Queer Activism Drago Renteria. The DQRC was initially a digital
286 space working to build community; it has grown into the leader of online community spaces for Deaf-
287 Queer/LGBTQ+ folk and those doing the work of allyship. The organization offers a wide range of events
288 designed to educate, support, and push forward the needs of Deaf Queer people, with special attention
289 given to the support and empowerment of BIPOC, trans, disabled, and young members of the community.
290 Since 2018, it has also run a *National Deaf LGBTQ+ Awareness Week* that focuses on principles of inclusion
291 and radical queerness. The Deaf Queer Resource Center is dedicated to a) improving the social conditions of
292 Deaf-Queer people in the U.S. and the world who are excluded from both Deaf and Queer spaces
293 respectively, b) preserving Deaf-Queer histories, and c) encouraging social activism at this intersection.

294 One important function of the Deaf Queer Resource Center and the Rainbow Alliance of the Deaf
295 is gathering historical records of Deaf-Queer people and events. Annually, the Deaf Queer Resource
296 facilitates a Deaf-Queer History month, during which they share pieces of Deaf-LGBTQ+ history. Incredibly,
297 the Rainbow Alliance of the Deaf has made available online PDF versions of nearly all their annual and
298 biennial conventions/conferences since the organization was founded in 1977. Although not the focus of
299 this work, historical materials (see Figure 2) provide insight into the collective formation of a Deaf-
300 Queer/LGBTQ+ communities and identities that provide an important backdrop for my analysis.⁹ At the

⁸ The original text reads Gay and Lesbians, however, I have updated it here to match RAD’s current terminology.

⁹ In other forthcoming work, I analyze all the convention pamphlets to examine community frames over time.

301 second annual RAD convention in 1978, organizers provided a "Speak Out" campaign in the convention
 302 pamphlet articulating 18 ideas, positions, and values about life as a Gay/Lesbian-Deaf person (Figure 2).
 303 The document highlights the intersection of d/Deaf-LGBTQ+ as a collective identity.¹⁰ Individuals hold
 304 many identities that are linked in important ways, but there is something special when individuals mobilize
 305 around specific identities they hold; this document showcases a key part of that phenomenon, the framing
 306 of intersecting identities. The organizations and the individuals they serve decided that to exist as a Deaf-
 307 LGBTQ+ person is unique and that there is value in mobilizing around being Deaf or around being
 308 Gay/Lesbian; in other words, there is something to be gained by mobilizing around both.

309 Figure 2: "Speak Out" Page 9 of 1978 National Rainbow Society of the Deaf Day Convention National
 310 Rainbow Society of the Deaf 1978 Convention. Source: RAD Website 2023.
 311 **Figure 2 Text Reproduced:**

Speak Out!

HUMAN RIGHTS ARE ABSOLUTE
 BE WHAT YOU WANT TO BE
 DISCRIMINATION IS NOT GOD'S IDEA
 FREEDOM OF SPEECH FOR DEAF GAYS AND LESBIANS
 OUT OF THE CLOSET AND INTO THE STREETS
 HUMAN RIGHTS FOR ALL
 BISEXUAL EQUAL RIGHTS
 BEING DEAF LESBIAN/GAY MEANS BEING YOURSELF
 DEAF GAY/LESBIAN ASSERTIVENESS
 NO DEAF LESBIAN/GAY DISCRIMINATION
 DEAF GAY/LESBIAN RIGHTS
 DEAF LESBIAN/GAY ARE EVERYWHERE
 DEAF GAY/LESBIAN AWARENESS
 DEAF LESBIAN/GAY FREEDOM
 DEAF GAY/LESBIAN LIBERATION
 DEAF LESBIAN IS JOY
 DEAF GAY IS FABULOUS
 HAVE DEAF GAY/LESBIAN TIME
 EVERYWHERE EVERYTIME

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BISEXUAL

-9-

Speak Out!

- [1] Human rights are absolute
- [2] Be what you want to be
- [3] Discrimination is not God's Idea
- [4] Freedom of Speech for Deaf Gays and Lesbians
- [5] Out of the Closet and into the Streets
- [6] Human rights for all
- [7] Bisexual equal rights
- [8] Being Deaf Lesbian/Gay means being yourself
- [9] Deaf Gay/Lesbian assertiveness
- [10] No Deaf Gay/Lesbian discrimination
- [11] Deaf Gay/Lesbian RIGHTS
- [12] Deaf Gay/Lesbian are everywhere
- [13] Deaf Gay/Lesbian Awareness
- [14] Deaf Gay/Lesbian freedom
- [15] Deaf Gay/Lesbian liberation
- [16] Deaf Lesbian is joy
- [17] Deaf Gay is fabulous
- [18] Have Deaf Gay/Lesbian time everywhere every time

332

¹⁰ Collective identity theory is a theoretical tool for framing the boundaries and meanings attached to identities, which when marginalized, often form through social movements of resistance (Taylor and Whittier 1992).

333 The 18 lines of text are framed at the individual, community, and societal levels. At the individual
334 level, lines 2, 5, 8, and 18 address living as a Deaf-queer person, telling attendees to be their true selves
335 outwardly and because their sexuality is a part of who they are, they should embrace it everywhere. Most
336 of the text (lines 4, 7, 9, 10-17) use the phrasing of Deaf Gay, Deaf Lesbian, and Deaf Gay/Lesbian to
337 articulate community-level values and demands. The decision to use this phrasing is extremely important
338 in understanding how these identities were and continue to interact; Deaf is always listed first and never
339 alone, indicating that Deaf was being framed as the baseline or the given with the Gay/Lesbian as the
340 modifier. This framing aligns with Deaf identity rhetoric and remains common today within Deaf-Queer
341 digital spaces I observed. Putting Deaf first arose from the identity first language movement which
342 formally began in the 1970s (Leigh 2017; Nielsen 2012). Today, person-first language for those with
343 disabilities is also popular; this is the use of person with a disability rather than a disabled person. In
344 general, the big D Deaf community has resisted this decision, continuing to advocate for some strategic
345 distance from disability and to generally be ‘Deaf’ first. This is largely because the core cultural and
346 linguistic importance of their Deaf identity means putting it before everything else (James 2000; Leigh
347 2017). To do so is an example of Deaf identity having high identity salience—the likelihood of invoking a
348 given identity, typically over or more visibly than others (DeCarsky, Harvey, and Johnston 2024; Owens et
349 al. 2010). “There are two facets to identity salience, the interactional commitment to identity as listed
350 above and the emotional attachment or affective attachment to the identity, meaning how invested
351 someone is in maintaining the identity as well as emotional commitment and attachment to it” (DeCarsky
352 et al. 2024:196). However, the salience of Deaf identity is directly tied to other identities individuals hold
353 (DeCarsky et al. 2024). Hence, the decision and cultural norm of putting Deaf identity before other
354 identities (or in other words, having a high Deaf identity salience) is based on the idea that Deaf identity
355 impacts all other identities one holds. Notably, within the smaller Black Deaf community, there is a norm
356 to position one’s Blackness before one’s Deaf identity, recognizing the experiences of Blackness first

357 (James 2000). This is due in part to the significant role race plays in the construction and negotiation of
358 identity work in the United States (Collins et al. 1995; Snow and Anderson 1987). Race is often 'seen' prior
359 to any other identities one holds and remains fundamental to social inequalities (Bonilla-Silva 1999;
360 Callander, Holt, and Newman 2016; Phelan and Link 2015). As explained above, the salience of one's
361 identity is in part interactional, meaning that it is both a decision about what others see first and what
362 individuals then in response choose to mobilize around (Taylor and Whittier 1992). In practice, this means
363 the salience of race, Deaf identity, or one's LGBTQ+ identity may fluctuate. For example, race may be
364 more salient in the mainstream Deaf community than the mainstream LGBTQ+ community or vice versa.
365 Beyond salience, the role of race may be different in each community or may fluctuate depending on the
366 activity. For example, in the LGBTQ+ community, when seeking relationships for example, many
367 individuals face sexual racism in which their race may interactionally become more salient than their
368 gender/sexuality. The importance of race or more specifically the differences between white and non-
369 white participants will be revisited in my discussion section.

370 **Are Deaf and LGBTQ+ identities related in meaningful ways?** Both LGBTQ+/Queer and Deaf
371 identities are marginalized; however, the forces behind their marginalization and the outcomes of it can
372 be very different. Generally speaking, marginalization is a multifaceted process where an individual (or
373 group of similarly situated individuals) is denied access to positions of power and/or support within a
374 society (Banks 2007; Scott 2014).¹¹ In this study of social inequalities and identities, marginalization is
375 understood as a circular process of oppression where one's identity places one at the margins of society,
376 and one's position on the margin impacts how one's identity is experienced. Sociological work on

¹¹Marginalization can change overtime; for example, the legal and political power of both LGBTQ+ and d/Deaf/HoH population in the United States has drastically increased overtime, resulting in large material improvements within society. The same can be said for women, BIPOC folk, and other identity groups; however, despite advancements, subgroups within these categories (i.e.: trans, disabled, undocumented, impoverished, etc.) do not always gain access to these improvements and despite improvement, the results are far from equitable or equal in impact. For more information in how social inequality can be understood, see Banks, C. B. (2007). *The Sociology of Inequality. Race, Gender & Class*, 14(3/4), 175–188. <http://www.jstor.org/stable/41675298>

377 marginalized populations has long worked to understand how class, gender, race, sexuality, and dis/ability
378 function within systems of inequalities and social institutions (Banks 2007); however, only in the last two
379 decades through the wide spread adoption of intersectionality as an analytical tool and recommitment to
380 the meso level of the social world have scholars been able to critically examine the way multiple identities
381 interact with each other and within the spaces that one occupies (Robinson 2019; Collins and Bilge 2020).

382 Comparing Deaf and LGBTQ+/Queer identities is a complex task. The identities of *Deaf* and
383 *LGBTQ+/Queer* share many similarities as social categories and in how they are understood by those who
384 hold them (Bienvenu 2008). At the same time, the formation and embodiment of these two identities are
385 often distinct (Klein 2022; Luczak 2007). In this work, I explore in part how the stigmatization of LGBTQ+
386 and Deaf identities offer a window into the way these identities are linked and at the same time distinct
387 for those that hold them both. I define and engage with the theory of stigma in a later section as it relates
388 to theories of identity; however, a general definition of stigma is social disapproval and devaluation of a
389 certain identity or behavior (often a combination of both). Within mainstream society, LGBTQ+/Queer
390 populations face forces of cis heterosexism that are used in pair with religious ideologies to claim an
391 LGBTQ+/queer existence as an immoral deviation from the norm. In contrast, Deaf populations face forces
392 of ableism and audism that frame d/Deaf¹² as not immoral, but rather as less capable than their hearing
393 counterparts. Relatedly, it is uncommon for d/Deaf identity to be framed as a choice, yet for
394 LGBTQ+/Queer individuals, trans/homophobic discourse often frames LGBTQ+ identity not only a choice
395 and but as an unnatural, immoral one (Miller et al. 2016). On the other hand, the decision whether to
396 medically treat one's deafness is very much seen as a choice. It is common and accepted medical practice
397 that deafness be treated and ultimately should be cured (Holcomb 2012; Leigh et al. 2018). The most
398 common medical interventions are in the form of cochlear implants and extensive speech therapy. For

¹² I use d/Deaf here to indicate that forces of ableism and audism are not aimed solely at the cultural Deaf identity, but the physical trait of deafness as well.

399 LGBTQ+/Queer folk, the closest parallel is the controversial practice of conversion therapy which seeks to
400 cure one’s queerness. In summary, the stigmatization, and societal frames of Deaf identity versus LGBTQ+
401 identity are undoubtedly different; however, the way we understand these differences should shift
402 depending on the context—a claim I revisit in the Findings & Discussion section of this thesis.

403 **What have people written about Deaf-LGBTQ+ folk already?** In 2008, Dr. MJ Bienvenu, a
404 prominent Deaf, Lesbian scholar wrote about how she has often been asked if she feels more Deaf or
405 more Lesbian. She wrote:

406 *“What does this mean exactly? Does one identity preclude the other? From my experience, it*
407 *seems one is not allowed to be both in the Deaf community. Perhaps this is true for other minority*
408 *communities, too. You must choose to be either Deaf or a Lesbian. At least this has been the case*
409 *historically. However, the concept of Deaf L/G [Lesbian and Gay] is beginning to emerge in the*
410 *Deaf community...Are we welcomed to take our place at the table of the Deaf community? We do*
411 *not know for sure, but I’d think, no. Deaf identity is highly valued. To clearly assert one’s L/G*
412 *identity might be to jeopardize one’s Deaf identity” (Bienvenu 2008:264).*

413
414 Dr. Bienvenu highlights the way that these intersecting identities are sites of tension but also sites
415 of active resistance. In explaining the tension felt as a choice between her two identities, she identifies a
416 common thread in writings about Deaf-LGBTQ+/Queer folk—to be a Deaf-LGBTQ+/Queer person often
417 means one is *too queer for the Deaf* and *too deaf (or disabled) for the Queers*.

418 In a similar vein, Raymond Luczak’s seminal texts, *Eyes of Desire: A Deaf Gay and Lesbian Reader*
419 *(1993)* and *eyes of desire 2: a deaf glbt reader (2007)*¹³ carry stories from community members on what
420 it means to be Deaf and LGBTQ+/Queer. Across both editions, the sentiment of Dr. Bienvenu appears
421 again and again as community members describe making sense of their d/Deaf and LGBTQ+/Queer lives.
422 In reading these works, the underlying queer and crip theory is impossible to miss. The stories shared by
423 community members continually address overlapping systems of oppression in their own lives and the
424 complexities of navigating identities amidst systems designed for hearing, heterosexual individuals.

¹³ The second edition title was intentionally left uncapitalized by Luczak.

425 Within academia, language barriers, stigma, and limited points of access to the community has
426 resulted in very limited formal research around what it means to exist at the intersection of Deaf and
427 LGBTQ+/Queer identities (Leigh et al. 2018; Miller and Clark 2019). The limited work that does exist offers
428 some initial discussion of links between Deaf and LGBTQ+ identities(Miller and Clark 2019; Moges 2017)
429 and examines tensions over the precarious nature of queerness within culturally Deaf spaces and the
430 precarious nature of deafness within LGBTQ+ communities (Bienvenu 2008; Leigh et al. 2018; Michaels
431 and Gorman 2020; Miller and Clark 2019). I was only able to locate two empirical studies on Deaf-LGBTQ+
432 folk in the United States, both of which were dissertations. The first, by Dunne (2013), explored the
433 invisibility felt by Deaf Lesbian students of color at the school for the Deaf. They found that educators
434 must commit to creating environments that support intersectional identities and critical of discourse
435 around normality. The second by Klein (2022) focused on the experiences of older Deaf Lesbians from
436 1945 to 2020, identifying numerous ways that the interconnectedness of identity characteristics,
437 socioeconomic status, and political orientation gender, race, sexuality, religion, socioeconomics, and
438 politics shape experiences of Deaf Lesbians. Both emphasize the importance of looking at identity in
439 multidimensional ways. Collectively, this body of literature finds that while individuals who are both Deaf
440 and LGBTQ+/Queer face unique forms of discrimination and stigma, they are also in a unique position to
441 teach us about how systems of oppression (audism, ableism, racism, and heterosexism) overlap. Hence, I
442 believe more research into Deaf-Queer identity will reveal tools combating ableism within queer culture(s)
443 and homo-transphobia in d/Deaf culture(s).

Figure 3: Queer and Deaf Comparison A.

445

QUEER	DEAF
<i>Parents</i>	
<ul style="list-style-type: none"> Few parents of Gay/Lesbian are queer Many parents don't accept Psychiatrist Seek cure 	<ul style="list-style-type: none"> Only 5–10 percent of Deaf have Deaf parents Many parents don't accept Therapist Seek cure
<i>Education</i>	
<ul style="list-style-type: none"> Denial 	<ul style="list-style-type: none"> Denial
<i>Society</i>	
<ul style="list-style-type: none"> Normalization Homophobia Epithets Misconceptions (sex, sex, sex) Homosexuality Acceptance/tolerance Resistance to public identity based on community membership Denial of self-labeling Lesbian/Gay Studies 	<ul style="list-style-type: none"> Hearingization Audism Epithets Misconceptions ("can't" syndrome) Deafness Acceptance/tolerance Resistance to existence of Deaf culture Denial of self-labeling Deaf Studies
<i>Culture</i>	
<ul style="list-style-type: none"> Denial/silence Coming out repeatedly Misrepresentation (Andrew Cunanan) "Passing" Stereotypes (tomboys, sissies) 	<ul style="list-style-type: none"> Denial/silence Acknowledging repeatedly Misrepresentation (H. Whitestone) Speech = more desirable Stereotypes (wild, emotional)
<i>Identity</i>	
<ul style="list-style-type: none"> Defined by what we <i>do</i> (sexually) 	<ul style="list-style-type: none"> Defined by speech or dB loss

Figure 4: Queer and Deaf Comparison B

QUEER	DEAF
<i>Language</i>	
<ul style="list-style-type: none"> Often the language of the majority 	<ul style="list-style-type: none"> ASL, BSL, etc.
<i>Congress</i>	
<ul style="list-style-type: none"> Barney Frank, S. Gunderson, G. Studds 	<ul style="list-style-type: none"> No Deaf Representatives
<i>Media</i>	
<ul style="list-style-type: none"> Recognition 	<ul style="list-style-type: none"> Not much after DPN, unless attention is on gaining hearing (cochlear implants)
<i>Age of onset</i>	
<ul style="list-style-type: none"> Genetic Coming-out age 	<ul style="list-style-type: none"> At birth
<i>Culture</i>	
<ul style="list-style-type: none"> Old envy young 	<ul style="list-style-type: none"> Young envy old

Created by Smith and Bienvenu 1999. Reprinted from: Bienvenu, MJ. 2008. "Queer as Deaf: Intersection." In *Open Your Eyes: Deaf Studies Talking*. Eds. H-Dirksen L. Bauman, University of Minnesota¹⁴

¹⁴ While figures 3 and 4 offer a strong foundation to consider axes of comparison between these identities, the comparisons presented were developed 25 years ago, and largely rely on broad assumptions about what it means to be Queer and Deaf. While my study does not empirically measure each axe of comparison Smith and Bienvenu (1999) identified, I do work to compare the two identities through how they are understood by individuals who hold them both. To do so, I use measures related to parents, education, society, and culture, allowing me to link my findings to Smith and Bienvenu's (1999) groundwork (see figure 3 and 4).

LITERATURE

Critical Disability Studies

The two most popular ways of framing disability within society are the deficit and diversity frameworks (Shakespeare 2006). The deficit framework explains disability as an undesirable trait, most often doing so at the individual level. It pushes for intervention to fix the person or mitigate their impact on society (Shakespeare 2006). In direct contrast, the diversity framework acknowledges that individuals vary significantly in mind and body and that variation benefits society. From both of these frameworks, models of disability arose that specified ways of understanding and operationalizing disability.

The most common model to arise from the deficit framework was the medical model. The medical model emphasizes treatment, rehabilitation, and curing of impairments to eliminate disability; in essence, the framework and model pathologize individuals, making the 'problem' the disabled person rather than the society in which they live. Disability rights activists throughout the second half of the 20th century directly challenged these individualized models, pointing to the way framing difference as a deficit has led to the systematic killing, removal, and othering of disabled individuals (Baynton 2013). As a response, disabled individuals in the United States fought for social and legal power to challenge these systems with, framing their identity and activism within the diversity framework of disability (Nielsen 2012).

Out of the diversity framework comes the social model of disability. The social model of disability explains that disability is a product of social oppression, cultural discourse, and one's built environment (Shakespeare 2006). In contrast with the earlier medical model, which focuses almost entirely on the body, the social model recognizes that society disables certain people based on ideas of normality (Kafer 2013; Shakespeare 2006; Siebers 2017). The question of what makes someone disabled is at the heart of this model. To have a social category, a society must determine boundaries to the category. In light of this, it may be much more accurate to think of disability as a constantly changing way of categorizing and regulating bodies by the state, a functional tool of biopolitics (Mitchell and Snyder 2015; Shakespeare

2006). One of the leading critiques of the social model is that while a focus on societal barriers in the social model is an essential tool in providing “a clear agenda for social change” and “identifying social barriers to be removed” (Shakespeare 2006:217), it is less attuned to the lived experience of disabled persons, who may be more concerned with how their “individual bodies and social environments” interact (Shakespeare 2006:218). One of the primary concerns some disability theorists have raised in acknowledging the body over the environment is the importance of avoiding the medicalization and pathologizing of disability (Siebers 2017) and while early social constructionist thinkers closely considered the embodied nature of social categories (Borgerson 2005; Butler 1999), the (re)incorporation of embodiment, materiality, and the interactional process of both appears slow-moving. The theory of complex embodiment addresses the issue of embodiment by building on the social model of disability by re-asserting the relationship between one’s body and social environment (Clare 2001; Shakespeare 2006; Siebers 2017); it explains that through the process of embodiment, disability must be thought of as something more than just a socially defined category because in the lives of disabled folk, it means so much more. For example, the shared experiences that come from living as a disabled person has produced for many a collective identity rooted in knowledge and culture.

While the models above inform work, I am careful to recognize their limitations when working with the Deaf community. The label of disabled remains highly contested by many Deaf folk due to the stigma and inequalities associated with it.¹⁵ Considering this, I do not apply the label of disabled to any participants by default, rather, I draw on the social model of disability as informing what it means to live

¹⁵ Some big D Deaf individuals do embrace the social category of disability do so for a variety of reasons. The most well documented being the ability to form coalitions and enact social change as a part of the larger disabled community. Some individuals embrace a Deaf-crip identity focused on the embodiment and pride of a DeafDisabled lens. When examining disability as an identity marker for my participants, I focus on whether they identified as disabled, if they feel disabled by their relationship with sound, and if they identify as culturally big D Deaf. This approach allowed me to gauge more holistically how individuals within my study think about their deafness in relation to disability and better inform my analysis.

as a Deaf individual within a society that views deafness as a disability. Most of society is designed for and around hearing people, which means at the macro (societal level), we can understand Deaf identity from a social model of disability lens, where the barriers and audism faced are due to social oppression, cultural discourse, and the built environment.

Critical Disability Studies on the Margins: Crip Theory

Crip theory as described by McRuer (2006) includes the claiming of disability and queerness, centering discourses of accessibility, anti-normativity, and worldmaking grounded in the body. Crip Theory is a theoretical approach that is based on the simultaneous resistance and challenge of normativity tied to able-bodiedness and heterosexuality (McRuer 2006; Sandahl 2003). On a basic level, able-bodiedness is the idea that a non-disabled body is normal, and heteronormativity is the idea that heterosexual (and by extension cisgender individuals) are normal. Normal in this context does not mean the same as typical or more common. The idea of “normal” here is used to exclude and other those that are not able-bodied or heterosexual.

In essence this theory critically challenges society’s imagination of the ideal body (able-bodied, white, heterosexuality and cisgender). It gives us language and framing tools to challenge this idea of what is normal. The theory works to explain how forces of oppression in society (racism, ableism, homophobia, transphobia, ect..) are connected to the idea of normal which is heavily impacted by the way we think about disability. Crip theory takes an anti-normative approach; this means that normal should not be the expectation; instead, diversity and variation should be. When trying to apply crip theory or develop a crip perspective, the theory says to look at the personal, lived experiences of those with a disability for knowledge on how to change society. In terms of personal identities, crip theory also stresses the power of naming oneself as crip, by “coming out” as disabled and proud. Crip identities also stress intersectional ideas of identity that look to see how race, gender, and sexuality overlap with the way an individual

understands their disability. In a crip view, the current ways of expressing disabled identities do not get at the complex and fluid nature of disability, nor the possibility of being proud.

In related work, Kafer (2013) explains that through feminist and queer theories of the mind and body, one can begin to unlock the lived crip experiences that shape the intersection of embodied and environmental disability studies. In this work, she headfirst into “contradictions and logical inconsistencies” that have limited the work of disability scholars and activists, aiming to push the field to new depths. Specifically, in the introduction to her text, she reminds readers, that she intends to investigate and politicize “the stories we tell ourselves as a culture” in the hopes of moving past where we are now and into the future of “desirably queer/feminist/disabled worlds” (Kafer 2013:20, 23). By centering the body, Crip theory goes beyond the idea of challenging social forces at the macro level such as fighting for access to legitimacy or tolerance across social fields; it recognizes in line with intersectionality that compounding systems of oppression are linked and shape how identities are embodied.

Studying Identities

Identity is learned, negotiated, and continuously constructed over time (Bauman and Raud 2015; Côté and Schwartz 2002; Owens et al. 2010). Analytically, it is challenging to study because many identities are fluid and form intersectionally (Cho et al. 2013; Collins and Bilge 2020; Crenshaw 1989; Hesse-Biber and Yaisier 2004). For this reason, the identities we hold are complex stories of formation and expression as well as resistance and disruption. This means an analysis of marginalized identities must not only consider the various levels identities operate at, but also center the ideas of power and agency (Collins et al. 1995; Robinson 2020). This is particularly true for groups where aspects of their identities are contested based on race (Collins and Bilge 2020; García and Torres 2009), gender & sexuality (Ferguson 2003; Robinson 2020), class (Bottero 2004), dis/ability (Siebers 2017) and more.

Identity Frameworks

Within social psychology, identity is largely thought of in three ways: personal, social, and collective (Owens et al. 2010). Personal identities are those aspects of oneself that we think of as unique to them or their situation, like a person's name, personality, and even role within a specific space. Individual identity theories are also based on the idea that an individual establishes a hierarchy of identities that are invoked differently in different situations (Stryker 1987, 2008), in which the doing of an identity (or combination of identities) change across various contexts. It is through these experiences that people make meaning around the given identity. Social identity theory (Tajfel and Turner 2004) goes beyond the individual navigation of identities held to consider a) how multiple identities are held and how those identities are largely (re)-constructed around group membership. In contrast to individual and social identity theories, which largely consider the way identity is navigated, collective identity theory is a theoretical tool for framing the boundaries and meanings attached to identities, which when marginalized, often form through social movements of resistance (Miller et al. 2016; Taylor and Whittier 1992). The idea of collective identities comes from extensive work in social movements and cultural sociology. This body of work analyzes how collective identities form in response to certain socio-political contexts and shared cultural navigation tied to a movement. A collective identity goes beyond individual identity formation and expression to a group or community formation (Owens et al. 2010; Taylor and Whittier 1992). Collective identity formation requires “ (1) the creation of boundaries that insulate and differentiate a category of persons from the dominant society; (2) the development of consciousness that presumes the existence of socially constituted criteria that account for a group's structural position; and (3) the valorization of a group's 'essential differences' through the politicization of everyday life” (Taylor and Whittier 1992:122). Across all three of these types of identity theorizations (personal, social, and collective), a common thread exists: *context matters*.

Intersectionality and Embodiment

Two key concepts in the study of marginalized identities are intersectionality and embodiment. Intersectionality, first coined by the socio-legal scholar Kimberle Crenshaw (1989), was born out of Black feminist approaches to understanding the intersecting and interdependent positionality of Black women. The concept has grown into a powerful and popular lens for understanding how multiple, even co-constructed identities operate in relation to each other amidst power and matrices of oppression (Cho et al. 2013; Collins and Bilge 2020). Intersectionality recognizes that the social world is complex, and that people's lived experiences cannot be adequately described by one-dimensional methods.

While intersectionality explains the way intersecting systems of oppression shape identity, the concept of embodiment explains how the social is also physical. Embodiment theories explain that while the world is socially constructed, it is physically experienced, and the body is a crucial part of understanding exactly how social positions we hold (identities, roles, etc.) actually function (Siebers 2017). Not all types of identities are embodied the same way; the process itself may be internal or external and exists on a spectrum. Sexualities, for instance, may be thought of as internally embodied through physical attraction and bodily responses to pleasure, whereas deafness may be embodied internally through one's relationship to sound or the use of a physical, hand, and body-based language like American Sign Language. Externally, sexuality as an identity may be embodied through interactions within sexual fields (Green 2008) and externally with deafness as one navigates society designed around an expectation of hearing. These physical experiences take place within certain spaces and with certain people, meaning to study embodiment, we must first understand the contexts in which it takes place (Siebers 2017).

Studying Stigma

The interactional nature of identities requires us to consider both how identities are performed and how they are recognized by others (Connell 2009; West and Zimmerman 1987). With marginalized identities, this interactional process is heavily impacted by how one chooses to navigate stigma (Casey

2018; Goffman 1963; Pescosolido and Martin 2015). Stigma centers on how individual traits are stigmatized by those around them, through a relational process where the stigma tied to individuals' traits are a product of the social environment they occupy (Goffman 1963). It has four main components: i) distinction and labels, ii) reflects dominant cultural beliefs around what is and is not desirable, iii) works to separate and differentiate in social status, and iv) results in discrimination and/or inequalities (Link and Phelan 2001). More generally, stigma is when "difference is translated into a marked, devalued distinction" (Pescosolido and Martin 2015:93). As a result, one method of avoiding micro or meso-level interactions of stigma has been downplaying the stigmatized identity through tools of passing or masking aspects of the stigmatized identity (Casey 2018). This is further complicated, when the identities felt are at odds with each other, or positioned differently within the lives of the individuals who hold them. For example, in the case of Muslim Americans, Casey (2018) found Muslim Americans continuously engage in identity work aimed at downplaying aspects of each identity in certain spaces as they navigate feeling "too Muslim to be American and too American to be Muslim". For Deaf and Queer communities, downplaying has been a key component of resistance and survival, while also being used by parts of the community pushing for normativity (Mauldin 2018; Robinson 2010, 2023). The degree to which one can pass impacts stigma. Hence, I ask respondents about how they feel to think more about the impact of stigmatization rather than measuring the nebulous idea of how much stigma one received. It is about the stigma they perceive. It is also important to note that passing and even successfully covering is not an equally achievable nor equally attempted by individuals with the same identities; in some contexts, it just cannot be done.

In the study of stigma, less work has considered how some individuals may simultaneously feel stigma and pride at the same time or actively switch between these feelings depending on the situation. This gap is primarily due to the difficulty in measuring and accounting for conflicting accounts of what it means to hold and experience a given identity. For example, a queer person may feel free to express their

identity when at a queer event but not with family on the same day; or, in another case, an individual might feel happy to express their sexuality through clothing and queer language around family, but not through disclosing about romantic partners. Relatedly, stigma research has not focused much, outside of mental health research, on the idea of resistance to stigma. In practice, stigma is a complex social measure that requires us to think more carefully about how certain identities operate in an even more fluid and intersectional way than previously thought.

Measuring stigma requires a complex approach. As Pescosolido and Martin explain (2015) in their discussion of power, context matters. The situation one is in and more broadly the culture in which they reside dictates experiences of power. Power is crucial to social production of systems and by extension the stigmatization of folk within such systems. Power is also fluid, making the relationship between power and stigma fluid as well. While I focus on stigma, but I hone my conceptualization to indicators of stigma and resistance to it. I further hone my analysis by directly comparing two identities. The direct comparison means that even what I measure does not exactly encompass stigma, I am able to understand how what I capture here varies between the two identities I am interested in. Furthermore, while experiences of stigma and strategies for dealing are distinct, they are all a part of what makes stigmatization an important social phenomenon. Differentiating between the two is helpful in some cases and misleading in others. In this case, it is about understanding how these two identities are distinct, so the difference between stigma dynamics is not as important as it may seem.

My work engages with the concept of stigma through six main survey measures. I ask participants about if they often feel the need to downplay identity (micro), how comfortable they feel expressing identity (meso), and how much pressure from society they feel to downplay an identity (macro). I also asked individuals about the acceptance of their identity in different spaces, the presence of Deaf and/or LGBTQ+ identity in childhood, and if they often feel a strong connection to Deaf or LGBTQ+ communities. These combinations of questions are indicators of stigma and of resistance to stigma.

METHODS

Framing and Methodological Grounding

Lessons from Queer and Crip theory heavily shaped my design, methods, and analytical approach. Queer theory teaches us to center difference and variation in our analysis, rejecting ideas of normalcy. It does not seek to explain how identities operate within the current heterosexual and cisgender systems; rather, it asks us to make a queer and trans perspective the starting point (McRuer 2006; Robinson 2019). Relatedly, Crip theory builds on this approach by linking the critical views of disability and radical queer theory to resist and challenge the highly racialized, classed, and neo-liberal forces of compulsory able-bodiedness and heterosexuality (McRuer 2006). Both Crip and Queer theories reject the idea that identity must be coherent or orderly, placing value on finding complexities and contradictions. As a result, I argue the application of crip and queer theory to the study of Deaf-LGBTQ+ individuals will add to not only how we understand identity, but also contribute to growing work on the application of crip-queer framings in research.¹⁶

In addition to Crip and Queer influences, my work demonstrates a commitment to community-engaged scholarship (French and Swain 1997; Mountz et al. 2015; Parrado, McQuiston, and Flippen 2005) and feminist principles of slow research (Mountz et al. 2015). Community-engaged scholarship takes many forms, but at its core, it is research that not only involves the community, but centers the those studied in the design and implementation of research. Methodologically, for my work, this meant including community members at multiple steps of the design process and consistently listening to community feedback.

¹⁶ My focus on big D Deaf individuals in this study, who typically do not identify as disabled because of their deafness requires careful consideration of how to apply a critical disability lens. And although it is not the primary focus of this work, I embrace the view that big D Deaf individuals have long taken steps towards a crip identity and that, theoretically, considering the crip nature of a big D Deaf identity will aid in untangling significant community developments around what being big D Deaf means when one embraces being disabled as big D Deaf.

Research Questions

This thesis explores three questions: First, what about the relationship between Deaf and LGBTQ+ stigma can we learn from the culture, history, and experiences of Deaf-LGBTQ+ folk? Second, how do Deaf-LGBTQ+ folk describe their Deaf identity compared to their LGBTQ+ identity? And third, do indicators of identity stigma change depending on the situation one is in?

Project Phases

Phase 1: An Exploratory Digital Ethnography

In 2021-2022, I conducted a 2-year digital ethnography within a set of Deaf-LGBTQ+/Queer communities online. During these two years, I engaged with community posts, attended online functions, and noted examples of community mobilization and identity navigation. I did so to examine 1) how Deaf and LGBTQ+ identities were being mobilized online within social media groups and 2) to carefully develop an interactive online survey reflective of these ideas. To better ensure the privacy of individuals I observed online, I limited my notetaking and analysis to communication by organizational accounts, whose messaging was intended for the public. In some cases, I noted discussions between community members within the comment sections of posts, but I did not take down names or details, noting only the themes present or the framings used in these discussions. I approached the digital ethnography in this way to respect the fact that members within these spaces did not directly give me consent to study their posts. Rather than engage in traditional analysis, I worked to learn what I could from the space as a fellow member. For example, I observed many individuals posting video responses in American Sign Language along with written English posts. The video responses often explained that American Sign Language was chosen because it better communicated what the individual felt about a situation.¹⁷ The community also remained committed to making the space and these videos accessible to visually impaired or Blind

¹⁷ American Sign Language is a visual, embodied language. Written translations or an English version are not designed to capture the same depth of information or emotion that an ASL version is. For more information on the role and importance of Sign language communication, see Leigh, Andrews, and Harris (2018).

community members by collectively working to offer text descriptions and translations of visual materials. As a result, I worked to replicate the bilingual and accessible nature of these spaces through my survey design. In addition to methodological lessons learned during my time in the online space, I identified five reoccurring topics to guide my research. They were *experiences with family, support of friends, building community, facing oppression, and coming to terms with one's identity*. The five topics guided the construction of my exploratory survey, influencing much of what I asked and how.

Phase 2: Survey

In 2023, I ran an online survey of self-identifying Deaf, deaf, and hard-of-hearing LGBTQ+/Queer individuals in the United States. The survey ran for seven months and collected information about participants' experiences with identity, culture, and community. The survey was offered in American Sign Language (ASL) and written English.¹⁸ I designed the survey over two years with consultation from d/Deaf-LGBTQ+ community members, instructors of American Sign Language, and professional Sign Language interpreters. Before the final launch of the survey, eight community members were hired to review the entire survey and offer any feedback. Community members mainly provided feedback on exact word choice and question order; many also expressed excitement for the chance to see what. After finishing the survey design, I personally translated it into American Sign Language and reviewed my translation decisions with a Deaf ASL instructor. I modified the English version to match the American Sign Language version more closely and adjusted translations accordingly. I recorded myself introducing the project in American Sign Language and hired a licensed ASL interpreter under contract with the University of Washington to record themselves signing the consent form and survey questions. I compiled the videos from myself and the interpreter, embedding them within the survey to accompany every written question.

¹⁸ American Sign Language (and sign languages) are central to Deaf culture and a defining trait for many within Deaf communities. Providing the survey in ASL was not solely due to its cultural significance; methodologically, it aimed to increase the range, depth, and accuracy of responses gathered. Providing only standard ASL translations limited interaction with Black Sign Language and Mexican Sign Language users in the U.S.

As a final check, I reviewed the interpreters' translations, making final adjustments to the written English version before launching the survey. The survey was distributed online due to the critical role video technology and digital spaces have become for Deaf communities in the U.S. (Leigh et al. 2017) and to gain regional diversity in responses. I shared the survey link on popular social networking (Facebook and Twitter) sites used by Deaf-LGBTQ+ organizations and requested community members to share the research study within their networks. The multiple avenues of recruitment and the nature of the online survey allowed respondents from different regions to participate more easily.

The survey consisted of five modules, each requiring 2 to 5 minutes to complete. In the first module, I provided a written and a recorded video of myself in American Sign Language explaining the nature of the research topic and my position. A consent form was required before moving on to eligibility. To participate, individuals needed to be 18 years or older, live in the United States, self-identify as Deaf, deaf, or Hard of Hearing, and self-identify as LGBTQ+/Queer. Module two broadly covered the topic of identity and personal characteristics; in this module, I asked respondents to share details about what was essential to the construction of their identities and about situations where they feel pressure to downplay these identities. Individuals who identified themselves as big "D" Deaf in module two were invited to complete modules three through five. Modules three and four asked participants to share about their community experiences and how comfortable they are expressing parts of their identities within spaces they occupy, blending measures of identity at the individual and group levels. The fifth and final module asked seven free-response questions about personal experience with identity and community. This last module gave participants the opportunity to share further about who they are and what they value. The survey could be completed in English or, if desired, entirely in American Sign Language, including free responses.¹⁹

¹⁹ While no participant opted to submit videos in ASL, two commented that the option was a positive addition.

Each participant who completed a survey earned a \$10 donation for a community organization of their choice and asked i) whether they would like to be notified of all work produced from the survey, ii) if they would like to participate in follow-up interviews, and iii) if they had any concerns about the study. Twenty-six participants (62%) requested to be notified about produced work. Twenty (48%) expressed an interest in being interviewed. None relayed concerns about the study, but three provided feedback on the specific wording of questions and the survey system Qualtrics.

Participants

Identities are never independent. Research shows us that categories form and are experienced in relation to each other. When describing a sample of respondents, providing counts of different identity categories only tells part of the story; however, due to the small, intimate size of the Deaf-LGBTQ2+ population, providing combinations of identities would jeopardize privacy, so they are shared here separately. My thesis examines Big D Deaf survey respondents (n=31). They represent 74% of the total survey respondents. 17 (55%) were born deaf, six (19%) were born hard of hearing, five became Deafened in adulthood, and three became deaf or hard of hearing as a child (9.7%). Within the survey, participants' gender(s), sexualit(ies), pronouns, and race(s) were collected as free responses. The genders reported by respondents were Genderqueer (2), Queer (1), Nonbinary (3), Nonbinary and Agender (1), Trans Masc (1), Trans Woman (1), Transgender (1), Woman (6), Woman but flexible (1), Man (13). In addition, I worked to contextualize the gender response further, by collecting pronouns used by the sample. To maintain privacy, I have condensed the pronoun responses into four categories: He/Him (13), She/Her (6), They/Them (5), and any other combination of pronouns, including combinations of he/she/it/they and more (6). Shared sexualities were Asexual (2), Bisexual (2), Gay/Bisexual (1), Gay (12), Lesbian (2), Pansexual (2), Queer (5), Queer/Demisexual (1), Queer/Gay (1), Queer/Pansexual (1). For race, the sample includes five who identify as African American and/or Black (16%), 22 as White (71%), one as Mestizo, one as Latino, and one as Indigenous. Only 9 (29%) identify as disabled because of their Deaf status. The

sample is spread across various generations; seven (23%) are Gen Z, nine (29%) are millennials, ten (32%) are Gen X, and five (16%) are Boomers. 12 (39%) participants live in the Western U.S., nine (29%) in the South, six (19%) in the Northeast, and four (13%) in the Midwest. American Sign Language is the most prominent primary language used by the sample (22). Other primary languages included English (6), ProTactile (1), and a strong combination of ASL with English (1). The sample is mostly college educated with 21 having at least a bachelor's degree, 12 of whom also hold a graduate degree.

Analytical Approach

My analysis included four steps. First, I developed expectations (Table 2) based on prior literature from LGBTQ+ studies, Deaf studies, and Sociology about the way Deaf identity and LGBTQ+ identity experiences might look different in various parts of life. Second, I selected six of the main measures within my survey to create a composite formula (figure 5); the composite formula was used to generate an estimation from survey responses of how positive (or negative) Deaf identity was compared to their LGBTQ+ identity. Third, I analyzed the six measures within the composite formula separately to understand what each individual measure suggested about Deaf-LGBTQ+ individuals. In the fourth and final step, I analyzed the composite values generated from my formula. In the remainder of this section, I will detail the four steps described above.

Table 1: Sample Demographics

<i>Gender</i>	
<i>Agender and Nonbinary</i>	1 (3.2%)
<i>Genderqueer</i>	2 (6.5%)
<i>Man</i>	13 (42%)
<i>Nonbinary</i>	3 (9.7%)
<i>Queer</i>	1 (3.2%)
<i>Trans</i>	3 (9.6%)
<i>Unanswered</i>	1 (3.2%)
<i>Woman</i>	6 (19%)
<i>Woman but flexible</i>	1 (3.2%)
<i>Sexualities</i>	
<i>Asexual</i>	2 (6.5%)
<i>Bisexual</i>	2 (6.5%)
<i>Gay</i>	12 (39%)
<i>Gay/Bisexual</i>	1 (3.2%)
<i>Lesbian</i>	2 (6.5%)
<i>Pansexual</i>	2 (6.5%)
<i>Queer</i>	5 (16%)
<i>Queer/Demisexual</i>	1 (3.2%)
<i>Queer/Gay</i>	1 (3.2%)
<i>Queer/Pansexual</i>	1 (3.2%)
<i>Unanswered</i>	2 (6.5%)
<i>Race</i>	
<i>African American or Black</i>	5 (16%)
<i>Indigenous/Native American</i>	1 (3.2%)
<i>Latino</i>	1 (3.2%)
<i>Mestizo</i>	1 (3.2%)
<i>Unknown</i>	1 (3.2%)
<i>White</i>	22 (71%)
<i>Education</i>	
<i>A high school degree (or certificate of attendance)</i>	1 (3.2%)
<i>Bachelor's</i>	9 (29%)
<i>Graduate School</i>	12 (39%)
<i>Some College, Trade School, Associates</i>	9 (28.7%)
<i>Primary Language</i>	
<i>American Sign Language</i>	23 (74.6%)
<i>English</i>	6 (19%)
<i>Pro Tactile</i>	1 (3.2%)
<i>Unanswered</i>	1 (3.2%)
<i>Deaf/deaf/Hard of Hearing Status</i>	
<i>Became deaf in youth</i>	3 (9.7%)
<i>Born deaf</i>	17 (55%)
<i>Born hard of hearing</i>	6 (19%)
<i>Late deaf/Deafened</i>	5 (16%)
<i>Generation</i>	
<i>Gen Z (Born 1997 and after)</i>	7 (23%)
<i>Millennials (Born 1981-1996)</i>	9 (29%)
<i>Gen X (Born 1966-1980)</i>	10 (32%)
<i>Boomers (Born 1945-1965)</i>	5 (16%)

1 *Table 2: Categories of Analysis and Expectations*

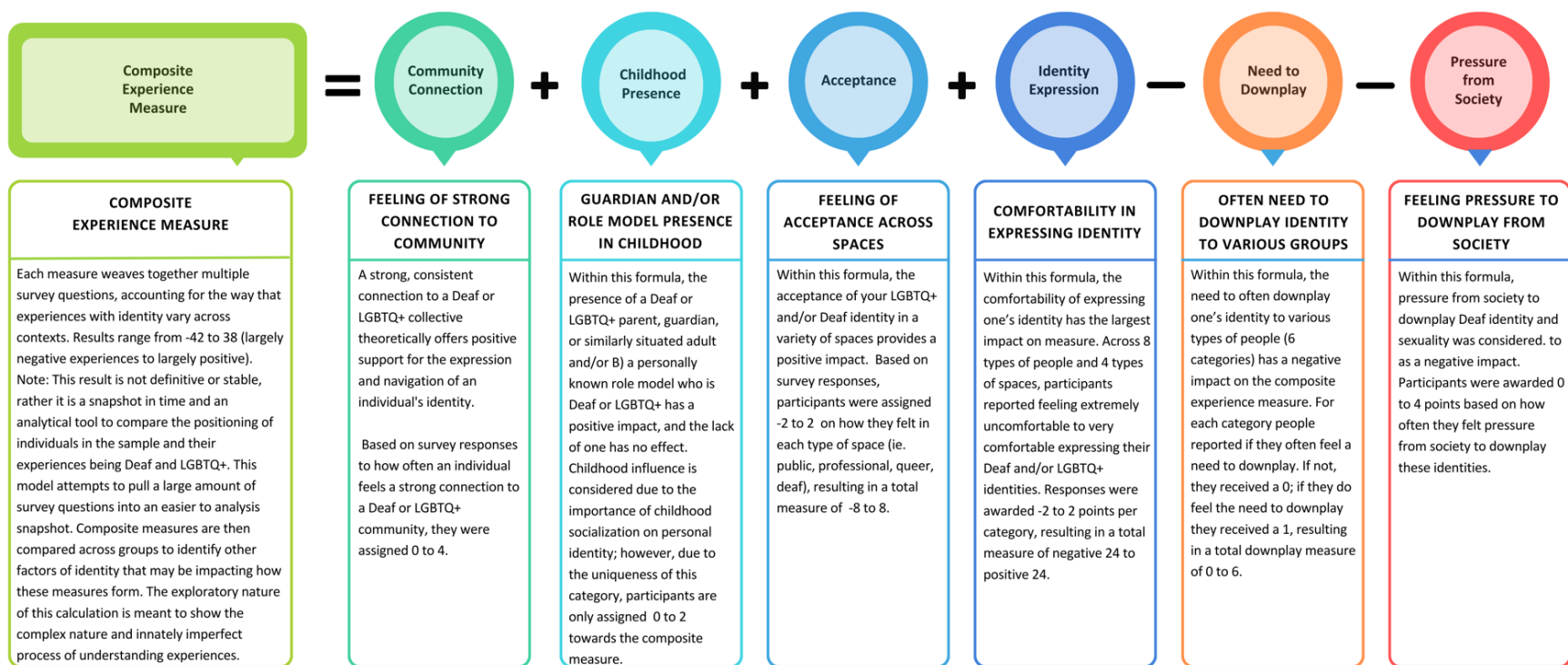
	What we know and expect...		How we explore it...
	Deaf Identity	LGBTQ+ Identity	Relevant Measures
Family	<p><i>Impacted by:</i></p> <ul style="list-style-type: none"> - If parental figures (or similarly situated adults like aunts, uncles, guardians) are Deaf - If individual became Deaf in youth - If Deaf identity is viewed as a deficit <p>When family is not multi-generationally Deaf (~90%):</p> <ul style="list-style-type: none"> - Issues with communication - Issues accepting Deaf culture and pride. - Issues seeing Deaf beyond deficit (medical disability). <p>When family is Deaf... (~10%) ...</p> <ul style="list-style-type: none"> - Cultural and linguistic support - Positive connections 	<p><i>Impacted by:</i></p> <ul style="list-style-type: none"> - If parental figures (or similarly situated adults like aunts, uncles, guardians are LGBTQ+ or view it in a positive light. - If individual is 'out' about their identity to family. - If individual has active relationship with family. - If family is 'chosen'. <p>When family is not LGBTQ+ or accepting of LGBTQ+ identity:</p> <ul style="list-style-type: none"> - Issues understanding LGBTQ+ identity as more than a choice. - Increased precarity for housing and health. <p>When family is LGBTQ+ or accepting of LGBTQ+ identity...</p> <ul style="list-style-type: none"> - Affirmation and support - Higher likelihood of positive health 	<ul style="list-style-type: none"> - <i>Feelings of strong connection to family (Table 4A)</i> - <i>Presence in childhood of Deaf or LGBTQ+ parental figures (Table 5A)</i> - <i>Comfortability expressing identity (Table 7A)</i> - <i>A need to downplay (Table 9A)</i>
Expectation	Most individuals will not have families who share their identities and experiences with family will vary across both identities; however, LGBTQ+ experiences with family will be worse than Deaf ones.		

Friends	<i>Impacted by:</i> <ul style="list-style-type: none"> - Length and depth of friendship - Acceptance - Origin of friendship - Shared communication and culture 	<i>Impacted by:</i> <ul style="list-style-type: none"> - Length and depth of friendship - Acceptance - Origin of friendship - Shared culture and experiences in society 	<ul style="list-style-type: none"> - <i>Feelings of strong connection to friends (Table 4A)</i> - <i>Comfortability expressing identity (Table 7A)</i> - <i>A need to downplay (Table 9A)</i>
Expectation	Due to the chosen nature of friendships individuals will report positive experiences with friends and minimal stigma.		
Romantic/Sexual Partners	<i>Impacted by:</i> <ul style="list-style-type: none"> - Shared communication or willingness to communicate. - Online connections - Shared spaces 	<i>Impacted by:</i> <ul style="list-style-type: none"> - Sexuality and gender compatibility - Online connections - Shared spaces - Both LGBTQ+ 	<ul style="list-style-type: none"> - <i>Comfortability expressing identity (Table 7A)</i> - <i>A need to downplay (Table 9A)</i>
Expectation	Deaf identity may face stigma (and be considered a disability by non-Deaf folk) when seeking romantic/sexual partners. In contrast, LGBTQ+ identity should not face stigma because a potential partner would also be LGBTQ+.		
Coworkers	<i>Impacted by:</i> <ul style="list-style-type: none"> - If Deaf is seen as deficit disability - If communication issues exist - Workplace norms 	<i>Impacted by:</i> <ul style="list-style-type: none"> - If LGBTQ+ seen as negative. - If stereotypes dominate 	<ul style="list-style-type: none"> - <i>Comfortability expressing identity (Table 7A)</i> - <i>A need to downplay (Table 9A)</i>
Expectation	Both Deaf and LGBTQ+ identities may face stigma in the workplace with co-workers, but Deaf identity will have more difficult experiences due to the relationship of workplaces and disability.		
Teachers, Doctors, Gov. Employees	<i>Impacted by:</i> <ul style="list-style-type: none"> - If Deaf is seen as deficit disability - If communication issues exist - Institutional norms and laws 	<i>Impacted by:</i> <ul style="list-style-type: none"> - If LGBTQ+ seen as negative. - If stereotypes dominate - Institutional norms 	<ul style="list-style-type: none"> - <i>Comfortability expressing identity (Table 7A)</i> - <i>A need to downplay (Table 9A)</i>
Expectation	Most individuals will face more stigma around their LGBTQ+ identity due to the fact the topic is highly personal and not a default topic in professional spaces. In contrast, Deaf identity will face stigma tied to communication barriers and accessibility.		

Deaf Community	<i>Impacted by:</i> <ul style="list-style-type: none"> - Shared communication via ASL - Shared knowledge of Deaf history and culture. 	<i>Impacted by:</i> <ul style="list-style-type: none"> - LGBTQ+ as a secondary identity in the Deaf community. - LGBTQ+ as a risk to Deaf identity. 	<ul style="list-style-type: none"> - <i>Feelings of strong connection to friends (Table 4A)</i> - <i>Acceptance in Spaces (Table 6A)</i>
Expectation	Deaf identity will be greatly accepted and celebrated, but LGBTQ+ identity will face high levels of stigma outside the Deaf-LGBTQ+ community because of historical distancing in the Deaf community from identities that may further marginalized the Deaf community (e.g. queerness, Blackness, other disabilities).		
Queer Community	<i>Impacted by:</i> <ul style="list-style-type: none"> - Accessibility of LGBTQ+ community and places. - Overlap of key figures like Nyle DiMarco. - Deaf Drag 	<i>Impacted by:</i> <ul style="list-style-type: none"> - Pride gatherings - Shared experiences, history, and culture. - Navigation of homo/transphobia. 	<ul style="list-style-type: none"> - <i>Feelings of strong connection to friends (Table 4A)</i> - <i>Acceptance in Spaces (Table 6A)</i>
Expectation	LGBTQ+ identity will be greatly accepted and celebrated, but Deaf identity will face high levels of stigma outside the Deaf-LGBTQ+ community because of the inaccessibility of LGBTQ+ spaces and precarity of sexual fields.		
In Public / Society	<i>Typically based on:</i> <ul style="list-style-type: none"> - How culture and those with political power define Deafness. 	<i>Typically based on:</i> <ul style="list-style-type: none"> - How culture and those with political power targets LGBTQ+ people. 	<ul style="list-style-type: none"> - <i>Acceptance in Spaces (Table 6A)</i> - <i>Comfortability expressing identity (Table 7A)</i>
Expectation	Deaf identity will face less stigma than LGBTQ+ identity because being Deaf is not seen as immoral.		

Figure 5: Composite Measure(s) Formula

Experience Composite Measure Formula



RESULTS PART 1: INDIVIDUAL MEASURES

In this section, I present preliminary results based on six individual measures I selected from the survey results. The six measures are: community connection, presence of Deaf and/or LGBTQ+ identity in childhood, acceptance of identity in spaces, level of comfort expressing identity, society pressure to downplay, and if one often feels a need to downplay identity. For each measure, I will describe how the sample responded as a whole and how two participants, Xander and West responded.²⁰ In essence, this section will explain each individual measure and demonstrate the potential value in looking at results for the sample as a whole and results from two participants.

Measure 1: Community Connection

“The resilience [of the Deaf community] is astounding, individually and collectively. All the more staggering considering there’s so little architectural support for us- its like we don’t exist to hearing people. Yet the language, culture, and community persevere.” – George

The ‘community connection’ measure asks how often participants feel a strong connection to communities and/or social groups in their lives. Consistently feelings a strong connection to a community should be a positive influence on individuals’ lives and signal positive experiences of identity with the community in question.²¹ This is the first measure used to indicate resistance to stigma. In this work, community connection is understood as an example of social support and a powerful mediator of stigma (Heijnders and Van Der Meij 2006), especially when the social support is felt in multiple areas of one’s life.

²⁰ While the selection of West and Xander may seem by design given the rich data associated with them, I did not plan this. When initially analyzing composite results (reviewed later in this manuscript) I selected two individuals who had notably different composite results. I did not have a system for doing so; I looked at two columns of composite results in my data frame and chose two people out of the 26 available as examples (Table 10A). 5 months later, I decided that individual results from participants might improve the analytical value of each individual measure. To keep my individual examples consistent with the composite measure examples, I used West and Xander.

²¹ While it is possible that respondents did not look at the American Sign Language (ASL) translations accompanying the survey questions; the translation of “strong” into ASL is more specific than the general use of the word in English. The context of the question is built into not only the chosen sign used, but also the way the sign is shown. In this case, the sign communicated a positive connotation of strong connection.

21 Table 4A reports the ‘community connection’ results for the entire sample. It provides the
 22 response rate, median, and mean for each type of community connection evaluated. It also shows the
 23 number of participants who rated each community type the highest (people could rate multiple ones the
 24 highest). For this measure, response rates varied from 55% to 100% depending on the community
 25 connection in question. Response rates help indicate which community type was relevant to the
 26 participants. In theory the higher the response rate, the higher the relevance for my sample. Most
 27 participants reported more often feeling a strong connection with: LGBTQ+ community, Deaf community,
 28 Friends, and Family (medians = 4.0) than with: a political party, an online community, or a religious
 29 community (medians = 3.0). As expected, LGBTQ+ and Deaf communities, which are more likely to offer
 30 identity specific support networks, are sites of consistently strong connections. Similarly, participants
 31 report having consistently strong connections with family and friends.

32 Table 4A: Frequency of a Strong Connection

<i>How often do you feel a strong connection to your _____? (N = 31)</i>	<i>Categories</i>	<i>Response Counts (%)</i>	<i>Median</i>	<i>Mean</i>	<i>Rated Highest by (n, %)</i>
	<i>LGBTQ+ Community</i>	<i>29 (94%)</i>	<i>4.0</i>	<i>4.03</i>	<i>16 (55%)</i>
	<i>Deaf Community</i>	<i>31 (100%)</i>	<i>4.0</i>	<i>3.96</i>	<i>15 (49%)</i>
<i>Scale:</i>	<i>Friends</i>	<i>30 (97%)</i>	<i>4.0</i>	<i>3.76</i>	<i>15 (49%)</i>
<i>1 – Never</i>	<i>Family</i>	<i>25 (81%)</i>	<i>4.0</i>	<i>3.56</i>	<i>10 (40%)</i>
<i>2 – Most of the time no</i>	<i>Political Party</i>	<i>22 (71%)</i>	<i>3.0</i>	<i>3.00</i>	<i>9 (41%)</i>
<i>3 – Sometimes</i>	<i>Online Community</i>	<i>23 (74%)</i>	<i>3.0</i>	<i>3.35</i>	<i>8 (35%)</i>
<i>4 – Most of time Yes.</i>	<i>Religious Community</i>	<i>17 (55%)</i>	<i>3.0</i>	<i>2.58</i>	<i>1 (5.9%)</i>
<i>5 – All the time</i>					

33

34 While Table 4A provides a useful snapshot of the group’s overall connections to different types of
 35 communities; it does not show how individuals responded. For example, Xander and West have very
 36 different responses around community connection. Xander reported having a strong connection to a Deaf
 37 community all the time, but most of the time said he didn’t feel a strong connection with an LGBTQ+
 38 community. In contrast, West most of the time feels a strong connection to an LGBTQ+ community and
 39 only sometimes does with a Deaf community. Although Xander’s response was uncommon for my
 40 participants, it was like others I observed during my digital ethnography. Both organizations and

41 individuals active within Deaf-Queer online spaces sited communication barriers and experiences of
 42 ableism as hindering the connection they felt with a broad LGBTQ+ community. The individual responses
 43 of West and Xander also show what is lost when looking at the whole sample (Table 4A) rather than
 44 individuals; uncommon answers like West’s are overshadowed. As I continue through the preliminary
 45 results, Xander and West will continue to serve as examples, each time offering insights on another piece
 46 of the puzzle.

47 *Table 4B: Community Connection Examples*

	<i>Xander</i>	<i>West</i>
Community Connection		
Result:	<i>I feel a strong connection to the Deaf Community all the time (5), but most of the time I do not feel connected to the LGBTQ+ community (2).</i>	<i>I sometimes feel a strong connection to the LGBTQ+ community most of the time (4) and only sometimes with the Deaf community (3).</i>
Implication:	<i>Deaf community connection stronger than LGBTQ+.</i>	<i>LGBTQ+ community connection stronger than for the Deaf community.</i>

48
 49 **Measure 2: Presence in Childhood**

50
 51 *“I didn’t know that I was deaf- no one used the word until I started attending a program using SEE [Signing Exact English], and teacher told me I’m deaf.” – Adria, White, Genderqueer, Asexual, Deaf*
 52
 53

54 The second measure within my composite formula to estimate resistance to stigma is the
 55 presence of identity concordance in childhood. This measure asked participants if (to their knowledge
 56 when growing up) their parents, parents’ sibling (aunt, uncle, etc.), or guardian identified as either LGBTQ+
 57 or Big “D” Deaf. It also asked if the respondent personally knew a role model who was LGBTQ+ or Deaf
 58 growing up. While the direct impact on experiences of marginalized identity concordance in childhood is
 59 unclear, I argue these measures provide two helpful insights for this work. First the measure works to
 60 identify possible exposure to LGBTQ+ and/or big D Deaf identity during formative periods of life that may
 61 provide resistance to stigma they face today. For example, the presence of an individual in childhood who
 62 shares one’s identity typically will result in earlier access to language and/or cultural knowledge needed

63 to develop one's identity. Second, while uncommon to see d/Deaf children born to d/Deaf parents
64 (estimations are 5 to 10%), research indicates that those who are, have much stronger connections with
65 Deaf culture (Holcomb 2012). For LGBTQ+ children, it is very uncommon to be born or raised in an LGBTQ+
66 household; however little work has explored what happens when that is the case. Within my sample
67 (n=31), 5 (16%) grew up with at least one of their parents, parents' siblings (aunts, uncles, etc..), or
68 guardians identifying as LGBTQ+ and 7 (23%) identifying as Big D Deaf. Sixteen participants (45%) knew a
69 personal role model who was LGBTQ+ and 12 (39%) reported knowing a personal role model for their
70 Deaf identity (Table 5A).

71 As noted above, very little literature exists on multi-generational queer identity. Hence, it is
72 difficult to know if the fact that 16% of participants that reported that a parent, guardian, or parents'
73 sibling was LGBTQ+/Queer (Table 5A) is high or low relative to other LGBTQ+ folk. The lack of research in
74 this area appears to be for two main reasons. First, as far as we know, sexualities are not hereditary.
75 Second, while there have always been LGBTQ+/Queer folk with children, there is a risk with searching for
76 a causal link between the presence of LGBTQ+/Queer adults and the formation of queer identity for
77 children around them. As discussed in a prior section, the stigma impacting LGBTQ+/Queer folk is heavily
78 associated with frames of deviance and immorality. This means that if an association is found, those
79 opposed to LGBTQ+/Queer folk might operationalize the research to further attack LGBTQ+/Queer people
80 seeking to form families, especially through the pathway of adoption, which requires state and
81 organizational approval. For most, an LGBTQ+ identity is seen as an identity one is born with and then
82 learns to accept over time. Taking that to be true, the presence of a parent, guardian, or parents' sibling
83 who is LGBTQ+/Queer should not impact the likelihood of a child being LGBTQ+/Queer but might impact
84 their journey of identity discovery and/or relationship with stigma in society.

85

86 *Table 5A: Presence in Childhood*

<i>When growing up were any of your _____ LGBTQ+ or Big D Deaf? (N=31)</i>	<i>Categories</i>	<i>LGBTQ+</i>			<i>Big D Deaf</i>		
		<i>Yes</i>	<i>No</i>	<i>No Answer</i>	<i>Yes</i>	<i>No</i>	<i>No Answer</i>
	<i>Parents, parents' siblings, or guardians</i>	5 (16%)	20 (65%)	6 (19%)	7 (23%)	20 (65%)	4 (13%)
<i>Yes, No, Unsure, Unanswered</i>	<i>Personal role models</i>	14 (45%)	11 (36%)	6 (19%)	12 (39%)	15 (48%)	4 (13%)

87
88 Interestingly, Xander and West both fall squarely within this subset who did have parental figures
89 that were Deaf or LGBTQ+, but once again on opposite sides of the spectrum. Xander grew up with big D
90 Deaf parental figures, but not LGBTQ+ ones; West was the opposite, they grew up with LGBTQ+ parental
91 figures, but not Deaf ones. (See Table 5B.) For the group, sharing Deaf and/or LGBTQ+ identity with role
92 models was more common than with parents, guardians, or parents' siblings and the presence of either
93 was higher than I expected.

94 *Table 5B: Presence in Childhood Examples*

Presence in Childhood	Xander	West
Result	<i>I grew up with big D Deaf role models and parents, but not who were LGBTQ+.</i>	<i>I had role models and family members growing up who were LGBTQ+ but not Deaf.</i>
Implication	<i>Deaf Identity likely supported in youth.</i>	<i>LGBTQ+ identity likely supported in youth.</i>

95
96 **Measure 3: Acceptance in Spaces**

97
98 The third measure related to stigma is how accepted participants felt their Deaf and LGBTQ+
99 identities were in various spaces. I expected higher degrees of acceptance in certain spaces would
100 correspond with less experiences of stigma and potential resistance to stigma. In this work, I chose to
101 focus on Deaf cultural spaces, LGBTQ+ cultural spaces, public spaces, and workplaces. Each of these spaces
102 have relatively distinct social norms (Horne 2001) and differ in their purpose. I expected, and the results
103 confirm, that a big D Deaf individual feels high acceptance of their Deaf identity in Deaf spaces and their
104 high acceptance of their LGBTQ+ identity in LGBTQ+ spaces. I do not explicitly ask in the survey about

105 efforts taken to pass as hearing or straight and cis in the spaces they occupy, rather, I capture the degree
 106 to which they feel their Deaf and/or LGBTQ+ identities are accepted. I do so because measuring a
 107 perception of acceptance was more analytically and theoretically relevant to my initial research questions
 108 and measuring the concept of passing within Deaf communities would require more theoretical
 109 groundwork than the scope of this exploratory study afforded.

110 Table 6A: Acceptance in Spaces

		<i>Deaf Identity (A)</i>	<i>LGBTQ+ Identity (B)</i>	<i>A-B</i>
<i>How would you describe the level of acceptance of your LGBTQ+ or Deaf identity in _____?</i>	<i>LGBTQ+ Spaces</i>			
	<i>Count (freq. %)</i>	<i>26 (84%)</i>	<i>26 (84%)</i>	
	<i>Median</i>	<i>3.0</i>	<i>5.0</i>	<i>-2.00</i>
	<i>Mean</i>	<i>3.12</i>	<i>4.50</i>	<i>-1.38</i>
<i>Scale:</i> <i>1 – Not Accepted</i> <i>2 – Rarely Accepted</i> <i>3 – Sometimes Accepted</i>	<i>Deaf Spaces</i>			
	<i>Count (freq. %)</i>	<i>24 (77%)</i>	<i>23 (74%)</i>	
	<i>Median</i>	<i>4.5</i>	<i>4.0</i>	<i>0.50</i>
<i>4 – Accepted</i> <i>5 – Very Accepted</i>	<i>Public</i>			
	<i>Count (freq. %)</i>	<i>20 (65%)</i>	<i>20 (65%)</i>	
	<i>Median</i>	<i>3.0</i>	<i>3.5</i>	<i>-0.50</i>
	<i>Workplace</i>			
	<i>Count (freq. %)</i>	<i>21 (68%)</i>	<i>19 (61%)</i>	
	<i>Median</i>	<i>3.0</i>	<i>4.0</i>	<i>-1.00</i>
	<i>Mean</i>	<i>3.43</i>	<i>3.37</i>	<i>0.06</i>

111

112 Feelings of acceptance of Deaf and LGBTQ+ identities vary depending on the space. Most
 113 participants report (Table 6A) a high level of acceptance for their LGBTQ+ identity in LGBTQ+ spaces,
 114 (median = 5), but much lower acceptance of their Deaf identity (median = 3.0). Similarly, most participants
 115 report higher levels of acceptance for their Deaf identity (median = 4.5) than their LGBTQ+ identity
 116 (median = 4.0) in Deaf spaces, but the difference between them is not as large as it was in LGBTQ+ spaces.
 117 This suggests that LGBTQ+ spaces may be inaccessible and sites of stigma towards Deaf (or disabled)
 118 identities.

119 The accessibility of a space is typically a measure of how well a space is built or modified to include
 120 disabled folk. Over the course of this research, one of the most common ways of assessing gay bars

121 accessibility for Deaf folk was whether the space had sections with enough lighting to have conversations
122 in American Sign Language. Another common consideration was whether the gay bar was willing to have
123 captions on their televisions when showing a popular queer tv show: RuPaul's Drag Race. In my study, 21
124 participants shared about the levels of accessibility they have experienced in-person LGBTQ spaces prior
125 to COVID-19; 66 % reported the in-person spaces as inaccessible, 29% reported the spaces are sometimes
126 accessible and sometimes not, and only one person reported the spaces as accessible. Of the 19
127 respondents who rated accessibility in online LGBTQ+ spaces, seven (37%) found the spaces inaccessible,
128 eight (42%) accessible, and four (21%) sometimes accessible. The topic of accessibility is a very important
129 idea underlining this measure of acceptance in spaces because so few spaces allow for the open
130 expression of an LGBTQ+/queer identity compared to Deaf identity, but at the same time, the
131 overwhelming nature of the hearing world can make Deaf individuals feel just as excluded.

132 In public spaces, most participants fell less acceptance of their Deaf and LGBTQ+ identities than
133 in private, community spaces. This may indicate the presence of societal level stigma and the fact that
134 public spaces are made for hearing people and are heteronormative. The median response about LGBTQ+
135 identity acceptance in public space is slightly higher than the acceptance of Deaf identity in public space.
136 While this is difficult to assess with the limited scope of the question, it suggests some possibilities.
137 Participant's may be able to pass as heterosexual or cisgender in public, or feel that the public spaces they
138 occupy are more suited to accept a an LGBTQ+ individual than a Deaf one, leading to slightly higher levels
139 of acceptance.²² This may also relate to common barriers some Deaf folk face when interacting in public
140 requires communicating with hearing individuals, whom often do not use sign language or understand
141 accessible alternatives to communication. Given that LGBTQ+ support varies widely by geo-political

²² The passive passing of one's LGBTQ+ identity is very individualized and is different depending on what type(s) of LGBTQ+ identities one holds and how those identities can be perceived by others.

