
TRAUMA (POST TRAUMATIC STRESS DISORDER) ON CHILD VICTIMS OF NATURAL DISASTERS

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ABSTRACT

Natural disasters lately occurred in various parts of the world, especially in Indonesia such as flood in several districts in the provinces of West Java and Central Java, flooding in Tasikmalaya Regency of West Java, and others who cause a lot of harm, whether material or moral. Natural disasters are unpredictable when, where, and to whom. Anyone who's been the victim, of course, feel the grief and fear after what may befall on him. Not only loss of property but also loss their lovely people. Natural disasters can be befall to all gender, religion, race, culture, social status, or age. The child was one of the victims of the natural disasters that occur. Children who have experienced natural disasters usually experiencing post-traumatic stress disorder (PTSD). PTSD can not necessarily be lost with itself. It encourages the writer as educator in PAUD (Early Education for Childhood) who was one of the provider of educational services for early childhood to be able to recognize the Post Traumatic Stress Disorder/PTSD on children victims of natural disasters on the definition, the reaction occurs, the symptoms appear, the impact caused as well as how to recognize and recover the PTSD.

Keywords: trauma, posttraumatic stress disorder, natural disasters, child

INTRODUCTION

Indonesia is a tropical island that is crossed the equator, so the experience two kinds of season such as rain and drought seasons. Every rainy season is often the rainwater cannot be accommodated so that resulted in flooding and landslides also resulted in the Highlands who purportedly has now been widely used as residential land so that no more water absorptions. Not much different from the rainy season, dry season water is hard. It cause any length also usually occurs a forest fire which caused the thick smoke. Not to mention with the mountain erupted. These natural disasters, of course, resulted in many losses and the unpredictability of when, where, and who it will overwrite. The threat of disaster at the moment is the extreme weather events that can cause disasters such as floods, landslides, Stormwind, high waves to tropical storm (Husein in Anafiah, 2014).

Lately, Indonesia country experienced many natural disasters that come from nature, ranging from the catastrophic flash floods, landslides, earthquakes in various regions in Indonesia. The disaster brought a lot of the impact of the loss, good moral or material. The victims of not only the loss of property but also the loss a loved ones. The victims of the natural disaster can happened to all gender, religion, race, culture, social status, or age. All parties get the same losses. Loss due to natural disasters includes the sector of economic, social and psychological well-being of millions of children and teenagers distracted every year by disturbance of natural disasters. Bal and Jensen (2007) categorize disasters into three

types: (a) the hydrometeorological disasters (such as floods, storms, drought, landslides, and extreme temperatures), (b) a geophysical disaster (e.g., earthquakes, tsunamis, and volcanic eruptions), and (c) of biological disasters (for example, epidemics and infestations of insects).

Children as one of the victims of the natural disasters that occurred lately. Children who have experienced a disaster will experience sorrow and deep fears. Grief and fear were not able to immediately disappear. It took a long time and special handling to restore everything. As we know children are in their growth and development. When children experience things unwanted, then certain growth and development is disturbed and the child usually will experience trauma impacted to disturbance of the post-traumatic stress or more commonly known by the term post-traumatic stress disorder (PTSD).

Mardiyati (2005) looked that trauma paradigm today developing in society is defined in both medical and psychological. As for trauma in the medical paradigm is all aspects of physical trauma, i.e., trauma to the head or another body part also known as injury or disturbance of the normal functions of the body that comes from the crunch from the blunt or sharp objects. While the trauma in the psychological paradigm is an event or experience that destroyed the sense of security, a sense of self-worth, and capable of giving rise to a difficult psychological wound were healed completely.

Based on the explanation above it can be concluded that both paradigms the trauma very

dangerous for the future of the child. Hatta (2015) says that the reaction to trauma usually occurs to someone who is experienced, witnessed, or was confronted with adverse events that cause death, serious injury or threatens the physical self or others. The reactions of individuals who experience trauma usually appear is the fear, a sense of no hope, horror (children may experience disturbance of behavior.).

