Experiences and coping resources of the suicide negotiation staff at the Van Staden’s Bridge

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This treatise is dedicated to all the devoted suicide negotiators who strive to serve in so many ways and in memory of all those who have ended their own lives in complete devastation of life’s chilling demands.

My sincere gratitude to:

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- My colleagues for your encouragement.
Making a difference – One at a Time

One day a young woman was walking down a Deserted beach at sunset. As she walked along she began To see a man in the distance. As she drew nearer she noticed that the man kept leaning down picking something up and throwing it out into the water. Time and again he kept hurling things out into the sea.

As the young woman approached, she noticed that the man was picking up starfish that had been washed up on the beach, one at a time. He was throwing them back into the water.

The young woman was puzzled. She approached the man and said, “Good evening, friend, I was wondering what you were doing?”

“I’m throwing these starfish back into the ocean. You see, its low tide right now and all these starfish have been washed up onto the shore. If I don’t throw them back into the sea, They’ll die from lack of oxygen”.

“I understand,” the woman replied, “but there must be thousands of starfish on this beach, you can’t possibly get to all of them. There are simply too many and don’t you realize this is probably happening on hundreds of beaches up and down the coast”.

The man smiled, bent down and picked up Yet another starfish, and as he threw it back into the sea he replied: “It made a difference to that one!”
ABSTRACT

The Van Staden’s Bridge has claimed 67 lives since its construction on 11 November 1971. A team of police officials, trained as negotiators who deal with suicide and hostage negotiation, are involved with the task of convincing suicidal persons who turn to the bridge to take their own lives, not to resort to suicide. They are responsible for persuading at least three people per week to reconsider suicide at this notorious bridge.

The goal of this study was to explore and describe the experiences and coping resources of the SAPS suicide negotiation staff at the Van Staden’s Bridge, Thornhill, Port Elizabeth. A mixed methods study combining both the quantitative and qualitative approaches was implemented. An exploratory-descriptive design was used, because the topic is still a relatively under-researched area in South Africa. Two data collection measures, that is, the Coping Resources Inventory (CRI) and semi-structured interviewing were employed. The researcher conducted a pilot study to enhance the trustworthiness of the study. Non-probability, purposive sampling was employed to obtain research participants from the research population (suicide negotiation team), consisting of 12 members. Eight members participated voluntary in the quantitative data collection and of these a total of five participated in the qualitative research interviews.

Six themes emerged from the results of the in-depth, semi-structured interviews: (1) experiences of SAPS suicide negotiators, (2) aspects that hinder the negotiation process, (3) characteristics of a negotiator, (4) important aspects of the negotiation process, (5) coping mechanisms of SAPS negotiators and (6) recommendations for rendering support to SAPS negotiators. The results from the CRI suggested that the participants have average coping resources with the cognitive domain being the lowest and both the social and physical domains being the highest.

The limitations and the value of the study were outlined and finally, recommendations for future research were made.

Keywords:
Suicide, suicide negotiators, trauma debriefing, experiences, coping resources, mixed methods study.
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CHAPTER 1

INTRODUCTION TO THE STUDY AND AN OVERVIEW OF THE RESEARCH PROCESS

1.1 Introduction and problem formulation:

The influence that suicide has on the lives of those left behind is underestimated. Consider Pilser (1992:2):

"The terrible devastation of the tearing apart when you died so suddenly, so quickly - There were no goodbyes, I was not even with you. You were gone by the time I came, soul flown from its earthly shell. Yesterday a warm, living man, loving, caring. Today, a body, cold and abandoned - all life gone. How could I believe you're dead, you were so alive, my dearest companion for seventeen years? Gone, gone, gone and I'm left to carry on. How could I live with such a wound? My soul torn apart, how could it ever heal? What devastation and grief entered my life on the day you so unexpectedly ended yours."

The present study focuses on the experiences and coping resources of the suicide negotiating team at the Van Staden's Bridge, Thornhill, Port Elizabeth. The occurrences of suicide from this bridge are reported in the newspaper headlines on a regular basis (Die Burger 03 November 1997; Die Burger, 16 October 2006 and The Herald 03 November 2006). The highly trained negotiation staff, stationed at the Thornhill, Patensie and Uitenhage Police Stations, convinces about three people on average per week not to jump from the bridge. The number of people trying to commit suicide from the bridge appears to increase over the festive season.

The suicide negotiation process in itself is a traumatic and emotionally draining process. The trauma is however increased in cases where negotiators are unable to convince someone not to jump, or when the person jumps before the negotiators are able to reach the bridge. The officials are therefore encouraged to go for trauma debriefing after each incident.
The building of the Van Staden’s bridge commenced in 1967 and it was completed on 11 November 1971. According to the engineering company, Liebenberg and Stander, the height above the valley floor or water is 140 metres and the arch span is 198.10 meters [Structurae Website: Structure of Van Staden's Bridge (1971)]. According to Inspector Bradley, the present height from the bridge to the floor or water is 173 meters. This is confirmed in an article from the magazine, Vrouekeur (3 November 2006:20). At the bottom of the gorge is an almost dry river bed and on the sides are giant trees. On the mountain to the one side of the bridge, a cross is erected.

A mere twelve days after completion, the bridge claimed its first victim, a fifty-year old man from Uitenhage (Vrouekeur, 3 November 2006). During 2006 alone, six people jumped to their deaths. Since the first victim, the eldest was a sixty-two year old woman (Die Burger, 16 October 2006); the youngest a three-year old boy that was taken over the side together with his eleven-year old brother when their father committed suicide (Die Burger, 03 November 1997). Hence the bridge is often referred to as the “Bridge of Death.”

In the past satanists gathered within the bridge’s arch. Fortunately they no longer do so, but a survivor noted that it is as if one is drawn to jump. “… Daar is iets magies aan daardie kloof. Dit nooi jou om ingesluk en verlos te word…” (Huisgenoot, 30 June 2005:15). Another article in the Vrouekeur (3 November 2006:20) mentioned that the bridge reached a “strange cult status” due to the number of suicides that have taken place since the building of the bridge was completed in 1971.

Two emergency telephones, one at each end of the bridge with a direct 24- hour crisis line to Lifeline in Port Elizabeth, were installed in 1997. These telephones trigger a siren at the Thornhill SAPS station when the telephone is picked up. Although the telephones are a brilliant initiative, they have proven to be insufficient. Many hoax calls are made from these telephones and police officers cannot determine if calls are serious or not. Officers would go out to the bridge only to find that it was a hoax, causing much precious time and resources to be wasted.
During 2005 six cameras were installed on the bridge. One camera was installed at each of the emergency telephones and one at each end of both sides of the bridge. These devices assist the Thornhill Police to a great extent, but are also proving to be insufficient. Inspector Bradley mentioned that it was a struggle to obtain permission to install the cameras during 1997. The cameras however do not have infrared functions, making it impossible to sense when people are on the bridge after sunset. The unit is currently negotiating with the construction company to erect lights on the bridge. According to the construction company, the erection of lights will hamper the balance of the bridge. Maintenance is being done on the bridge at the present moment. This, however, does not hinder people from attempting to jump from the bridge.

Many articles have been written in newspapers and magazines regarding the suicides at the Van Staden’s Bridge (Die Burger, 3 November 1997; Die Burger, 16 October 2006; The Herald, 3 November 2006; Vrouekeur, 3 November 2006:20). Several articles are also available on the Internet (News 24, Die Burger, The Herald). These articles however cannot be perceived as scientific, but contain valuable information that could be useful to this research project.

When the literature review was carried out, it was noted that research conducted thus far on related topics has concentrated on the effectiveness and the impact of trauma debriefing. There was thus a gap identified in this research area to explore the experiences and coping resources of the suicide negotiation team.

1.2 **Theoretical overview:**

In the challenge to bridge the gap in the research around the experiences and coping resources of the SAPS suicide negotiation team - operating at the Van Staden’s Bridge, Thornhill, Port Elizabeth - an intensive investigation into how they experience and cope with their work at the bridge was conducted, making use of semi-structured interviews and the Coping Resources Inventory (CRI).
Negotiation, including suicide and hostage negotiation, is a secondary function performed by functional police members. This concept will be discussed in more detail under heading 1.4 and in Chapter 2.

A literature review was concluded on the nature of trauma and its treatment: Van Wyk and Edwards (2006); Department of Veterans Administration Disaster Mental Health Manual, Chapter 17 (undated); News 24; DA Victims of crime (undated); Rose (undated); the South African Police Service Journal (2005); Shand (2004); Benjamin (2003); Chabalala (2004); Worden (2001); Jonas (2003) and Potter (undated). Only one article maintained that trauma debriefing could be of no assistance to people who experienced trauma (Science News, 2003). Van Wyk and Edwards (2006:135-142) investigated the modern model of trauma support versus the previous model of trauma debriefing. They also discussed the criticisms around trauma debriefing and the model for early trauma support.

Only two studies related to the researcher’s topic could be traced to date on the Internet. The one study concerned the experiences and perceptions of police members regarding the effectiveness of trauma debriefing within the SAPS. This study was conducted at the South African Police Services Head Office in Pretoria by Chabalala (December 2004). The other study concerned the impact of trauma debriefing in the South African Police Service Helping Professions, that is, debriefing of the debriefers was conducted in the Limpopo Province by N.M. Jonas (May 2003).

Chabalala (2004) found in his research that most of the respondents viewed and experienced trauma debriefing as positive and effective. He also concluded that trauma debriefing should be proactive rather than reactive. Some respondents also expressed a need for the monitoring of their progress and for follow-up services.

Jonas (2003:vii) arrived at the conclusion that trauma debriefing’s impact is threefold: (i) psychological, (ii) emotional and (iii) physical. She also mentions that the outcome of her study “revealed that trauma has a far reaching impact on debriefers, and thus has to be seen as caring cost to organizations such as the South African Police Service.”
Considering that very little research has been done on the experiences of the suicide negotiating team, this research will explore:

- the experience of the suicide negotiating team at the Van Staden’s Bridge,
- coping resources they draw on for their work, and
- how their coping resources can be improved.

1.3 Motivation for study:
The Van Staden’s bridge has claimed sixty-seven lives since its construction was completed on 11 November 1971.

Research conducted so far on related topics has focused on the efficiency and the impact of trauma debriefing. A gap was therefore identified in this research area to explore the experiences and coping resources of the suicide negotiation team.

This study therefore sought to address the gap in the research by adding to the body of knowledge around the experiences and coping resources of SAPS officials engaged with potential suicide victims. This research also sought to establish that the present negotiation services rendered at the bridge are of the utmost importance in attempting to save the lives of those who want to commit suicide by jumping from the Van Staden’s bridge.

1.4 Definitions and clarification of key concepts:

Suicidal behaviour:
Suicidal behaviour is defined as self-destructive behaviour with the conscious intent to kill oneself. This must be distinguished from self-injury or self-mutilation where the patient has no conscious intent of killing himself or herself (Bauman, 1998:87).

Attempted suicide:
An attempt at ending one’s own life (Scott, 1989). This is also defined as parasuicide.
Suicide:
Suicide is the act of voluntarily or intentionally taking one’s life (Encyclopedia Britannica, 2006).

Suicide occurs whenever an individual knowingly causes the end of his own life (Durkheim in Bassis, 1988).

According to Lester and Lester (1972:8), suicide is “the act or an instance of taking one’s own life voluntarily or intentionally”.

Uys and Middleton (1997:348) describe suicide as “the extremity of a self-inclined, self-destructive act – whether it be a thought, an expression or an attempt – to take one’s own life. The degree of lethality, the motive, the intent and the awareness of possible consequences vary.

Emile Durkheim distinguished between four types of suicide, e.g. (1) egoistic suicide (individuals who do not feel attached to a group or community and find it easier to “drop out” of the group permanently via suicide), (2) altruistic suicide (an act of self-sacrifice for the welfare of others), (3) anomic suicide (people who have became angry or lost hope due to a breakdown of collective order/ lawlessness) and (4) fatalistic suicide (terminally ill patients sometimes take their own lives to avoid further suffering) (Bassis, 1988:16-19).

Experience:
Experience is, according to Beck (1992) in Smith (1998:213) how a person immediately experiences the world.

Code of Conduct for the SAPS:
The Code of Conduct is a written undertaking which each member of the SAPS is obliged to uphold, in order to bring about a safe and secure environment for all people in South Africa.
The official Code of Conduct of the SAPS was introduced on 31 October 1997. Every member of the SAPS is expected to uphold the Code of Conduct as part of their code of life, principles and values (SAPS website: code of conduct: accessed on 13 March 2007).

**Intervention:**
Intervention is to interrupt and try to stop it or change its result (Oxford School Dictionary, 1994:271). It is in this context that intervention refers to the interruption and attempt to stop a potential suicide.

**South African Police Service (SAPS) Negotiators:**
SAPS Negotiators are functional police members who are responsible for dealing with hostage and suicide related incidents through negotiation. Hostage negotiation skills are used in hostage and attempted suicide-related incidents in attempts to ensure the safety of persons. Hostage negotiators perform this as a secondary function to their general police officer duties (SAPS website: careers/hostage negotiator: accessed on 06 December 2006). Hostage negotiators are deployed nationally at station level, ensuring a quick response to incidents (Safety, Security and Defense: Chapter 18: accessed on 06 December 2006).

**Suicide negotiation:**
Suicide negotiation is an attempt to ensure the safety of a person in an attempted suicide-related incident (Safety, Security and Defense: Chapter 18: accessed on 06 December 2006).

**Cope:**
To manage or deal with something successfully (Oxford School Dictionary. 1994:115).

Kleinke in Brown (2002:7) defined coping as the efforts people make to manage situations that have been appraised as potentially harmful or stressful.
**Coping style:**
Worden (2001:42) explains that distress is mediated by one’s coping choices – how inhibited one is with feeling, how well one handles anxiety, and how one copes with stressful situations. Coping styles vary from person to person. Some use more active coping strategies while others are more passive. Included as a part of coping style is a person’s skill at solving problems.

**Coping resources:**
Hammer and Marting (1988:2) define coping resources as “those resources inherent in individuals that enable them to handle stressors more effectively, to experience fewer or less intense symptoms upon exposure to a stressor, or to recover from exposure”.

**Trauma:**
Trauma is an incident where a person is exposed to a traumatic event in which both of the following have been present:
- the person has experienced, witnessed, or been confronted with an event or events that involved actual or threatened death or injury, or a threat to the physical integrity of oneself or others;
- the person’s response involved helplessness or horror (Department of Veterans Administration Disaster Mental Health Manual, DSM IV, and Chapter 17: 392, accessed on 06 December 2006).

**Trauma debriefing:**
Trauma debriefing is the process in which the survivors are helped to deal with the negative and uncomfortable, often very painful feelings and behaviour that come to the surface after a traumatic event. The survivor will be helped to explore everything that affected him/her during the trauma and be given information and tools to help them through the difficult time ahead (Shand, 2004).

Early psychological intervention for those affected by traumatic events has long been associated with the term ‘debriefing’. The emphasis on debriefing arose from the search

**Psychological debriefing:**
Psychological debriefing is particularly appropriate in the context of military and emergency services such as the police, firefighters and ambulance services as it suggests that the intervention is not a form of counselling but a normal extension of institutional culture (Litz, Gray, Bryant & Adler in Van Wyk & Edwards, 2006:135).