142 regions in the United States, variation may also be tied to where a participants live.²³ In workplaces,
143 participants also report only sometimes feeling acceptance of their Deaf identity (median = 3.0), but
144 report feeling accepted for their LGBTQ+ identity (median = 4.0). This result may be driven by a difference
145 in the visibility or more likely, the disclosure of each identity within the workplace. It is common and
146 expected for Deaf individuals to disclose their Deaf identity in the workplace to gain accessibility within
147 the space and set standards for communication; in contrast, disclosing of one's LGBTQ+ identities in the
148 workplace are not typically about accessibility. I believe this result suggests structural forces of ableism
149 (specifically audism) in the workplace where being Deaf or more broadly having a disability is often seen
150 as a barrier to completing work and engaging with coworkers, clients, and customers. The institutional
151 logics of capitalism, embedded in workplaces is fundamentally opposed to the notion of accessibility.
152 Accessibility costs more. This is akin to experiences of many women in the workplace, who face the
153 gendered reproductive penalty, Lastly, it is important to note that the response rates vary across the four
154 spaces measured (ranging from 65 - 85%), once again indicating some spaces were more relevant to
155 participants than others, pointing to potential areas for future work.

156 Xander reports feeling that his Deaf identity is very accepted in Deaf spaces but only somewhat
157 accepted in LGBTQ+ spaces, public spaces, and at the workplace. This is largely in line with the group as a
158 whole, except for his level of acceptance within LGBTQ+ spaces, which is lower than many of his peers.
159 Xander feels his LGBTQ+ identity is very accepted in LGBTQ+ spaces, and slightly less in Deaf spaces. For
160 public spaces, his experiences appear mixed and, in the workplace, his LGBTQ+ identity is rarely accepted.
161 This indicates that for Xander, forces like homophobia appear to have a greater impact than does
162 ableism/audism in public and the workplace. West on the other hand, reports feeling acceptance of their
163 Deaf and LGBTQ+ identities in Deaf and LGBTQ+ spaces but feels rarely accepted for their Deaf identity in

²³ The survey collected state level data which was aggregated up to region. I do not analyze location due to the sample size of respondents in this phase. I suggest future large scale studies do so.

164 public or workplaces. This contrast was emphasized when West described why they feel accepted in Deaf
 165 spaces: “I don't need to ‘prove’ my deafness.” Their comment further explains how they constantly must
 166 engage in taxing identity work. For Xander and West, workplaces seem more precarious than for the
 167 sample, even compared to public places. As mentioned above, in public places, the ability to pass is usually
 168 greater and the social norms of professionalism may offer more protection from feeling unaccepted. In
 169 workplaces, the proximity with others limits options to pass and the specific organizational norms may
 170 dictate how identities are navigated.

171 *Table 6B: Acceptance in Spaces Examples*

Acceptance in Spaces	Xander	West
Result	<i>My Deaf identity is somewhat accepted in LGBTQ+ spaces, but very accepted in Deaf spaces. My LGBTQ+ identity is very accepted in LGBTQ+ spaces, and slightly less accepted in Deaf spaces.</i>	<i>Both my Deaf and LGBTQ+ identities are accepted in both Deaf and LGBTQ+ spaces. My Deaf identity especially is accepted in Deaf spaces, where “I don't need to ‘prove’ my deafness”</i>
Implication	<i>LGBTQ+ spaces slightly more accepting of multiple identities.</i>	<i>Identity based community spaces are accepting of both identities.</i>

172

173 Measure 4: Identity Expression

174 *“I identify as unapologetically Deaf and gay” – Giles, White, Gay, Deaf Man*

175 Like with spaces, participants reported on their comfort expressing their Deaf identity and
 176 LGBTQ+ identity (specifically sexuality) in various situations of life. This measure estimated stigma by
 177 gauging the level of comfortability one had expressing their identity, focusing on the outward expression
 178 of identity. Eight of the twelve situations asked about are shown in Table 7A. They include interactions
 179 with friends, family, romantic/sexual partners, co-workers, acquaintances, interpreters/captioners,
 180 clients/customers, and teachers/doctors/government employees. These interactions span private and
 181 public areas of life. Expressing Deaf identity can typically include the use of sign language, wearing clothing
 182 that indicates Deaf pride, wearing of medical devices related to sound, and the disclosure of their d/Deaf
 183 identity through conversations. Expressing LGBTQ+ identity might include public displays of affection with

184 a partner, certain clothing, and the disclosure of oneself as queer through certain cultural phrases or
185 conversations where one routinely 'comes out' to those they are interacting with.

186 When looking at LGBTQ+ identity across all eight types of interactions, my participants tend to be
187 extremely comfortable expressing their sexuality to *friends* and *potential romantic/sexual partners*. They
188 are relatively 'neutral' in their comfort doing so with the other six types of interactions. For Deaf identity,
189 participants were somewhat to extremely comfortable expressing their Deaf identity with all categories
190 except those associated with the workplace (coworkers and clients/customers). This indicates that the
191 stigma associated with ableism may be more salient in workplace situations. Participants reported more
192 comfort expressing Deaf identity over their LGBTQ+ identity in all interaction types except with
193 romantic/sexual partners. However, when looking closely at the median results for sexual/romantic
194 partners, participants do report being at least 'somewhat comfortable' expressing their Deaf identity to
195 romantic/sexual partners. Participants reported more comfort expressing their Deaf identity compared to
196 their LGBTQ+ identity with interpreters/captioners, teachers/doctors/government employees and their
197 family.

198 Table 7A: Comfortability of Identity Expression by Type of Interaction

		Deaf Identity (A)	Sexuality (B)	A-B
<p>How comfortable do you feel expressing your [Deaf identity and/or sexuality] with _____?</p> <p>Scale: 1 –Extremely uncomfortable 2 – Somewhat uncomfortable 3 – Neutral 4 – Somewhat comfortable 5 – Very comfortable</p>	<i>With Potential Romantic or Sexual Partners</i>			
	Response Rate (%) ¹	19 (61%)	22 (71%)	
	Median	4	5	-1.00
	Mean	3.61	4.32	-0.71
	<i>With Friends</i>			
	Response Rate (%) ¹	26 (84%)	26 (84%)	
	Median	5	5	0
	Mean	4.08	3.88	0.2
	<i>With Clients or Customers</i>			
	Response Rate (%) ¹	15 (48%)	14 (45%)	
	Median	3	2.5	0.5
	Mean	3.40	2.64	0.76
<i>With Family</i>				
Response Rate (%) ¹	24 (77%)	22 (71%)		
Median	4	3	1.00	
Mean	3.54	2.77	0.77	
<i>With Interpreters or Captioners</i>				
Response Rate (%) ¹	26 (84%)	23 (74%)		
Median	5	3	2.00	
Mean	4.19	3.35	0.84	
<i>With Acquaintances</i>				
Response Rate (%) ¹	25 (81%)	24 (77%)		
Median	4	3.5	0.5	
Mean	3.68	3.33	0.35	
<i>With Teachers, Doctors, or Gov. Employees</i>				
Response Rate (%) ¹	23 (74%)	22 (71%)		
Median	4	3	1.00	
Mean	4.38	2.86	1.52	
<i>With Coworkers</i>				
Response Rate (%) ¹	19 (61%)	19 (61%)		
Median	3.5	3	0.5	
Mean	3.23	2.52	0.71	

200 Like previous indicators of stigma, Xander and West shared different levels of comfort expressing
 201 their identities. Xander shared he is extremely comfortable expressing both his Deaf and LGBTQ+ identity
 202 in most types of social interactions, except with coworkers. This may be related to the assumption most
 203 workplaces are “professional” spaces, where expressing your LGBTQ+ identity may not be warranted. I
 204 view this assumption as a byproduct of stigma and heteronormativity, where the default is to assume one
 205 cis-hetero (Coley et al. 2023). West reports being very comfortable expressing their LGBTQ+ identity in
 206 all areas of life, but only sometimes feels comfortable expressing their Deaf identity. West was particularly
 207 less comfortable expressing their Deaf identity with public actors (acquaintances and professionals
 208 (teachers, doctors, gov. employees).

209 *Table 7B: Identity Expression*

Identity Expression	Xander	West
Result	<i>I am extremely comfortable expressing both my Deaf and LGBTQ+ identity in most areas of my life, but I am not comfortable expressing my sexuality with coworkers.</i>	<i>I am comfortable expressing my LGBTQ+ identity in all areas of my life, but I am only sometimes comfortable expressing my Deaf identity; for my Deaf identity, it really depends on the space. Specifically, in interactions with acquaintances and professionals (teachers, doctors, gov. employees), I feel less comfortable.</i>
Implication	<i>Deaf identity easier to express.</i>	<i>Higher levels of stigma for being Deaf.</i>

210

211 **Measure 5: Societal Pressure to Downplay Identities**

212 The last variable I include within the composite measure is the pressure from society to downplay
 213 or minimize sexuality and/or Deaf identity. Overall, participants reported feeling pressured by society to
 214 downplay LGBTQ+ and Deaf identities about half of the time. This is a critical finding that illustrates one
 215 part of what it is like to hold stigmatized, marginalized identities in the United States. Breaking out
 216 respondents by age and race provides a more nuanced snapshot of this dynamic (see Table 8A).
 217 Participants are sorted into four generational categories: Gen X, Gen Z, Millennials, and Boomers.
 218 Boomers (born 1945-1965) in the sample reported low to no societal pressure, Gen X (born 1966-1980)
 219 respondents reported pressure to downplay their gender and Deaf identity most of the time, Millennials
 220 (1981-1996) reported pressure to downplay sexuality, gender, and Deaf identity half of the time, and lastly

221 Gen Z (born 1997-) reported pressure to downplay their sexuality and Deaf identity most of the time.
 222 Generation X and Z reported experiencing the most stigma associated with Deaf identity, indicating
 223 differences between age cohort (e.g. culture, experiences, power, norms, etc.) may be impacting stigma.
 224 Gen Z, the youngest cohort, reports the highest level of pressure to downplay sexuality, in stark contrast
 225 to Boomers, who overall report never feeling the pressure to do so. Further examination is required, but
 226 this may be due to the length of time in which any of these identities are held and the way that overtime
 227 pressure from society may be felt differently as individuals gain tools to resist forces of stigma.

228 *Table 8A: Society Pressure by Age*

	Categories	Group	Response Rate (%)	Median	Mean
<i>How often have you felt pressure to downplay your _____ by society?</i>	Sexuality	<i>All (N=31)</i>	<i>28 (90%)</i>	<i>3.0</i>	<i>2.75</i>
		<i>Gen Z (n=7)</i>	<i>5 (71%)</i>	<i>4.0</i>	<i>3.2</i>
		<i>Millennials (n=9)</i>	<i>9 (100%)</i>	<i>3.0</i>	<i>3.1</i>
		<i>Gen X (n=10)</i>	<i>7 (70%)</i>	<i>3.0</i>	<i>2.7</i>
		<i>Boomers (n=5)</i>	<i>3 (60%)</i>	<i>1.0</i>	<i>1.0</i>
	Deaf Identity	<i>All (N=31)</i>	<i>31 (68%)</i>	<i>3.0</i>	<i>3.05</i>
		<i>Gen Z (n=7)</i>	<i>5 (71%)</i>	<i>4.0</i>	<i>3.2</i>
		<i>Gen X (n=10)</i>	<i>5 (50%)</i>	<i>4.0</i>	<i>3.8</i>
		<i>Millennials (n=9)</i>	<i>9 (100%)</i>	<i>3.0</i>	<i>2.9</i>
		<i>Boomers (n=5)</i>	<i>2 (40%)</i>	<i>1.5</i>	<i>1.5</i>

229

230 West and Xander (Table 8B) once again have clear differences in how often they each felt the
 231 pressure to downplay their identities to society. Xander does not ever feel a pressure. In contrast, West
 232 feels the pressure for both their sexualities and their Deaf identity, but more often for their Deaf identity.
 233 This aligns with previous responses given by Xander and West, although for West, this is one of the only
 234 measures indicating stigma around their LGBTQ+, indicating societal level stigma is most relevant to them.

235 *Table 8B: Society Pressure Examples*

Society Pressure	<i>Xander</i>	<i>West</i>
Result	<i>I do not often feel a pressure to downplay my identities.</i>	<i>I feel pressure to downplay both identities, but slightly more often for being Deaf.</i>
Implication	<i>Indicates low to no impact of stigma.</i>	<i>Higher levels of stigma for Deaf identity.</i>

236

237 Measure 6: Need to Downplay

238 *"I was comfortable with my Deaf identity but never with my gay identity which I had to hide when I was*
239 *growing up."* – Daniel, Deaf, Gay, White, Man.

240
241 The final measure of stigma used was whether a participant often felt the need to downplay their

242 Deaf or LGBTQ+ identities. I ask whether participants often feel the need to downplay their Deaf identity

243 and/or LGBTQ+ identity with six different groups of people in their lives. Whether or not an individual

244 feels the need to downplay their Deaf and/or LGBTQ+ identity helps identify if they feel stigma associated

245 with either that impacts them internally. If answers change depending on the situation (e.g., with family

246 versus with friends) it suggests the stigma of Deaf identity and/or LGBTQ+ identities manifest differently

247 in different contexts and may require a more dynamic response to mitigate.

248 For both Deaf and LGBTQ+ identity, a higher proportion of respondents reported often feeling the
249 need to downplay with *family, coworkers, and teachers/doctors/government employees* than with *friends*.

250 However, for potential *romantic and sexual partners*, more participants (n=14, 45%) said they often feel
251 the need to downplay their Deaf identity, compared to only 7 (23%) feeling the need to do so with their

252 LGBTQ+ identity. This is notable on two fronts. First, a community level interpretation of these results

253 suggests that the high proportion (45%) of participants who feel the need to downplay their Deaf identity

254 to potential romantic/sexual partners may face sexual ableism and a lack of cultural scripts for Deaf folk

255 within queer sexual fields they operate within. Second, the presence of seven people who often feel the

256 need to downplay sexuality/gender-based identities to potential romantic and or sexual partners is

257 extremely unexpected when gender and sexuality are largely the basis of these relationships. Additionally,

258 while the average response rate for the questions about downplaying Deaf identity was 96%, the average

259 response rate for LGBTQ+ downplay questions was only 86%, indicating less definitive feelings around

260 whether one feels the need to often downplay ones' LGBTQ+ identity.

261

262 *Table 9A: Need to Downplay Counts*

<i>Do you often feel the need to downplay your LGBTQ+ or Deaf identity with _____?</i>	<i>Categories</i>	<i>LGBTQ+</i>			<i>Deaf Identity</i>		
		<i>Yes</i>	<i>No</i>	<i>NA</i>	<i>Yes</i>	<i>No</i>	<i>NA</i>
<i>Options: Yes, No, NA</i>	<i>Teachers, Doctors, Government Employees</i>	15 (48%)	11 (36%)	5 (16%)	13 (42%)	17 (55%)	1 (3%)
	<i>Co-workers</i>	14 (45%)	11 (36%)	6 (19%)	12 (39%)	15 (48%)	4 (13%)
	<i>Family</i>	14 (45%)	16 (52%)	1 (3%)	16 (52%)	14 (45%)	1 (3%)
	<i>Acquaintances</i>	8 (26%)	19 (61%)	4 (13%)	12 (39%)	19 (61%)	0 (0%)
	<i>Friends</i>	5 (16%)	22 (71%)	4 (13%)	8 (26%)	22 (71%)	1 (3%)
	<i>Romantic or Sexual Partners</i>	7 (23%)	18 (58%)	6 (19%)	14 (45%)	16 (52%)	1 (3%)

263

264 Downplaying Deaf identity can manifest in a variety of ways depending on how one’s Deaf identity

265 is expressed in the first place. The most common examples are limiting the use of sign language, avoiding

266 speech, and adjusting to the social norms of hearing folk. It can also mean not talking about your identity

267 as Deaf or the way that it impacts who you are.²⁴ Similarly, downplaying one’s sexuality and/or gender

268 can mean acting more masculine or feminine, wearing certain clothes, and/or avoiding certain actions,

269 like same-gender interactions. In essence the action of downplaying itself is a behavior modification, my

270 measure, which asks about how often individuals feel a need to downplay, does not require they take

271 steps to downplay (such as not using ASL in situations for Deaf identity).

272 Preliminary results indicate that navigating Deaf and/or LGBTQ+ identity with family is not a

273 monolithic experience for Deaf-LGBTQ+ folk. Table 9B helps offer clarification by identifying the

274 combinations of responses given for the categories of family, friends, romantic/sexual partners, and

275 teachers/doctors/gov. employees. Thirty-nine percent of participants reported feeling the need to

276 downplay both their Deaf and LGBTQ+ identity when with family; an equal proportion (39%) reported not

²⁴ For more on the theoretical implications of identify invocation or expression, see the concept of identity salience (Hogg, Terry, and White 1995).

277 feeling the need to downplay either of these identities when with family. In those cases, the pressure to
 278 downplay to family or not may be less about the identities in question and more about the type of
 279 relationship one has with their family. Of the remaining six participants, four feel the need to downplay
 280 their Deaf identity to family but not their LGBTQ+ identity and two feel the need to downplay their LGBTQ+
 281 identity to family but not their Deaf identity.

282 Table 9B: Need to Downplay Combinations

Do you often feel a need to downplay your Deaf, and/or LGBTQ+ identity with... (N=31)		Family	Friends	Romantic and/or sexual partners	Teachers, Doctors, Gov. Employees
Response Combinations	<i>Yes, for both Deaf and LGBTQ+</i>	12 (39%)	4 (13%)	6 (19.2%)	9 (29%)
	<i>Yes, for Deaf but no for LGBTQ+</i>	4 (13%)	3 (9.6%)	5 (16%)	2 (6.4%)
	<i>Yes, for Deaf but no answer for LGBTQ+</i>	0 (0%)	1 (3.2%)	3 (9.6%)	2 (6.4%)
	<i>No for both Deaf and LGBTQ+</i>	12 (39%)	19 (61.2%)	13 (42%)	9 (29%)
	<i>No for Deaf and Yes for LGBTQ+</i>	2 (6.4%)	1 (3.2%)	1 (3.2%)	5 (16%)
	<i>No for Deaf and no answer for LGBTQ+</i>	0 (0%)	2 (6.4%)	2 (6.4%)	3 (9.6%)
	<i>Yes, for LGBTQ+ and no answer for Deaf</i>	0 (0%)	0 (0%)	0 (0%)	1 (3.2%)
	<i>No answer for LGBTQ+ and no answer for Deaf</i>	1 (3.2%)	1 (3.2%)	1 (3.2%)	0 (0%)

283

284 Table 9C describes how Xander and West responded. In this case, Xander does not feel the need
 285 to downplay any part of his identity, whereas West only feels the need to often downplay being Deaf. This
 286 once again indicates that West experiences higher levels of stigma connected to being Deaf, meaning
 287 forces of ableism/audism may be impacting their life more directly than forces of trans/homophobia.

288 Table 9C: Need to Downplay Example

Need to Downplay	<i>Xander</i>	<i>West</i>
Result	<i>I do not feel a pressure to downplay my identities.</i>	<i>I do not feel the need to often downplay being LGBTQ+, but I do often feel the need to downplay being Deaf.</i>
Implication	<i>Indicates low impact of stigma.</i>	<i>Higher levels of stigma for being Deaf.</i>

289

290 *Downplaying versus Comfort Expressing versus Societal Pressure Results*

291 In this work, I have shared multiple measures that address stigma. Three of the measures have a
292 special relationship. Often feeling the need to downplay one’s identity with certain people, the level of
293 comfort one has expressing identity, and the pressure one feels to downplay from society collectively
294 capture stigmatization yet do so in distinct ways. For example, whether one often feels the need to
295 downplay (Table 9A) a given identity does not always coincide with the level of comfort they have
296 expressing that same identity (Table 7A). Furthermore, the pressure they feel from society to downplay
297 (Table 8A) may be distinct from the pressure they feel internally. Variation in responses across these three
298 measures points to nuance in measuring stigma and what indicators of stigma might entail in practice. An
299 individual may share they feel the need to downplay their Deaf identity with family and at the same time
300 report feeling some degree of comfort expressing their Deaf identity to their family. Rather than pick one
301 as the more accurate or reliable measure, or challenge the validity of the responses, I take them each as
302 true and an important part of the story. I then examine the insights each afford. For example, 24
303 participants who shared they do not feel a need to often downplay LGBTQ+/Queer identity (i.e.,
304 responding “no” on feeling the need to often downplay in at least three of the six possible categories²⁵),
305 but only six of those participants reported consistent comfort expressing their LGBTQ+/Queer identity
306 (i.e. somewhat to very comfortable expressing sexuality in at least six of the twelve possible categories).²⁶
307 For Deaf identity, there are 18 participants who typically do not feel a need to often downplay their Deaf
308 identity (i.e., responding “no” on feeling the need to often downplay in at least three of the six possible
309 categories), but 10 of them consistent comfort expressing it (i.e. somewhat to very comfortable
310 expressing sexuality in at least six of the twelve possible categories. In both cases, the assumption that
311 not often feeling the need to downplay should coincide with more comfort expressing is not as clear cut.

²⁵ Family, friends, romantic/sexual partners, teachers/doctors/gov. employees, coworkers, and acquaintances.

²⁶ Family, friends, romantic/sexual partners, teachers/doctors/gov. employees, coworkers, acquaintances, customers/clients, interpreters, at home, online, at gym/coffee shop, in neighborhood.

312 This may not be surprising, but the complex combination I explore in this work lays the foundation for
313 interview research where individuals can better illuminate how they experience and handle contradictions
314 this study indicated.

315 RESULTS PART 2: COMPOSITE MEASURE

316 In the previous section, I shared each individual measure along with results for Xander and West.
317 I now will present the culmination of those measures in their composite form ([Figure 5](#)). The composite
318 measure (see Table 10) weaves together all six individual measures of Deaf and LGBTQ+ identity
319 experience to help provide a more holistic understanding of what navigating LGBTQ+ identity and
320 navigating Deaf identity is like for those that hold both. However, the composite is unable to accurately
321 capture the impact of each individual measure on a participant's life. In real life, the relevance or impact
322 of variables included in the composite measure will vary person to person. In addition, to build a
323 composite formula, I had to determine the weight of each on the formula, which created a situation where
324 many measures are weighted equally when that may not be the case in practice/ For example, I am unable
325 to determine if community connection or comfortability in expressing identity should have more impact
326 on the composite result. I am unable to determine if a lack of comfort expressing sexuality to a friend
327 should have the same impact on a composite value as a lack of comfort expressing sexuality to a family
328 member. At the same time, even if I used theoretical guidance to establish a difference, I would then need
329 to determine the degree of difference. Considering these limitations, the composite results has two key
330 uses. First, the composite results allow for holistic comparison of responses about Deaf identity and
331 LGBTQ+ identity because the formula is the same for both. Second, the composite measure is useful for
332 demonstrating how conflicting or variations in experiences are experienced by individuals—holistically.
333 What I mean here is that while individuals, when prompted (as I do in the survey), may specify how their

334 identities are experienced vary in contexts, I find that most individuals in practice talk about their
335 experiences with a given identity in general, holistic ways, in line with the composite measure approach.

