

WHAT IS STUTTERING?

Developmental stuttering is a motor speech processing disorder affecting the rhythm and flow of speech. Individuals who stutter know exactly what they want to say but struggle to get their words out. About **1 in 100** of the population stutters.¹ In children, stuttering is relatively common, with approximately **1 in 20** beginning to stutter in the preschool years.¹

Stuttering typically emerges **between 2-5 years of age**, when a child’s language abilities are still developing and may not keep up with what they want to express.² The onset of stuttering may be sudden or gradual, with stuttering severity varying from day to day depending on the speaking situation and environment.

Stuttering in Bilinguals

In bilinguals, stuttering will present in **all the languages a child speaks**.³ In most cases, stuttering may be **more pronounced in the less dominant language** because individuals will have more difficulties expressing their thoughts and communicating in a language that they are less proficient in.

CAUSES

The exact cause of stuttering is currently **unknown** and likely to be **multifactorial**. Research has shown that stuttering is related to a **deficit in neural speech processing** and has a genetic link. About 6 to 7 in 10 children who stutter have a family history of stuttering.⁴

Stuttering is not caused by low IQ, or psychological or emotional issues.

CHARACTERISTICS

Stuttering can be characterised by the following behaviours¹:

- 1) **Repetition** of sounds, syllables, phrases of words
“I w-w-want noodles for-for-for dinner.”
- 2) **Prolongations** or stretching out of sounds
“MMMMummy, where’s my bag?”
- 3) **Blocks** or getting stuck on words, where there is an inappropriate or awkward pause
“This is ... my toy.”

These can be accompanied by secondary behaviors such as interjections (“It um looks um like um this but um um bigger.”) and/or facial movements (e.g., eye blinking and jaw jerking).

Stuttering vs. Normal Dysfluencies

When children are learning to put their words together, it is common for them to repeat or revise their words and sentences when speaking. However, children who stutter will typically display different types of disfluencies (as described above), and may show more tension or struggle when speaking.

SPONTANEOUS RECOVERY

About **6 to 7 in 10 children who stutter** can **recover spontaneously**.⁵ However, it is difficult to predict who will and will not recover. Factors that increase the risk of stuttering persistence include⁶:

- Being **male**
- Stuttering for more than **12 months**
- Having a **family member who is still stuttering**.

IMPACT OF STUTTERING

Research has shown that stuttering can have a **socio-emotional impact** on children who stutter.¹ They may be teased, bullied, or ignored by peers because of stuttering. As a result of such negative communication experiences, children who stutter may develop **social anxiety, low self-esteem, and avoid speaking situations in which they are more likely to stutter**, for example, speaking in front of large groups of people. In such cases, it may affect their overall academic and vocational achievements, and have lifelong impact if stuttering **persists into adulthood**.

IMPORTANCE OF TREATMENT

Stuttering is most remediable within the **first 6 years of life**. Research indicates that children who receive intervention during the preschool years are **7.7 times** more likely to recover from stuttering.²

Clinicians should **NOT** adopt a ‘wait and see’ approach. Children who present with stuttering behaviours should be identified and **referred** to a Speech Therapist **as early as possible!** This is so that they can receive the support they require to help their stuttering and wellbeing.

ROLE OF SPEECH THERAPISTS

Speech therapists play a vital role in supporting children who stutter. They **assess and diagnose** stuttering. Once a diagnosis is made, speech therapists **work with parents** and children who stutter to **manage their stuttering, build confidence** and **improve communication**. Interventions are tailored to the child’s specific needs and aligned with the family’s goals.

Additionally, speech therapists provide **information counselling** and **caregiver training** to families, offering guidance on how to improve family communication and create a more supportive communication environment at home. Lastly, they **collaborate with teachers** to foster a nurturing atmosphere in school and may **refer the family to other professionals** if additional support is needed.



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