Here are some of the results of research in various parts of the world stated that the impact of the disaster trauma which is resulting a negative effects, such as anxiety disorders, stress, depression. As an example of the research results of Kun et al (2009) States that the victims of the earthquake in China showed Measuring stress and concentration disorders experience at post earthquake. The study also explains that respondents who have experienced the death of the family revealed more suffering from post-traumatic stress. Same thing with Kun, research results Fan et al (2011) test for symptoms of PTSD, anxiety, and depression in children and teens six months after the events of Measuring earthquakes in China. The results showed that 15.8%, 40.5% and 24.5% of the participant experience symptoms of PTSD, anxiety and clinical depression respectively. Risk factors the third symptom disorder more experienced by women, older age, and witness firsthand the devastating earthquake. Brown et al (2011) shows similar things that the victims of the Katrina Hurricane experience sleep disturbances and fear of sleeping alone on the children and teenagers who have witnessed traumatic events are so violent. This research was conducted 24 months and 30 months after the events of Katrina hurricane.

Then there are the research results Mirzamani et al (2006) stating that the prevalence of post-traumatic stress disorder the highest found because the victims are not receiving mental health attention, handling the psychological and social support. Attention to mental health and social support is very helpful to heal post-traumatic stress disorder. Despite the disastrous influence on some countries showed the same symptoms, but the severity and number of disorders that appear after a disaster depends on the attention and social support. Furthermore, the research results Ohta (2003) suggest that the psychological disorder that plagued the refugees a volcanic eruption is reduced significantly from 66.1% (6 months) to 45.6% (44) after a volcanic eruption. The results showed significant progress on feelings of anxiety, strain, insomnia, and social disorder, instead of depression and interpersonal disturbances experienced delays. Interpersonal disorder began to deteriorate after 12 months and

continued in 44 months, while that of the depression began to improve only after 44 months.

Depart from the issue and refer to some research results above, then this paper is expected to describe the lack of Post Traumatic Stress Disorder/ PTSD on children victims of natural disasters on the definition, the reaction occurs, the symptoms appear, the impact caused as well as how to recognize and recover the PTSD.

THEORETICAL STUDY

Trauma and Post Traumatic Stress Disorder

An event called the events that happened and be experienced in someone's life, whether pleasant or unpleasant will automatically give effect to her life in the future. Despite ready or not ready, the event will definitely be experienced by everyone in this world. Effects arising from such events can give rise to behavioral change in self-sacrifice and furthermore will cause trauma which can be continued on post-traumatic stress disorder.

Taufiq et al (2014) define trauma as severe horrors when individuals faced with the incidence of sudden, unexpected, potentially life-threatening, so it cannot be controlled and the individual cannot be respond effective as it should be. Next Mardiyati (2015) suggested that the trauma is the soul or abnormal behaviour due to physical injury or pressure because of a very experienced imprint that can't be overlooked. Trauma can occur to children who have ever witnessed, experienced and felt horrible, direct or life-threatening, such as collision, natural disaster, fire, death, physical or sexual violence and bickering good parents.

Furthermore, Hatta (2015) mention that trauma divided in some aspects, namely: (1) trauma is defined as pain that is experienced by someone who influences the psychological and physical impact of bringing to life such as the decrease the level of productivity and day-to-day activities, (2) trauma occurs due to the bitter events are physical or mental causes direct damage to the body or surprises on the mind, (3) the trauma occurs because there are concerns that extreme or concerns traumatized by the physical and psychological effects that can cause interference with the emotions triggered by the acute bitter events, (4) Trauma is increasing pressure symptoms (stress) which causes the disturbance of emotions to children or students of the school will cause changes in behavior, changes in emotions and thoughts, and (5) trauma are also said to be injury to the body caused by physical energy from outside as the shot, fire, accident, stab wounds, sharper weapons fighting, raped, negligence technology and so on. The bitter events and horror also may be due

to natural disasters such as earthquakes, landslides, storms, tornadoes, hurricanes, tsunamis, blizzards and others that afflict a society or community.