336 Table 10 shows the composite measure formula, abridged descriptive statistics, and the
337 composite measures for two example participants, West and Xander. The composites could range from -
338 42 to 38, although no individual received lower than a -21 for either LGBTQ+ or Deaf identity experience.
339 A result of -21 to -11 meant most responses were negative; -10 to -1 typically meant a combination of
340 negative and neutral responses; 0 to 20 indicated a combination of neutral and positive experiences, and
341 lastly a result of 21 to 38 indicates consistently positive experiences. Most results fall between 0 to 20,
342 indicating a mix of positive and negative responses, reflecting as expected, a complex lived experience.
343 The median composite was 8.5 for LGBTQ+ identity experience and 8 for Deaf identity; this is very close
344 and tracks with what was observed in the individual measures, where collectively, the results for Deaf and
345 LGBTQ+ measures were more similar than different. The median values indicate most of the sample has
346 a combination of positive and neutral responses for both identities. The mean value tells a slightly
347 different story. For Deaf identity, the mean is close to the median at 8.3, indicating there are not significant
348 outliers within responses about Deaf identity. In contrast, for LGBTQ+ identity, the mean is 5.8 compared
349 to a median of 8.5. The lower mean indicates the presence of more negative outliers pulling the mean
350 lower. Interestingly, composite Deaf identity results are highly correlated ($r = 0.79$) with LGBTQ+ identity
351 results, indicating that individuals who have a positive Deaf identity composite result tend to also have a
352 positive LGBTQ+ identity composite result. This may suggest parallels in the social circles Deaf-LGBTQ+
353 folk in my study operate in and the degree to which they center these identities within their own journey
354 of self-acceptance. In the case of Xander and West, Table 10 shows how each composite result was
355 calculated and the proportion of the result from each individual measure. Table 10 also provides a written
356 narrative version of the composite result to help illustrate a qualitative profile.

357 West's comfortability expressing their identity as a queer, non-binary person and how accepted
358 they feel in different spaces they occupy resulted in a high composite result for their LGBTQ+ identity (26).
359 West did not share many indications that stigma around LGBTQ+ identity substantially impacted their life,
360 which resulted in a very high composite value given the formula I employ. In contrast, the composite result
361 for their Deaf identity, while still positively impacted by how comfortable they feel expressing themselves,
362 was reduced by negative responses about their Deaf identity. West's responses suggest they do not feel
363 their Deaf identity is widely accepted and they even feel a need to often downplay their Deaf identity in
364 various interactions, which they do not at all for their LGBTQ+ identity. In Xander's case, their composite
365 Deaf identity result was the high one (22); for Xander, this value was most positively impacted by their
366 comfortability expressing Deaf identity, their connection to the Deaf community. Xander did not share
367 feeling societal pressure to downplay their Deaf identity or often feeling the need to downplay his Deaf
368 identity with those in his life, suggesting he does not feel stigmatized for his Deaf identity (at least
369 according to the measures used here). Xander's LGBTQ+ identity composite result (10) is much lower, but
370 most of this difference is directly tied to feeling less comfortable expressing being gay. For example, he
371 still reported not feeling the pressure to downplay from society or often feeling the need to downplay it.

372 Table 10: Experience Composite Measure

Formula:¹ Composite Experience = (Community Connection [0 to 4]) + (Presence in Childhood [0 to 2]) – (Need to Downplay [0 to 6]) + (Identity Expression [-24 to 24]) + (Acceptance in Spaces [-8 to 8]) – (Society Pressure [0 to 4]); Total Possible Range: -42 to 38

Deaf Identity Summary Statistics: **N = 26, Mean (8.3), Median (8), Max (38), Min (-21), IQR (25.75), Q1 (-4.5), Q3 (21.25), & SD (15.9)**

LGBTQ+ Identity Summary Statistics: **N = 26, Mean (5.8), Median (8.5), Max (37), Min (-19), IQR (13.5), Q1 (-2.5), Q3 (11), & SD (15.1)**

	Composite Experience Measure	Composite Narrative
West	Queer/ LGBTQ+ Identity 26 = Community Connection (4) + Presence in Childhood (2) – Need to Downplay (0) + Identity Expression (15) + Acceptance in Spaces (7) – Society Pressure (2)	West is a multi-racial queer , non-binary person who says their sexuality is extremely important to them and that they often feel a strong connection to the LGBTQ+ community, saying one thing they notice about it is “The general free expression of self and its celebration”. They grew up with some family members who were LGBTQ+ and do not often the need to downplay their queer identity. They feel accepted across different types of spaces as a queer person and are extremely comfortable expressing their LGBTQ+ identity.
	Deaf Identity 7 = Community Connection (3) + Presence in Childhood (0) – Need to Downplay (6) + Identity Expression (12) + Acceptance in Spaces (1) – Society Pressure (3)	West also identifies as Big D Deaf but came to this identity later in life; they did not grow up with a Deaf influence around them. Their relationship with sound/hearing level is important to their identity. They are comfortable expressing being Deaf, but they often feel the need to downplay it in certain settings. They do not feel accepted for their Deaf identity in most spaces; however, they have found support in the Deaf community, noting “The acceptance - that I don't need to ‘prove’ my deafness. That I am one of many ways a Deaf identity can be expressed.
Xander	Queer/ LGBTQ+ Identity 10 = Community Connection (1) + Presence in Childhood (0) – Need to Downplay (0) + Identity Expression (7) + Acceptance in Spaces (1) – Society Pressure (0)	Xander is a White gay man . He does not often feel the need to downplay his LGBTQ+ identity, but he does not feel a strong connection to the LGBTQ+ community. He did not have an LGBTQ+ presence in his childhood. He has varied experiences of acceptance across different spaces and tends to be comfortable expressing his sexuality with those close to him but is less comfortable in public and professional spaces. He also isn't pressured by society to downplay being gay.
	Deaf Identity 22 = Community Connection (4) + Presence in Childhood (2) – Need to Downplay (0) + Identity Expression (14) + Acceptance in Spaces (2) – Society Pressure (0)	Xander is also a big D Deaf individual and has been for most of his life. He does not feel the need to downplay his Deaf identity to anyone and has a strong connection to the Deaf community. He has Deaf role models and family members growing up. He does not feel a pressure to downplay his Deaf identity and while he has mixed acceptance across spaces, in general he feels accepted.

373 ¹ For an explanation on the variables used, re-coding process, and interpretation guide, see ‘Composite Measure’ in Appendix.

374 ² The provided narratives are constructed from demographic and Likert-scale responses of the survey that contextualize the composite measure.

376 Table 11 shows the summary statistics and correlations of Deaf and LGBTQ+/Queer composite
377 measures across different subgroups of the sample. White participants have, on average, much higher
378 composite results for both Deaf identity and LGBTQ+ identity experiences. For nonwhite participants (n=8)
379 the median Deaf experience result was 3.0 compared to 14.5 for White participants (n=18). Additionally,
380 for nonwhite participants, the median LGBTQ+/Queer experience result was -0.5 compared to 10 for
381 White participants.²⁷ Similarly, respondents from Generation Z (born after 1997) more often report
382 negative experiences tied to both their Deaf and LGBTQ+ identities than other generation cohorts. In fact,
383 results show that the as we move up each generation from youngest to oldest (Generation Z, Millennials,
384 Generation X, Boomers), we see an increase in the median experience scores for both LGBTQ+/Queer and
385 Deaf identity. The median for Generation Z (n=7) is -6 for their Deaf measure and -7 for their
386 LGBTQ+/Queer measure. For Millennials (n=9) this increased drastically to 7 for Deaf and 8 for
387 LGBTQ+/Queer. For Generation X this increased to 18 for Deaf and 9 for LGBTQ+/Queer (both values are
388 above the medians for the entire sample). Boomers had the highest results with a median result of 29 for
389 their Deaf experience and a 24 for LGBTQ+/Queer. The differences between these medians reveals that
390 for the Deaf experience measure, generational differences are relatively consistent, but with the LGBTQ+
391 experience measures, Millennials and Generation X have similar median results, further indicating age
392 cohort is an important factor to consider when thinking through what it means to experience Deaf and
393 Queer identities.

394 In addition to examining the connection between race and age to participants' composite results,
395 I analyze participants by breaking them into subgroups based on responses to questions about disability
396 status, community connection, and their what is important to their identity. I do so to compare across
397 different subgroups and to identify if certain axes of comparing within my sample yield notable results.

²⁷ Future work might examine the composition of these results to see if the higher results for White participants are tied to a specific piece of the composite measure.

398 Participants who report feeling disabled by their deafness received a median result of 3.0 (below sample
399 median) for their Deaf experience, and an 8.0 for their LGBTQ+/Queer experience (approximately the
400 sample median). Those who were unsure or did not feel disabled, received higher median results (9 for
401 Deaf and 12 for LGBTQ+/Queer). Participants that said sexuality was not or was only kind of important to
402 their identity ended up with a lower median composite than those that said sexuality was important to
403 their identity. This may be related to the fact that if an aspect of yourself is important to you, you are
404 more likely to resist forces of stigma and find community around it. In addition to comparing differences
405 across subgroups, I examined how many individuals' composite results varied for Deaf and LGBTQ+/Queer
406 identity stigmatization (indicators of stigma and resistance to it) and to what degree. Roughly one-half
407 (54%) of participants had a minor difference of five or less points between their LGBTQ+ and Deaf
408 composite result, six (23%) had a moderate difference (between 6 and 15 points), and six (23%) had a
409 large difference (between 16 and 23 points). For the six with extreme differences, three had higher
410 LGBTQ+ results and three had higher Deaf results. The largest contributor to the differences came from
411 the individual measure of comfort expressing Deaf identity vs. LGBTQ+ identity, further indicating the
412 importance of understanding exactly in which contexts expressing Deaf and/or LGBTQ+ is most
413 precarious.
414

415 Table 11: Composite Measure Summary Statistics

	<i>Deaf Identity Experience</i>			<i>LGBTQ+ /Queer Experience</i>			<i>Correlation²</i>
	<i>Median³</i>	<i>Mean³</i>	<i>Std Dev³</i>	<i>Median³</i>	<i>Mean³</i>	<i>Std Dev³</i>	
<i>All (n = 26)¹</i>	8.0	8.3	15.9	8.5	5.8	15.1	0.79
<i>Age</i>							
<i>Boomers (n=5)</i>	29	25.2	11.2	24	20	14.9	0.97
<i>Gen X (n=7)</i>	18.0	16.3	11.0	9.0	6.9	13.7	0.35
<i>Millennials (n=9)</i>	7	2.2	12.3	8	3.8	13.2	0.91
<i>Gen Z (n=7)</i>	-6	-8.6	7.6	-7	-6.2	11.3	0.52
<i>Community</i>							
<i>If participant reports strong connection LGBTQ+/Queer community (n=22)</i>	8.5	9.9	15.4	8.5	6.8	15.4	0.78
<i>If participant reports strong connection to Deaf community (n=25)</i>	8.0	9.5	15.0	9.0	6.7	14.7	0.76
<i>Identity Importance</i>							
<i>If participant reports sexuality is important to identity (n=18)</i>	10.5	9.7	14.5	9.5	6.7	14.1	0.80
<i>If participant reports sexuality is not or only kind of important to identity (n=7)</i>	-3	0.8	15.4	0	-1.0	13.0	0.51
<i>If participant reports relationship with sound is not or only kind of important to identity (n=8)</i>	2.5	7.25	17.4	6.5	2.6	15.0	0.68
<i>If participant reports relationship with sound is important to identity (n=11)</i>	7.0	4.5	16.0	4.0	4.4	16.1	0.80
<i>Feels disabled by Deaf identity.</i>							
<i>If "No or Unsure" (n=17)</i>	9.0	11.6	15.5	12	8.3	15.2	0.82
<i>If "Yes" (n=9)</i>	3.0	2.2	15.6	8.0	1.1	14.5	0.67
<i>Deaf Experience Composite Measure</i>							
<i>Below sample median (n=13)</i>	-5.5	-5.6	9.0	-6.0	-2.8	15.2	0.75
<i>Above sample median (n=13)</i>	20.5	20.3	9.1	10.0	13.2	10.6	0.71
<i>LGBTQ+ /Queer Experience Composite Measure</i>							
<i>Below sample median (n=13)</i>	-3.0	-0.2	15.0	-5.0	-5.5	10.6	0.76
<i>Above sample median (n=13)</i>	18.0	16.8	11.9	9.1	13	17.2	0.57

416 ¹ exclude 5 participants in the calculations of composite values because they failed to answer 50% of questions
 417 used in composite measure.

418 ² Calculated with Pearson's method of correlation

419 ³ Rounded to the first decimal place.

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KEY FINDINGS & DISCUSSION

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In the previous two sections, I provided my survey results and briefly discussed what these results indicate about Deaf-LGBTQ+ identity experiences. I did so, first, with six individual measures. When describing results for each of the six individual measures, I provided response counts, median values, and means for the sample. I also provided and briefly discussed the responses of two participants, Xander and West. The first two measures: ‘community connection’ and ‘presence in childhood’ provided insight on the role of Deaf and LGBTQ+ communities within my participants’ lives and whether participants’ had personal exposure to Deaf and LGBTQ+ identities growing up. Through these two measures, I showed that Deaf and LGBTQ+ communities are sites of strong connection for most participants and that my sample had higher than expected exposure to Deaf and LGBTQ+ identities growing up. The remaining four individual measures: ‘need to downplay’, ‘comfort expressing’, ‘acceptance in space’, and ‘pressure to downplay by society’ captured indicators of stigma associated with Deaf identity and LGBTQ+ identity. I showed through these four measures that stigma is highly contextual and while feeling a lack of stigma for one coincides with the other, differences in the level of stigma reported for each indicates important differences between the two. Second, I utilized a composite measure to bring together the six individual measures into one. The composite (Figure 5) estimated how positively or negatively my participants experienced these two identities (Deaf and LGBTQ+). Using the composite measure allowed me to look at a vast amount of data in a digestible and revealing way, especially when comparing Xander and West, who both have positive experiences for both identities, but to very different degrees.

This combination of analytical strategies revealed two key findings:

- Finding 1:** An intersectional analysis of how Deaf-Queer folk experience stigma for their Deaf identity and their LGBTQ+ identities must address the participants’ race and age. Within my participants, older age and whiteness were associated with less stigma.
- Finding 2:** Navigating multiple marginalized identities with family and romantic/sexual partners is not always straight forward; the meanings of these institutions to individuals and the stigma associated with each identity (Deaf and LGBTQ+) varies, resulting in complex and sometimes unexpected outcomes within these types of social relationships.

450 Intersectionally Deaf-Queer

451 Finding 1: An intersectional analysis of variation in Deaf-LGBTQ+ experiences of stigma should prioritize
452 participants' race and age over traditionally emphasized characteristics like disability or big D Deaf status
453 which appear less salient in shaping Deaf-LGBTQ+ folks experiences of identity.

454
455 Research on stigma tends to focus on specific identity groups without always employing an
456 intersectional analysis of the given identity. This often relies on explaining the identity being analyzed in
457 a particular way. At the beginning of this thesis and again when defining the concept of intersectionality,
458 I explained that an intersectional analysis requires us to think about individual components of identity in
459 relation to systems of power before thinking about how they are embodied or experienced. Hence context
460 matters. In the latter half of the 20th century, the rise of the modern gay rights movement established
461 organizations and communities seeking to carve space and protect individuals from legal and social
462 persecution (Armstrong and Crago 2006; Lecklider 2023). Mainstream efforts relied heavily on improving
463 how Lesbian, Gay, and Bisexuals were seen by society and working to include them within current
464 institutions. In many ways, this political approach gave way to the theoretical idea of homonormativity²⁸
465 and established queer rights around individualized identity politics. In turn, the social, cultural position of
466 LGBTQ+/Queer people in the United States is often framed around what it means to be a white, middle-
467 class, able-bodied, gay/lesbian with little regard for how genders and sexualities are done by Queer,
468 BIPOC, and/or Trans community members. Over time, queer activism and scholarship found footing in the
469 work of Black feminist thinkers who had long challenged normality and categorization through the lens of
470 race, gender, and class (Collins 1986; Collins et al. 1995; Collins and Bilge 2020). As such, the development
471 of ideas around intersectionality (Collins and Bilge 2020) and embodiment, crucial to understanding Black
472 women's experiences within matrices of oppression, became used to study various domains, including
473 queer (Adeyemi 2019; Ferguson 2003; Robinson 2020) and disabled ones (McRuer 2006; Moges 2017).

²⁸ The adoption of heteronormativity into LGBTQ+ culture and practices. Heteronormativity is the system “norms, discourses, and practices that construct heterosexuality as natural and superior to all other expressions of sexuality” (Robinson 2016: 1).

474 While I do not complete an intersectional analysis in this work, I take steps to demonstrate
475 intersectional research. First, I examined how age, race, disability, and big D Deaf status of my participants
476 were associated with whether participants often felt a need to downplay. Next, I checked for any trends
477 in the composite measure related to age or race. For example, I checked to see how the median composite
478 value might shift when looking at a specific generation. Second, I highlighted interesting results and how
479 the indicators of stigma may relate to systems of oppression like ableism and cis heterosexism. In doing
480 so, I identified age and race as important factors for understanding experiences of stigma for Deaf-LGBTQ+
481 folk.

482 Age and race are two of the most prominent ways we organize socially in the United States. Other
483 work has acknowledge race and age as keyways to analyze Deaf experiences (Dunne 2013; James 2000;
484 Klein 2022); however, the vast majority of work within Deaf studies focuses on understanding Deaf
485 experiences through disability or big D Deaf status. My findings do not support this approach.²⁹ Instead, I
486 find that the generation someone belongs to in and whether a participant was White or not provided the
487 most insight on stigma for Deaf and LGBTQ+ identities.

488 To understand how age and race were associated with experiences of LGBTQ+ and Deaf identity
489 in my sample, I examined participants across different generations and by whether they were White and
490 non-white.³⁰ I looked first at how often participants feel pressured to downplay Deaf and/or LGBTQ+
491 sexualities by society grouped by participant race and age (Table 8A). I then examined if statistically

²⁹ The statistical analysis in Table 12, explained below, includes respondents who are little d deaf and Hard of Hearing within the sample. When analyzing if being big D Deaf was associated with whether they often feel the need to downplay their Deaf identity, only downplaying with family was, and not in the way we might expect. For my sample, 90% of little d deaf or hard of hearing participants, (typically defined as those who do not take on the socio-cultural linguistic, political identity of Deaf) report they do not often feel the need to downplay compared to an almost even split amongst big D Deaf respondents'. Additionally, no statistically significant association existed for those that think they are disabled by their Deaf status and feeling the need to downplay either their Deaf and/or LGBTQ+ identity. In contrast, race and age show statistically significant associations, providing the basis for my claim that race and age are more useful identity characteristics to analyze differences between Deaf and LGBTQ+ identity experiences.

³⁰ I use non-white to describe the 8 participants who were African American/Black (5), Mestizo (1), Indigenous (1), and Latino (1). Due to the single cases of some racial groups and the similarities in responses, these participants were grouped together for analysis of the impact of race.

492 significant associations existed between if participants often felt the need to downplay LGBTQ+ and/or
493 Deaf identity and their race or age (see Table 12).³¹ After seeing preliminary differences, I examined the
494 composite results by age and race. In all three cases, the generation of a participant and whether the
495 participant was White or not appeared related to trends in stigma felt for LGBTQ+ and Deaf identities. In
496 essence, belonging to an older generation and being White appear to mitigate feelings of stigma for Deaf
497 and LGBTQ+ identities.

498 While I expected age and race to be important, the consistency across multiple individual
499 measures and ultimately the composite is validating. Results strongly indicate that if a participant is White
500 and/or belongs to an older generation (Gen X or Boomer), we should expect less feelings of stigma. Results
501 also indicate that whether someone is White or not is more relevant to stigma for Deaf identity than for
502 LGBTQ+ identity. Age on the other hand appears to be relevant to experiences of stigma for both Deaf
503 and LGBTQ+ identity. Specifically, older adults (Gen X and Boomers) consistently report less indicators of
504 stigma and appear to have more sources of resistance to it. I will now discuss more specifically the ways
505 that race, and age appear to drive differences in Deaf and LGBTQ+ identity experiences. To determine
506 this, I tested for statistically significant associations between participants' generation and whether they
507 often feel the need to downplay Deaf and/or LGBQ+ identity, as well as associations between their race

³¹ The measure of often feeling the need to downplay analyzed in Table 12 was collected as a binary yes or no. This approach allows me to use Fisher's Exact Method to test for statistically significant associations between how a participant responded and characteristics about themselves. Fisher's exact test is an alternative to the commonly applied chi-square test; in both cases, the tests assess the null hypothesis of independence by applying hypergeometric distribution of the results of a 2x2 contingency table. A chi-square analysis relies on an approximation and recommends a sample of 50 or more, but a Fisher's exact test I use here provides an exact calculation of the distribution, resulting in a more reliable, although conservative, p-value (Kim 2017). In Table 12, each column represents a response and each row a different subgroup of participants. Under each combination, a p-value from the two-sided Fisher Exact test check if statistically significant associations exist within responses around downplaying is listed. The p-value indicates whether the relationship is significant, or in other words if we can confidently say the indicated answer is not independent. From the two-sided test, a single asterisk (*) indicates significance with 90% confidence ($p < 0.1$) and double asterisk (**) indicates slightly more significant association with 95% confidence ($p < 0.05$).

508 and whether they often feel a need to downplay. I also evaluated differences between composite results
509 by generation and race.

510 *Whiteness as a Mitigator of Stigma*

511 Whiteness appears to mitigate or be associated closely with less indicators of stigma. In Table 12,
512 the final row, shows there are statistically significant associations between whether an individual is White
513 and whether they feel the need to often downplay being Deaf with three categories of people in their life:
514 family, friends, and romantic/sexual partners. The proportion of non-white participants who often feel a
515 need to downplay to family and to romantic/sexual partners is much higher than with friends. Only 3% of
516 White participants often feel a need to downplay their Deaf identity to friends, compared to 44% of non-
517 white participants. These numbers suggest that White participants may have less feelings and experiences
518 of stigma related to their deafness. Interestingly, no statistically significant relationships arose for race
519 and often feeling a need to downplay LGBTQ+ identity, indicating that the impact of Whiteness may be
520 more powerful within Deaf communities. At the same time, the proportions of participants who often feel
521 a need to downplay their LGBTQ+ identity are higher for non-white participant, indicating some level of
522 impact on LGBTQ+ identity as well. one potential reason for these numbers is the phenomenon of sexual
523 racism (Callander et al. 2016) which explains how systems of racism and stigmatization around BIPOC folk
524 limit the social capital and experiences of BIPOC folk on the dating and hookup sciences. Sexual racism is
525 not specific to LGBTQ+ persons; however, the combination of gender and sexuality one has most directly
526 impacts the sexual field they inhabit, and the subsequent sexual racism felt. In this work, the combinations
527 of results around sexual and romantic partners support this assertion. For example, whether one is white
528 or not was associated with whether they felt the need to often downplay being Deaf (and to some degree
529 LGBTQ+) to potential partners. For both Deaf and LGBTQ+ identities, a higher proportion of non-white
530 participants felt the need to downplay to sexual and romantic partners than their white counterparts.