**Trauma support:**
Providing direction and guidance - in the first few hours or up to two days following the incident - in practical ways, structuring solutions to immediate problems, whereafter counselling or psychotherapy will follow after a few days. Follow-up takes place two to four weeks after the incident to re-assess whether any further interventions are needed at individual or organizational level (Van Wyk & Edwards, 2006:139).

**Post-traumatic Stress Disorder (PTSD):**
According to the DSM-IV, Post-traumatic Stress Disorder can prevail if the person has been exposed to a traumatic event in which both the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, (2) the person’s response involved intense fear, helplessness, or horror. The DSM-IV diagnostic criteria for post-traumatic stress disorder specify that the symptoms of re-experiencing, avoidance, and hyper-arousal have lasted more than one month. For patients in whom symptoms have been presented less than one month, the appropriate diagnosis may be acute stress disorder (Kaplan & Sadock, 1998:619).

1.5 **Research Question:**
What are the experiences and the coping resources of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge, Thornhill, Port Elizabeth?
1.6 Research design and methodology:
A brief synopsis of the chosen research design and methodology will be presented below. An elaborate discussion will follow in Chapter 2.

1.6.1 Research approach:
A mixed method approach, combining the quantitative and qualitative methods, was utilized in this research. The purpose of this study was to acquire understanding and to describe the experiences and the coping resources of the participants. According to Creswell and Clarke (2007:8-9) the central principle of mixed methods is that the combination of quantitative and qualitative approaches provides a better understanding of research problems than either approach alone.

Both the qualitative and quantitative approaches were given equal weight. Two separate, but linked studies were integrated in the research (Brannen, 1992:23). One study focused on the experiences of the suicide negotiators (qualitative) and the other on their coping resources (quantitative). The linkage occurred during the analysis and writing-up stage of the research. “… the primary focus of this model (sequential exploratory strategy) is to explore a phenomenon” (Creswell, 2003:215).

1.6.2 Research design:
An exploratory-descriptive design was used, since this is still a relatively new area to be explored (De Vos, Strydom, Fouchê & Delport, 2005:106 and Babbie & Mouton, 2005:79-81).

1.6.3 Research methods:
The research methods focus on the research process and the kind of tools and procedures used to conduct the research (Babbie & Mouton, 2005:75).

1.6.3.1 Research population and method of sampling:
The research population for this study consisted of twelve male and female members. Six of the members are trained SAPS negotiators and the remaining six members are functional SAPS members who have not received any formal negotiation training.
Non-probability sampling was applied, because no randomization took place. The type of non-probability sampling that was utilized was purposive sampling. This sample was chosen on purpose (Grinnell & Williams, 1990:126), because it was based on the researcher’s knowledge of the population, its elements, and the nature of the researcher’s aims (Babbie & Mouton, 2005:166). The negotiation unit is a subset of the larger SAPS population, where the members of the negotiation unit are easily identified (Babbie & Mouton, 2005:166). A total of eight participants volunteered their participation for the quantitative component of the research and the qualitative interviews were conducted with five participants, who also participated in the quantitative component.

1.6.4 Data collection methods:
A mixed method of qualitative and quantitative research was used where both approaches enjoyed equal weight. The triangulation design as a type of mixed method research was utilized (Creswell & Clarke, 2007:62).

The convergence model, the traditional model of a mixed method triangulation design, was used to collect data. (Creswell & Clarke, 2007:64-65). The quantitative and qualitative data are integrated in the interpretation of the overall results (Creswell, 2003:16).

Two tools were used to collect data for this study:
- Semi-structured interviews (in-depth phenomenological interviewing) and
- The Coping Resources Inventory (CRI).

1.6.5 Research procedure:
Interest in participating in the research by the participants was determined; whereafter permission was sought from their provincial co-coordinator. A suitable date to meet with the participants was agreed upon. The CRI questionnaires were administered and scored by a psychologist. The group administration took place directly after the teambuilding meeting of the suicide negotiations. The interviews were conducted over a period of two days. The recordings of the interviews were transcribed and analyzed as
described under 2.6.1. An independent coder assisted with the analysis of the data. The analysis was discussed with the independent coder during a consensus meeting.

1.6.6 **Data analysis:**
A separate initial data analysis for each of the two types of databases was conducted. The process in respect of the qualitative data involves coding, theme development, and the interrelationship of themes (Creswell & Clarke, 2007:136). The quantitative data from the CRI were analyzed by making use of descriptive statistics. The information from the biographical questionnaire served to contextualize the qualitative and quantitative data.

1.6.7 **Ethical considerations:**
The research process was conducted according to accepted ethical standards. The ethical considerations that applied to this study were: voluntary participation, informed consent, clarification of risks involved in participation (sensitivity of topic), anonymity, purpose of study and the participant’s role. Please refer to Chapter 2 for a comprehensive discussion of this section.

1.7 **Chapter overview of study:**
Chapter 1 is a general introduction to the study and defines the contextual background against which the study was conducted. This chapter outlines the background to the study, the theoretical overview, the motivation for the study, definitions and clarifications of key concepts, research design and methodology and the chapter overview of the study.

Chapter 2 defines the research design and methodology of the study. The research question, research goal and objectives, research design, pilot study, research population, method of sampling, data collection methods, research procedure, data analysis and ethical considerations are discussed.

Chapter 3 discusses the findings of the research in context with literature of previous research in the area.
Chapter 4 presents a summary, conclusions and recommendations based on the results of this research. The limitations of the research are also discussed in this chapter.
CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 Introduction:
The research design and methodology used in this study will be discussed in this chapter. The research question and the research goal and objectives are also reflected. The description of the pilot study, research population, method of sampling, data collection, research procedure and data analysis are also covered by this chapter. The chapter concludes with a reflection on the ethical considerations applicable to this study.

2.2 Research question:
The research question that was answered through this research is: What are the experiences and the coping resources of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge, Thornhill, Port Elizabeth?

2.3 Research goal and objectives:

2.3.1 Goal:
The goal of this research project was to gain an understanding of the experiences and coping resources of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge. Three objectives were formulated to meet the identified goal. These are discussed below.

2.3.2 Objectives:
The objectives of the study were to:
- explore and describe the experiences of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge;
- explore and describe the coping resources utilized by these SAPS officials, and
- make recommendations in view of the specific training and support needs of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge.
2.4 Research design and methodology:

2.4.1 Research design:
A mixed methods study combining both the quantitative and qualitative approaches was implemented in this research project. According to Creswell (2007:8-9), the central principle of mixed methods is that the combination of quantitative and qualitative approaches provides a better understanding of research problems than either approach alone.

Bryman (1988) in Brannen (1992:23), explored three ways of combining multiple methods in the research process: qualitative work as a facilitator of quantitative work; quantitative work as a facilitator of qualitative work and where both approaches are given equal emphasis. Brannen also mentioned that the following four factors will influence the process of combining the approaches: (1) the importance that is given to each approach within the overall project; (2) time ordering – the extent to which methods are carried out consecutively or simultaneously, for example, qualitative fieldwork should be conducted after the survey if the purpose is to clarify or extend a survey finding; (3) the stage in the research process where the respective methods come into play or cease to be in evidence; (4) division of skills in the research team.

In this research the qualitative and quantitative approaches were given equal weight, because as described by Brannen (1992), two separate, but linked studies were integrated in the research. One study focused on the experiences of the suicide negotiators and the other on their coping resources. The linkage occurred during the analysis and writing-up stage of the research. “… the primary focus of this model (sequential exploratory strategy) is to explore phenomenon” (Creswell, 2003:215).

An exploratory-descriptive design was used, because this is still a relatively new area that was explored (De Vos et al., 2005:106 and Babbie & Mouton, 2005:79-81). Due to the fact that the exploratory design was used, no hypothesis was formulated. The goal of this research was to explore and to gather data on the topic and not to test a programme,
intervention or hypothesis. A tentative hypothesis can be formulated from the findings of this particular research project in order to inform future research.

2.4.2 Research methodology:

2.4.2.1 Research population:
The research population for this study consisted of twelve male and female members. Six of the members are trained SAPS negotiators and the remaining six members are functional SAPS members who have not received any formal negotiation training as yet.

The initial population, consisting of only six negotiators for the Thornhill area in total, was too small to draw a sample from. The danger also existed that not all of them would want to participate in the research, due to the sensitivity of the topic. It was therefore decided to broaden the population by including all Police officials who are involved in the rendering of services to suicidal persons at the Van Staden’s Bridge.

Negotiators are functional police members and perform the task of negotiation as a secondary function on a voluntary basis. A negotiator is responsible for dealing with hostage and suicide-related incidents and utilize their negotiation skills in these situations and others, including: kidnapping, extortion, hi-jackings, sky-jackings and other incidents where negotiations are necessary to ensure the safety of a person or persons.

The minimum requirements for a member to become a negotiator are: he or she must have completed the Basic Police Training and must have at least 5 years experience in functional policing. He or she must have good verbal communication skills, be fluent in English and preferably any other official language. He or she must also be psychologically and physically fit and in possession of a valid driver’s license (code 08).

The members undergo a three week training course which consists of both theory and practical aspects relating to hostage and suicide negotiations, personal development, communication skills and a knowledge of relevant Legislative documents and
Instructions applicable to hostage and suicide negotiation incidents (South African Police Service Website: Careers: Hostage negotiator).

Although the trained negotiators in this study deal with both hostage and suicide negotiation where their services are needed, the researcher only focused on their function as suicide negotiators at the Van Staden’s Bridge, Thornhill, Port Elizabeth.

2.4.2.2 Method of sampling:

Non-probability sampling was applied, because no randomization took place. The type of non-probability sampling that was utilized was purposive sampling. This sample was chosen on purpose (Grinnell & Williams, 1990:126), because it was based on the researcher’s knowledge of the population, its elements, and the nature of the researcher’s aims (Babbie & Mouton, 2005:166). The negotiation unit is a subset of the larger SAPS population, where the members of the negotiation unit are easily identified (Babbie & Mouton, 2005:166) and who have experience with the central phenomenon or key concept being explored (Creswell, 2007:112).

The willingness of the members to participate, determined the sample sizes for both the quantitative and qualitative components of the research. A total of eight participants were included for the quantitative component of the research and the qualitative interviews were conducted with five participants, who also participated in the quantitative component. Two of the participants withdrew from the research after the completion of the CRI and a third participant cancelled the appointment made for the interview.

To enhance the trustworthiness of the study, the researcher conducted a pilot study. Due to the limited number of the research population, a captain from SAPS, Cradock Police station, participated in the pilot study. She was selected because of the extent of her experience, including the debriefing of members serving under her, as an officer in SAPS.
2.4.3 Data collection methods:

A mixed method of qualitative and quantitative research was used where both approaches enjoyed equal weight. The triangulation design as a type of mixed method research was utilized, because one data set is not sufficient. Different but complementary data on the same topic have to be obtained (Creswell, 2007:62).

The triangulation design is a one-phase design where the quantitative and qualitative methods are implemented during the same timeframe and with equal weight (Creswell, 2007:62-64). According to Babbie and Mouton (2005:275), triangulation assists researchers to reduce the shortcomings, as in the case when only one method is used.

The convergence model, the traditional model of a mixed method triangulation design, was used to collect data. The purpose of this model is to derive valid and well-substantiated conclusions on a single phenomenon (Creswell, 2007:64-65). The quantitative and qualitative data are integrated in the interpretation of the overall results (Creswell, 2003:16).

Three tools were used to collect data for this study:

- Semi-structured interviews
- The Coping Resources Inventory (CRI) and

2.4.3.1 Interviews:

In-depth phenomenological interviewing was employed for the qualitative data collection. This type of data gathering was viewed as the most applicable method for this section of the study, because the purpose of this research is to explore the shared experiences of the participants. The heart of phenomenology is therefore the study of lived experiences (compare Marshall & Rossman, 1999:112).

One of the advantages of interviewing is that we are sure that it is the respondent him/herself who is answering the questions (Grinnell & Williams, 1990:212). Most people also feel more at ease to have a conversation than to complete a questionnaire (compare Grinnell & Williams, 1990:211). Another advantage of interviewing is that
the body language of the participant can be observed and notes can be made thereof. This additional information can be very valuable in the research (Grinnell & Williams, 1990:212). This method of data collection is also very helpful when it is needed to gather a large amount of data over a short period of time (Marshall & Rossman, 1990:108).

A disadvantage of this method of data collection is that it is very time consuming to do the interviews, transcribe and analyze the volumes of data obtained (Marshall & Rossman, 1990:110 also compare Du Randt, Strümpher & Venter, 2006:101). There can also be interruptions that could break the flow of the interview. Interruptions during the interviews did occur during two interviews that were conducted at the participants’ workplace. The impact on the flow of the interview was not serious and the interview could be continued without too much effort.

To enhance the trustworthiness of the study and to test and refine the interview schedule (Breakwell, Hammond & Fife-Schaw, 1998:233), the researcher conducted a pilot study. Due to the limited number of respondents, a SAPS member who is not someone from the relevant population participated in the pilot study. Permission was granted by the participant to audiotape the interview of the pilot study. The audio recording was transcribed. The questions were redrafted to ensure that the issues the researcher was interested in were addressed (Smith et al. in De Vos et al., 2005:297). Fourteen questions were prepared for the pilot study. The interview schedule was refined and the questions were reduced to 9 questions. Questions regarding training in general were removed and included in the biographical questionnaire.

The in-depth interviews, conducted at the Thornhill Police station, focused on the experiences of the participants (De Vos et al., 2005:270). This type of interviewing makes use of open dialogue and questions and has little structure. This assisted with the smoothness of the disclosure, and the phenomenon of interest unfolded as the participants viewed it (Marshall & Rossman, 1999:108).

Unstructured interviewing is a “customary” method of interviewing when working at an exploratory level (Grinnell & Williams, 1990:211). Semi-structured interviews were
utilized for this study. This type of dialogue gave the participants the opportunity to tell their story and how they experienced their situation, but also ensured that the research question was answered by obtaining specific information.

The stimulus questions used in this study were:

- What is your role at the Van Staden’s Bridge?
- Tell me about your experiences at the bridge.
- Tell me about the negative influences on the bridge that could complicate your task as a negotiator.
- What is your opinion concerning debriefing?
- Tell me about your training as a negotiator.
- How do you keep the balance between your primary work and being a negotiator?
- What was your motivation to become a negotiator?
- How do you cope with being a negotiator?
- Tell me about your support systems.

The interviews were audiorecorded with the permission of the participants. Audiorecording is preferable, because when field notes are taken, it is not possible to give undivided attention to the participant (compare De Vos et al., 2005:298). Although audiorecording has many advantages, it can have disadvantages as well. One disadvantage could be that it could make some of the participants feel uncomfortable; this could influence their disclosure (De Vos et al., 2005:298).

The participants in this study indicated that they felt comfortable being audiorecorded, because they are often audiorecorded by reporters from the media. One of the participants became very emotional during the interview. It was therefore necessary to debrief her at the end of the session (Breakwell et al., 1998:240). The audiorecordings were transcribed after all the interviews were conducted. Confidentiality was upheld by not including the names of the participants and those of their colleagues mentioned in the interviews.
All the interviews were conducted by the researcher. Although interviewer effects (elements like the characteristics of the interviewer) cannot be eliminated, they can be controlled by utilizing the same interviewer to conduct all the interviews (Breakwell et al., 1998: 239).

A reflexive journal, including factual recordings, impressions and analytical and interpretive notes, was kept through the whole research process to record the involvement of the researcher throughout the research process (Navorsingsmetodologie, PSY471-S, 2000:83).

The researcher employed Lincoln and Guba’s (in De Vos, et al., 2005:347 – 348) four criteria to assess the trustworthiness of the qualitative data. The criteria are credibility, transferability, dependability and confirmability.

**Credibility** is the alternative to internal validity, in which the goal is to demonstrate that the inquiry was conducted in such a manner as to ensure that the subject was accurately identified and described. Credibility was ensured by the following actions: triangulation, reflection, interviewing techniques and the use of an independent coder (Krefting, 1991: 215).

The researcher was interested in the experiences and coping resources of the SAPS suicide negotiation staff at the Van Staden’s Bridge, Thornhill, Port Elizabeth. The convergence model, the traditional model of a mixed method **triangulation** design, was used to collect data (please refer to 1.6.4 for a detailed discussion).

The researcher enhanced the credibility of the study by utilizing various interviewing techniques e.g. exploring of information, paraphrasing, clarifying, reflecting, checking perception, focusing, summarizing and interpreting. (Compton & Galaway, 1984:283-285).
Transferability is the alternative to external validity or generalizability that is the applicability of one set of findings to another context. The results from this study cannot be generalized due to the small sample size (please refer to 2.5 for more detail).

Dependability is the alternative to reliability in which the researcher attempts to account for changing conditions in the phenomenon chosen for study as well as changes in the design created by increasingly refined understanding of the setting. Dependability was achieved by utilizing an independent coder. The researcher and the independent coder analyzed the data independently and discussed the findings during a consensus discussion (please refer to 2.5 for more detail).

Confirmability is the need to ascertain whether the findings of the study could be confirmed by another researcher. Triangulation of data sources was employed to achieve confirmability (please refer to 1.6.4 for further discussion).

2.4.3.2 Biographical questionnaire:
The participants involved in the interviews were requested to complete a biographical questionnaire that requested the following identification data: gender, age, language, marital status, number of children, number of years serving in the SAPS, highest education, courses attended (including in-service training), number of suicide negotiations participated in, number of people who committed suicide regardless of their intervention and date of the most recent suicide incident they had participated in. The biographical information is essential for the meaningful and contextual interpretation of the results (Brown, 2002:73).

2.4.3.3 Coping Resources Inventory (CRI):
The CRI, designed by Hammer and Marting (1988), was administered and scored by a psychologist to identify the resources currently used by the suicide negotiators to cope with their demanding and emotionally draining work. The CRI was selected as a quantitative measure, because it has previously been used in studies conducted at the Nelson Mandela Metropolitan University and has proven to have good reliability (Brown,
This psychological instrument was furthermore selected because it would complement the qualitative study (Creswell, 2007:62).

Hammer and Marting in Brown (2002:76), indicated that the ability to predict stress over time is the strongest test of the validity of a coping measure. Hammer and Marting conducted various statistical tests to measure the CRI’s validity and found that it was a significant predictor of stress symptoms.

The CRI, a 60-item instrument, measures the participant’s resources in five domains, namely cognitive, social, emotional, spiritual and physical (Hammer & Marting, 1988:3). The inventory can be completed in approximately 10 minutes (Hammer & Marting in Brown, 2002:74).

According to Babbie and Mouton (2005:143), validity refers to the extent to which an empirical measure accurately reflects the concept it is intended to measure (De Vos, et al., 2005:160). According to De Vos et al. (2005:160), the instrument must therefore measure the concept in question accurately.

Bostwick and Kyte (1981:12) in De Vos, et al. (2005:162), mention that three questions can be asked to find out how valid an instrument is:

(a) How well does this instrument measure what we want it to measure? (Content validity)

(b) How well does this instrument compare with one or more external criteria purporting to measure the same thing? (Criterion validity).

(c) What does this instrument measure? How and why does it operate the way it does? (Construct validity).

Brown (2002:76), utilizing literature of the constructors of the CRI, Hammer and Marting (1988), concluded the following regarding the validity of the CRI: “Pertaining to the validity of the CRI, it was found to have some scale intercorrelations as well as predictive, convergent, divergent, discriminant and concurrent validity. Regarding the
scale intercorrelations of the CRI scales, the correlations reveal some overlap among resource constructs for the cognitive, social and emotional scales, although Hammer and Marting (1988) caution that their continued separation seems justified until further data are available.

The relationship between these scales suggests that individuals with positive outlooks also have a supportive social network and are aware of, and can express, their emotions. Hammer and Marting (1988) indicated that the strongest test of validity of a coping measure is its ability to predict symptoms of stress over time. Theoretically, higher scores should be associated with fewer symptoms. After various statistical tests were conducted in order to measure the predictive validity of the CRI, it was found that the CRI Total Resource score was a significant incremental predictor of stress symptoms. The stability and consistency of the measuring instrument, in other words the reliability, must also be considered. Hammer and Marting in Brown (2002:75), claimed that the CRI achieves fairly high homogeneity of item content per scale, suggesting item-to-scale reliability correlations.

It must be kept in mind that the phenomenological method can make no claim of generalizability. This type of research is conducted in a naturalistic setting. This situation is unique and is thus less open to generalization (Krefting, 1991:216). According to Krefting “Generalization is somewhat of an illusion because every research situation is made up of a particular researcher in a particular interaction with particular informants. Application is not seen as relevant to qualitative research because its purpose is to describe a particular phenomenon or experience, not to generalize to others” (Sandelowski in Krefting, 1991).

2.5 Research procedure:
The researcher contacted the local coordinator of the negotiating team at the Thornhill SAPS station to establish if the team would be interested in participating in the research. A letter describing the research (Appendix A) and a consent form (Appendix B) was forwarded to the coordinator to distribute to the members of the negotiation staff. The researcher’s contact details were made available should they have any questions.
The researcher contacted the local coordinator telephonically after a period of three weeks in order to ascertain whether participants were interested in participating in the research project. The outcome was positive and thereafter permission was sought from their provincial coordinator. An explanatory letter, similar to Appendix A, and list of possible questions to be asked in the interview was faxed to the provincial co-coordinator after a telephonic contact for discussion at provincial level. Permission to conduct the research was received after two weeks.

Establishing a suitable date to meet with the negotiation team was challenging, because suicide negotiation is only a secondary function of their duties. They work different shifts and not all of them are stationed at the Thornhill Police station.

After a suitable date was agreed on, a meeting was conducted where the CRI questionnaires were administered to the eight participants by a psychologist. It was collected immediately after completion and scored by a psychologist. At this meeting an agreed upon time was arranged with each of the five participants who indicated their willingness to be interviewed. Five interviews were conducted over a period of two days. Two interviews were scheduled for the first day and four interviews for the second day, but one of the participants cancelled on the day when her interview was scheduled, due to the sensitivity of the subject.

The recordings of the interviews were transcribed and analyzed as described under 2.6.1. Copies of the transcriptions were provided to an independent coder for analysis by dividing the data into themes, sub-themes and categories. The analysis was discussed with the independent coder during a consensus meeting. Although only five interviews were conducted, data saturation was reached. According to Creswell (1998:56), interviews are conducted to saturate (finding information that continues to add until no more can be found) the categories (a unit of information composed of events, happenings and instances).
2.6 **Data analysis:**

A separate initial data analysis for each of the two types of databases was conducted. The process in respect of the qualitative data involved coding, theme development, and the interrelationship of themes (Creswell, 2007:136). The quantitative and biographical data were analyzed by making use of descriptive statistics.

2.6.1 **Qualitative data analysis:**

The qualitative data as obtained through the interviewing were analyzed by using an interpretive process based on the Tesch model, as suggested by Creswell (2003:190-196). The qualitative data were prepared for analysis by transcribing the interviews. The data were explored, by reading them through several times to get a holistic view and making notes in the margins. Patterns and themes were identified by reading the transcriptions over and over, as many times as possible, in order to structure and bring meaning to the collected data (Babbie & Mouton, 2005:491-493; De Vos et al., 2005:338-345).

The data were then analyzed carefully and systematically by coding the data, assigning labels to codes, grouping codes into themes (or categories) and interrelating themes or sub-themes (or sub-categories) or abstracting to smaller sets of themes. The researcher engaged in a thorough process to interpret the information correctly (coded and re-coded) to assure further trustworthiness.

The analyzed data are represented by presenting findings from the qualitative section of the study in the form of a discussion of themes and categories and sub-themes and by using figures and tables to display the quantitative findings.

The final stage of data analysis is the validation of the data by an independent coder.

The quantitative data as obtained through the CRI were analyzed and interpreted as descriptive statistics that ensure that the data are presented in a manageable form (Babbie & Mouton, 2005:459).
The mean (i.e. the sum of the measurements divided by the number of measurements) (De Vos et al., 2005:233), (Cozby in Brown, 2002:83) of this measure were investigated and are presented in table format. The analyzed data also reflect the highest and lowest subscales.

Emerging patterns across both the qualitative and quantitative analysis process are reflected on. The two datasets were merged. The supportive dataset reinforced the results of the primary dataset. As a result of merging the data, the mixed method questions asked was answered with concurrent data collection (Creswell, 2007:136). Finally, the qualitative and quantitative data were compared through a discussion in a matrix (Creswell, 2007:137).

2.6.2 Quantitative data analysis:
Quantitative data were gathered with the Coping Resource Inventory. The participants were requested to complete a biographical questionnaire after the interviews were conducted. The information gathered from the biographical questionnaire merely served to contextualize the research data obtained from the Coping Resource Inventory.

The questionnaires, containing information regarding the participants’ gender, age, language, marital status, number of children, number of years serving in the SAPS, highest education, courses attended (including in service training), number of suicide negotiations participated in, number of people who committed suicide regardless of their intervention and date of the most recent suicide incident they participated in, were analyzed by hand. The results will be discussed in Chapter 3 in a tabular and descriptive form. The analysis of the Coping Resources Inventory will be discussed below.

2.6.2.1 Coping Resources Inventory (CRI):
The completed CRI questionnaires were scored by a psychologist using a hand-scoring template.

Hammer and Marting (1988:4) describe the scoring of the CRI as follows: “For each of the 60 items, respondents use a 4-point scale to indicate how often they have engaged in
the behavior described in the item over the past six months. Scale scores are simply the sum of the item responses for each scale. Points for six items with negative wording must be reversed, however, before adding the points to the scale score. In addition to the five individual scale scores, a Total Resource score is computed by summing up the five scale scores. The higher the score, the higher the resource”.

2.7 Ethical considerations:
The purpose of the study, voluntary participation and the ethical issues were discussed with all the participants in the meeting held prior to the data collection. The research process was conducted according to accepted ethical standards. The researcher ensured that all the participants understood what the purpose of the research was, what the study was about, and also what was expected from them (verbal and written explanations Appendix A).

Participants were furthermore warned that the topic could be sensitive and that it could potentially evoke unpleasant thoughts and disturbing feelings or memories. Debriefing directly after the interview assisted participants to get the opportunity to work through their experiences by discussing their feelings about the project (De Vos, 2005:66).

The researcher obtained the informed consent (Appendix B) of all the participants. This ensured that they were aware of the risks in participating in the study before they gave their consent to participate (Breakwell, Hammond and Fife-Shaw 1998:30). The participants were also informed that they could withdraw their participation at any stage without fear of reprisal.

The best interests of all the participants were upheld. A trusting relationship was built with the participants and all information was treated as highly confidential (Terre Blanche & Durrheim, 1999:68). The participants’ names were replaced by identification numbers, allocated to each person according to the number of their interview (interview 1, interview 2, etc.) to protect the identity of the participants and to ensure anonymity, especially since the sample was so limited.
The names and addresses and the identification numbers issued to participants were recorded by the researcher, but to protect their privacy, this information was only known to the researcher (Babbie & Mouton, 2005:523). The researcher will inform the participants about the findings of the research.

2.8 Conclusion:
This chapter describes the research design and methodology that was used in this study. The research question, goal and objectives are also explored. An exploratory-descriptive design was employed, because the goal of this research was to explore and to gather data on a relatively under researched area. A mixed method approach was implemented where both quantitative and qualitative measures were used to gather data. The measures used in this study were the Coping Resources Inventory and semi-structured interviews. Non-probability, purposive sampling was applied, because no randomization took place and the participants were selected on the basis of the aims and purpose of this study. Data analysis was conducted separately in respect of the three types of databases. The findings will be discussed in Chapter 3. Ethical standards, including transparency, informed consent and confidentiality were sustained throughout the whole research process.
CHAPTER 3

DISCUSSION OF FINDINGS AND LITERATURE CONTROL

3.1 Introduction:

The biographical information and the findings acquired from the two measures utilized in this study will be presented separately in this chapter. The findings are based on the goal and objectives of this study. The goal was to explore and describe the experiences and coping resources of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge. The three objectives of the study were to:

a) explore and describe the experiences of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge;
b) explore and describe the coping resources utilized by these SAPS officials, and
c) make recommendations in view of specific training and support needs of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge.

Two overlapping sample groups participated in the quantitative and qualitative components of the study. The CRI was completed by eight participants and five of these participants participated in the interviews. The results of the two measures will therefore be presented accordingly. The biographical information will be presented first, followed by the findings as obtained from the interviews in a tabular summary. Thereafter, the results from the the CRI will be discussed. Finally, emerging patterns across both the qualitative and quantitative data sets will be reflected on.

3.2 Biographical information:

The variables obtained from the biographical questionnaire include gender, age, language, marital status, number of children, number of years serving in the SAPS, highest qualification, number of suicide negotiations attended to and most recent suicide negotiation. Only the participants with whom the interviews were conducted (i.e., the qualitative section of the research) completed the biographical questionnaire, because the information gathered from the biographical questionnaire served to contextualize the research data.
3.2.1 Gender distribution:

Table 3.1: Gender distribution

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

Three (60%) of the participants were males and two (40%) of the participants were females. Both genders were well represented in the sample. The negotiation team, consisting of twelve members, at the Van Staden’s Bridge is predominantly male. There are presently only three females on the team of which only one was a trained negotiator at the time of the research. The second female negotiator commenced her training the week after the research was done.

3.2.2 Age distribution:

The ages of the participants ranged between 32 and 35 years. One participant (20%) was 32 years old; two participants (40%) were 34 years old and two participants (40%) were 35 years old. Gerdes, Ochse, Stander and Van Ede (1988:341-342) identified this lifespan as early adulthood. Further reference to the applicability of the life stage of the negotiators will be discussed under cognitive coping resources (3.3.1.1).

3.2.3 Language distribution:

Table 3.2: Language distribution

<table>
<thead>
<tr>
<th>Language</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrikaans</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>English</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>
Only two official languages were represented in the study. Three of the participants (60%) were Afrikaans speaking and two of the participants (40%) were English speaking. The CRI and the biographical questionnaire were only available in English. Whilst all participants were fluent in English, clarification was also provided to the participants who had questions. The interviews were conducted in the participants’ home language.

3.2.4 Marital status and number of children:
Marital status of the participants varied from married to divorced and engaged. Four of the participants (80%) were married and one of the participants (20%) was divorced, but engaged. Three of the participants (60%), two females and one male, have no children. Two of the participants (40%), both males, have two children. The relevance of these aspects will be discussed in more detail under 3.3.1.2.

3.2.5 Number of years serving in the South African Police Services (SAPS):

<table>
<thead>
<tr>
<th>Number of years serving in SAPS</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

The participants’ years of service in the SAPS ranged from 9 – 17 years. One participant (20%) was employed in the SAPS for less than 10 years; one participant (20%) was employed for less than 15 years; two participants (40%) were employed for 15 years and one participant (20%) was employed for less than 10 years. Collectively, the participants had a total of 54 years experience between them.

Negotiators are functional police members who perform the task of negotiation as a secondary function on a voluntary basis. A negotiator is responsible for dealing with
hostage and suicide-related incidents. Negotiation skills are utilized in suicide and hostage-related incidents, including: kidnapping, extortion, hi-jackings, sky-jackings and other incidents where negotiations are necessary to ensure the safety of a person or persons. The minimum requirements for a member to become a negotiator are: he or she must have completed the Basic Police Training and must have at least five years experience in functional policing (SAPS Website: accessed on 1 January 2007). An interest in the field is the only other unwritten requirement needed to become a negotiator.

3.2.6 Number of years serving in the South African Police Services (SAPS) as negotiators:

Table 3.4: Number of years serving in the SAPS as negotiators

<table>
<thead>
<tr>
<th>Number of years serving in the SAPS as negotiators</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 *</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>1 year +</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>2 years +</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>3 years +</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>100</td>
</tr>
</tbody>
</table>

*One of the participants went on the negotiation course the week after the interviews were conducted.*

The suicide negotiation team has a total of six years experience between them. Whilst this seems relatively little, it is important that this information be collated with the number of suicide negotiations they have engaged in (compare 3.2.8). The experiences and coping resources of the participants should therefore be seen against their length of time in this specialized field as well as the number of suicide negotiations they have engaged in.

3.2.7 Highest qualifications:

All the participants (100%) have attained matric (grade 12). One participant (20%) obtained a BA degree in Psychology. Negotiation in the SAPS is a specialization area and is considered as a scarce skill in the SAPS. The members undergo an intensive three-
week specialized training course which consists of both theory and practical aspects (simulations) relating to hostage and suicide negotiations, personal development, communication skills and knowledge of Legislation Policies and Instructions applicable to hostage and suicide negotiation incidents (SAPS Website: Careers: Negotiator). All the participants in the study had completed this training course and the newest member of the team was preparing for her training which started a week after the completion of the research data collection process.

### 3.2.8 Number of suicide negotiations attended to at the Van Staden’s Bridge:

<table>
<thead>
<tr>
<th>Number of suicide negotiations attended to</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>40</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>20</td>
<td>1*</td>
<td>20</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*Functional police member who is part of the negotiation team*

The negotiation team has vast experience in dealing with suicide, especially at the Van Staden’s Bridge due to the proximity of the bridge to the Thornhill Police Station. Table 3.5 outlines the details regarding the number of suicide negotiations dealt with.

- *Participant 1* is stationed at the Thornhill Police Station (the closest station to the Van Staden’s Bridge) and has 14 years of service in the SAPS. She has been a negotiator for more than three years and has attended to approximately 80 suicide negotiations at the Van Staden’s Bridge during this period. This participant however took a break of six months from negotiations after being involved in an “unsuccessful suicide negotiation” session at the Van Staden’s Bridge. This completed suicide had a significant impact on the team members that were present at the scene.
- Participant 2 has served 15 years in the SAPS. He is stationed at the Uitenhage Police Station. He has been a negotiator for more than two years and attended to approximately 15 suicide negotiations at the Van Staden’s Bridge within this period.

- Participant 3 has 17 years of service in the SAPS and he is stationed at the Patensie Police Station. He has been a negotiator for more than two years and attended to approximately 40 suicide negotiations at the Van Staden’s Bridge for the duration of this period.

- Participant 4 has served 15 years in the SAPS. He is stationed at the Thornhill Police Station. He has been a negotiator for just over one year and attended to approximately 15 suicide negotiations at the Van Staden’s Bridge during this period.

- Participant 5 has served 9 years in the SAPS. She has been stationed at the Thornhill Police Station for two years. She was not yet trained as a negotiator when the research was conducted and has attended to approximately 20 suicide negotiations at the Van Staden’s Bridge as part of her duty as a functional member of SAPS.

On average the suicide negotiation staff at the Van Staden’s Bridge attend to at least three suicide negotiations per month. The six trained negotiators are not all stationed at the Thornhill Police Station. Each trained negotiator is on standby for a period of a week. As already mentioned, negotiation is a secondary function. Some of the negotiators have to work on a negotiation shift as well as another shift related to their primary work. When a call is logged, the shift members go out to the scene to prepare the scene for the negotiator who is on standby. In some cases the person had already been convinced to leave the bridge by the shift members. In cases where they could not be convinced to leave the bridge, the negotiators then take over the task.
3.2.9 Most recent suicide negotiation attended to at the Van Staden’s Bridge:

Table 3.6: Most recent suicide negotiation attended to

<table>
<thead>
<tr>
<th>Most recent suicide attended to</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days ago</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Less than a month</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>2 months ago</td>
<td>2</td>
<td>40</td>
</tr>
<tr>
<td>3 months ago</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The negotiation team has vast experience in dealing with suicide, especially at the Van Staden’s Bridge due to the proximity of the bridge to the Thornhill Police Station. As previously indicated, the average for the group per month is approximately two negotiations per month per negotiator. The number of people who turn to the bridge to end their lives tends to increase to an average of three persons per day over the Festive Season (i.e. December to January). The research data were collected in the first week of November 2007. The time frame outlined in Table 3.6 hence dates back from the time frame of the most recent suicide negotiations.

3.3 Discussion of the results of the study:

The results of the study that focus on the objectives of the study will be discussed in the following section. The objectives were to explore and describe the experiences of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge; to explore and describe the coping resources utilized by these SAPS officials and to make recommendations in view of specific training and support needs of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge.

3.3.1 Results of the Coping Resources Inventory (CRI):

The background to the CRI and the reason why this measure was chosen were discussed in Chapter 2. The CRI was administered to eight participants. The CRI was administered, scored and interpreted by a qualified psychologist. The raw scores of the
measure were converted into standard scores to facilitate comparisons between the five subscales of the CRI. However the reader is reminded that the number of items on each of the subscales is different and hence comparison is done with caution. The mean of the standard scores is 50.

Hammer and Marting (1988) maintain that approximately 95 percent of individuals will have standard scores that range between 30 and 70. It can thus be assumed that scores below 30 are below average while scores above 70 are above average. According to Cairns in Brown (2002:51), a perception of higher levels of coping resources would facilitate better coping. Therefore, people with high coping resources will be more likely to respond to stressors more effectively. The results obtained from the CRI, containing the total scale and subscale scores, will be presented in Table 3.7.

<table>
<thead>
<tr>
<th>Subscales</th>
<th>Standard Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Resources</td>
<td>49</td>
</tr>
<tr>
<td>Social Resources</td>
<td>53</td>
</tr>
<tr>
<td>Emotional Resources</td>
<td>52</td>
</tr>
<tr>
<td>Spiritual Resources</td>
<td>50</td>
</tr>
<tr>
<td>Physical Resources</td>
<td>53</td>
</tr>
<tr>
<td><strong>Total Scale Score</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

The CRI’s total standard score is 52, which can be described as an average score. This would imply that the participants from this sample perceive themselves as having average levels of coping resources. The subscale scores range between 49 and 53. The lowest score of 49 for cognitive resources is just below the average score. The two highest scores of 53, both for social and physical resources, are just above the average score. Emotional resources with a score of 52 are also close to the mean of 50. Spiritual resources are however equal to the mean of 50.
The next table below presents the distinction between the gender groups.

**Table 3.8: Individual and Total CRI Scale scores according to gender**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Spiritual</th>
<th>Physical</th>
<th>Total CRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>49</td>
<td>51</td>
<td>42</td>
<td>41</td>
<td>53</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>53</td>
<td>57</td>
<td>56</td>
<td>53</td>
<td>53</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>44</td>
<td>64</td>
<td>56</td>
<td>50</td>
<td>43</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>44</td>
<td>49</td>
<td>55</td>
<td>55</td>
<td>56</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td>38</td>
<td>44</td>
<td>49</td>
<td>53</td>
<td>38</td>
<td>43</td>
<td></td>
</tr>
</tbody>
</table>

**Male average**

| X | 46 | 53 | 52 | 50 | 49 | 50 |

| X | 49 | 55 | 40 | 41 | 51 | 45 |
| X | 66 | 66 | 70 | 56 | 64 | 69 |
| X | 47 | 41 | 44 | 51 | 62 | 48 |

**Female average**

| 54 | 54 | 51 | 49 | 59 | 54 |

**Sample average**

| 50 | 54 | 52 | 50 | 54 | 52 |

The differences between the scores for males and females will be discussed in detail under the subsections 3.3.1.1 to 3.3.1.5. The biographic details were not linked to the scores in tables 3.8 and 3.9 to ensure anonymity.
Table 3.9: Individual and total CRI scale scores according to age

<table>
<thead>
<tr>
<th>Age</th>
<th>Cognitive</th>
<th>Social</th>
<th>Emotional</th>
<th>Spiritual</th>
<th>Physical</th>
<th>Total CRI</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>49</td>
<td>51</td>
<td>42</td>
<td>41</td>
<td>53</td>
<td>45</td>
</tr>
<tr>
<td>32</td>
<td>49</td>
<td>55</td>
<td>40</td>
<td>41</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>34</td>
<td>44</td>
<td>49</td>
<td>55</td>
<td>55</td>
<td>56</td>
<td>53</td>
</tr>
<tr>
<td>34</td>
<td>66</td>
<td>66</td>
<td>70</td>
<td>56</td>
<td>64</td>
<td>69</td>
</tr>
<tr>
<td>35</td>
<td>53</td>
<td>57</td>
<td>56</td>
<td>53</td>
<td>53</td>
<td>56</td>
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<tr>
<td>35</td>
<td>38</td>
<td>44</td>
<td>49</td>
<td>53</td>
<td>38</td>
<td>43</td>
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<tr>
<td>37</td>
<td>47</td>
<td>41</td>
<td>44</td>
<td>51</td>
<td>62</td>
<td>48</td>
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<tr>
<td>42</td>
<td>44</td>
<td>64</td>
<td>56</td>
<td>50</td>
<td>43</td>
<td>53</td>
</tr>
<tr>
<td><strong>35</strong></td>
<td><strong>50</strong></td>
<td><strong>54</strong></td>
<td><strong>52</strong></td>
<td><strong>50</strong></td>
<td><strong>54</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

The differences between the scores for males and females will be discussed in detail under the subsections 3.3.1.1 to 3.3.1.5.

The coping resources scale’s total standard score is 52, indicating that the participants from this sample perceive themselves as having average levels of coping resources. Factors that emerge in the pre-research session and during the interviews which could compromise the coping resources of the suicide negotiators in their work context could be the following:

- *The present challenges relating to the lack of and limited availability of certain resources utilized by the negotiation team.* Resources include manpower, physical resources (standby vehicle, administrative resources [stationary, computers, etc.], standby telephone, suitable venue for further consultation, etc.) and emotional resources (e.g. effective debriefing sessions). The second aspect goes hand in hand with the last statement.
• The emotional and physically draining process of suicide negotiation. This type of work involves tremendously stressful circumstances where the members need to be focused throughout the whole negotiation process.

It can therefore be said that they are not able to “recharge” their coping resources, because instead of being proactive, they are reactive. Their circumstances could therefore be controlling the way they perceive life. According to Covey (1994:72), reactive people are driven by feelings, circumstances, conditions and their physical environment (external stimuli).

The subscale scores range between 49 and 53. The lowest score of 49 for cognitive resources is just below the average score. The two highest scores of 53, both for social and physical resources are just above the average score. Emotional resources with a score of 52 are also close to the mean of 50. Spiritual resources are however equal to the mean of 50.

The highest score for social resources is not surprising, because the participants perceive their group as a small “family”. The researcher’s observation of the interaction between team members before the CRI was administered, suggest that there is very strong group cohesion. In the interview participant 3 said: “… ons is ‘n klein groepie, dis wat dit lekker maak, as een van ons, ons is regtig soos ‘n familie, jy kan sien die manier wat hulle mekaar tereg en met mekaar tekere gaan, dis een van die goed, as een ou sleg voel of nie lekker nie, dan kyk die ander na hulle …”

According to Bassis et al. (1988:173), a group is a number of people who feel a common identity and interact in a regular and structured way, on the basis of shared norms and goals. They add that sociologists distinguish between primary and secondary groups. Cooley in Bassis et al. (1988:173) describes a primary group as a small, warm association based on ongoing, personal, intimate relationships.

Members of primary groups care about one another as people; share experiences and opinions and feel “at home” together. They identify with one another’s triumphs and
disappointments. They derive their individual identities from membership in the group to a significant extent. According to Olmsted and Hare in Bassis et al. (1988:173), a secondary group is an impersonal association whose members’ relationships are limited and instrumental. Secondary groups are created to achieve a specific goal. They are a means to an end, not an end in themselves (as primary groups are). Individuals are valued for what they can do for the group, not for who they are as individuals. Members do not need to know much about each other or even have to like one another. The suicide negotiation team should by definition fit into the secondary group category, because their function as individuals in the group is to render a service (they are a means to an end).

Although every member in the team is a means to an end, they were not selected or compelled to become negotiators; they chose to become a negotiator. Participant 3 made it clear: “… jy sal nooit ‘n onderhandelaar kan word as jy geforseer word om dit te doen nie. Dis iets wat jy self moet besluit dis iets wat jy wil doen. Dit vat baie van jou. Dis ‘n besluit wat jy opneem.” Due to the fact that every member of the suicide negotiation team chose to become part of the team, they realize that they are and choose to be interdependent on each other.

According to Covey (1994:187), interdependence increases productivity, serving, contribution, learning and growing. He adds that effective interdependence can only be achieved through truly independent people. Independence will be discussed at a later stage in this section.

The results on each of the five subscales of the CRI will now be reflected upon in sections 3.3.1.1 to 3.3.1.5.