Thus, it can be inferred that the trauma is a not normally mental condition experienced by a person after he experienced the events of displeased and made an impression in his memory as well as difficult to forget. Trauma on one's soul can not be seen with the naked eye even tend to be abstract in accordance with the form of phenomena that arise from the behavior of people who experience trauma. Trauma is not like a phobia that can be avoided, because the people who experience trauma always live with the experience of the past. If a man undergoes a phobia against something, then he simply avoids to meet, seen or touched the object. However, in people who experience trauma, though events were not experienced back (seen and heard), sometimes subconscious brain command raises again the events which imply the horror that appeared in all of a sudden (Mardiyati, 2015). The situation in the event of a long period of time will lead to disaster stress disorder (post traumatic stress disorder/PTSD).

According to Kaplan (Fuadi's, 2011) PTSD is an anxiety syndrome, lability autonomic, emotional not fragile, and flashbacks from a very poignant physical or stress that goes beyond the limit of endurance of ordinary people. Post Traumatic Stress Disorder as a condition that arose after an incredible experience that is gripping, terrifying and life-threatening someone, such as a natural disaster, an accident event fabulous, sexual abuse (sexual violence), or war. While according to Kusumo (2009) PTSD post-traumatic stress disorder or is a mental disorder to someone who appears after experiencing a traumatic experience in life or an event that threatens the safety of his soul. More in the American Psychiatric Association (Tentama, 2014) defines PTSD as a common psychological disorder are examined after the occurrence of the disaster. PTSD is characterized by the presence of impaired memory related traumatic events permanently, the behavior of shy away from stimulus-related trauma, and experiencing the disorder is increasing constantly.

Post traumatic stress disorder can be distinguished from other souls nuisance arising after a heavy trauma, such as severe depression, or anxiety (anxiety overall), by the presence of reexperiencing or traumatic event back as if the comprehension the events that shook it was going back because an idea or stimulation of the surroundings (Mardiyati, 2015).

From some of the above definition, it can be interpreted that the stress disorder after is a condition where a person who has experienced a

very deep trauma that threatened his soul continues experiencing stress resulting from trauma the hers.

Reaction to the Events of Trauma

Natural disasters that happen lately cause many casualties. Each of the individual who experienced the disaster certainly showed different reactions over what had befallen him in accordance with the emotional maturity level of each. Any case with early childhood, as we know that early childhood was in the period of growth and development, so that each will be appear different reactions to each other. According to Purmanasari (2015) reaction to the disaster or traumatic events can be classified into three parts, namely the somatic reactions, reactions of cognitive, emotional and behavioral reactions. The reaction of each differs according to on the level of his age, in preschool-aged children, school age children, and older children based on empirical studies.

Purmanasari (2015, pp. 52-53) said that specific reaction against disaster or traumatic events in the age of 2-5 years are (1) somatic, such as sleep disturbances (waking from a nightmare, night terror, sleepwalking, refusing to sleep alone), and the problem of eating and dizziness (2) cognitive, explanation of the magic of a Genesis, repeating the story of Genesis, unpleasant memories of trauma and fear of living (3) emotional, such as crying, difficulty identifying feelings, emotions and anger, excessive dependence, irritability, sad, anxiety due to separation, anxiety with strangers, trauma and fear the public, (4) behavior, i.e. behavior worried or uneasy (such as nail-biting), games of post-traumatic, regressive behavior (nocturnal enuresis and chewing on a thumb), and hyperactive.

While the age of 5-11 years the reaction is as follows (1) somatic, such as loss of energy, physical complaints (headaches, stomachaches), sleep disorders (2) cognitive, that believe in the power of the supernatural, distortion of the cause of the disaster, disruption to the unwanted picture, sound, smell, lack of concentration and memory, performance and a level down, sadness when remembering the anniversary events (3) emotional, such as anger, refused, the expression error after activity, less support, less interested in the fun activity (moodiness), sad, blame yourself, it's easy to cry, trauma, fear and worry, and (4) behavior, is surprising response, the behavior aggressive (fighting), hyperactivity, hypervigilance, problems with peers, repeating the story of trauma, trauma-related games, denial of social and emotional (Purnamasari, 2015, page. 53).

Therefore, reactions to traumatic events can not be equated with each other. These reactions can

be viewed from several levels and ages. Each part has a specific category, and every age level has specific characteristics also.

The symptoms of Post Traumatic Stress Disorder

Some of the symptoms of PTSD, anxiety, and depression can interfere directly or indirectly with the development and learning. For example, poor concentration, one of the criteria of the symptoms of PTSD, anxiety and depression, could have direct adverse effects on both the acquisition of new information, cognitive skills and performance. Memories of traumatic events can cause a disruptive child became distracted in the task of learning and development. Not just difficult to banish the memories of traumatic but also hampers the child's spontaneous thought (Kaplan et al, 2015).

PTSD disorder usually characterized by few distractions as follows (1) the physical/behavioral disorders which is marked by trouble sleeping, waking up in the early morning (2) impaired thinking ability which is marked by easy to suspect and feelings always afraid of being hurt, recalled on the traumatic of the event with just a look, smell, or hear something (3) emotional disorders which are marked by sad and despair, irritability and anxiety, anger and guilt, feelings of fear are experiencing traumatic events again, the feeling of loss and confusion, emotions are up and down (4) other disorders which are also often encountered is sleeping disturbed and restless all night, woke up with cold sweat, always feel tired despite sleeping through the night, and recurring nightmares, headaches, trembling and nausea (Mukhadiono, et al, 2016). Fuadi's further (2011) confirms that the symptoms of PTSD is indicated by the presence of flavor misgivings when faced with a situation or circumstance that is similar to the time of the incident and felt like to avoid a situation or circumstance that brings memories of the time of the occurrence, This State is usually felt more than 2 months after the incident.

Nawangsih (2014) says the symptoms often experienced by victims of PTSD are as follows, first repetition trauma experience, indicated by always remembers the sad events that have experienced it, there is a flashback (feel as if the sad events happen again.), nightmares (nightmares about events that make him sad), emotional and physical reactions are exaggerated because of the memories triggered by a sad event will be. Secondly, avoidance of stimuli associated with the traumatic experiences or numbness in responsiveness. A person who experiences trauma to avoid thinking about the trauma or about the stimulus that is reminiscent of the incident. Numbness is a declining interest in others, a

sense of detachment and the inability to feel a variety of positive emotions. Third, the increasing tension, shown with hard to sleep or maintain sleep, irritable or angry cannot control, it's hard to concentrate, precautions excessive, exaggerated startle response over all things.

The symptoms experienced by the victims of PTSD will affect various aspects. Aspects that disturbed including behavior, cognition, affection, and physically. As expressed by Little, Akin-Little and Somerville (2011) that influence of PTSD on everyone will affect several aspects, namely the aspects of behavior that is usually in the form of fear, depression, anger, and often change the mood which is a symptom common with affective symptoms are behavior based on a reminder avoid the traumatic experience. Cognitive aspects of cognition generally involve distorted, the child may have the environment around themselves, other people, events, or his world. The physical aspect is related to chronic stress and the pulse rate and can include high blood pressure, increasing physical tension/muscle, and hypervigilance that can reduce the size and function of the brain.

Similar things expressed by Hatta (2015, pp. 58-59) that the symptoms of PTSD in children includes four aspects. First, the physical aspect is characterised by the body feels hot (meaning son of fever experienced slightly increased body temperature), dry throat (usually, children become lazy to eat because my throat is dry, hard to swallow, even bitter), fatigue (feeling tiredness), throat nausea (usually the stomach discomfort, like to throw up), the body feels weak (Typically a child will feel listless, fussy.), chest pain (older children often coughs, so pull her chest pains and sore), heartbeat faster (i.e. pacemaker that is usually normal, post-war trauma somewhat faster). Second, cognitive symptoms are characterized by rather erroneously, swept up recalls, nightmare, prevention, suspicious, intrusive experiences, likes to blame others, forgetful, thought dull, messy, and not able to focus. These three affective (emotional) that is signed with fear (that is to say children often exhibit fear of something, which sometimes illogical), guilt (children often exhibit feelings that show he is guilty so that rather evasive, not want to meet other people), sad (children often feel sad, like weeping without cause), panic (older son likes to surprise, so sometimes doesn't know anything), phobia (the fear of something like children without clear reasons), abandon (meaning children rebut anything that is given to him), wavering (the child likes to hesitate when given tasks and responsibilities.), Moody (meaning child like speechless), likes to incite, and (grumpy). The fourth

aspect of behaviour characterized by refusing, lazy to get along (antisocial), lazy, don't like activities, be reticent or grumpy, loss of appetite, too sensitive to the environment, the use of alcohol/drugs, behavior patterns changed from habits, urination at night.

