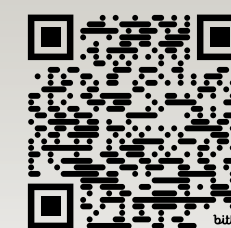


Tourette Syndrome



Tourette Syndrome (TS) is a neurological condition characterised by involuntary, repetitive movements and vocalisations known as tics. These tics can be motor (e.g., eye blinking, head jerking) or vocal (e.g., throat clearing, barking noises). TS typically manifests between ages 2 and 21 and persists throughout life. Importantly, TS is not degenerative, and individuals with TS can expect to live a normal lifespan.



Health condition

- Involuntary motor, vocal and mental tics, like sniffing, blinking, repeating words, intrusive thoughts and repetitive unwanted images
- Coprolalia (involuntary swearing), copropraxia (obscene gestures), and coprographia (inappropriate writing) can occur
- Self-injurious tics can lead to injuries
- Comorbidities like OCD, ADHD, and autism



Student population

About **one in 100 children** have TS; every school is likely to have students with it

Many remain undiagnosed because doctors are “so reticent to diagnose Tourette’s”

Delays in diagnosis are also common in rural areas without specialist services, leading to long wait times

“My youngest has just got to the end of grade eight, and has spent the last 12 months saying, ‘Do I have to go back to that hell hole. Please don’t make me go’...There is just a constant question: is your child’s mental health more important than their academic achievements?”



School absence patterns

- Anxiety around tics and bullying contributes to high rates of school refusal
- Families may choose homeschooling or distance learning to avoid harassment or misunderstanding
- Frequent absences lead to academic setbacks, isolation, and reconsidering schooling models



Challenges for students

- Teen years are tough: “Puberty is horrible for everybody, but... usually when tics reach their absolute peak”
- Constant disbelief: teachers or peers may assume tics are deliberate and punish or ridicule students
- Bullies exploit difference: “Tourette’s puts a target on your back”



Challenges for families

- Exhaustion managing academic and social impact of condition
- Friends/family often drift away, leaving parents isolated
- Families face isolation, socio-economic barriers, public judgment, and a “grieving period” after diagnosis
- Siblings may feel neglected, pressure to “be the good kid”, guilt, anxiety or be bullied



What schools should know

- Teachers and staff need more understanding of TS, e.g. to know that tics are involuntary, not “learned behaviour”
- Punishing or dismissing students can worsen anxiety and drive them away from mainstream education
- Adjustments like movement breaks, flexible seating, dimmed lighting, fewer transitions, turning off fans or reducing sensory stimuli help manage tics
- Alternate assessment formats prevent penalising students who inadvertently destroy or swallow paper due to a tic
- Peers respond better when given clear explanations, such as, “They can’t help it,” which fosters empathy and belonging.
- Education around disability helps ensure no one is ostracised for TS: “It comes down to empathy, understanding, acceptance, education—see the person, not the disability”



Tourette Syndrome Association of Australia

Supports people with Tourette Syndrome, increasing awareness of the disability among medical practitioners, public utilities and the public.

www.tourette.org.au