3.3.1.1 Cognitive Coping Resources:
The sample’s mean score obtained in respect of the cognitive scale was 49, just below average. The males’ average score of 46 is considerably lower in comparison to the females’ score of 54. Hammer and Marting (1988:3) define the cognitive coping resource as the extent to which individuals maintain a positive sense of self-worth, a positive outlook towards others, and optimism about life in general.
When asked how they would react if someone should commit suicide from the bridge whilst they are negotiating with them, the male participants replied as follow: 

**Participant 2:** “Ek dink as ek vir ‘n uur, of 2 of 3 moes sit met die persoon en die persoon besluit dan steeds om te spring, dan gaan dit moeiliker wees om vir myself te sê die ou wou dit doen. OK, op die ou einde van die dag gaan ek vir myself sê die ou wou dit maar doen, want dit is so, hy’t die keuse gemaak, nie ek nie. Maar, jy gaan nog vir jouself afvra ... waar moes ek miskien iets anders gesê het, is daar dalk iets wat ek kon gesê het, is dit iets wat ek anders kon gedoen het? ... ek sal nou daai hele ding deurspeel ...”

Although he will analyze the whole process (logical thinking – cognition), he also attaches an emotional aspect to dealing with the loss. **Participant 3** mentioned: “… my persoonlikheid is van daai, ek gaan sleg voel vir 5 minute en dit gaan my pla en ek gaan heel moontlik met iemand gaan praat, maar my hele ingesteldheid is ek het gekom om te probeer help, dis nie my fout wat jou in die eerste plek daar het nie ... As ek ‘n fout gemaak het met my onderhandeling en as gevolg van my as iets gebeur het, maar as ek als reg gedoen het en ek het my bes probeer ... daar was nie meer wat ek kon doen nie. Ek het die ou dalk vrede gegee ... kom ons sê dis my manier hoe ek my gaan troos en my gaan sus. Dis hoe ek heel moontlik daarop gaan reageer ...”

The finding in this study does not coincide with the findings of Rootman, Kirsten and Wissing (2003:216), where men in their sample displayed greater flexibility and focused more on problem solving rather than on making value judgments. Possible reasons why the males in this study scored lower in this subsection as well as in the emotional coping subsection will be discussed further under 3.3.1.3 (emotional coping).

Jordaan & Jordaan (1989:693) claim that self-regard refers to the relatively consistent positive feelings a person has about himself and that he has a strong self-image (he is relatively satisfied with his physical, psychological and social characteristics). According to Moos in Cain (2007:57), cognitive behaviour is concerned with an individual’s evaluation of self and the meaning of an event as well as with behavioural problem-solving skills. The author emphasized self-efficacy as a vital coping resource. As already mentioned in section 3.2.2, the participants who were engaged in the interviews
fall into the category early adulthood, as identified by Gerdes, Oche, Stander & Van Ede (1988:341-342).

According to these authors, this period is characterized by realistic evaluation of the self, more goal-orientated behaviour, increase in life experience, emphasizing of personal responsibilities and commitment to relationships and the person’s future. People also tend to identify and develop specializing areas in their occupation at this stage (Gerdes et al., 1988:379). Levinson in Bassis et al. (1988:124) concludes that this stage is characterized by commitment to career development and establishment of family life.

Participant 3, who is 35 years old, mentioned that he was not ready to become a negotiator when he was younger, but after his children were born, he realized that there is more to life than oneself. He has been a negotiator for the past two and a half years. Participant 1, 32 years old, mentioned that she assisted suicidal people over the phone when she previously worked at the “10111” centre and realized that she wanted to make a difference in suicidal persons’ lives in a more direct way. The transition to the thirties category is characterized by the questioning of the self – their values and their life in general (Gould & Levinson in Gerdes et al., 1988:351).

Levinson in Bassis, Gelles and Levine (1988:124) also relates to this statement: “The early thirties are a season of discontent in most people’s lives. When they embarked on careers and marriages in their twenties, they didn’t have very clear ideas about what either involved”. The settling stage is exemplified by the sharper focusing on the future (Gould in Gerdes et al., 1988:352).

3.3.1.2 Social Coping Resources:

The average score obtained for social coping was 53. This score is still very close to the mean of 50. There was no significant difference in the scores for males (53) and females (54), which seems to be contradictory to the traditional stereotypes about the genders’ social connectedness. Hammer and Marting (1988:3) define social coping as the degree to which individuals are imbedded in social networks that are able to provide support in
times of stress. A representative item: “I am part of a group, other than my family that cares about me.”

Pines and Ratliff in Malherbe and Engelbrecht (1992:36) mention that close friendships, happiness in marriage and close supportive interpersonal relationships can relieve stress. Roos and Möller in the same article, state that it is important for a person’s emotional wellbeing to discuss stressful situations with a person with whom they feel comfortable. The participants emphasized in the conversations with them that it is important to talk about their experiences. Some talk to their spouses, others to their colleagues or friends.

Participant 2 mentioned: “… gelukkig sal my vrou sit en luister en sal verstaan…” Participant 3 said: “My vrou kan ek mee praat, sy hoef nie altyd te verstaan nie, want almal hoef ook nie altyd te verstaan om mee te kan praat nie”. Participant 1 mentioned that: “Ek dink dis goed om te praat oor, oor … en ek sal nie sommer praat met almal oor wat gebeur het verlede jaar nie, want almal sal nie verstaan nie, so … ja, maar dis goed om te praat oor dit …”

Four of the participants’ (80%) spouses supported them in their work as a negotiator, but one of the participants mentioned that her partner does not support her in being a negotiator. Gould in Gerdes, et al. (1988:351) states that people in their thirties have a strong need to be accepted by their spouses. According to Winch (1958) in Gerdes et al. (1988:354), when selecting a spouse, a person chooses a partner who will complement his personality and needs. He continues that needs can be supplemented in one of two ways: (a) both partners can have the same needs, but the grade could differ slightly (e.g. someone with a strong need to care can feel attracted to a person with a poor need to care or (b) spouses can have opposite needs, but the behaviour of the one can consolidate the opposite needs of the other (e.g. a person with a strong need for prestige can feel attracted to someone who has a strong need to show honour to others).

Complementing each other can also be based on negative needs that are mutually strengthened (e.g. sadistic-masochistic relationships where the one intimidates, torments and terrorizes the other, while the other allows and even elicits this behaviour).
the light of the above, complementing each other can be based on either positive or negative needs and this could serve as being conducive to or to the disadvantage of a relationship. Roos and Möller (1988:18) mention that destructive interaction can be seen as the cause of a negative stress in a person’s life. Support is very important, especially if taken into account the emotionally draining effect that the negotiation process has on the negotiators. They work under tremendously stressful circumstances and need to be focused the whole time. Bedeian, Mossholder and Touliatos, in Brown (2002:94), have found that when dual-career spouses were emotionally supportive of one another, they experienced less personal discontent in both work and non-work situations.

Reifman, Biernat and Lang, in Brown (2002:94), referred to various researchers who found that support within the marital relationship is important for wellbeing and that social support within the marital relationship is negatively related to later depressive symptoms. Refer to 3.3.1 for more information on social coping resources.

3.3.1.3 Emotional Coping Resources:

The average score of 52 obtained for emotional coping was just above the mean and indicates that participants have average emotional coping resources. This is the second highest score for this sample’s coping resources. Hammer and Martin (1988:3) define emotional coping resources as the degree to which individuals are able to accept and express a range of emotions, based on the premise that a range of emotional response aids in ameliorating long-term negative consequences of stress. A representative item: “I can cry when sad.” One of the female participants reacted as follows with regard to outlook on life in general: “I don’t get stressed out easily ... and stuff like that, so, I’m an emotionally strong person.”

The emotional coping resources scores for the males (52) and females (51) were very close. It was interesting to note that the males’ score was 0.5 higher than that of the females. This is in contradiction to the findings of Rootman et al. (2003:216), where lower expressions of emotions were obtained by the men in their study. They attribute this to the traditional view that men should be competent at problem solving and logical
thinking, especially to achieve independence and control. Two of the male participants were of the opinion that becoming a negotiator changes the way you perceive the world.

The aggression is “replaced” with empathy. Participant 2: “Ek meen, empatie is die belangrikste ding van dit. Jy moet jouself in daai persoon se skoene kan sit en sê luister, ek kan dink hoe voel jy nou of ek kan dink dinge is nou nie lekker nie …” Participant 3 said: “… toe ek jonger was … was een manier van doen gewees en jy’t ’n ou mooi gevra een keer en jy’t nie verder gesukkel nie. … En dit het my ‘mind’ verander … Ek het nie ander mense om my het nie veel saak gemaak nie, solank ek net gelukkig was dan’s dit nou maar hulle probleem verder ook en ek moes eers groot raak daar …”

Society expects males to be more independent and aggressive and to suppress strong emotions, especially anxiety. Sociologists are still debating the nature vs nurture debate as a potential explanation for gender differences in emotional coping. The one view is that gender roles and identity are natural expressions of biological differences – that differences between men and women are determined by genes and hormones, with the environment playing only a minor role in the development of masculine and feminine behaviour patterns. The opposing view is that social creatures have little or no biological foundation and that masculine and feminine behaviour patterns are the product of socialization, with genes and hormones having little direct impact on behaviour (Bassis, 1988:333). Maccoby and Jaclin in Bassis (1988:337) found that many beliefs about the differences between men and women were myths. They concluded that only four gender differences were confirmed: boys tend to be more aggressive and have greater visual-spatial and mathematical abilities than girls do; girls tend to have greater verbal abilities.

Females were not allowed to enter the Police force as functional officers at the beginning, due to the “aggressive” nature of this work. Rossi in Bassis (1988:334) stresses that the conditions under which a division of labour by gender was adopted, no longer exists. One of the female participants revealed that women in the functional police force still have to prove their worth: “Ja, dis ’n baie kompete rende beroep … ek kan dit handle soos jy dit handle, alhoewel almal dit verskillend handle … ja, dit maak dit net soveel erger … Jy’s ’n vrou, so, ja … Ek was nou al op kursusse waar ek die enigste vrou was,
en “challenges”, dan was ek die beste kandidaat op die kursus. Sulke goed. Ek druk myself baie en ek gaan vir ‘n ‘challenge’ …” According to Connors in Roothman et al. (2003:212) in a post-feminist context this incorporates the idea of an “equal opportunities” society; yet social stereotypes still remain.

As already discussed in 3.3.1.1, it is during the period of early adulthood that most people get married and have children. Participant 3 mentioned that the birth of his children altered his life in such a manner that he realized that everything does not revolve around oneself. Gerdes et al. (1988:363) emphasize that parenting is a very important stage in the adult’s life and that it entails many changes that need adjustment.

The authors also add that although parents have an important influence on their children, children also influence parents and that people change when becoming parents. Araji in Gerdes et al. (1988:215) found that the role of caring for children is shared and it suggests that change has already taken place in role behaviour. Chesser (1979), Rapoport and Rapoport (1971, 1978) in Gerdes (1988:220) mention that strenuous times in the life cycle at work and at home could occur simultaneously and that these could lead to stress. Seen in the light of the above, having children can in some cases be seen as a stressor, but it depends on in which stage the person is in his life and work cycle. Shared parental responsibilities can also reduce the stress in having children.

3.3.1.4 Spiritual/Philosophical Coping Resources:

The sample’s mean score for the spiritual/philosophical resource was an unexpected score of 50. Hammer and Marting (1988:3) describe Spiritual/Philosophical Coping Resources as the degree to which actions of individuals are guided by stable and consistent values derived from religious, familiar, or cultural traditions or from a personal philosophy. Such values might serve to define the meaning of potentially stressful events and to prescribe strategies for responding effectively. The content domain for this scale is broader than traditional western religious definitions of spirituality. A representative item: “I know what is important in life.”
Sixty percent of the sample indicated that they associate with religion or a Higher Being, hence resulting in the researcher’s expectation of a higher score in this subscale. Three of the participants mentioned during the research interviews that they believe in a Higher Being: Participant 3: “… dis nie uit myself waaruit die kalmte kom nie … daar’s ‘n groter Mag … wat beheer neem oor jou. Jy voel baiekeer dat jy, dat jy die “vessel” is wat gebruik word …” Participant 4 said: “… God willing, I never have to be placed in that situation …” Finally, Participant 5 mentioned: “… When I pray at home, that’s what we do, you have your faith in God that whatever comes your way, that you and God do it together…” The males’ average (50) was again surprisingly higher, although not significantly higher, but higher than that of the females (49). According to Bond, Kwan and Li in Roothman et al. (2003:216), women see themselves as being stronger in social, emotional and spiritual aspects.

According to Covey (1994:292), the spiritual dimension is a person’s core, centre, and commitment to one’s value system. He continues that it is a very important area in one’s life, because it draws upon the sources that inspire and uplift a person. Gerdes et al (1988:324) support this view by claiming that an individual’s values and moral codes are deeply rooted in belief and religion. Ziegler in Brown (2002:107) distinguishes between religion and spirituality. According to the author, religion implies traditional beliefs, attitudes and practices that are directed towards a higher power, whereas spirituality may include elements of religion, but usually describes individuals’ views and the related behaviours that express a relation to something greater that the self.

Bassis (1988:440) defines religion broadly as any institutionalized beliefs and practices that deal with the ultimate meaning of life. They add that religions provide blueprints for social behaviour based on a divine, supernatural or transcend order.

### 3.3.1.5 Physical Coping Resources:

The sample’s average score obtained in respect of the physical coping resource was 53, not significantly higher than the mean of 50. This was the highest score obtained. According to Hammer and Marting (1988:3), physical coping resources are the degree to which individuals enact health-promoting behaviours believed to contribute to increased...
physical wellbeing. Physical wellbeing is thought to decrease the level of negative response to stress and to enable faster recovery. It may also help to ease potentially chronic stress-illness cycles resulting from negative physical responses to stressors that themselves become major stressors. *A representative item: “I exercise vigorously 3-4 times a week.”*

The female participants scored a significant 10 points higher than the males in respect of this coping resource. This tendency is again contrary to the findings of Roothman et al. (2003:215), where men in their study possessed greater self-esteem in terms of their bodies and general physicality. Negotiation is a very tiring and draining process. The fact that physical and psychological fitness are very important aspects for SAPS negotiators could be one of the reasons why the female respondents scored higher on the physical coping resources.

Completion of the Basic Police Training (that also entails physical training), psychological and physical fitness are some of the minimum requirements to become a SAPS negotiator. (SAPS Website: Careers: Hostage negotiator). During the three-week training course which consists of both theory and practical aspects, trainees are deprived of sleep to test their physical, emotional and psychological endurance. *Participant 2* said: “… hulle berei jou voor vir min slaap, hulle berei jou voor vir daai … “tension” … hulle maak dit regtig so realisties as moontlik. … hulle sit baie druk op jou tydens die simulasie om te “perform” onder “pressure”, want ... dis wat jy buite gaan kry…”

*Participant 3* confirmed this by saying: “Jy kry ook min slaap... jou opleiding probeer jou so na as moontlik aan die werkelikheid te kry …” *Participant 1* added the following in respect of the training: “Dit was goed. Dit was “tough”…” According to Rossi in Bassis (1988:333), men tend to have superior size and strength compared to women. Men are in general physically stronger than women, being an advantage for men in occupations where physical strength can be a benefit. Women therefore have to “work harder” to achieve physical strength.
3.3.2 Results of the interviews:

Recurring themes, sub-themes and categories that emerged during the process of the qualitative data analysis were identified. An overview of these themes, sub-themes and categories will be discussed below.

