Introduction

Stuttering can be characterized as a speech fluency disorder but it affects more than speech alone. Children who stutter (CWS) are at risk to being bullied and the stuttering has a psychosocial impact on the person who stutters’s life (e.g., Benecken & Spindler, 2004; Blood & Blood, 2004; Hugh-Jones & Smith, 1999; Yaruss & Quesal, 2006). Different questionnaires or interview settings have been used to assess psychosocial impact and bullying in children. These methods only allow an attitude from the child’s perspective. The attitude of parents towards the stuttering of their child is also an important factor in therapy planning and therapy success. Clinicians not only deal with children but also with their parents and potentially these groups have two different sets of expectations and attitudes. In order to measure psychosocial impact of stuttering and the experience of bullying, two new instruments were developed and validated: (1) the Speech Questionnaire to assess the psychosocial impact of stuttering on the child’s life (Cook, 2013); and (2) the Bullying Questionnaire to obtain information about stuttering-related bullying. Both questionnaires were developed independently but distributed together when assessments were made. It was hypothesized that the perspectives of children and their parents would differ.

Methods

Participants

Fifteen German-speaking children and adolescents who stutter aged between 8.0 yrs and 17.7 yrs (M=14.1 yrs, S.D=2.9yrs) participated in the study, 10 boys and 5 girls as well as their parents (n=15).

Instruments:

Children and parents completed the Speech and the Bullying Questionnaire before a therapy intervention. The questionnaires were rewritten from the viewpoint of the parent for their form (for samples see Figure 1–children, Figure 2–parents). Both questionnaires used a 6-point Likert scale. The Speech Questionnaire contained 27 items in four categories (A-D), the Bullying Questionnaire contained 13 items in three categories (E-G).

Results

The Speech and Bullying Questionnaires proved to be reliable and valid instruments to assess psychosocial impact and bullying in children who stutter aged 8.0 to 17.11 years. Differences between the perspectives of children and parents were assessed using independent sample t-tests. There were no significant differences between the Speech Questionnaire (t(28)=-1.114, p=.275, ns, small to medium effect (r=0.20)) and the Bullying Questionnaire (t(28)=-1.075, p=.291, ns, small to medium effect (r=0.20)) completed by children and parents. When analysing the test results, a significant difference was found for subtest D (impact of stuttering) (t(28)=2.43, p=.022, medium to large effect (r=0.42)) and for subtest E (Bullying) (t(28)=2.234, p=.034, medium to large effect (r=0.39)). Interestingly, there was also a significant correlation for subtest D (r=0.536, p=.040) (Figure 3). This indicates that ratings of parents and children generally went in a similar direction, but were still significantly different. For subtest E no significant correlation was found (r=0.34, ns) (Figure 4).

Discussion

There was a discrepancy between the perspectives of children and their parents for subtest D “Impact of stuttering”. Generally, parents rated the psychosocial impact stuttering has on their children’s life higher (M=25.00, S.D.=4.73) than the children (M=19.40, S.D.=7.55). The significant correlation found for subtest D indicated that ratings generally went in a similar direction. Questions relating to this subtest dealt with for example reactions of other people towards the stuttering, whether stuttering impacts the success at school or whether stuttering gets in the way of making friends. This is in line with a previous study of Landau (2011). In this qualitative retrospective study 10 dyads of CWS and their parents were interviewed in regard of experiences and expectations. Landau found a significant divergence of opinions between the children and their parents. With regard to questions about bullying, opinions of parents and their children, the current results were also significantly different. This was evident for subtest E which asked for example whether the child gets bullied at school, whether the bullying is directly related to the stuttering or whether the bullying affects the stuttering.

Clinical implications

It is important to be aware of bullying and psychosocial impact stuttering can have on a person’s life. Overall, both, parents and children showed a similar perception of the psychosocial impact stuttering has on the life of the child and stuttering-related bullying. However in regard of certain questions, parents seem to perceive the psychosocial impact and experience of bullying as higher than the child. This could be evidence of worries or guilt, parents carry. Completing the Speech and Bullying Questionnaire can help identifying different perceptions, and possible hidden anxieties or worries of parents. These can then be addressed during parent counseling.

Summary

- Psychosocial impact and bullying in 15 CWS and their parents were assessed using two new questionnaires.
- Areas measured were perspective on stuttering in general, feelings about stuttering, different speaking situations, impact of stuttering, bullying, frequency and forms of bullying.
- Significant differences of perspectives of children and their parents were found for the areas “Impact of stuttering” and “Bullying”.
- Parents rated the impact of stuttering and experience of bullying higher than their child.
- These findings can be used for parent counseling to identify and address possible differences.

References: