



SOUND SENSITIVITIES IN CHILDREN.

FACT SHEET

Does your child become overwhelmed, cover their ears, cry, scream or behave oddly near loud noises? This can be a normal phase for young children; however, if the behaviour persists, they may be experiencing a sound intolerance or hyperacusis.

Hyperacusis is a term used to describe when everyday sounds seem uncomfortably loud or when a person has heightened sensitivity to particular sounds (misophonia and phonophobia also fall within this definition). For children who experience hyperacusis, and their families, it can be a very troubling condition.

WHAT TO LOOK FOR

Children with hyperacusis may have difficulty remaining in situations that are loud, such as noisy classrooms, or they may have difficulty listening to everyday loud sounds, such as hand dryers, vacuum cleaners, blenders and traffic. Children with hyperacusis can be fearful of certain noises, and try to avoid them, or become visibly distressed. Curiously, not all sounds of the same volume will cause the same distress.

The mechanisms responsible for hyperacusis and sound sensitivity are not yet fully understood. Hyperacusis is seen to occur more commonly in children with conditions such as adhesive otitis (glue ear), autism spectrum disorder (ASD), Williams' syndrome, epilepsy, attention deficit hyperactivity disorder (ADHD), tinnitus and hearing loss, and following head injuries. For some children, their hyperacusis stems from having been surprised by, or had a bad experience with, a noise – such as balloon popping or someone shouting. When we experience a fright or unpleasant experience it triggers a stress response – increasing our heart rate, blood pressure and breathing. This is the body's natural defence mechanism to help us to avoid danger. However, when certain sounds are

associated with danger it can change how we react to those sounds. Children with hyperacusis can be worried that the sound will hurt them and try to avoid it to protect themselves.

WHAT TO DO

If your child experiences hyperacusis or sound intolerance, support and reassure them. It is important to show your child you understand their distress. Try not to focus on these sounds in a negative way. Do not promote avoidance – or use earmuffs, noise-cancelling headphones or ear plugs – as this reinforces the sensitivity to sound. It is essential for your child to hear normal sounds for their ears and brain to regain normal sound processing. Explain what the sound is and identify where it comes from, to provide gentle, supported exposure. Help your child develop tolerance by letting them have some control over the sound and reward positive interaction. If your child becomes distressed, do not force them to remain in the situation. Instead, allow them to remove themselves. This process takes time. Teaching your child relaxation strategies and informing carers and school, so that they can offer support, is essential.

Talking to your child health nurse or doctor is important. An audiologist can undertake a hearing test to check that there are no underlying hearing or ear health issues that need to be addressed and organise specialist referrals, if required. Working with an audiologist or psychologist can help your family to develop strategies to manage and reduce your child's hyperacusis or sound intolerance.



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SUPPORT SERVICES

Caring for a child who is distressed by hyperacusis can be worrying and, in rare cases, either you or your child may feel as you are having trouble coping. If either you or your child is in need of urgent assistance please call Kids Help Line 1800 551 800 or Life Line 13 11 14. While the nature of their advice will not be specific to hearing conditions, their expertise in all areas of mental health will ensure that you and your child are supported at times of greatest need. This service also offers a range of resources and webchat support options for children and their carers.

All other non-urgent persistent matters should be discussed with your audiologist or medical practitioner. Tinnitus Australia is available online and via the Hearing Line to offer extra support.

FURTHER READING

Hall, A., et al. (2015) Prevalence and risk factors for reduced sound tolerance (hyperacusis) in children. *International Journal of Audiology*

Potgieter I., et al (2020) Hyperacusis in children: a scoping review. *BMC Pediatric*

Rosing, S., et al (2016). Prevalence of tinnitus and hyperacusis in children and adolescents: A systematic review. *BMJ Open*, 6(6).

Tegg-Quinn, S., Bennett, R., Brennan-Jones, C., Barabash, S., Mulders, WHAM., & Eikelboom, R. (2020). Reflections and perceptions of chronic tinnitus during childhood and adolescence. *International Journal of Pediatric Otorhinolaryngology*, 138

Tegg-Quinn, S., Bennett, R., Brennan-Jones, C., Barabash, S., Mulders, WHAM., & Eikelboom, R. (2021) Reflections on how tinnitus impacts the lives of children and adolescents. *American Journal of Audiology*, in press

This factsheet is intended to be a guide of a general nature, having regard to general circumstances. The information presented should not be relied on as a substitute for medical advice, independent judgement or assessment by a healthcare professional, with consideration of the particular needs and individual circumstances. This factsheet reflects information available at the time of its preparation, but its currency should be determined having regard to other available information. Tinnitus Australia disclaims all liability to users of the information provided.

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HEARING LINE

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For hearing, social & emotional support, & general enquiries, Monday to Friday, 9am - 5pm

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