Table 3.10: Theme 1: Experiences of SAPS suicide negotiators:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questioning own efficacy when a person jumps</td>
<td>Feels as if he made a mistake/ feels responsible/ failure</td>
</tr>
<tr>
<td>Conflicting response – logical thinking vs emotional reaction</td>
<td></td>
</tr>
<tr>
<td>Successful negotiation brings fulfilment</td>
<td></td>
</tr>
<tr>
<td>Experience that there is a Bigger Force who guides negotiator</td>
<td></td>
</tr>
<tr>
<td>Feel sad because society cares so little</td>
<td></td>
</tr>
<tr>
<td>Negotiation is a very tiring and draining process</td>
<td>Particularly difficult when somebody close to you or known to you wants to jump</td>
</tr>
<tr>
<td>Criticism from colleagues</td>
<td></td>
</tr>
<tr>
<td>Every time is different</td>
<td></td>
</tr>
<tr>
<td>Sometimes feel apprehensive, tense when a new call comes in</td>
<td></td>
</tr>
<tr>
<td>Negotiators become a small family who understand each other</td>
<td></td>
</tr>
<tr>
<td>Lots of pressure on negotiator’s own family – asks for a lot of sacrifice</td>
<td></td>
</tr>
<tr>
<td>Level of SAPS debriefing not sufficient</td>
<td></td>
</tr>
<tr>
<td>Police officer often has more than one role – no time to relax</td>
<td></td>
</tr>
</tbody>
</table>
3.3.2.1 Discussion of experiences of SAPS suicide negotiators:

As already mentioned in Chapter 2, negotiators are trained to do crisis negotiation and are therefore responsible for dealing with hostage and suicide-related incidents. Negotiation skills are utilized in incidents including: kidnapping, extortion, hi-jackings, sky-jackings and other incidents where negotiations are necessary to ensure the safety of a person or persons.

Various “mindshifts” need to occur for the negotiator. These should take place in order for him/her to be an effective negotiator. A suicidal person has to be treated with empathy. A police officer in the mainstream is expected to enforce law and to arrest people and there is very little place for empathy. The negotiation process is therefore in direct conflict with functional police work and according to participant 4, they sometimes receive criticism from their colleagues: “There’s always resistance (from the functional officers) … Because the guys want to go in there, arrest the person, get the job done, you know… quick, quick… chop, chop… get it over with… you know. But as with us, what we do now takes a bit more time …”

Participant 3 describes this mindshift as follows: “Nou was jy besig om ‘n ou te arresteer, jy’s in ‘n slegte bui, ons is ook mense, jy’t nou net met ‘n ou ‘n helse stry gehad … jy’s dalk 5 minute weg van waar jy moet onderhandel. Jy moet nou in daai 5 minute oorskakel van jou primêre funksie na jou volgende rol toe en dis partykeer moeilik …”

According to Covey (1994:239), empathic listening involves a very deep shift in paradigm, because most people do not listen with the intent to understand. They listen with the intent to respond. Empathy plays a very important role in negotiation. Negotiators seem to see the world in a different light. Participant 3 mentioned that he perceives people and situations in a different light than before: “… Jy sien goed uit ‘n ander hoek uit … ek kon nooit verstaan hoekom iemand wou selfmoord pleeg nie … Jy word … jy sien mense uit ‘n ander oogpunt uit. Jy werk met daai ou wat daar onder in die “gutter” is en jy werk met daai ou wat daar bo tussen die wolke is.”

He also mentioned that it makes him feel sad that society cares so little nowadays that people feel forced to turn to the bridge to end their own lives: “ … dis so klein
According to Schlebusch (2005:62), suicidal behaviour is a complex phenomenon that cannot be directly attributed to any single cause, because it involves multifaceted interactions between psychological, social, cultural and biological variables. The same author added that suicide typically involves the need for termination of consciousness due to unbearable psychological torment (Schlebusch, 1990:216).

Negotiators sometimes question their own efficacy when a person has committed suicide by jumping from the bridge. Participant 4 mentioned that many negotiators actually feel responsible if the person jumps and that it would feel as if they had done something wrong: “… lots of people do actually feel responsible if they are called out to the scene and the person jumps … It feels like they have done something wrong …”

Participant 2 indicated that he would play through the whole scenario in his head to determine if he had not made a mistake in his negotiation, even though he realizes that it was the person’s own choice to jump: “Maar, jy gaan nog vir jouself afvra, en ek, ek is nogal ‘n ou wat baie hard op myself is, so ek sal definitief vir myself vra, maar hoor hier, ek sal nou daai hele ding deurspeel. Waar moes ek miskien iets anders gesê het, is daar dalk iets wat ek kon gesê het, is dit iets wat ek anders kon gedoen het, het ek miskien geduld verloor met die ou? So ek sal my, ek dink ek sal my hele situasie ontleed ... Ek meen, ek voel as jy ‘n fout maak, moet jy gaan soek waar jou fout is en jy moet dit gaan regmaak. So, ek sal die hele storie gaan ontleed en kyk is daar nie iets wat ek beter kon doen nie ... Alhoewel ek weet dit was nie my besluit gewees nie …”

Participant 5 said: “You can take it personally, ja. It hasn’t happened to me, but ja. I suppose you would blame yourself, because you were unable to get the person off. What did you do wrong? Maybe you hadn’t handled it, maybe you should’ve called for someone else who could handle it. ... You go back to yourself, because we had the training.”
Participant 1 mentioned that she had failed the person who committed suicide when he jumped from the bridge while she was still negotiating with him: “Ek het vir ’n uur en ’n half met hom gepraat totdat sy familie daar aankom toe gaat hy. Jy weet, so, ja, dit moes nie gebeur het nie … Ek verwyt myself … As jy gaan kyk hoe ek daar gekom het, ’n uur en ’n half lank hoe ek sistematies nader geskuif het om met die ou te praat, alles het, alles het volgens die boek reg afgeloop …”

All the negotiators however expressed the feeling of fulfilment and relief when they bring the suicidal person to safety. Participant 1 answered the following: “Verlig! … Maar jy wil tog graag daai stappie verder gaan. Hoor hier, ek het hom nou sover, ek wil hom nou sover kry. Jy dink al klaar ’n stap vorentoe. Ek wil hom nou by hulp kry.” Participant 2 described the feeling as follows: “Dis daai van, verlig, maar jy kan voel, luister, jy’s nou gedrein! … hoe kan ek vir jou sê, jy … jy gaan skryf nou ’n groot eksamen … jy weet nie hoe gaan jy dit maak nie en jy sukkel met die eksamen en toe jy uitstap … kom ons sê jy skryf nou jou graad klaar en hierdie is nou jou laaste vak en jou brein is gedrein, maar jy weet dis verby. Dis amper daai gevoel wat jy kry … jy kan voel hoe begin al daai “tension” begin geleidelik nou uit te gaan …”

Participant 3 mentioned the following: “Jy’t verskillende maniere om mee te “cope” party is maklik om mee te “cope”; en dan voel jy regtig goed daarna, dis dalk ’n vinnige een, maar ander is moeiliker …” Participant 4 described it as follows: “It’s a sense of achievement and fulfilment … definitely … because you know that you helped this person … Just by getting him off the bridge, you’ve helped him and then the further action … Life Line or a private psychologist and psychiatrist and stuff … If you know you’ve made a difference …”

Participant 5 described it as follows: “… as you talk through it, you find yourself calming down and you find that you settle into the role after the initial stage you make contact with the person, initial stage… and you take it from there. And it’s a terrible feeling when you’re getting off the… away from there with the person in tow …” Participant 1 said: “Jy voel verlig! Jy’s moeg, jy’t ‘n kopseer …”
The researcher is of the opinion that the participants question their own efficacy and have **conflicting responses** – their logical thinking is distorted by their emotional reaction - when a person has jumped, because their cognitive and emotional coping resources are low. (Refer to 3.3.1.1 and 3.3.1.3 for further discussion.)

The process of **negotiation is very tiring and draining in nature**, because it requires that members should stay be focused under tremendously stressful circumstances. *Participant 3* mentioned that the process is exhausting no matter how long it takes to get the person off the bridge: “*Dit maak nie saak of jy nou 10 minute daar was of jy nou twee ure daar was nie, dit maak jou moeg.*” Negotiators are however prepared to cope under these stressfull circumstances during their intensive training. *Participant 2* mentioned: “*Moeg en ... hulle hou jou besig die heel tyd ... dan begin jy hier 11 uur, 12 uur die aand, so jy klim so 03:00 in die bed en dan 06:00 is jy weer op, so ... Want hulle sê ook, hulle hou jou moeg, want jy moet kan onder daai druk, moet jy kan werk ...*”

However the negotiators have to find means to revive their emotional coping to ensure psychological wellbeing. According to Covey (1994:152), if a person does not deal with stress, stress will become like a pounding surf that knocks people down constantly until they are slammed to the ground (burnout). He suggests that time management should be applied and he calls it “first things first”. Roos and Möller in Malherbe and Engelbrecht (1992:36) support effective time management.

Effective time management will therefore also include time for relaxation and family time. Due to the fact that negotiation is a secondary function, negotiators are on standby and are away from home more often. *Participant 4* elaborated on the availability of free time: “*I don’t know when last I had free time. I mean honestly ... as a wife. At work, when you come to work, you are a police officer. When I go home, then I’m a wife. Thankfully I don’t have to add another one, being a mother, to it as well, you know. Because you must come to work and do everything that’s expected from you and you go home and you cook and clean and iron and wash and ... everything. The free time I have is very very little.*”
Participant 2 mentioned that his wife is also in the police force and that they spend little time together as a family especially during the periods when they are both on standby or when their standby periods follow each other. Participant 2 said: “… èrens moet ek nou sny, want ek werk met trauma by my primêre funksie, jy werk met jou sekondêre funksie met trauma, plus nou sit jy met ‘n situasie van, jy’t nie tyd om af te koel nie, jy’t nie gesinstryd nie, so èrens moes ek nou ... sny!” Support from team members also plays a significant role in coping with the stressful process of negotiation. As discussed under 3.3.1 and 3.3.1.2, negotiators are a small family who understand and support each other.

Negotiators mentioned that the negotiation process never becomes easier and that every situation is different. Participants 2, 3, 4 and 5 mentioned that people turn to the bridge for different reasons. Participant 2 said: “dit hang af van wat sy probleem is. Jy hanteer dit, as ‘n ou op die brug is wat wil spring, maar die ou spring dalk vir finansiële redes … probleme met sy vrou … nie suksesvol met sy werk wat hy gehad het nie … so hy het ‘n klomp goeters gehad wat, wat ‘n rol gespeel het daar ... so, jy moet hom nou op ‘n ander manier benader, alhoewel hy dieselfde “scenario” is, van hier’s ‘n ou wat wil spring …”

Participant 3 mentioned: “of hy nou ‘n Jood of ‘n Griek is, dit pla my nou nie en of hy nou drie jaar laas gebad het of wat ookal nie, dis net partykeer, waaroor mense daar is, dis ‘n klein eenvoudige ding. Die ouer stel net nie belang nie of die man of vrou of wat ookal het net nie geluister nie en dis wat die ou daar het en dan’s dit sulke klein “petty” goed en dan …”

Participant 4 said: “… the emotional state whatever is affecting them, whether it’s family problems, work related, you know... whatever the case may be.” Participant 5 mentioned that: “There are a lot of people, when they are on the bridge, they are very emotional ... and it always, it’s got something to do with a husband or children or some ... you know, emotional stuff and the most are just sad, wishing they can speak …”

Participant 3 added that situations even differ if the person returns to the bridge, because he could be suicidal for a different reason than the previous time: “… dit kan jy nie daar gebruik nie, want dis nie dalk die rede waarom sy daar is nie”. Participant 4 mentioned
that he was told that it gets easier to negotiate, but he feels apprehensive and tense every time he is called out to the bridge: “You get a bit apprehensive. You do get a bit nervous. A bit apprehensive. What you’re gonna find. What you’re gonna deal with …”

Three participants, participant 3, 4 and 5, mentioned that a Bigger Force guides them in their work. Participant 3 said: “Ek sal nie sê dis uit myself waaruit die kalmte kom nie, ek wil ook nie godsdiens praat nie, maar daar’s ’n groter Mag … wat beheer neem oor jou. Jy voel baiekeer dat jy, dat jy die “vessel” is wat gebruik word, want … jy’t baiekeer nie die antwoord nie. Jy weet nie eens hoekom die outjie hier is nie. Jy, en as jy nie daai kalmte van iewers af kry nie, gaan jy … dit klink half onpersoonlik, of wat ookal, maar as jy stop en jy klim uit en jy sien die persoon, dan weet jy dis jou werk vir die volgende …”

According to participant 4: “When I pray at home, that’s what we do, you have your faith in God that whatever comes your way, that you and God do it together”. Participant 5 said the following regarding the possibility of someone committing suicide whilst she is busy negotiating with him or her: “So, God willingly, I never have to be placed in that situation …” For more detail, please refer to the section on spiritual/philosophical coping resources (3.3.1.4).
### Table 3.11: Theme 2: Aspects that hinder the negotiation process:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical setting at the bridge</td>
<td>Wind and movement of bridge</td>
</tr>
<tr>
<td></td>
<td>Traffic noise</td>
</tr>
<tr>
<td></td>
<td>Remarks of people passing</td>
</tr>
<tr>
<td></td>
<td>Danger of traffic</td>
</tr>
<tr>
<td>Lack of resources</td>
<td>Lack of vehicles</td>
</tr>
<tr>
<td></td>
<td>Insufficient manpower</td>
</tr>
<tr>
<td></td>
<td>Lack of phones (landlines and standby phones)</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding value of service</td>
</tr>
<tr>
<td></td>
<td>Admin/ Budget issues</td>
</tr>
<tr>
<td></td>
<td>Limited resources for aftercare</td>
</tr>
<tr>
<td></td>
<td>No suitable venue at police station for aftercare</td>
</tr>
<tr>
<td>Characteristics of person who attempts suicide</td>
<td>No updated database regarding suicide attempts, etc.</td>
</tr>
<tr>
<td></td>
<td>Manipulates</td>
</tr>
<tr>
<td></td>
<td>Fear of being arrested</td>
</tr>
<tr>
<td></td>
<td>Alcohol/ drugs prevent normal behaviour</td>
</tr>
<tr>
<td></td>
<td>Hyper-sensitive to any sign of bias</td>
</tr>
<tr>
<td></td>
<td>Very emotional</td>
</tr>
<tr>
<td></td>
<td>History of depression and not taking medication</td>
</tr>
<tr>
<td></td>
<td>Some are attention-seekers</td>
</tr>
<tr>
<td></td>
<td>Negative relationship with family members</td>
</tr>
<tr>
<td></td>
<td>Some have made up their mind to jump – nothing can make them change their mind</td>
</tr>
</tbody>
</table>

### 3.3.2.2 Discussion of aspects that hinder the negotiation process:

The Van Staden’s Bridge is a concrete arch bridge with an arch span of 198,10m and a height of 140m above the valley floor. The bridge is situated on the N2 route near Port Elizabeth (Structurae Website). Due to the construction and location of the bridge various aspects, like strong winds, movement of the bridge (the sections of the bridge are joined together with hinge joints to allow shrinking and expansion of the bridge to be able to handle the weight it has to carry – Potgieter, 1983:57-61), traffic noise and remarks of public passing by, are all aspects that hinder the negotiation process.