531 While these observations and results are not generalizable, they are consistent with James (2000),
532 who examined challenges associated with Black Deaf identity. James (2000) found that Black Deaf
533 individuals experience a double oppression because of their Blackness. She explains that for “White Deaf
534 people deafness is their ‘master status’ whereas for Black Deaf folk, “deafness is invisible” (James
535 2000:25). According to James, it is the visibility of Deaf identity that contributes to the stigmatization and
536 so because the visibility of race happens first, race often impacts the way the Deaf identity (and therefore
537 the Deaf individual) is understood as Deaf. For Black Deaf, this research in a double oppression, whereas
538 for White Deaf folk, the privilege of being White helps legitimate them prior to revealing their Deaf
539 identity. This is substantiated by my findings here, collected over 20 years later. For Deaf identity, being
540 non-white seems to increase the stigma and being white appears to mitigate it.

541 My composite results also suggest critical differences between how White and non-white
542 participants experience their Deaf and LGBTQ+ identities. The median and mean composite values for my
543 White participants are considerably higher (and theoretically, more positive) than their non-white
544 counterparts. This indicates Whiteness may mitigate experiences of stigma generally. While I am unable
545 to draw a direct connection between whiteness and the responses given, I can see potential trends and
546 indicators of associations within my sample. White participants’ median composite result for Deaf identity
547 was 14.5 (6.5 points above the median of Deaf identity for the entire sample). In contrast, non-white
548 participants had a median value of only 3.0 (5 points below the median of the entire sample and 11.5
549 below their white counterparts).³² These values indicate that for Deaf identity, both White and non-white
550 participants report more positive factors than negative; however, the difference between White and non-
551 white participants suggest non-white participants tended to answer the questions about Deaf identity
552 more negatively than their White counterparts. Similarly, White participants’ median value for LGBTQ+
553 identity was 10 (1.5 points above the median of the entire sample) compared to -0.5 for non-white

³² The mean Deaf identity composite for White participants was 11.6 compared to 1.1 for non-whites.

554 participants (9 points below the median of the entire sample).³³ These results suggest White participants
555 have more positive than negative indicators of stigma related to LGBTQ+ identities, whereas non-whites
556 have more negative indications. These numbers suggest that whiteness has a connection with how Deaf
557 identity and LGBTQ+ identity is experienced respectively. This is an important finding because it means
558 that future work should consider the way that race intersects with Deaf and LGBTQ+ identities more
559 directly.

³³ The mean for LGBTQ+ identity composite for White participants was 8.2 compared to 0.4 for non-whites.

560 Table 12: Identity Characteristics Tied to Feeling the Need to Downplay

Each Cell contains: n response count (% of row)	Deaf, deaf, Hard of Hearing Identity									LGBTQ+ Identity								
	Yes	Family		Friends		Romantic and/or sexual partners		Teachers, Doctors, Gov. Employees		Yes	Family		Friends		Romantic and/or sexual partners		Teachers, Doctors, Gov. Employees	
		No	Yes	No	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No	
Do you currently identify as big D Deaf?	Yes	16 (53%)	14 (47%)	8 (27%)	22 (73%)	14 (47%)	16 (53%)	13 (43%)	17 (57%)	14 (47%)	16 (53%)	5 (19%)	22 (81%)	7 (28%)	18 (72%)	15 (58%)	11 (42%)	
	No	1 (10%)	9 (90%)	1 (11%)	10 (89%)	2 (20%)	8 (80%)	4 (36%)	7 (64%)	5 (50%)	5 (50%)	2 (22%)	7 (78%)	0 (0%)	9 (100%)	5 (56%)	4 (44%)	
Fisher Exact Test P Value ¹		0.026**		0.4		0.26		0.74		1		1		0.15		1		
Do you feel disabled as a Deaf/deaf/HoH person?	Yes	7 (58%)	5 (42%)	5 (39%)	8 (61%)	6 (50%)	6 (50%)	6 (50%)	6 (50%)	7 (64%)	4 (36%)	2 (20%)	8 (80%)	3 (30%)	7 (70%)	8 (80%)	2 (20%)	
	No	9 (37%)	15 (63%)	4 (17%)	20 (83%)	8 (33%)	16 (67%)	11 (44%)	14 (56%)	9 (36%)	16 (64%)	5 (78%)	18 (22%)	3 (14%)	18 (86%)	11 (50%)	11 (50%)	
Fisher Exact Test P Value ¹		0.3		0.23		0.47		1		0.16		1		0.35		0.14		
Do you feel a strong connection to a D/deaf community at least sometimes?	Yes	15 (44%)	19 (56%)	5 (19%)	21 (81%)	11 (42%)	15 (58%)	10 (39%)	16 (61%)	11 (41%)	15 (58%)	4 (17%)	20 (83%)	5 (22%)	18 (78%)	10 (43%)	13 (57%)	
	No	2 (33%)	4 (67%)	4 (27%)	11 (73%)	5 (36%)	9 (64%)	7 (47%)	8 (53%)	8 (57%)	6 (43%)	3 (25%)	9 (75%)	2 (18%)	9 (82%)	10 (83%)	2 (17%)	
Fisher Exact Test P Value ¹		0.49		0.39		0.54		0.51		0.28		0.42		0.59		0.99		
Age: Are in Generation X or a Boomer?	Yes	3 (18%)	14 (82%)	2 (12%)	15 (88%)	6 (35%)	11 (65%)	4 (23%)	13 (77%)	5 (31%)	11 (69%)	2 (14%)	12 (86%)	2 (14%)	12 (86%)	5 (36%)	9 (64%)	
	No	14 (64%)	8 (36%)	7 (30%)	16 (70%)	10 (45%)	12 (55%)	13 (57%)	10 (43%)	14 (61%)	9 (39%)	5 (24%)	16 (76%)	5 (26%)	14 (74%)	14 (70%)	6 (30%)	
Fisher Exact Test P Value ¹		0.008**		0.2557		0.74		0.05**		0.1*		0.68		0.67		0.08*		
Race: Are you White?	Yes	9 (32%)	19 (68%)	4 (13%)	26 (87%)	9 (31%)	20 (69%)	11 (38%)	18 (62%)	14 (48%)	15 (52%)	4 (15%)	23 (85%)	4 (15%)	22 (85%)	16 (59%)	11 (41%)	
	No	8 (67%)	4 (33%)	5 (46%)	6 (54%)	7 (64%)	4 (36%)	6 (50%)	6 (50%)	5 (46%)	6 (54%)	3 (33%)	6 (67%)	3 (38%)	5 (62%)	4 (50%)	4 (50%)	
Fisher Exact Test P Value ¹		0.079*		0.042**		0.08*		0.5		1		0.33		0.31		0.7		

561 ¹* Indicates significance with 90% confidence (p<=0.1) and ** 95% confidence (p<=0.05) from two-sided test

562 Like race, age proved very important in understanding indicators of stigma. In this work, age is
563 conceptualized both as a cohort effect (generational variation) and as an age effect (variation as one
564 becomes older); however, I focused on a cohort effect in my analysis.³⁴ The cohort effect looks at how
565 being Deaf and/or LGBTQ+ in a specific, shared time appears tied to variation in my data. During my
566 analysis, I tested for statistically significant associations (using the Fisher Exact method) between if a
567 participant often felt the need to downplay their Deaf identity and if they were born prior to 1980 (Boomer
568 and Generation X). I repeated the same test for association between downplaying LGBTQ+ identity and
569 one's generation. In both cases, I found that being within an older cohort is linked to results around often
570 feeling a need to downplay their Deaf and LGBTQ+ identities with: family and
571 teachers/doctors/government employees (Table 12). A much lower proportion of Generation X and
572 Boomers often feel the need to downplay their identities than their younger counterparts. This is also
573 evident in the composite results. In the composite results (Table 11), the older the generation, the higher
574 the median composite value. This was true for both Deaf and LGBTQ+ identities. A higher composite value
575 translates to less indicators of stigma and more of positive experiences or resistance to stigma. Boomers
576 appear to have very little indicators of stigma and many examples of resistance. Generation X and
577 Millennials have more mixed experiences, but still more positive than negative indicators. In contrast,
578 Generation Z, the youngest cohort within the study, reported high levels of stigma and few indicators of
579 resistance.

580 The collective meanings of what it means to be Deaf or to be LGBTQ+ are both dependent on the
581 time one comes to each identity and the amount of time one has embraced either of them. Key historical
582 events can define the nature of a collective identity for much of a generation. Boomers and most of
583 Generation X individuals have an intimate relationship with the HIV epidemic and the very formation of

³⁴ Simply looking at age would suggest older respondents may know themselves more and simply gain resistance to stigma or indicators of such with age. If it were due to cohort, some of the recent anti-LGBTQ movements could be a factor. Due to the heavy overlap of these ideas, I discuss aspects of both here.

584 modern LGBTQ+ rights. Millennials also have a close relationship with modern LGBTQ+ identity politics
585 and the born the way movement, both of which center destigmatization and acceptance. Similarly, within
586 the Deaf community, big D Deaf identity, and the subsequent cultural formations we see today were
587 largely driven by Deaf folk born prior to 1980 (Boomers and Generation X). In the United States, there was
588 a Rubella epidemic in the 1960s, resulting in an increased rate of children born deaf (approximately 8,000),
589 making the generational representation of late stage boomers much higher in the Deaf community
590 (Karmel 1982). That same generation of Deaf folk were responsible for much of the political and social
591 mobilization of big D Deaf communities in the later part of the 20th century. For example, the previously
592 mentioned, Deaf-LGBTQ+ organization, the Rainbow Alliance of the Deaf, was established by this
593 generation of Deaf folk.

594 The stark difference between indicators of stigma for older and younger participants in my study
595 warrants a closer look. One possibility for this difference is that younger folk have not had the same
596 amount of life experiences to reflect on their Deaf and LGBTQ+ identities and develop tools to resist
597 stigma. On the other hand, younger adults may be more accustomed to discussing issues related to
598 identity given cultural trends of naming forces of stigma and discrimination, especially those tied to
599 ableism and homophobia. In fact, Generation Z, who report the highest levels of stigma, may be the best
600 positioned to accurately reflect stigma, since they are more equipped to look for it. stigma looks and feels
601 like accurately. Considering these possibilities, the results may not appear surprising, but they do indicate
602 need for further research around variation of identities experiences tied to age.

603 The More Intimate, the More Complex.

604 Finding 2: Deaf-LGBTQ+ folk experiences and/or indicators of stigma with family and romantic/sexual
605 partners in dynamic and unexpected ways. Responses suggest a level of duality of stigma and acceptance
606 within intimate relationships, warranting further study.

607 Interacting with Family and romantic/sexual partners appear to be sites of complex identity work
609 for Deaf-LGBTQ+ folk. For both these categories, when looking at the various measures of stigma together,

610 participants' responses about their Deaf and LGBTQ+/Queer identities was either inconsistent or
611 unexpected. In the following discussion, I will recap selected results about family and romantic/sexual
612 partners that show navigating identity in these contexts are not always straightforward.

613 *Family*

614 Family results were complex and unexpected for a few reasons. First, while research findings
615 around on the role and impact of family on marginal identities vary, many find that those with disabled
616 and queer identities tend to view family as a site of isolation and negativity (Sherry * 2004). The same is
617 true in Deaf studies, which also theorizes around expected isolation and negativity for the vast majority
618 of Deaf folk, who are born to or raised by hearing folk. The one exception within Deaf studies is those
619 raised within a multi-generational Deaf family which are expected to provide extra support and validation
620 for one's Deaf identity. This expected isolation and negativity is because most often parents or individuals
621 responsible for raising children do not share disabled and queer identities with them. In contrast, we can
622 think of other identities such as race as something often shared with family members.

623 When my participants were asked how important family was to their identity, most respondents
624 said it was very important to them. They went on to share that they often feel a strong connection to
625 family. At the same time, when asked about aspects of stigma related to their family, such as often feeling
626 the need to downplay their Deaf and/or LGBTQ+ identities or comfort expressing their identities,
627 responses were less definitive.

628 Participants were split on whether they often felt the need to downplay their Deaf and/or LGBTQ+
629 identities to family. Table 9B shows the variation of responses by reporting the different combinations of
630 responses provided. It shows that 12 (39%) participants often felt the need to downplay both LGBTQ+ and
631 Deaf identity with family, while another 12 (39%) did not feel it for either. Four (13%) felt the need to
632 downplay Deaf but not LGBTQ+ and two (6.5%) felt the need to downplay LGBTQ+ but not Deaf.

633 Six individuals reported often feeling the need to downplay only their Deaf identity or their
634 LGBTQ+ identity. For these individuals, forces of ableism/audism, and forces of cis heterosexism appear
635 to impact family dynamics differently. Interestingly, the rate of those feeling the need to downplay Deaf
636 identity and not LGBTQ+ is two times the reverse. This is unexpected because LGBTQ+/Queer identity
637 faces more stigma than Deaf identity in mainstream cultural discourse (Bienvenu 2008); however, I think
638 it is hard to actually compare stigma in such a way. While the stigma is undoubtedly different between
639 Deaf and LGBTQ+/Queer identities, I believe the difference is better articulated not as a level of stigma,
640 but as a difference in the motivations behind the stigma. For Deaf, the stigma is associated with the idea
641 that to be Deaf will result in barriers to work and communication with those around you. In other words,
642 ableism and audism today is much more fueled by ideas of healthy, functioning bodies, rather than an
643 idea of what is moral or not. LGBTQ+/Queer stigma faces the latter. Stigma around LGBTQ+/Queer identity
644 is often characterized around the idea that to be LGBTQ+/Queer is an immoral choice.

645 When asked about their level of comfort expressing (asked on a scale of comfort) Deaf identity
646 and/or their LGBTQ+ identity (sexuality and gender) to family, most participants were comfortable
647 expressing their Deaf identity, but neutral about their sexuality; however, when looking at the mean
648 response, participants on average found it slightly uncomfortable to express sexuality compared to a more
649 neutral feeling about expressing their Deaf identity. In this work, often feeling the need to downplay is
650 theorized as a window into stigma at the internal individual level and comfortability expressing is
651 theorized as window into interactional levels of stigma. The distinction is not perfect, but in this case,
652 helps illustrate how the idea of downplaying is substantiated by the idea of expressing. If people are
653 generally comfortable expressing their identities, then why do almost half feel the need to downplay? At
654 the same time, if nearly half do not feel the need to downplay, then why are the levels of comfort in
655 expressing not higher?

656 For individuals who share marginalized identities with adults in their life growing up, one might
 657 expect reduced feelings of stigma tied to that identity, especially within the context of family. However,
 658 what happens for those who grow up in families where the stigmatized identity is present. For example, I
 659 expected participants who grew up around big D Deaf identity, would have more positive feelings around
 660 their own Deaf identity. Tables 13A shows how each those who reported having an LGBTQ+ parental figure
 661 responded to other questions involving family; Table 13B does the same with those who had a parental
 662 figure who also identified as big D Deaf. Out of the five that had an LGBTQ+ parental figure in childhood,
 663 three have results that indicate feelings of stigma related to their LGBTQ+ identity. Surprisingly, all five of
 664 these participants report feeling a need to downplay their Deaf identity. This further demonstrates that
 665 even though Deaf identity and LGBTQ+ identities are both marginalized and held by these individuals, in
 666 the context of family, they are experienced differently for my participants.

667 *Table 13A: LGBTQ+ and Family*

Ex.	How important is family to your identity?	How often do you feel a strong connection to your family?	Do you often feel a need to downplay your LGBTQ+ identity to family?	How comfortable are you expressing your sexuality to family?	How comfortable are you expressing your gender to Romantic/Sexual Partners? (*if not cisgender)	Bonus: Do you often feel a need to downplay your Deaf identity to family?
1	Very Important	Sometimes	No	Somewhat comfortable	Somewhat Comfortable*	Yes
2	Kind of Important	Most of time yes	<u>Yes</u>	<u>Uncomfortable</u>	<u>Somewhat Uncomfortable</u>	Yes
3	Not important	Sometimes	No	Somewhat Comfortable	<u>Somewhat Uncomfortable</u>	Yes
4	Very Important	Most of time yes	<u>Yes</u>	Neutral	Somewhat Comfortable	Yes
5	Kind of Important	Most of time not	No	<u>Uncomfortable</u>	<u>Somewhat Uncomfortable*</u>	Yes

668 In contrast, for the seven that reported having a parental figure who was also big D Deaf (most
 669 likely a multi-generational big D Deaf family), only two reported some unexpected results.³⁵
 670

³⁵ Participant 5 in Table 13A is the same in Table 13B. This individual was the only one having both present.

671 *Table 13B: Big D Deaf and Family*

Ex.	How important is family to your identity?	How often do you feel a strong connection to your family?	Do you often feel a need to downplay your Deaf identity to family?	How comfortable are you expressing your Deaf Identity to family?	<i>Bonus: Do you often feel a need to downplay your LGBTQ+ identity to family?</i>
1	Extremely important	All the time	No	Very comfortable	No
2	Extremely important	All the time	No	Very comfortable	No
3	Extremely important	Sometimes	<u>Yes</u>	Neutral	Yes
4	Extremely important	Most of time not	No	Very comfortable	No
5	Extremely important	All the time	No	Somewhat comfortable	No
6	Kind of Important	Sometimes	No	Somewhat comfortable	No
7*	Kind of Important	Most of time not	<u>Yes</u>	<u>Very uncomfortable</u>	No

672 *Sexual and/or Romantic Partners*

673 Responses around participants' romantic and sexual partners also offered a powerful window into
 674 how multi-level forces of stigma, mainly at the interactional level, impact identities important within a
 675 sexual field (Green 2008). A sexual field is a way of conceptualizing a set of cultural norms and practices
 676 that govern a specific set of people seeking sexual and/or romantic partners; in this case Deaf-LGBTQ+
 677 folk navigating the LGBTQ+ dating and hookup scenes. During my two-years within the digital space,
 678 community members often shared that navigating romantic and sexual partnerships is complicated and
 679 often precarious. The survey results also reflect this reality. Differences between what it means to invoke
 680 LGBTQ+/Queer identity versus one's Deaf identity with romantic and sexual partners were significant.

681 When asked about comfortability expressing one's LGBTQ+ sexuality to romantic/sexual partners,
 682 the results are much more in line with what might be expected. Most participants felt more comfortable
 683 expressing their LGBTQ+ identity (sexuality and gender) compared to Deaf identity, but the difference was
 684 not large for most. In terms of often feeling the need to downplay, seven (23%) of participants shared
 685 they often feel the need to downplay their LGBTQ+/Queer identity with their romantic/sexual partners.
 686 This was extremely unexpected given the nature that these relationships are built on. However, when
 687 looking closer at the seven, six of them also feel the need to often downplay being Deaf. This might
 688 indicate that for most of these individuals navigating romantic/sexual partners is generally a precarious

689 task. Considering the previous finding of race and age, as well as the benefit of seeing multiple measures
 690 together, Table 14 provides additional information about the six individuals who reported often feeling
 691 the need to downplay their Deaf and LGBTQ+ identities to romantic/sexual partners. Despite all 6 of these
 692 individuals expressed often feeling the need to downplay; two of them (#3 and #4) appear relatively
 693 comfortable expressing their LGBTQ+ identity in both gender and sexuality to romantic/sexual partners.
 694 For the remaining four, two did not provide additional information and the other two (#5 and #6) express
 695 consistently negative indicators of stigma around romantic/sexual partners. Overall, the combination of
 696 experiences shown here demonstrates inconsistency on the group level and some unexpected results for
 697 individuals. Future work should continue to look at why individuals within the Deaf-LGBTQ+ community
 698 face stigma in sexual fields tied to their Deaf and LGBTQ+ identities.

699 *Table 14: LGBTQ+ and Romantic/Sexual Partners*

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Ex.	Age (Generation)	Race (White v. Non-white)	How comfortable are you expressing your Deaf Identity to Romantic/Sexual Partners?	How comfortable are you expressing your sexuality to Romantic/Sexual Partners?	How comfortable are you expressing your gender to Romantic/Sexual Partners? (*if not cisgender)
1	Gen X	White	No Answer	No Answer	No Answer
2	Gen Z	White	No Answer	No Answer	No Answer*
3	Millennial	Non-white	Somewhat Comfortable	Somewhat Comfortable	Somewhat Comfortable
4	Gen X	White	Very Comfortable	Very Comfortable	Neutral*
5	Millennial	White	<u>Very Uncomfortable</u>	<u>Very Uncomfortable</u>	<u>Somewhat Uncomfortable</u>
6	Millennial	Non-white	<u>Very Uncomfortable</u>	Very Comfortable	<u>Very Uncomfortable*</u>

701

702 Overall, the categories of family and romantic/sexual partners offer a rich path forward for future
 703 research, especially on the intersectional nature of identities for Deaf-LGBTQ+ folk. For example, it may
 704 be that the precarious nature of the sexual field shown here is due to difficulties finding a partner who
 705 understands what it means to be both Deaf and LGBTQ+/Queer. In fact, it could be that this specific sexual
 706 field is uniquely situated to show how Deaf and LGBTQ+ identities impact each other, potentially
 707 magnifying the stigma of each.

CONCLUSION

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Multi-faceted Stigma

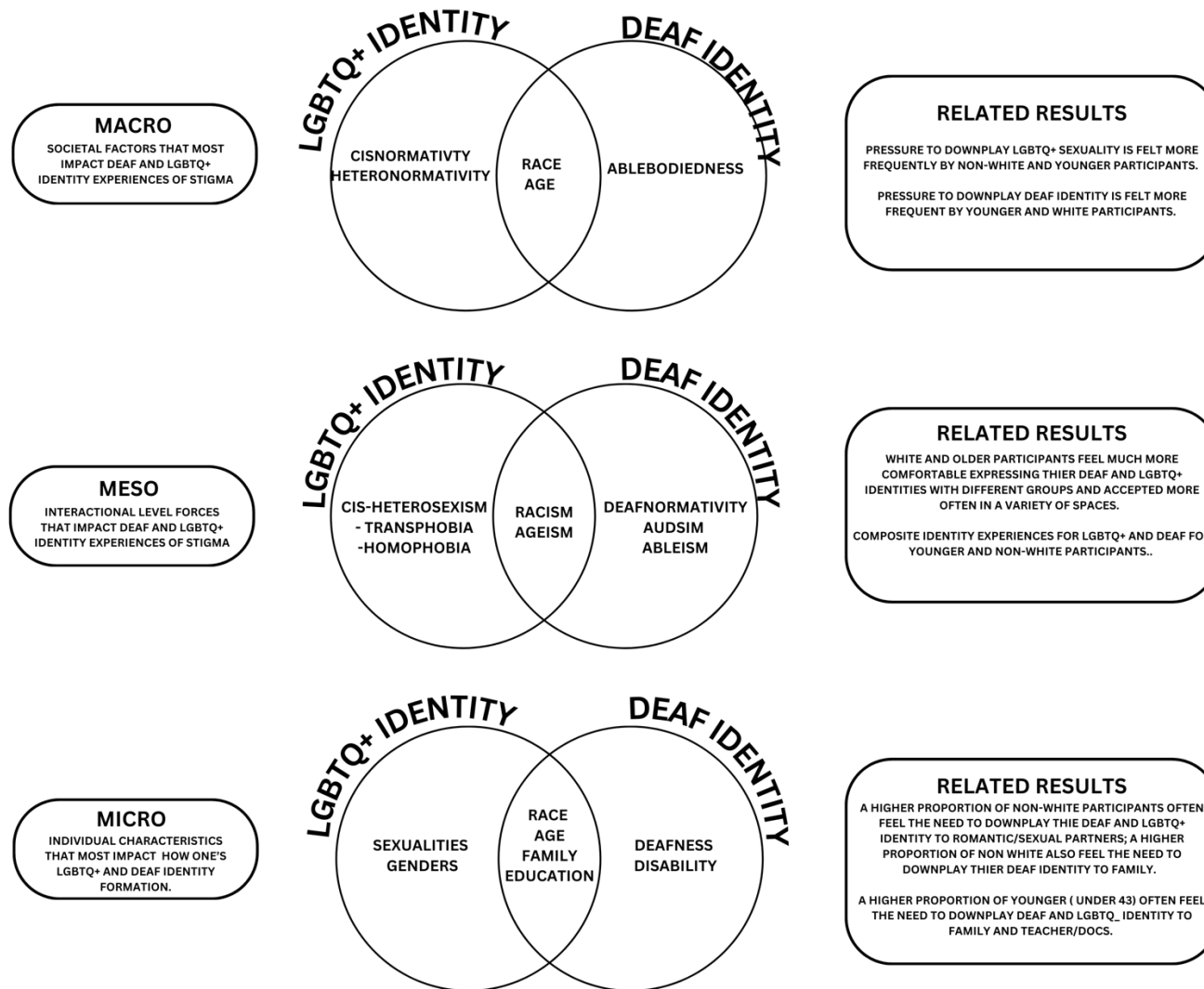
Measuring experiences and feelings related to Deaf and/or LGBTQ+ identities demonstrate the multifaceted nature of stigma for those with multiple marginalized identities and lays foundation for studying the specific forces behind stigmatization felt by Deaf-Queer folk.

Stigma operates at the individual (micro), interactional (meso), and societal (macro) levels. At the macro level, systems of oppression shape and are shaped by culture, which in turn shapes how identities are defined and experienced. Within my study, the presence of societal pressure to downplay LGBTQ+ identity supports the claim that my participants indicate facing forces of cis and heteronormativity contribute to the stigmatization of their LGBTQ+ identity. Similarly, the presence of pressure to downplay from society their Deaf identity shows the impact of able-bodiedness which makes being Deaf less than hearing. For both LGBTQ+ and Deaf identity, other identities held such as race and age impact societal level stigma. Specifically, we see this in how nonwhite (compared to white) individuals report more often feeling pressure from society to downplay their LGBTQ+ identity and how those in Generation Z (compared to older generations) report more often feeling pressure from society to downplay both their Deaf and LGBTQ+ identities.

The lines between the micro and meso levels are not always clear. In this work, I conceptualize the meso level primarily around interactional factors. At this level, interactions with others and within certain spaces are impacted by forces of cis-heterosexism, audism, ableism, and racism. It is through the employing of these discriminatory forces at the interactional level that stigma is experienced from others. My results around comfort expressing or not ones Deaf and/or LGBTQ+ identity is theorized at the interactional level because it asks participants to at least imagine an interaction around their identity. At the micro, individual level, often feeling the need to downplay or not your Deaf and/or LGBTQ+ identity is used because it does not necessarily required interaction; it can solely be a product of individual feelings

732 around one's identity, or more accurately feelings developed from the trickle down of macro and meso
733 level stigma. Figure 6 on the following page illustrates the way macro, meso, and micro factors overlap
734 when applied to the Deaf-LGBTQ+ case and what results help indicate as such. For each, the level is
735 explained, followed by a venn diagram to illustrate the factors which overlap to shape experiences of or
736 indicators of stigma. Lastly at each level, I provide an example of measures used.

Figure 6: Multi-level Stigma Comparison Model



Navigating Deaf-LGBTQ+ Identity

“I feel it’s [my identity] one of the only few sources of empowerment I’ve got. Knowing the history and resilience of my people is the only place I can turn, to understand myself, because I just don’t feel like I fit with cishet hearing folks. By the outside world, I feel I’ve been over characterized by my identities to the point that I’m reduced to them. My exploration and experiences with my identities are a choice - if the world wants to paint me superficially just as my identities, I’ll take that and show them how deep they can be.” – George, Deaf, Queer, white, and Trans-Masc.

As demonstrated in George’s words, the social position of Deaf-Queer individuals in the United States, is one of strong political and social bonds. George’s feelings about his identity illustrates how identities are products of lived experiences and self-exploration; they are complex, fluid, and embodied. His words also speak to the fact identities are sites of empowerment, resilience, and belonging, especially for identities on the margins. The emergence of key cultural and political organizations around the intersection of Deaf-LGBTQ+ identity shows the effort of community members to form a collective identity and social network. Within this collective identity of Deaf-LGBTQ+ persons, experiences of Deaf identity and LGBTQ+ identity vary and overlap in interesting ways. Community writers and scholars, like Raymond Luczak, have dedicated their careers to showcasing the intersection of Deaf and Queer experiences through written word. For him, “Deafness is a desire for communication, and gayness is a communication for desire; they are the opposite sides of the same coin for love” (Luczak 2007:4). The imagery Luczak offers here of a coin with two sides is a helpful tool to think about the variation I explored in this study. It recognizes that there are distinct differences between LGBTQ+ and Deaf identities, but at the same time, for my participants, who hold them both, they are intrinsically linked. Expanding on Luczak, I imagine the coin in constant motion, flipping around and spinning as needed depending on the situation one is in.

“I think in the Deaf space, Deaf identity takes priority. I know that because a couple times I saw a white deaf person said that their black deaf person was good at “acting black.” I was confused at first because the black person was actually black, but I realized that the Deaf identity took precedence for the perceiver. So that may be the same for Deaf LGBTQ+ individuals”. - Cameron, a Black, Queer, Deaf Man

Cameron's story about observing Deaf identity taking precedence over Black identity (from the white person's perspective) illustrate how different spaces prioritize identities differently and that actors within these spaces regulate and negotiate the prioritization of certain identities over others.

At the beginning of this thesis, I explained that to study multiple marginalized identities, scholars must acknowledge three key principles about identities that. First, they operate on multiple levels, second, they are often co-constructed and interdependent, and third, they are not experienced in a vacuum. In this work, I adhere closely to these three principles by mapping out the various ways that LGBTQ+ and Deaf identities are experienced in the lives of those that hold them both. I paid close attention to the way that societal forces of stigma appear in the personal experiences of my participants, discussing stigma at multiple levels. I examined how different combinations of identities seem to impact or at least coincide with how participants experienced their Deaf and LGBTQ+ identity, suggesting interdependence that should be explored further. And lastly, throughout the entire work, I demonstrated that identities are not experienced in a vacuum. I show that for many, experiences of identity vary depending on the situation one is in and by looking closely at how two different identities operate within a given social situation, we might better understand the forces of stigma at work.

Study Recap

My thesis was an exploratory, pilot study. It laid important groundwork for more social science research into life as a Deaf-LGBTQ+ person within in a society designed for straight, cis, and hearing folk. I expected Deaf-LGBTQ+ individuals would be uniquely situated to illustrate how forces of cis-heteronormativity and able-bodiedness are linked through experiences of stigma. Throughout my two years within digital spaces for Deaf-Queer folk and when reviewing the survey results shared in this work, I was struck by the complex ways multiple marginalized identities appear to be experienced. As my results show, the impact of age and race on Deaf and LGBTQ+ experiences cannot be understated. I saw the multiple examples of Whiteness and older age coinciding with less feelings of stigma. I also showcased

that context of identity experiences matter greatly. Identities do not function the same all the time, nor the same across different groups or spaces. Specifically, showing how family and intimate relationships, due to their highly personal natures, are sites of complex identity experiences, in which forces of audism and homo-transphobia are not straightforward. The interactional nature of identity and of forces like stigma, means that the context can heavily shape how individuals make meaning and ultimately experience parts of who they are. This multifaceted way of thinking through identity means the research must approach studying identities from multiple angles. By doing so here, I was able to articulate how Deaf and LGBTQ+ identities experience stigma in related ways across multiple levels, showcasing how forces and aspects of social identity are related when mapping out stigma of Deaf and LGBTQ+ identities for my participants.

Future Research.

I have three suggestions for future work. First, research should explore experiences of identity from a queer, intersectional lens that embraces inconsistencies and methodologically use a mix of measures to do so. Second, scholars in Deaf studies should center race and age as analytical variables, rather than solely the traditional framing of big D Deaf vs. little d Deaf. Third, scholars should focus on interactions with family and/or intimate partners as sites of complex identity negotiations, where the nuanced experiences reported, may deepen our understanding of forces like stigma.

Limitations.

As with any study, clear limitations arose in each phase of the process. This research project took place during the COVID-19 global pandemic, and as such, the ability to complete the study through online and hybrid methods became a crucial part of it. Prior to the pandemic, the Deaf-Queer/LGBTQ+ community was heavily active in online and physical spaces. During the pandemic (when this study occurred), community activities I was aware of shifted fully online. The increased online activity positively impacted the first phase of the research; however, it limited the methods that I could share the survey

with Deaf-Queer/LGBTQ+ persons who were not a part of the digital communities that I (primarily) recruited through. In addition, the complexities of the bilingual design of the survey does not account for every regional, racial, or ethnic variation of sign language used in the United States. American Sign Language, like English, and other languages, has a wide range of styles and dialects used in the United States. I relied on the expertise of professional interpreters to offer the online survey in the most widely accessible dialect of American Sign Language possible. The combination of using ASL and English in the survey allowed for individuals who may not recognize a given sign, to see the English question.

In addition to the methodological limitations explained above, the findings presented here are not generalizable and rather highlight the experiences of my Deaf-LGBTQ+ participants in various ways. The small sample size limits my ability to reduce or control for confounding factors in the data; however, it was never the aim of this thesis to define or even empirically measure the Deaf-LGBTQ+ experience, rather it was an exploratory case study. The descriptive exploratory nature lays a foundation for future work within this area with larger samples and more robust checks on the accuracy of the data collected.

Positionality and Community Involvement.

With this project, I try to engage in reflective, slow scholarship; throughout each step I attempted to center the community in my approach. In the fall of 2020, I began the process of designing the study. Like many graduate student researchers, I started with a simple set of Google searches for anything and everything related to Deaf LGBTQ+ people. I quickly learned that if I was going to learn anything about the Deaf-LGBTQ+ experience, I had to start by reading the work of Raymond Luczak (2007), the author of *Eyes of Desire: A Deaf Gay and Lesbian Reader*. Luczak is a leader within Deaf-LGBTQ+ communities in the United States, writing largely from his position as a Deaf gay man, but also working to highlight the voices and experiences of others at the intersection of Deaf and LGBTQ+ . After reading his work and seeing that while key pieces of literature exist around Deaf-LGBTQ+ experiences, there were very few empirical studies. I wondered why. From my understanding, the lack of academic work is largely attributed to lack

of access to the community, homophobia within Deaf studies, and a general lack of focus on certain subgroups within each respective community (Klein 2022; Miller and Clark 2019; Moges 2017). In some ways, the issue was that Deaf-LGBTQ+ folk were and continue largely to be subsumed under Deaf focused work or LGBTQ+ focused work, where the other identity is merely a demographic trait. Few consider what their different social positioning or intersection offer. I spent months reading and popping my head into websites and online spaces for people with these identities. During that time, I also began practicing my sign language again, reconnecting with some old contacts and seeing if this passion for ASL and experience with Deaf communities in California could aid me in my research on LGBTQ+ communities. At this stage I thought I had a potentially rewarding research path, but I was also confused how I would even do the research since I wasn't Deaf and my ASL was rustier than I wanted to admit. It was strange in some ways because I'm queer and I study LGBTQ+ communities, but at some level I felt like Deaf was the identity that mattered if I was going to conduct the research. My view on this developed over the course of the research, especially as I began to see how varied community members themselves felt about these dynamics.

While academic writing on the intersection of Deaf-LGBTQ+ communities is limited, the work being accomplished by community members is vast and heavily informed my thinking for this project. The melding together of Deaf and Queer cultures in this community is evident, especially through the work of key organizations within the community. For example, the Deaf Queer Resource Center based in San Francisco, California, provides support for the community in the form of affinity spaces, educational materials, and material resources while also advocating against forces of ableism in Queer spaces and homo/transphobia in Deaf spaces. These organizations, the individuals who lead them, and the communities they serve hold immense knowledge, which my research seeks to highlight and support. As a primarily qualitative scholar, I am often a guest in the communities I study and learn from; I view the knowledge I gain as a gift and believe community involvement in the research process is of fundamental

importance. Participatory research calls into question power dynamics long at work in academia and challenges institutional barriers and methodological norms (French and Swain 1997; Parrado et al. 2005). Research is a circular process where actions and reflections influence each other. As a graduate student researcher in Deaf-LGBTQ2+ communities, it is crucial to acknowledge my own positionality as a queer, white, cisgender, hearing student of American Sign Language. In studying the intersection of Deaf identity and Queerness my position as a queer person and as a user of American Sign Language shaped my approach. The motivations behind my research are important aspects of my position as a researcher, especially because this project stems from my personal experiences. As a guest in a Deaf community, it was through exposure to Deaf culture where I first learned that being different and specifically being queer was something I could learn to celebrate. My high school teacher and mentor, the late Ovida de Julia. Ovida was the first adult to truly see me for who I was, as a queer person. She taught me American Sign Language and about Deaf culture in the United States. Looking back, she gave me my first sociological lesson around the social construction of identity, teaching us that even though differences in people are material {?}, the meaning we assign them is a product of the society we live in. The second reason was how despite learning to celebrate difference through my exposure to Deaf culture and individuality through queer culture, I observed strict boundaries and forces of othering taking place in each, especially around intersections of race and disability. As a researcher in and member of different LGBTQ+/Queer communities in the U.S. and as an American Sign Language user, I wanted to see if I could use my position to bring attention to the knowledge being produced at the intersection of these identities.

Community involvement can be difficult to navigate as a researcher, especially as a graduate student with limited experience and support. In this project, the level of community involvement I intended did not come to pass; however, throughout the project, I remained committed to participatory methods, resulting in various forms of involvement that greatly impacted my approach to this project and future work. Initially, I intended this project to gain official partnerships with a variety of Deaf-

Queer/LGBTQ+ organizations, leaders in the community, and especially a combination of Queer interpreters and ASL users. To say this was a lofty goal would be an understatement. In the end, I rarely received responses from the official organizations beyond minor guidance to post and engage in the online group as best I could. Through this experience, I was reminded that, while generally supportive, community organizations are often (and understandably) too focused on organizational work to spare time for a random researcher. In response, I sent periodic updates and communicated an open-door policy of involvement with the project and any future works tied to it. In addition to the organizational approach, I relied heavily on individuals within or adjacent to the community to help. A combination of community members, interpreters, academics, and activists reviewed the study approach, the questions asked, the signing videos used, and the writing produced. Participants could indicate if they wanted to review any written materials produced from this project; this MA was sent to each for comments. Comments were then posted on my website along with the thesis and utilized in future publications.

REFERENCES

- Adeyemi, Kemi. 2019. "The Practice of Slowness: Black Queer Women and the Right to the City." *GLQ: A Journal of Lesbian and Gay Studies* 25(4):545–67. doi: 10.1215/10642684-7767767.
- Armstrong, Elizabeth A., and Suzanna M. Crage. 2006. "Movements and Memory: The Making of the Stonewall Myth." *American Sociological Review* 71(5):724–51.
- Banks, Celia B. 2007. "The Sociology of Inequality." *Race, Gender & Class* 14(3/4):175–88.
- Bauman, H.-Dirksen L., and Joseph J. Murray. 2014. "Deaf Gain: An Introduction." Pp. xv–xlii in *Deaf Gain: Raising the Stakes for Human Diversity*. Minnesota: University of Minnesota Press.
- Bauman, Zygmunt, and Rein Raud. 2015. *Practices of Selfhood*. Cambridge, UK.: Polity Books.
- Baynton, Douglas. 2013. "Ch 2: Disability and the Justification of Inequality in American History." in *The Disability Studies Reader*, edited by L. J. Davis. Routledge.
- Bienvenu, M. J. 2008. "Queer as Deaf: Intersection." Pp. 264–73 in *Open your eyes: Deaf studies talking*, edited by H.-D. L. Bauman. University of Minnesota Press.
- Bonilla-Silva, Eduardo. 1999. "The Essential Social Fact of Race." *American Sociological Review* 64(6):899–906. doi: 10.1177/000312249906400609.
- Borgerson, Janet. 2005. "Judith Butler: On Organizing Subjectivities." *The Sociological Review* 53(1_suppl):63–79. doi: 10.1111/j.1467-954X.2005.00541.x.
- Bottero, Wendy. 2004. "Class Identities and the Identity of Class." *Sociology* 38(5):985–1003.
- Butler, Judith. 1999. *Gender Trouble: Tenth Anniversary Edition*. 2nd ed. New York: Routledge.
- Callander, Denton, Martin Holt, and Christy E. Newman. 2016. "'Not Everyone's Gonna like Me': Accounting for Race and Racism in Sex and Dating Web Services for Gay and Bisexual Men." *Ethnicities* 16(1):3–21.
- Casey, Patrick Michael. 2018. "Stigmatized Identities: Too Muslim to Be American, Too American to Be Muslim." *Symbolic Interaction* 41(1):100–119. doi: 10.1002/symb.308.
- Cass, Vivienne C. 1979. "Homosexual Identity Formation." *Journal of Homosexuality* 4(3):219–35. doi: 10.1300/J082v04n03_01.
- Chauncey, George. 1994. *Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940*. New York: Basic Books.

- Cho, Sumi, Kimberlé Williams Crenshaw, and Leslie McCall. 2013. "Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis." *Signs: Journal of Women in Culture and Society* 38(4):785–810.
- Clare, Eli. 2001. "Stolen Bodies, Reclaimed Bodies: Disability and Queerness." *Public Culture* 13(3):359–66. doi: 10.1215/08992363-13-3-359.
- Cohen, Anthony P. 1985. *Symbolic Construction of Community*. Ellis Horwood Ltd and Tavistock.
- Collins, Patricia Hill. 1986. "Learning from the Outsider Within: The Sociological Significance of Black Feminist Thought*." *Social Problems* 33(6):s14–32. doi: 10.2307/800672.
- Collins, Patricia Hill, and Sirma Bilge. 2020. *Intersectionality*. John Wiley & Sons.
- Collins, Patricia Hill, Lionel A. Maldonado, Dana Y. Takagi, Barrie Thorne, Lynn Weber, and Howard Winant. 1995. "Review of Doing Difference." *Gender and Society* 9(4):491–506.
- Connell, Raewyn. 2009. "Accountable Conduct: 'Doing Gender' in Transsexual and Political Retrospect." *Gender & Society* 23(1):104–11. doi: 10.1177/0891243208327175.
- Côté, James E., and Seth J. Schwartz. 2002. "Comparing Psychological and Sociological Approaches to Identity: Identity Status, Identity Capital, and the Individualization Process." *Journal of Adolescence* 25(6):571–86.
- Crenshaw, Kimberlé. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *U. Chi. Legal F.* 1989:139.
- Crow, Graham Paul, and Graham Allan. 1995. "Community Types, Community Typologies and Community Time." *Time & Society* 4(2):147–66. doi: 10.1177/0961463X95004002001.
- DeCarsky, Ryan, Penny Harvey, and Sally W. Johnston. 2024. "Deaf Identity Saliency: Tracing Daphne's Deaf Identity Saliency Through Switched at Birth." *Culture & Psychology* 30(1):192–215. doi: 10.1177/1354067X221117178.
- Dunne, C. 2013. "DEAF/LGBTQ INTERSECTIONAL INVISIBILITY IN SCHOOLS: THE LIVED EXPERIENCES OF DEAF LESBIAN STUDENTS OF COLOR AT A SCHOOL FOR THE DEAF." Dissertation, University of Pennsylvania.
- Ferguson, Roderick A. 2003. *Aberrations In Black: Toward A Queer Of Color Critique*. University of Minnesota Press.
- French, Sally, and John Swain. 1997. "Changing Disability Research: Participating and Emancipatory Research with Disabled People." *Physiotherapy* 1(83):26–32. doi: 10.1016/S0031-9406(05)66107-X.

- García, Lorena, and Lourdes Torres. 2009. "New Directions in Latina Sexualities Studies." *NWSA Journal* 21(3):vii–xvi.
- Glickman, N. 1996. "The Development of Culturally Deaf Identities." In: Glickman, N. S. i Harvey, MA (Eds.): *Culturally Affirmative Psychotherapy with Deaf Persons*.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Touchstone.
- Green, Adam Isaiah. 2008. "The Social Organization of Desire: The Sexual Fields Approach." *Sociological Theory* 26(1):25–50.
- Heijnders, Miriam, and Suzanne Van Der Meij. 2006. "The Fight against Stigma: An Overview of Stigma-Reduction Strategies and Interventions." *Psychology, Health & Medicine* 11(3):353–63. doi: 10.1080/13548500600595327.
- Hesse-Biber, Sharlene Nagy, and Michelle Yaisier. 2004. "Feminist Perspectives on Social Research." Pp. 121–39 in *A conceptual framework for understanding race, class, gender, and sexuality*, edited by L. Weber. New York: Oxford Univ. Press.
- Hogg, Michael A., Deborah J. Terry, and Katherine M. White. 1995. "A Tale of Two Theories: A Critical Comparison of Identity Theory with Social Identity Theory." *Social Psychology Quarterly* 58(4):255–69. doi: 10.2307/2787127.
- Holcomb, Thomas K. 2012. *Introduction to American Deaf Culture*. Oxford University Press.
- James, Melissa Sarah. 2000. "Black Deaf or Deaf Black?" Dissertation, City University London.
- Kafer, Alison. 2013. *Feminist, Queer, Crip*. Indiana University Press.
- Karmel, Carey Adina. 1982. "'RUBELLA BULGE' OF THE 60'S REACHES THE COLLEGES." *The New York Times*, April 25.
- Klein, Bridget Ann. 2022. "Aging Deaf Lesbians: A Study of Stigmatization, Marginalization, and Resistance from 1945 to 2020." Dissertation, American University.
- Klein, Jessie. 2006. "Cultural Capital and High School Bullies: How Social Inequality Impacts School Violence." *Men and Masculinities* 9(1):53–75. doi: 10.1177/1097184X04271387.
- Lamont, Ellen. 2020. *The Mating Game: How Gender Still Shapes How We Date*. 1st edition. University of California Press.
- Lecklider, Aaron. 2023. *Love's Next Meeting: The Forgotten History of Homosexuality and the Left in American Culture*.
- Leigh, Irene, Jean F. Andrews, and Raychelle L. Harris. 2018. *Deaf Culture: Exploring Deaf Communities in the United States*. San Diego, CA: Plural Publishing Inc.
- Leigh, Irene W. 2017. "The Complexities of Deaf Identities." Pp. 207–20 in *Identity Revisited and Reimagined: Empirical and Theoretical Contributions on Embodied Communication*

- Across Time and Space, edited by S. Bagga-Gupta, A. L. Hansen, and J. Feilberg. Cham: Springer International Publishing.
- Link, Bruce G., and Jo C. Phelan. 2001. "Conceptualizing Stigma." *Annual Review of Sociology* 27(Volume 27, 2001):363–85. doi: 10.1146/annurev.soc.27.1.363.
- Luczak, Raymond. 2007. *Eyes of Desire 2: A Deaf GLBT Reader*. 1st ed. Minneapolis: Handtype Press.
- Martin, Bidy. 1994. "Sexualities without Genders and Other Queer Utopias." *Diacritics* 24(2/3):104–21. doi: 10.2307/465167.
- Mauldin, Laura. 2018. "'Coming out' Rhetoric in Disability Studies: Exploring the Limits of Analogy by Looking at Its Fit with the Deaf Experience." *Disability Studies Quarterly* 38(2). doi: 10.18061/dsq.v38i2.5863.
- McRuer, Robert. 2006. *Crip Theory: Cultural Signs of Queerness and Disability*. NYU Press.
- Michaels, Paul, and Abigail Gorman. 2020. "Two Communities, One Family Experiences of Young Deaf LGBT+ People Living in a Minority within a Minority." Pp. 125–41 in. Routledge.
- Miller, Cara A., and Kyle Amber Clark. 2019. "Deaf and Queer at the Intersections: Deaf LGBTQ People and Communities." Pp. 305–35 in *Deaf Identities*, edited by Leigh and O'Brien. Oxford University Press.
- Miller, Shaeleya D., Verta Taylor, and Leila J. Rupp. 2016. "Social Movements and the Construction of Queer Identity." P. 0 in *New Directions in Identity Theory and Research*, edited by J. E. Stets and R. T. Serpe. Oxford University Press.
- Mitchell, David T., and Sharon L. Snyder. 2015. *The Biopolitics of Disability: Neoliberalism, Ablenationalism, and Peripheral Embodiment*. Ann Arbor: University of Michigan Press.
- Moges, Reznat. 2017. "Crippling Deaf Studies and Deaf Literature: Deaf Queer Ontologies and Intersectionality." in *Innovations in Deaf studies: The role of Deaf scholars, Perspectives on Deafness*, edited by A. Kusters, M. De Meulder, and D. O'Brien. Oxford University Press.
- Moore, Carla. 2014. "Wah Eye Nuh See Heart Nuh Leap: Queer Marronage In The Jamaican Dancehall." Queen's University, Kingston, Ontario, Canada.
- Mountz, Alison, Anne Bonds, Becky Mansfield, Jenna Loyd, Jennifer Hyndman, Margaret Walton-Roberts, Ranu Basu, Risa Whitson, Roberta Hawkins, Trina Hamilton, and Winifred Curran. 2015. "For Slow Scholarship: A Feminist Politics of Resistance through Collective Action in the Neoliberal University." *ACME: An International Journal for Critical Geographies* 14(4):1235–59.

- Nielsen, Kim E. 2012. *A Disability History of the United States*. Paperback edition. Boston: Beacon Press.
- Owens, Timothy J., Dawn T. Robinson, and Lynn Smith-Lovin. 2010. "Three Faces of Identity." *Annual Review of Sociology* 36(1):477–99. doi: 10.1146/annurev.soc.34.040507.134725.
- Parrado, Emilio A., Chris McQuiston, and Chenoa A. Flippen. 2005. "Participatory Survey Research: Integrating Community Collaboration and Quantitative Methods for the Study of Gender and HIV Risks Among Hispanic Migrants." *Sociological Methods & Research* 34(2):204–39. doi: 10.1177/0049124105280202.
- Pescosolido, Bernice A., and Jack K. Martin. 2015. "The Stigma Complex." *Annual Review of Sociology* 41(1):87–116. doi: 10.1146/annurev-soc-071312-145702.
- Phelan, Jo C., and Bruce G. Link. 2015. "Is Racism a Fundamental Cause of Inequalities in Health?" *Annual Review of Sociology* 41:311–30.
- Rainbow Alliance of the Deaf. 2023. "ABOUT: OUR HISTORY OF RAD." Rainbow Alliance of the Deaf. Retrieved December 19, 2023 (<https://www.deafrad.org/history>).
- Robinson, Brandon Andrew. 2016. "Heteronormativity and Homonormativity." Pp. 1–3 in *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies*, edited by A. Wong, M. Wickramasinghe, R. Hoogland, and N. A. Naples. Wiley.
- Robinson, Brandon Andrew. 2020. *Coming Out to the Streets: LGBTQ Youth Experiencing Homelessness*.
- Robinson, Octavian. 2023. "Queers Aren't Welcome, Redux." Medium. Retrieved November 3, 2023 (<https://notanangrydeafperson.medium.com/queers-arent-welcome-redux-54a9fbaeac00>).
- Robinson, Tavian. 2010. "'We Are of a Different Class':" Pp. 5–21 in *Deaf and Disability Studies, Interdisciplinary Perspectives*, edited by S. Burch and A. Kafer. Gallaudet University Press.
- Sandahl, Carrie. 2003. "QUEERING THE CRIP OR CRIPPING THE QUEER?: Intersections of Queer and Crip Identities in Solo Autobiographical Performance." *GLQ: A Journal of Lesbian and Gay Studies* 9(1–2):25–56. doi: 10.1215/10642684-9-1-2-25.
- Scott, John, ed. 2014. *A Dictionary of Sociology*. Fourth edition. Oxford, United Kingdom ; New York, NY, United States of America: Oxford University Press.
- Shakespeare, Tom. 2006. "The Social Model of Disability." in *The Disability Studies Reader*, edited by L. J. Davis. Psychology Press.
- Sherry *, Mark. 2004. "Overlaps and Contradictions between Queer Theory and Disability Studies." *Disability & Society* 19(7):769–83. doi: 10.1080/0968759042000284231.

- Siebers, Tobin. 2017. "Ch 22: Disability and the Theory of Complex Embodiment—For Identity Politics in a New Register." in *The Disability Studies Reader*, edited by L. J. Davis. Routledge.
- Snow, David A., and Leon Anderson. 1987. "Identity Work Among the Homeless: The Verbal Construction and Avowal of Personal Identities." *American Journal of Sociology* 92(6):1336–71.
- Stack, H. 1995. "Rainbow Alliance of the Deaf: A Brief History From an Interview with Herbert Fradin in 1989." *CTN MAGAZINE*.
- Stryker, Sheldon. 1987. "Identity Theory: Developments and Extensions." Pp. 89–103 in *Self and identity: Psychosocial perspectives*. Oxford, England: John Wiley & Sons.
- Stryker, Sheldon. 2008. "From Mead to a Structural Symbolic Interactionism and Beyond." *Annual Review of Sociology* 34(1):15–31. doi: 10.1146/annurev.soc.34.040507.134649.
- Tajfel, Henri, and John C. Turner. 2004. *The Social Identity Theory of Intergroup Behavior*. New York, NY, US: Psychology Press.
- Taylor, Verta, and Nancy E. Whittier. 1992. "Collective Identity in Social Movement Communities: Lesbian Feminist Mobilization." Pp. 104–29 in *Frontiers in social movement theory*. New Haven, CT, US: Yale University Press.
- Wekker, Gloria. 2006. *The Politics of Passion: Women's Sexual Culture in the Afro-Surinamese Diaspora*. Columbia University Press.
- West, Candace, and Sarah Fenstermaker. 1995. "Doing Difference." *Gender and Society* 9(1):8–37.
- West, Candace, and Don H. Zimmerman. 1987. "Doing Gender." *Gender and Society* 1(2):125–51.
- Wright, S. J. 2021. "Deafnormativity: Who Belongs in Deaf Culture?" *Disability & Society* 36(8):1221–39. doi: 10.1080/09687599.2020.1787818.

APPENDIX

I. IRB Statement

DETERMINATION OF EXEMPT STATUS

May 17, 2021

Dear Ryan DeCarsky:

On 5/17/2021, the University of Washington Human Subjects Division (HSD) reviewed the following application:

Type of Review:	Initial Study
Title of Study:	Deaf-Queer: Identity and Community in the United States
Investigator:	Ryan DeCarsky
IRB ID:	STUDY00013305
Funding:	None at date of application

Exempt Status

HSD determined that your proposed activity is human subjects research that qualifies for exempt status (Category 2).

- COVID NOTE: Researchers must comply with current infection control requirements and complete a self-assessment that activities fit within allowable research as described on the [HSD website](#).
- This determination is valid for the duration of your research.
- This means that your research is exempt from the federal human subjects regulations, including the requirement for IRB approval and continuing review.
- **Depending on the nature of your study, you may need to obtain other approvals or permissions to conduct your research. For example, you might need to apply for access to data or specimens (e.g., to obtain UW student data). Or, you might need to obtain permission from facilities managers to approach possible subjects or conduct research procedures in the facilities (e.g., Seattle School District; the Harborview Emergency Department).**
- HSD does not make determinations on behalf of other institutions. If other institutions are involved in the research, they may need to make their own determination or they may decide to be guided by our determination.

If you consider changes to the activities in the future and know that the changes will require IRB review (or you are not certain), you may request a review or new determination by submitting a Modification to this application. For information about what changes require a Modification, refer to the **GUIDANCE: Exempt Research**. Thank you for your commitment to ethical and responsible research. We wish you great success! Sincerely,

Caleb Jones, MD

IRB Administrator, Team A

Email: cjones03@uw.edu

Comm: 206-543-0884. 4333 Brooklyn Ave. NE, Box 359470 Seattle, WA 98195-9470 main 206.543.0098
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01/21/2021– Version 1.11 - Page 1 of 1

II. Survey FAQ Document

Q: Why is the FAQ and Glossary not in ASL?

A: I update these documents as different questions come up and because of the constant updates, providing a signed interpretation was not feasible.

Q: Why is this study happening?

A: Deaf-Queer Identity and Community in the United States is a study that looks at what Deaf-Queer/LGBTQ+ folk in the United States have to say about identity and community. Due to language barriers and limited points of access to the community, scholarly knowledge on Deaf-Queer/LGBTQ+ communities is limited and I hope that this project can change that!

Q: Who is the researcher?

A: I, Ryan DeCarsky am a doctoral student at the University of Washington in Seattle. I am an ASL user, Deaf community ally and Queer. For more information about me, please check out my website ryandecarsky.com

Q: What will my answers be used for?

A: Answers provided in the survey will aid research into the study of Deaf and LGBTQ+ identities and make a descriptive record of ideas and experiences shared by members of the community. The answers will also serve as the basis for research publications about how Deaf-Queer perspectives can address social problems or related topics. All the information will be anonymized to protect the privacy of respondents.

Q: How are my answers kept private?

A: All survey data will be collected and maintained by PI. Video responses requiring translation will be provided to approved interpreters/translators. The videos will be provided as individually shared files via a password-protected Dropbox account, separated from all other survey responses. All survey questions are optional and the participants' privacy and confidentiality will be maintained through the anonymization of responses through pseudonyms and the removal of information that could reasonably identify an individual. **For more information about the specifics, please refer to the consent form or contact me at decarsky@uw.edu.**

Q: How did you pick the questions? Why do some seem worded strange? Why was some community feedback not incorporated?

A: Initially, I made a list of over 100 different questions based on reading about LGBTQ+ experiences written about by Raymond Luczak and others. After I wrote those questions, my teachers helped me refine them. Sometimes the wording is different than you expect because as a graduate student, I have to word things a certain way. If you want to know more, please email me. I also had the survey questions reviewed by Deaf ASL teachers reviewed drafts and Deaf LGBTQ+ community members. I collected all the feedback from the community members and carefully made the possible changes. Sometimes suggested changes were not made because other community members had different opinions or because other people involved in survey design, including myself, had strong reasons for specific wording of questions. The survey is not perfect, but I hope that it shows a lot of deep thought. I always welcome feedback and the survey will ask you to provide it if you would like.

Q: Why do you use LGBTQ+ and Queer? Isn't queer included? Why not LGBTQIA+

A: I use both because some people see the Q as “questioning” and others see it as “Queer”. Another reason is that some people think Queer is an umbrella term and others do not, so I wanted to make sure all were included. I view the + in LGBTQ+ as inclusive of many identities including intersex and asexual and opted for the shorter version for clarity.

Q: Why does the last question in section E say GLBTQA?

A: It is a direct quote, so I used the language the author of the quote used.

Q: Why do some questions not allow you to explain?

A: The survey can't cover everything. If you want to share more, you can in the feedback section or express interest in an interview.

Q: How was the survey translated?

A: The survey was translated through consultation with ASL interpreters and community members. The survey does not cover BSL Black Sign Language and other sign languages used widely in the U.S. It is a huge limitation and I apologize for that issue. The majority of the survey is signed by a professional secured by the University of Washington. For specifics on this process, please see the methods explained on the project website. Due to the regional and cultural variation of American Sign Language, some of the translations may be different than you expect. My own training in ASL which influenced the writing of and some interpretation of the survey includes 3 years under the late Ovida de Julia from Castro Valley, California, a 1-year internship under a Bay Area interpreter, and 1 year of advanced ASL and ASL linguistic studies at the University of Washington.

Q: How should I upload my video responses?

A: For video responses to section E, the best way is to follow the link to the Dropbox upload. You then just need to drag the file over or select the file on your computer to the drop box upload portal. Please provide the file name in your survey response. Another option is to upload it as an unlisted file on YouTube and provide the link

Q: I said I was interested in an interview, how will the interview work?

A: If an interview occurs, the interview will take place on zoom and consist of myself as the interviewer, an ASL interpreter, and you, the participant. Questions about your life will be asked. It will be 45min-1hour.

Q: How can I remove myself from the study?

A: If you provided your email while taking the survey, you may contact me at decarsky@uw.edu and inform me you would like to withdraw from the study. I will immediately remove your answers from the study. If you did not provide your email, please contact me and I will work with you to attempt to identify your responses for removal.

Q: I have more questions, how can I find out more about this project and get my questions answered?

A: Email me at decarsky@uw.edu and I will answer your question as soon as possible. I will respond to your email within 72 hours.

III. Survey Glossary

What do I mean when I say...

Identity here means who you are and how you describe yourself.

Community here refers to a group of people with a shared identity or place in the world.

Queer/LGBTQ+ is an umbrella term used to describe people who identify as something other than straight and/or cisgender. Commonly this includes lesbian, gay, bisexual, transgender, questioning, queer, Intersex, asexual, genderqueer, nonbinary, two-spirit, genderfluid, nonconforming, and many more identities used to describe oneself based on their gender and sexuality.

Deaf-Queer/LGBTQ+ refers to individuals who identify as both Deaf and Queer or LGBTQ+.

Relationship with sound / level of hearing is a way of describing the role of sound for a person. Hearing people use sound a lot, while someone who is profoundly Deaf may not rely on sound at all.

Deaf or Big “D” Deaf here means someone who identifies as a member of the Big “D” Deaf community; often meaning that sign language is the primary form of communication, and the individual has pride in being Deaf. If you are unsure, please select whatever makes the most sense to you.

deaf of Little “d” deaf here means someone who identifies as physically deaf but does not identify as a part of the cultural big “D” Deaf community. Often this can mean that an individual does not use sign language as their primary language and does not actively participate in the Deaf community. If you are unsure, please select whatever makes the most sense to you.

Spaces means the physical or digital places things occur.

Online LGBTQ+ /Queer Spaces means places online made for LGBTQ+/Queer people such as chat rooms, Facebook groups, apps, or similar places.

In-person LGBTQ+/Queer Spaces means places made for LGBTQ+/Queer people such as community centers, bars, clubs, events.

Political Affiliation means the political views (liberal, conservative, moderate, etc.) and/or party membership (Republican, Democrat, etc.) held by an individual.

Role models are people in your life that you looked up to; this could be people you went to for advice, people that inspired you, or anyone that shaped how you wanted to be. For example: Parents, older siblings, or teachers often can serve as a role model for children in how to act.

Monogamous: Prefers 1 romantic or sexual partner at one time.

Sexuality/sexual orientation is used to describe a person’s identity based on sexual interests and behaviors; commonly sexual orientation is used to describe the type of sexual or romantic relationships one feels drawn to. The Trevor Project, an LGBTQ+ youth nonprofit describes it as “who you like”. A full list of the ever-evolving terms created by queer persons around the world can be found [here](#). Collected

sexuality/sexual orientation is used in analysis to see if any trends in answers exist for a particular group within the LGBTQ+ umbrella.

Race and/or ethnicity is a form of identity-based on a combination of physical and/or cultural traits. The question about race and/or ethnicity is a write in question because often surveys fail to capture all the possibilities for this category. Collected race and/or ethnicity responses are used in analysis to see if any trends in answers exist for a particular group; for example, it may be used to see if Black Deaf Gay Men have different responses than Asian Deaf Gay Men.

IV. Big D Deaf Focus

I selected Big D Deaf respondents as the focus of my analysis for two reasons: 1) the cultural boundaries of big D Deaf identity united all participants in one category for analysis and 2) when evaluating differences between big D Deaf respondents and those that were hard of hearing or little d deaf, my data did not find much difference. Family is the only area where there is a significant association between how individuals feel about needing to downplay and only confidently shows that participants who are not big d Deaf are more in agreement that they do not feel a need to downplay. On one hand, this is surprising due to the cultural pride that we might expect to come with belonging to the big D Deaf category. Yet, on the other hand, those that are not big D Deaf may not think of their Deaf identity as something to downplay or not because it is not tied to a cultural, linguistic, political position. It is possible that dynamics of passing are at work here, where those that are not big D Deaf are more able or willing to pass. Further investigation into the relationship with the idea of Deaf identity among hard of hearing and little d Deaf folk may reveal more about this phenomenon. For the purposes of this research, the finding indicates that comparing along the lines of big D Deaf, disability, or strong community feeling does not help identify contextual feelings of stigma. While preliminary, this challenges some of the established literature around cultural boundaries within the larger spectrum of deaf, Deaf, and hard of hearing communities where the distinctions between community belonging, disability identity, and the use of big D Deaf have long guided how we conceptualize and group those within. As a result, I opted to leave the distinction of big D Deaf for future work and focus my analysis within that subgroup.

V. Composite Measure Recoding and Interpretation Guide

Composite Measure Interpretation Guide

<i>Result</i>	<i>Estimated Meaning</i>	<i>Prevalence by Group (n, % of group).</i>	
-42 to -22	Consistently overwhelming negative experiences.	None- NA	
-21 to -1	Consistently negative experiences are tied to how this identity is felt in life; however, in some contexts, experiences may be neutral but are rarely positive.	LGBTQ+ Results (n= 7) Race: <ul style="list-style-type: none"> White: 3 (43%) Nonwhite: 4 (57%) Age: <ul style="list-style-type: none"> Boomer: 0 (0%) Gen X: 1 (14%) Millennial 2 (29%) Gen Z: 4 (57%) 	Deaf Results (n= 9) Race: <ul style="list-style-type: none"> White: 5 (55.5%) Nonwhite: 4 (44.5%) Age: <ul style="list-style-type: none"> Boomer: 0 (0%) Gen X: 1 (11%) Millennial 3 (33%) Gen Z: 5 (56%)
0 to 20	Results in this range include negative or neutral responses but typically more positive responses around how the identity is experienced.	LGBTQ+ Results (n=15) Race: <ul style="list-style-type: none"> White: 12 (80%) Nonwhite 3 (20%) Age: <ul style="list-style-type: none"> Boomer: 2 (14%) Gen X: 5 (33%) Millennial: 7 (46%) Gen Z: 1 (7%) 	Deaf Results (n=10) Race: <ul style="list-style-type: none"> White: 7 (70%) Nonwhite: 3 (30%) Age: <ul style="list-style-type: none"> Boomer: 1 (10%) Gen X: 3 (30%) Millennial 6 (60%) Gen Z: 0 (0%)
21 to 38	Results at this range are largely positive experience with little to no negative responses about how the identity is experienced.	LGBTQ+ Results (n = 4) Race: <ul style="list-style-type: none"> White 3 (80%) Nonwhite 1 (20%) Age: <ul style="list-style-type: none"> Boomer: 3 (80%) Gen X: 1 (20%) Millennial: 0 (0%) Gen Z: 0 (0%) 	Deaf Results (n = 7) Race: <ul style="list-style-type: none"> White: 6 (86%) Nonwhite: 1 (14%) Age: <ul style="list-style-type: none"> Boomer 4 (57%) Gen X: 3 (43%) Millennial: 0 (0%) Gen Z: 0 (0%)

Composite Measure Variable and Recode Guide

Variable Name	Survey Question	Original Variable Scale	Recode Process and Variable
Community Connection	How often do you feel a strong connection to your [Deaf, deaf, Hard of Hearing] or [LGBTQ+] community?	Never (1), Most of the time no (2), Sometimes (3), Most of time yes (4), All the time (5)	Never (0), Most of the time no (1), Sometimes (2), Most of time yes (3), All the time (4) Measure Impact: 0 to 4 Points
Presence in Childhood (A + B)	A: Did you grow up with a parent, parent sibling, or guardian who was [Deaf] or [LGBTQ+]? B: Did you grow up with a role model who was [Deaf] or [LGBTQ+] you knew personally?	Yes, No, Unsure, Unanswered (0)	Yes (1), No (0), Unsure (0), Unanswered (0) Measure Impact: 0 to 2 Points (0 to 1 points for A and B)
Need to Downplay	Do often feel the need to downplay your LGBTQ+ or Deaf identity with _____? (6 Categories)	Yes, or No across 6 categories.	Yes (1) No (0) Unanswered (0) Measure Impact: -6 to 0 Points (0 to 1 points across 6 categories)
Society Pressure	How often have you felt pressure to downplay your [sexuality] or [Deaf identity] by society?	Never (1), Sometimes (2), Half of the time (3), Most of the time (4) Always (5)	Never (0), Sometimes (1), Half of the time (2), Most of the time (3) Always (4) Measure Impact: -4 to 0 Points
Acceptance in Spaces	How accepted is your [LGBTQ+] or [Deaf] identity in [Public], [Professional], [Deaf] or [LGBTQ+] spaces? (4 Categories)	Not Accepted (1), Rarely Accepted (2), Sometimes Accepted (3), Accepted (4), Very Accepted (5)	Not Accepted (-2), Rarely Accepted (-1), Sometimes Accepted (0), Accepted (1), Very Accepted (2) Measure Impact: -8 to 8 (-2 to 2 points per space; 4 spaces total)
Identity Expression	How comfortable do you feel expressing your [sexuality] or [Deaf identity] with _____? (12 Categories)	Extremely uncomfortable (1) Somewhat uncomfortable (2) Neutral (3) Somewhat comfortable (4) Very comfortable (5)	Extremely uncomfortable (-2) Somewhat uncomfortable (-1) Neutral (0) Somewhat comfortable (1) Very comfortable (2) Measure Impact: -24 to 24 (-2 to 2 points per category; 12 total)

Additional Information

Project: <https://sites.uw.edu/decarsky/research-projects/deaf-queer/>

Researcher: <https://ryandecarsky.com/>