



## TINNITUS

## IN CHILDREN.

### FACT SHEET

Just as adults can experience tinnitus (noises in our ears or head unrelated to an external source) so too can children. If children are worried by their tinnitus, support is available and beneficial.

#### WHAT TO LOOK FOR

Children as young as three can reliably describe tinnitus, if they experience it, and asking will not make their tinnitus worse. Asking a child if they hear any noises that they think mummy or daddy can't hear in a non-leading manner will give them the opportunity to explain what they hear, have their experience validated and to be supported. Children often describe tinnitus in ways that reflect sounds within their environment or experience, such as buzzy bees, growling tigers, choo choo trains or wind in the leaves. How a child experiences their tinnitus can be influenced by how they perceive it (scary or just normal), their developmental age and the aspects of their lives that are affected.

If a child experiences tinnitus and is worried by it, it may affect their emotional and mental wellbeing. Children who experience tinnitus may have difficulty falling asleep, may prefer to sleep with a radio or the television playing and they may become more irritable, frustrated or emotional. Some children describe having difficulty concentrating at school or not liking being in either very noisy or very quiet environments. Others may also stop participating in activities that they previously enjoyed or avoid new activities. Some children with tinnitus appear to have trouble listening, following instructions or participating in conversations and may have difficulty on hearing tests. When children are troubled by a condition such as tinnitus their parents and family can also be affected.

#### WHAT TO DO

If your child does experience tinnitus and is bothered by it, it is important to listen to their description and reassure them. It is also important to see your doctor and an audiologist who understands tinnitus in children. They can perform a hearing test, to check there are no underlying hearing or ear health issues that need to be addressed, and organise specialist referrals, where required. If no further referrals are needed, they can work with you and your child to develop strategies that will help them habituate to their tinnitus (reduce their awareness and distress). Strategies can include tinnitus education, sound enrichment, emotional support and relaxation strategies.

As with adults, children's experiences of tinnitus and associated distress can increase during times of stress, such as family breakdowns, times of transition or bullying. Understanding this pattern can help to reduce fear and worry. Seeking help from your child's doctor, audiologist and/or psychologist may assist in recognising and managing these periods.

Caring for a child who is distressed by their tinnitus 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 tinnitus, their expertise in all



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Mummy, why is there yelling in my head? There are happy buzzy bees and scary zombies.

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

Baguley, D. M. et al (2013). Troublesome tinnitus in childhood and adolescence: Data from expert centres. *International Journal of Pediatric Otorhinolaryngology*, 77(2), 248-251. <https://doi.org/10.1016/j.ijporl.2012.11.009>

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Kentish, R. et al. (2015). Tinnitus in children. Practice guidance. British Society of Audiology. <http://www.thebsa.org.uk/wp-content/uploads/2015/03/2015-Paed-Tin-Guidelines-FINAL.pdf>

Rosing, S. N. et al. (2016). Prevalence of tinnitus and hyperacusis in children and adolescents: A systematic review. *BMJ Open*, 6(6), Article e010596. <http://dx.doi.org/10.1136/bmjopen-2015-010596>

Smith, H. et al. (2019). A scoping review to catalogue tinnitus problems in children. *International Journal of Pediatric Otorhinolaryngology*, 122, 141-151. <https://doi.org/10.1016/j.ijporl.2019.04.006>

Tegg-Quinn, S. et al. (2020). Reflections and perceptions of chronic tinnitus during childhood and adolescence. *International Journal of Pediatric Otorhinolaryngology*, 138, Article 110258. <https://doi.org/10.1016/j.ijporl.2020.110258>

Tegg-Quinn, S. et al. (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

**1300 242 842**

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

#### LET'S CONNECT



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#MoreThanJustDevices

**TINNITUS AUSTRALIA IS A  
SOUNDFAIR INITIATIVE**