Participant 3 indicated that the constant flow of traffic and the public that encourage the person to jump are problematic during the negotiation process. He also mentioned that he is so focused on the person on the bridge that he forgets about the danger of the traffic. He therefore asks someone to keep an eye on him to make sure that he does not
Participants 4 and 5 mentioned that the area at the bridge is very windy and that it is a terrifying experience when traffic, especially trucks, pass over the bridge, because it causes the bridge to shake. Participant 4 said: “… the bridge is built to... because of the traffic and all of that... it shakes as well, you know. It actually... so when you’re on the bridge and these uh... uh... awesome trailers that fly past on that bridge, you feel that bridge shakes and then the wind blows as well ...” Participant 5 added: ... the bridge is very long ... and every time a truck goes past on the bridge, you actually feel the bridge shaking ... And you know what ... it’s actually very scary at times and you know, it’s very windy here, and you know ... imagine now, you’re on the bridge, it’s windy, you can barely hear what the person is saying and you got these huge trucks going past and they’re so much of a noise ... and the bridge is shaking ...”

Participant 2 mentioned that his biggest “headache” is the public passing by who hoot and scream remarks at the person on the bridge. Big trucks are also a grave concern, because they put their airbrakes on to make a lot of noise when they pass. These factors are a grave concern. It hampers their work at the bridge and is very dangerous in the sense that it could give the person a fright and cause him to fall whilst he/ she is standing on the other side of the bridge on the pipe: “... vir my is een van die grootste kopsere die... die mense wat verby ry, wat aanmerkings maak ... Ek weet een keer toe staan die ou aan die buitekant van die pyp, nou staan hy los hande, nou gaan daar een van hierdie groot trokke verby, nou sit hy sy “exhaust” pyp aan “ghrrrr” net waar hy verby jou kom. Ek meen,
as daai ou geskrik het, kon hy maar netsowel agtertoe geval het. Jy kry mense wat verby ry en skreeu vir die ou “spring”, jy weet, sulke tipe goed ... En uh, dit maak dit moeilik ... die ander ding is die wind. Omdat jy in ’n kloof is, is daar nou baie wind, wat jy nou weet. As die karre oor die brug ry, gaan staan maar daar, daai brug beweeg. Mense glo my nie as ek dit vir hulle sê nie. En dan sit ek ook met ’n frustrasie as gevolg van die geraas van die verkeer, jy kan nie lekker hoor nie”.

According to participant 1, the family of the suicidal person is a grave concern. In the one incident where the person committed suicide from the bridge, the family came towards him and he let go of his hands and fell backward over the edge of the bridge: “… Ek het vir ‘n uur en half met hom gepraat totdat sy familie daar aankom toe gaat hy.”

Due to the fact that the negotiators are rendering negotiation services as a secondary function and that there is no negotiation unit in their area, there is also no separate budget for the negotiation services. The negotiators have to make use of the Thornhill SAPS station’s resources whenever they have to attend to a suicide call-out – or any other type of negotiation. Participant 4 said: “You got a budget as well ... Because your station is using their budget, or their budget is restricted, now you must phone... as much as it’s a life threatening situation, you just have your own resources. So if I don’t have a negotiator phone with me, it’s like most of the time, because I’m on normal shifts now, then I can’t phone.”

According to all 5 participants, a marked vehicle (marked as the Thornhill suicide negotiation vehicle) was allocated to the negotiators, but was withdrawn from the team and re-allocated (still marked as Thornhill suicide negotiation) to an administrative unit in their area. All the participants mentioned that they make use of their own transport in times when no vehicle is available. They are however not reimbursed for petrol or wear and tear on their personal vehicles. Availability of phones is also a concerning factor that hinders their service delivery. The phones at the station are barred and limited to local calls only. Presently the team is making use of a standby contract cell phone that rotates between members as they are on duty.
Participants 2 and 4 mentioned that they sometimes have to contact the family to come and collect the person or to take him/her to the hospital. Participant 4 said: “I would dial the person’s relatives, whoever, whatever, contact them, find the person that they’re looking for after bringing them to the police station, “phone my mom, dad, brother, sister, girlfriend, wife” whatever.” Participant 2 mentioned: “In baie gevalle word hy vir die familie gegee en hulle vat die persoon deur, uhm, hospitaal toe of dokter toe en so aan …” Participants 2, 3, 4 and 5 mentioned that there is a possibility that the standby cell phone they are utilizing at the moment will also have to be returned to the station. Participant 4: “… the standby phone, they want to take away … It makes it very difficult …”

As already mentioned, negotiators are functional police officers who join negotiation services (after they have been trained as negotiators) on a voluntary basis and that this function is a secondary function. Three of the negotiators have to be on standby for their primary function and they are also on standby in respect of negotiation services. Participant 2 mentioned that this could be problematic at times, especially when they are on standby for both services simultaneously or when the one standby period follows the next period directly after the first period ended.

As already mentioned under theme 1, continuous work without sufficient rest can cause burnout: “Maar die groot ding is, ek kan nie twee bystande saam werk nie. Want wat gebeur is ... dan sit ek by die hospitaal, dan moet ek skielik deurjaag hiernatoe. Dis “touch” en “go” die hele tyd, jy kan nie dit doen nie ... Nou wat nou baiekeer gebeur, ek is op bystand, sy (his wife) is op bystand, en dan’s ek hier op bystand. So ek’s drie weke na mekaar is ... een van ons op bystand en daar gaan partykeer vyf weke om laat ek en sy net ‘n nawee af is ... èrens moet ek nou sny, want ek werk met trauma by my primêre funksie, jy werk met jou sekondêre funksie met trauma, plus nou sit jy met ‘n situasie van, jy’t nie tyd om af te koel nie, jy’t nie gesinstyd nie, so èrens moes ek nou ... sny!”

The negotiation team has insufficient manpower. Participant 3 mentioned: “… ons is ‘n klein groepie ...” The team presently consists of only six trained negotiators – the seventh negotiator commenced her training the week after they were interviewed by the
researcher: “… I am going to the course tomorrow …” Two of the negotiators are not stationed at Thornhill and therefore have to travel from their respective stations, Patensie and Uitenhage, to render services at the Van Staden’s Bridge when needed.

The negotiators are of the opinion that the value of service to the community is not understood and that they are executing the stipulations of the SAPS Code of Conduct (introduced on 31 October 1997) by creating a safe and secure environment, rendering a responsible and effective service of high quality and upholding and protecting the fundamental rights of every person as stipulated by the Constitution. One of the rights is the right to live (South African Constitution, Act 108 of 1996).

Participant 1 mentioned that it is a police officer’s duty to protect the community and that is what they do at the bridge: “… toe ek nog nie ‘n ‘negotiator’ was nie, toe’t ek dit al gesien en ek sien dit tot vandag toe nog … ek het baie Thornhill gebel, gaan kyk op die brug … Maar net om vir hulle te gaan sê, julle besef nie elke keer as julle Thornhill bel, watse werk doen daai Polisiemanne nie … dis jou werk, jy moet dit doen. Om te “protect” … “Save” daai lewe …”

When someone wants to take his or her life, they protect that person from taking his own life. Participant 3 described it as follows: “…as jy ‘negotiate’ met iemand wat wil selfmoord pleeg en met iemand wat iemand ‘hostage’ het, is dit presies dieselfde ding want … jou rasionele een word gyselaar gehou deur jou irrationele een en dis … al wat daai ou of vrou op die brug het, hy baklei met homself en dis ‘n ding wat heeltemal afsny want jy kan nie kant kies tussen die twee wat baklei ook nie …”

Aftercare services - subsequent to the removal of the person from the bridge and after he/ she have been brought to safety – includes:

- referral to the hospital for a 72-hour blood screening test to determine if the person was under the influence of any substance and if so, that the drug can wear off, and
- referral for psychological or psychiatric assistance to address the person’s suicidal tendencies.
But before the above steps are carried out, they first have to calm the person down and contact his family. Participant 1 mentioned: “… as ons die familie kontak, dan verduidelik ons gewoonlik aan hulle die “72 blood screening” en dan … baiekeer is dit een wat by ‘n psigiater is, so, die familie kan hom dan na die psigiater toe vat …”

Participants 1 and 4 also mentioned that they do not have a suitable venue to talk to the person after they have brought him to safety. Participant 1 said: “… hierdie polisiestasie toe kommersy werk nie. Dis klaar, as ek gesê het kom polisiestasie toe, dan’s dit al klaar weer ‘n “dep”. So, dit sou ideaal gewees het as ons net, so ‘n lekker vertrekke gehad het met ‘n lekker “relaxed” omgewing …” Participant 4 added: “Where we go to, generally, is the police station at Thornhill. Unfortunately it being a small station, there’s no room allocated to us. If we do this after hours, it’s in the kitchen… kombuis. If we do this after hours, or this thing is on weekends, we take them to the kitchen. Unfortunately … There’s a bench and table there. Should they talk to them… if it’s during the day, then we trespass into somebody else’s office. The Intervention office …”

Even though it is not part of their duty, they sometimes accompany the suicidal person to the hospital or psychiatric facility – depending on what the person’s medical needs are – especially if he or she has no family or if the family is not up to it or if they are apathetic towards the person. According to participant 2: “… wanneer daar nie familie of enigiemand is … om hom te help nie, want nou moet jy ook in gedagte hou, uhm, baie van hulle is mense wat alles verloor het … so hy het niks ander mense nie, so wie gaan daar wees vir hom? En dan doen jy daai ekstra gedeelte en jy vat hom deur die hele proses. So … maar dis deel van die, van die liefde vir die saak. Jy kan nie ‘n ou nou oortuig om nie sy eie lewe te neem nie en dan sodra hy daai eerste tree neem en hom dan net so los nie! Jy, daar moet iemand wees om saam met hom te stap. En ek voel … as niemand anders daar is nie, dan’s dit my plig om dit te doen…”

Participants 2 and 3 mentioned that the cooperation received at the Dora Nginza hospital is poor. In participant 3’s own words “Jy kry nie regtig samewerking van daai mense af nie. Dit vat jou partykeer 4 ure net om ‘n ou toegelaat te kry. Baiekeer die ouens wat
aggressief is, nou wil hulle hê jy moet daai of uitleai daar agter hulle wil hom nou sien. Ons het vergaderings met van die mense gehad wat … ek wil nie hê hulle moet spesiale behandeling kry nie. Ek wil nie hê almal moet als los as ons daar aankom nie, maar as jy sê “hoor hier’s ‘n man wat wil selfmoord pleeg. Hy’s onstabel. Hy is in die bakkie, al wat ek vra is vat hom om na die psigiatrie afdeling toe”. Al wat jy hom om en laat hom daar uitklim, moet hom nou nie by “casualties” laat uitklim en hom deur die hele proses daar gaan nie …”

Participant 2 added: “… ek is eintlik half teleurgesteld in die fasiliteite wat daar vir sulke mense is, veral vir die wat nie ‘n mediese fonds het nie … dis nie so lekker daar (Dora Nginza) nie. En die psigiatrie afdeling, daar’s dit nou nog erger. En om die ou nou daar te gaan sit, dis nogal … is ‘n probleem …” Participants 2 and 3 mentioned that they get very good cooperation from LifeLine.

Every suicidal attempt or succeeded suicide at the bridge (and elsewhere) is recorded in Police records at the Thornhill station. But according to participants 1 and 3 this is not sufficient. Participant 3 also mentioned that a database with the profiles of each person who has tried to commit suicide at the bridge could assist them in their service delivery: “… ek sou graag vir elke persoon op die brug ‘n profiel opstel … wat gebeur is, die week onderhandel ek met jou, maar volgende week is ek af, maar T (onderhandelaar) neem oor by my, sy weet nie van jou, wat was jou probleem of wat het gewerk nie, daar’s niks … dis elke keer ‘n nuwe kontakpunt. Jy moet van voor af begin, nou is daar ‘n databasis was wat jy vinnig kon deurgaan …”

Due to the fact that their local coordinator is also only engaged in negotiation as a secondary function, he is not able to update the stats regarding suicides at the bridge as regularly as needed. Participant 3 also mentioned that a person who could handle their administrative tasks, including data capturing would be ideal. He also mentioned that this could assist their management structures to realize that the service they are rendering at the bridge is of the utmost importance in saving lives.
At the present moment their management structures are only aware of the statistics of the people who actually have committed suicide. They are not always aware of how many people are actually convinced not to jump from the bridge: “As ek kon, sou ek sê Provinsie moet die ding her-structureer dat jy koördinering oor jou eie “cluster” of wat ookal, net “negotiating” doen. Nie net onderhandeling nie, maar byvoorbeeld jou statistieke op datum bring ... wat ek graag sou wou doen is om ‘n volledige databasis op te hê ... Daar’s nie ‘n amptelike ... manier wat jy tred en en by hou met daai tipe van goed nie. So, ons werk eintlik baie meer as wat dit op die ou end lyk ons werk. So, ek sou graag iemand wou hê wat die sentrale koördineerder is .... al is dit selfs ‘n tikster, wat aan jou eenheid toegewys word, maak hom ‘n eenheid op sy eie, jy kan nogsteeds ‘n sekondêre funksie hê, maar laat een ou daar wees om al die ... kom ons noem dit die “nitty gritty” van al die goed te run, dan kan jy ‘n “team” hê wat kan werk …”

Throughout the discussions with the negotiators, certain traits or characteristics of the suicidal person were prominent. Participant 3 mentioned that they try to manipulate the negotiator to side with them. They also manipulate them by making certain demands. They sometimes demand to see a loved one or their family. Participants 1, 2 and 3 warned against that, because it could be that the person wants to “spite” his family - especially if the relationship with the family is the main reason why the person wants to commit suicide - and jump in front of them, as participant 1 experienced or if the family is on the scene, the negotiator has nothing concrete to negotiate with.

In the negotiation process the negotiator has to give the suicidal person something in return for him to come down from the bridge. If the family arrives and he is still on the bridge, he could refuse to get down to safety and still jump in front of the family members. Participant 2 described a situation where the family arrived at the scene and disobeyed his order not to go the person on the bridge. He wanted the person to leave the danger of the bridge and to go to his family: “En wat gebeur?! Sy’s begin hardloop na die ou toe! Nou’t ek niks meer oor om mee te “negotiate” nie! Want nou staan die vrou en kind alles by hom en hy staan nogsteeds aan die ander kant, so hoe gaan jy hom nou terug bring? ... Jy voel of jou hande afgekap is, want jy sê uitdruklik vir die mense, luister, dit is ons plan, ek wil hè hy moet jou sien ... hy moet sien julle is hierso, dat ek nie vir hom gelieif het nie …”
Fortunately in this case the man decided to abandon his idea to jump from the bridge. Participant 3 added by saying: “… baie van die familie kom op die toneel aan … jy wil nie familie op die brug hê nie, jy wil hulle (person who wants to jump) eers by die stasie kry … Baiekeer is die familie die oorsaak van als.” According to Schlebusch (2005:62), associated risk factors include interpersonal problems (especially marital, partner-relational and family problems).