Relationship experiences trauma with cognitive functioning is one of the mechanisms of the consequences of an interest regulation of emotions that bothered. The absence of care and guidance, the child may be depressed, anxious, and angry that could potentially trigger dis-associated and fragmentation of emotions and cognition. Children are not able to regulate their emotions. Children also have yet to learn to integrate between emotion and cognition, so haven't been able to process information properly. This causes the child to feel less sense of security and a sense of curiosity doesn't develop that can contribute to learning difficulties.

From the explanation above can we pull the red string that the symptoms of the above give a negative effect to the child, not only for the growth of the (physical) but also for the development of (cognitive, affective and behavioural) the brood. If allowed to drag on so uncertain growth and development will have an impact for his life in the future.

The impact of the Post Traumatic Stress Disorder

The impact of the disaster, according to Gregor (in Nurfathiyah, 2013) is very pronounced in some people. Loss of family and friends, the homeless, and property, the loss will be the meaning of life, life and transfers the feeling of uncertainty due to the loss of future orientation, as well as personal security. Both in children and in adult disaster impact vary from short term to long term. Short term emotional impact can still be seen clearly include fear and anxiety, acute sense of sad and guilty that chronic, as well as the emergence of a feeling of disappointment. In some people, these feelings will recover over time.

The impact of natural disasters will of course give rise to difficult experiences for children. Experience difficultly experienced by children in post disaster, for example, (1) death or the loss of parents and close family, (2) become a separate refugee parent and families, witnessing traumatic events, (3) were physical, (4) live in poverty, (5) schools and other children's activities disrupted, (6) the tension and violence in the family, schools and society (Wiharsih, 2006).

Research report that apparently belongs to the individual experiencing the trauma of not only the victims of trauma itself (the victims) but also includes those exposed to trauma indirectly or in other words, individuals can experience the trauma without having to the physically traumatic event dealing with the

threat of danger or get directly. Traumatic experiences can lead to a serious disruption on some aspects in a person's cognitive schemas which include beliefs about safety, self-esteem, confidence, dependence, control, and intimacy (intimacy) (Halima & Widuri, 2011).

Amawidyati and Caroline (ND) posited that the trauma of post disaster coupled with the burden to live in a State that is deficient, causing the individual to become stressed, feel helpless, experiencing a feeling of profound grief, and give rise to psychological health disorders. The impact of trauma after the assumed low resilience as it means the process of psychological development in the respond towards life that affects the function of health, namely the ability to adapt and remain steadfast in difficult situations (Taufiq et al, 2014).

PTSD affects the psychological and neurobiological factors but also against social life. As for the impact of PTSD psychologically that is severe mental disorders that tend to cause severe conditions on the function of every day (psychosis, severe depression, anxiety, severe substance abuse, and so on) (Kusumo, 2009). Then Madyawati et al (2016) added that the impact of the trauma after the psychologically namely disorders of the mind about the incident, easily shocked and more aggressive, experienced turmoil and problems of concentration, nightmares or night terrors, increased attention to the dangers, even become subdued. Further Mardiyati (2015) revealed that the impact of traumatic psychologically experienced in childhood tend to be constantly brought up into adulthood, especially if the trauma never realized by the social environment of the child and tried be healed. As a result, when later on an adult child experiencing events that remind him again on the trauma ever endured, then the old wounds that will reappear and cause interference or problems to him. The children from an early age have experienced trauma, either physical or psychic, often grow and develop into a depressed child.

The experience of traumatic events, including violence, abuse, or abandoned can cause cognitive, emotional, and behavioral changes that affect learning, academic achievement and performance on intelligence tests. Evidence suggests a relationship between childhood experiences of traumatic events and disturbances of memory, attention, Executive skills, and abstract reasoning. Similar disorders in this function have been found in abandoned children, who have shown the poor language and learning skills than children who are not ignored. The relationship between traumatic events and cognitive function is mainly indicated for children with the disorder post-traumatic stress (PTSD). PTSD, depression

and anxiety may also indirectly affect the cognitive achievement with a disturbing variety of important factors to learning cognitive performance. Such important factors including creative play, anticipating success or failure, the capacity for both the emotions and behavior of self-regulation, reflection, ability to benefit from the guidance of adults, motivation and confidence (Kaplan et al, 2015).

In addition to the psychological impact, there is the impact of PTSD in neurological (Kaplan et al, 2015) that initial experience of the difficulties of childhood that have been associated with dysfunction of the hypothalamus-pituitary-along the adrenals which may interfere with the development of the region the limbic brain, prefrontal and parietal lobe, corpus callosum, and stems. Dysfunction in areas of the brain can lead to difficulties in the development of the regulation of emotion, attention, concentration and impulse control, declarative memory, verbal learning, visual memory, mastery of the language, and visuospatial functioning.

Other impacts caused by PTSD in individuals is in social life (Nawangsih, 2014). First, the PTSD have symptoms that cause impairment, generally the disorder is the panic attack (panic attacks), avoid behaviors, depression, feeling aside and myself, feel no trust and betrayed, irritable, experienced disruption meaning in everyday life. Second, panic attack, especially in children or teenagers who have had traumatic experiences can have panic attacks when confronted or face on something that reminded them on trauma. Panic attacks include strong feelings over the fear or discomfort that accompanies the physical and psychological symptoms. Physical symptoms include heart palpitations, sweating, trembling, shortness of breath, chest pain, stomach pain, feeling cold, hot body, numb. Third, avoid behaviors. One of the symptoms of PTSD is avoiding things that remind the sufferer can be traumatic at Genesis. Sometimes sufferers relate all the events in his life every day with the trauma, whereas the conditions of life are now far from the condition of trauma ever endured. This often becomes more severe that sufferer being afraid to get out of the House and must be accompanied by another person if it should be to the outside of the House. Fourth, Depression. Many people become depressed after experiencing a traumatic experience and is not interested in the things that they love before the events of trauma. Sufferers develop feelings, feelings of guilt, blame themselves and feel that events that affect them is guilty, though all is not right. Fifth, having negative thoughts. Sometimes people who are experiencing depression felt that his life was not valuable. Sixth, feeling themselves set aside. Sufferers of PTSD requires support from

his social environment but they often felt alone and apart. Such feelings generally, sufferers have difficulty relating to others and get help. The sufferer is hard to believe that others can understand what he has experienced. Seventh felt himself does not believe in and feeling betrayed. After experiencing a sad experience, the sufferer may lose confidence in towards others and felt betrayed or cheated by the surrounding environment, or by fate, or by the Lord. Eighth, feelings of anger and irritability. Anger and irritability is a common reaction among trauma survivors. Anger is a reaction that is reasonable and justifiable. However, excessive anger can affect the healing process and hindered the sufferer to interact with others. Ninth, a disorder which means in everyday life. Some sufferers of PTSD had some disturbances associated with social functions and disorders in school for a long period of time after the trauma. A victim of crime may be very afraid to be left alone. The sufferer may lose his ability to concentrate and do his job at the school. Help treatment in people with very important so that the problems did not develop further. Tenth, perceptions and beliefs are strange. Sometimes a person who has experienced the trauma of a painful, often for a while can develop an idea or an odd perception, for example, believe that he could see or communicate with people who have already died. Although these symptoms are frightening, resembles a hallucination and imagination, these symptoms are temporary and can disappear by itself.

The impact of PTSD on the lives of the social is a lower level of social support associated with high risk against depression in children. The lack of attention and support from other people will give rise to feelings of low self-esteem and discomfort in children that causes the catalyst for the development of his emotions (Tang et al, 2014).

Thus, it can be concluded that the impact of PTSD is not only a psychological effect on (soul) but also against neurobiology (physical) and also the social life of the child. Third impact is so detrimental to the growth and development of children.

Recovery efforts Post Traumatic Stress Disorder

Every disaster certainly cause a lot of losses, not only physical but also psychological. Disaster befell not only adults but also children who in fact do not understand anything. As we know that the child was at the time of growth and development. When these children become victims of the disaster that caused the child's then it can be having the disorder grow flowers in the days to come. For it is need for efforts to restore the PTSD on children growth and development can be returned in accordance with the steps.

Before doing the recovery efforts in the affected children PTSD it's good to know in advance the information important in doing the restoration on the child victims of the disaster. Elements of such important information is as follows (1) recognizes the impact of PTSD on children (2) help the child to feel safe, (3) help your child to understand and manage the overwhelming emotion, (4) help your child to understand and modify behavior, (5) honoring and supporting positive, stable, and lasting relationships within the associated with more positive parenting behaviour, (6) help the child to develop his life-force-based understanding children, (7) Defender for children (8) promote and support the assessment and treatment of trauma-focused to children, (9) keep yourself (Sullivan, Murray, & Ake III, 2016).

To avoid an error in giving treatment in restoring PTSD in children, it's good if we know in advance the criteria of PTSD. Nawangsih (2014) and Fuadi's (2011) suggests that the diagnostic criteria for posttraumatic stress disorder (PTSD), based on Diagnostic and Statistical Manual of Mental Disorders III-Revised (DSM III-R), can reveal a person's traumatic conditions There are four criteria. First, the disturbing memories or memories of the traumatic experience incident over and over again. People experiencing extraordinary events, and felt very depress everyone. Traumatic events that permanently can be experienced through the events recalled repeatedly and very disturbing, recurring dream about events that overload the thoughts, feelings or sudden traumatic event actions It occurs again, pressures the ament very fixated on because of events that symbolize or resemble their traumatic. Second, avoid behaviors. The mutiny settled against stimulation associated with trauma or paralysis that reacts to the situation of the public (who did not exist before the trauma). This situation is most can not be demonstrated with at least three (3) of the State in the form of: an attempt to swerve towards the idea or feeling associated with trauma that, efforts to avoid activities or situations that cause memory against that trauma, an inability to recall an important aspect of the trauma, the greatly reduced interest towards activities that are important, a sense of alienation from other people, lack of affection, and not have a future. Thirdly, excessive symptoms appear against something similar when traumatic events. Symptoms of the rising vigilance that settled (no prior to trauma) and indicated by 2 (two) of symptoms: hard phases of sleep or maintain sleep, irritable, hard focused, very alert, shock (shock reaction), vulnerable in the face of our physiological reactions to events that symbolize or resemble an aspect of the traumatic event. Fourth, the existence of these symptoms

remain for a minimum of one month. A period of disturbance (symptoms in criteria of the 2nd, 3rd and 4th) at least 1 month.

Recovery efforts towards this state of PTSD to the attention of various parties both in terms of both medical and psychological standpoint (Lilyanti, 2016). There are several ways that can be done to restore the PTSD on children victims of the disaster that is by using a variety of therapeutic approaches. These therapies include therapeutic pharmacotherapy, therapy psychotherapy (Nawangsih, 2015; Mukhadiono, et al 2016), as well as play therapy (Madyawati, 2016).

One approach that can be done in the recovery of child victims of PTSD is to approach therapy pharmacotherapy. As for therapeutic approaches using the pharmacoteraphy (Nawangsih, 2014) a treatment by means of pharmacotherapy, in the form of that and that are medically permitted are allowed to be consumed by sufferers.

Then the therapeutic approach to psychotherapy (Nawangsih, 2014) is a therapy approach using a model known as the psychology or psychotherapy, aims to improve the social function of the sufferer. While according to Mukhadiono et al (2016) approach to psychotherapy is therapeutic (1) Anxiety Management. On anxiety management, the therapist will teach some skills to help cope with the symptoms of PTSD with better through (a) Relaxation Training, i.e. learning to control fear and anxiety in a systematic and relaxing group primary muscles, (b) Breathing Retraining, namely learning to breathe with the belly slowly, relaxed and avoid breathing the hastily raises uncomfortable feelings, even physical reactions that are not as good as the heart pounding and headaches, (c) the Positive Thinking and self-talk, i.e. learning to eliminate negative thoughts and replace it with positive thoughts when facing the things that make stress (stressor), (d) Assertiveness Training, namely learn how expressing hopes, opinions and emotions without blame or hurt someone else, (e) Thought Stopping, namely learn how to divert the mind when we're thinking about the things that make us stress, (2) Cognitive Therapy. In cognitive therapy, the therapist helps to change the irrational beliefs interfere with emotions and everyday activities of the client. In exposure therapy the therapist help facing particular situations, other people, objects, memory or emotion that is reminiscent of the trauma and poses no realistic fear of his life. Therapy can run way: exposure in the imagination, that ask the sufferer to repeat the story in detail to having no inhibitions telling; or exposure in reality, that help deal with situations that are now safe but want to avoid as it causes a very strong fear, (3) Exposure

Therapy. Play therapy be an alternative treatment is quite effective to help cope with the symptoms of PTSD in children victims of the disaster. This therapy is performed with a variety of game types to suit the condition of the target group (children of disaster victims and the environment. The therapist wears a game to start a topic that cannot be started directly. This can help children feel comfortable in their processes with traumatic experiences.

Furthermore, another approach that can be done as an effort in the recovery of PTSD on children victims of natural disasters is to play therapy approach (play therapy). Madyawati et al (2016) insists that the benefits of play therapy for traumatized disaster is to remove the burden of mind, make happy, be more sincere, personal being excited again, creating a tranquil and peaceful heart, and are more sensitive to addressing the circumstances that exist.

The old man is the one who is closest to the child, so in the recovery efforts of PTSD in children, parents have a very important role. Hatta (2015) explains some of the role which parents can be made for the recovery of PTSD on children victims of the disaster. First, it provides an optimum development of the atmosphere such as physical security, a sense of belonging, the opportunity to get an education and leisure, as well as opportunities to develop their abilities. Second, stimulating development through engineering support related to the sense of responsibility and self-help given by various parties such as community and family. Third, changing barriers to child development through practical aid with interact along with certain institutions or organizations using therapeutics and efficient approach. Fourth provides an alternative to the children to start a new life away from the old neighborhood that always haunts their memories or moving to a new place. Fifth gives group support (support group) to children who are trained or professional. Is a better support group made up of local people to hold discussions in a group of associated trauma recovery. Hold meetings and discussions as often as possible. Sixth taught the children a balanced food intake, sleep rules and ways to cope with the pressure. Give your kids favorite foods and eat with family members. Seventh learns relaxation techniques and fulfilling hobby or activity to relieve boredom and stress. Eighth gives your kids a toy favorite. Do play teraph/art therapy with the kids. Learn to try to define the style of playing children and listening to their discharges. Ninth sees survivor children who lost limbs caused disaster to charitable organizations and recovery. This reference is useful for children to get social networking, and interacting with friends was with him. Tenth refers

children to the centers of their skills to start your education/career and a new life after experiencing disability members.

CONCLUSION

A natural disaster happens anywhere of course cause a lot of losses, not only physically but also psychic. The child was one of the victims of any natural disasters that occur. As victims of natural disasters are usually severely traumatized that stress disorders result in a post-war trauma.

Disaster stress disorder/PTSD can inhibit the growth and development of the child. PTSD can be viewed from various aspects, namely somantik, behavioural, cognitive and affection. Each child has a reaction that varies depending on the age and maturity of the extent of the trauma that is endured. Symptoms of PTSD include physical symptoms (such as sleeplessness), symptoms thinking ability (such as difficult concentration), emotions (sad and hopeless), as well as other social symptoms (difficult to get along).

There are many impacts arising from post-traumatic stress disorder, including the impact of Neurobiological factors (destruction of the structure and performance of the brain), the psychological impact (disturbance of mind, aggressive, nightmare, could even reticently), and impact social life (inferiority).

Wherever possible as adults need to do recovery efforts against child victims of natural disasters so that they do not undergo prolonged trauma. The PTSD recovery efforts through a variety of therapeutic approaches, including the therapeutic approach pharmacotherapy, play therapy, and psychotherapy..

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