Four out of the five research participants have to wear full uniform due to the nature of their primary function in SAPS. Arriving at the bridge with a marked vehicle, dressed in full uniform with a weapon complicates the negotiation process even further, because the person on the bridge is sometimes under the impression that he is now going to be arrested. Some of them, as indicated by participant 2, request the negotiator to remove the police vehicle, because it attracts attention. He then explains that he will request the police officers to backup the vehicle, but that it could not be removed completely, because they have to barricade the one lane for safety reasons: “Maar, dan moet jy ook vir hom verduidelik, um, die voertuig kan ons nie op die brug verwyder nie, um ... ons moet die baan toe hou aan die linkerkant of waar ookal hy nou staan. So dit in ‘n “no-no” en jy kan nie vir die ou alles gee wat hy wil hê nie”.

Participant 1 usually attempts to cover her uniform with a jacket, but they are still recognizable as police officers: “Ek het so ‘n baadjie ... wat ek veral in die winter wat ek oor aantrek en dan kan jy ook nie die polisie ster sien nie …” The team did however apply to wear civilian clothing, but it has been rejected. The negotiators usually go to the bridge unarmed. They are only armed when the person on the bridge has a firearm or another type of weapon: According to participant 1: “As hy nie ’n vuurwapen het nie, het ek nie ’n vuurwapen by my nie …” Participant 4 added: “… we don’t go on the bridge with firearms if we can. If I’m on duty, I’m with my full kit: full uniform, then I give my firearm to someone else …”

The participants mentioned that they do not know what to expect when they reach the person on the bridge. Participant 4 mentioned that the unknown factor usually causes him to feel nervous: “You get a bit apprehensive. You do get a bit nervous. A bit apprehensive. What you’re gonna find. What you’re gonna deal with …” Participant 5 mentioned that she encountered that the people at the bridge are very emotional: “There
are a lot of people, when they are on the bridge, they are very emotional ... and it always, it's got something to do with a husband or children or some ... you know, emotional stuff and the most are just sad …”

Participant 1 mentioned that most of the people who go to the bridge have a history of depression and the tendency to refuse to take their medication: “… meeste van hierdie mense wat ons op hierdie brug kry, is ou depressielyers. Hulle kry medikasie, wat dit dalk nie wil drink nie ... of hulle vat pille en drank saam …” Schlebusch (2005:61) found in his research that some depressed people are less aware themselves that they are depressed and they present with a range of somatic, psychological, social, occupational and other problems.

According to the participants, some people only go to the bridge to seek attention, but there are cases where nothing could stop the person from taking his or her own life: “… Dan kom hulle ... kom sit hulle ... van hulle, ek het gesien ook, een wat regtig wil spring, en dis bewys op hierdie kameras, klim uit, loop, spring. Daar is nie nog van praat nie, daar is een, die een wat staan, ‘n uur en ‘n half staan net, wil nie regtig spring nie. Ek dink nie so nie …” (participant1).

Participant 4 added: “Some have been to the bridge a good couple of times, but some of them are there because ... they cannot take it emotionally anymore …” According to Schlebusch (1990:220), the person who considers suicide (high intent) strives for termination, whereas the person considering parasuicide (low intent) might execute this action as an inappropriate problem-solving skill. A common misconception of suicide is often that a person who talks about suicide actually never executes the action (Goliath, 2007:10).

Some of the suicidal persons are hypersensitive to any sign of bias. Participant 3 mentioned that one man refused to talk to him for an unknown reason. He speculated that it could be that he reminded the person of his wife’s lover. He also mentioned that some men prefer to speak to a female, especially in the cases where their wife or girlfriend had or is having (extramarital) affairs: “… soos die een ou wou glad nie met
Participant 4 mentioned that the one man he had to negotiate with told him that he hates his race. When he could not find any other negotiator, he was obliged to continue with the negotiation. He mentioned that he did not take it personally, because they are prepared in their training that people could refuse to speak to you on the basis of your gender and race: “You know what, I hate you (race). And he gave me the reasons why. And when I tried to get somebody else to come to the scene, nobody else wants to come there. So I had to continue ... I didn’t take it personally, because they trained me on the course ... to deal with it ...”

Participant 2 shared a similar experience with a person who refused to go to the Dora Nginza hospital: “… hierdie spesifieke ou, het ‘n groot probleem met ras, en dan moet jy hom na Dora Nginza se Psychiatric afdeling toe neem. Verstaan jy ... toe vloek hy net voor en agter …”

Alcohol or drugs are perceived to play a significant role in the motivation of a person to go to the bridge to commit suicide. Participant 1 mentioned that all the people she has dealt with on the bridge, were under the influence of one or other substance. “Jy moet regtig nie meer “straight” dink as jy dit (when you go to the bridge) doen nie ... alkohol, drugs en pille speel ‘n baie groot rol as jy brug toe gaan ... Want, jy het meer “guts” as wat jy normaalweg sou gehad het ...” She also mentioned that it makes it difficult to negotiate with the person when he is under the influence of a drug, because as she has put it, you have to fight against the drug. It is difficult to reason with a person who is under the influence of a substance, because it alters the person’s mind and behaviour. Some drugs stimulate the central nervous system that has an excitory effect, while others suppress the central nervous system, causing drowsiness (Jordaan & Jordaan, 1989:144, 318 & 320). Participant 4 also mentioned that most of the people he dealt with were under the influence of alcohol and he added that: “… their mind is different, their
mindset is different, their thinking and all that is all different, so we’ve got to like, bring them down. Wait for the alcohol to wear off. Wait for the drugs to wear off before they start seeing reason …”

Table 3.12: Theme 3: Characteristics of a negotiator:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs specialized training</td>
<td>Focus on the task at hand, total neutrality, block out personal feelings</td>
</tr>
<tr>
<td></td>
<td>Ability to move quickly between roles</td>
</tr>
<tr>
<td></td>
<td>Able to think on his feet, quick, but no impulsive decisions</td>
</tr>
<tr>
<td></td>
<td>Importance of having a sound self-knowledge</td>
</tr>
<tr>
<td></td>
<td>Confidence in what he is doing</td>
</tr>
<tr>
<td>Negotiator sees his/her work as a calling</td>
<td>Personal choice to become a negotiator</td>
</tr>
<tr>
<td></td>
<td>More dedicated than the average policeman – negotiation is additional secondary task</td>
</tr>
<tr>
<td></td>
<td>Care about people who try to commit suicide</td>
</tr>
<tr>
<td></td>
<td>Do his/her job in faith</td>
</tr>
</tbody>
</table>

3.3.2.3 Discussion of characteristics of a negotiator:

Negotiators receive specialized training (as discussed in Chapter 2) where they are prepared by simulations to deal with various types of incidents. They are also trained to **only focus on the task at hand, to stay neutral and to block out personal feelings**. Participant 3 mentioned that they were taught in training to show no emotion. According to him he becomes clinical when he starts to negotiate with the person. He added if you have a headache, you have to “cut yourself off” from your own needs. “Jy’s op daai stadium, jy’s nie daar nie. Jy “connect” amper met die persoon op die brug, jy voel sy gevoel ... wat jy dan probeer doen is jy probeer hom in jou rigting in kry, sonder dat hy dit agterkom ... daar’s nie tyd vir jou gevoel oor wat jy dink of wat jy voel nie. Jy’s op daai stadium niks nie. Dis moeilik om te verduidelik want jy bestaan nie, niks van jou bestaan nie. As jy tandpyn gehad het 5 minute terug of wat ookal, dis iets wat net nou weer sal aangaan. Dis jy en die persoon en dis dit …”

The negotiation process requires quick thinking, but no impulsive decisions should be made and they have to **be confident in what they are doing**. They have to read the
situation accurately before making a decision. According to Covey (1994:244) “If you
don’t have confidence in the diagnoses, you won’t have confidence in the prescription”.

Participant 1 said: “dis nie altyd noodwendig net vinnig dink nie. Jy het jou stiltes nodig
ook. As hy miskien nie nou dadelik op ‘n antwoord kan kom nie. Maar, besluitneming is
“crucial”, jy moet vinnig ‘n besluit kan neem.”

Participant 3 added: “… jou brein en goed werk so vinnig … jy’s amper in twee gedeel.
Jy moet half “predict” wat hy gaan sê, waarheen die gesprek gaan …” They also have to
move quickly between the role of being a police officer and a negotiator. “Nou was
jy besig om ‘n ou te arresteer … Jy moet nou … oorsakel van jou primêre funksie na jou
volgende rol toe en dis partykeer moeilik.”

Negotiators must have sound self-knowledge. Participant 3 stressed that: “… jy moet
jouself leer ken. Jy moet eers die swakpunte leer ken, jy moet eers jou goeie eienskappe
ken en jy moet eers weet wat jou foute is, anders gaan ek niks kan help nie. Jy moet
jouself eers baie goed ken voor jy met iemand kan onderhandel.”

As already mentioned, becoming a negotiator is voluntary and it becomes an additional
secondary function, adding to the official’s workload. Negotiators had knowledge of the
aforesaid before they enrolled as negotiators, but that did not discourage them from
becoming negotiators. The negotiators in this sample see their work as negotiators as
a calling and they were concerned about the fact that people who are not able to cope
with life, would want to end their own lives. Participant 1 was motivated to become a
functional police officer and a negotiator when she was working at the “10111” centre.
“… die dag as jy die Polisie “join”, dis vir jou land, dis vir die gemeenskap .... Dit kan
nie niks wees in jou lewe nie! Ek is nie hier vir myself nie ... Ek is hier omdat ek glo dit
’n roeping is.”

Participant 2 mentioned that he considered becoming a negotiator on several occasions,
but it was only after he completed his degree in psychology that he enquired about the
procedures on how to become a negotiator. His motivation was: “… jy doen dit nie vir
jouself nie, jy doen dit vir ander mense. Jy wil mense help.” According to participant 3 it is a God-given talent to be able to negotiate: “… nie elke ou kan “negotiate” nie, nie elke ou het die kwaliteite nie … Hy’t my die talent gegee en … ek het net gevoel ek is nou op die regte stadium om dit te doen en ek was “committed” en ek is nou nog “committed”…”

He also added that it made him sad to think that people want to take their own lives because they feel that no-one cares for them: “… om te dink dat “society” so min deesdae omgee dat die ou brug toe wil kom oor ‘n “issue” wat nie eers veronderstel is om langer as 5 minute vat om oor te dink nie.”

Participant 4 was transferred to Thornhill after she received promotion and her motivation to become a negotiator was: “It’s actually quite sad to know that, you know that people actually contemplate taking their own lives … it bothered me to see so many people wanting to take their lives from the bridge, and I said … you can try and help someone, but the more trained you are, then you can help that person even further …”

Participant 5 pointed out: “Basically it’s more like a calling. So you want to do the job, you want to succeed. I want to help …”
Table: 3.13: Theme 4: Important aspects of the negotiation process:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start to build a trusting relationship immediately</td>
<td>Communicate empathy, understanding, neutrality</td>
</tr>
<tr>
<td>Try to remove risk factors</td>
<td>Try to move him away from the gorge</td>
</tr>
<tr>
<td>Follow safety precautions diligently</td>
<td>Keep family away from the scene</td>
</tr>
<tr>
<td>Don’t allow requests about family/ friends / seeing special people</td>
<td>Preferred language, race, gender</td>
</tr>
<tr>
<td>Work in pairs where possible</td>
<td>Organize blood screening</td>
</tr>
<tr>
<td>Do not grab a person when he jumps – still his/her choice</td>
<td>Counselling – family members involved</td>
</tr>
<tr>
<td>Refer to community resources</td>
<td></td>
</tr>
<tr>
<td>Negotiator’s own needs/ feelings plays no role – total focus on the person</td>
<td></td>
</tr>
</tbody>
</table>

3.3.2.4 Discussion of important aspects of the negotiation process:

There are important aspects that need to be considered during the negotiation process. **Safety precautions** are the most important aspect on the bridge and this includes the safety of the person trying to commit suicide, the public’s safety and the safety of the negotiator. The first safety precaution that is implemented when arriving at the scene at the bridge is to barricade one of the lanes. According to participants 2 and 3, the reason for this is to keep the traffic flowing to avoid accidents, but also to protect the suicidal person and the public.

According to participant 3, America has an anti-grab policy. This does not apply in South Africa, but negotiators are not compelled to grab a person who jumps. He
emphasized that he will not grab a person who jumps from the bridge: “… ek sal jou nooit gryp as jy wil spring nie … Ek val dalk saam met jou af en ek wil nie daar afval nie. Die tweede rede is, as ek jou nie kan onderhandel af van die brug af nie, dan moet ek nou met geweld afhaal … daai keuse is nog steeds daai persoon s’n.”

According to him, the person will attempt to commit suicide again at another public place to the despair of onlookers who will carry that scar for the rest of their lives. He indicated that he will only grab a person if he stumbles after he agreed to leave the bridge or if the suicidal person wants to walk in front of a vehicle, to protect the driver of the vehicle. He added that another reason not to grab a person would be that bystanders could maybe say that he pushed the person from the bridge. Participant 2 had the same view on this point: “…nou gryp jy na hom en dan … nou per ongeluk val hy nou, môre, oormôre draai hulle om en sê die Polisieman het hom eintlik gestamp.”

Building a trusting relationship with the person on the bridge is a difficult task, especially when the negotiator is dressed in uniform (this aspect is discussed under theme 2); they therefore never introduce themselves as police officers. “As onderhandelaar praat ek nooit van my rang nie. Ek haal gewoonlik my rangtekens af. Ek het ook nooit ’n hoed op dan nie.” One of the first steps is to establish what brought the person to the bridge: “…if I go to the bridge and there’s a person there, then I try to talk to them … to ascertain what brought them to the bridge.” (participant 1). This information assists them on their planning on how to deal with the situation. Every situation has to be dealt with in a unique way even if the same person returns to the bridge repeatedly, because according to participants 2 and 3 the person might return for a different reason the next time.

According to participants 1, 2 and 3 it could take anything from a few minutes or up to hours before the person is brought to safety and this is a process that cannot be rushed. They have to move according to the pace of the person on the bridge and it can become a very long process. In the words of participant 1: “… dis nie net van “klim af en kom saam” nie!” Environmental factors, like wind and traffic noise, hamper this process, because as participant 2 indicated, it is difficult to show empathy when you have to
scream at a person. He also added: “Mense wil ook nie altyd dat jy nader kom nie, so nou moet jy hard praat tussendeur al die geraas.” The negotiator also has to get permission from the person to move closer. Participant 4 said: “There are procedures you’ve got to follow, … because what if the person wants to jump and you know what, he thinks of you as a threat, that you’re gonna grab him. He’ll think … if the person does not want me to jump off the bridge, I might as well just take her with me …”

If the person is under the influence of alcohol or another substance, this slows down the process of negotiation, because they are unable to communicate with the person and they have to allow the drugs to wear off. Participant 4 mentioned that they have to “Wait for the alcohol to wear off. Wait for the drugs to wear off before they start seeing reason …” The effect that alcohol has on a person’s mind and behaviour is discussed in more detail under theme 2.

The aim of the negotiator is to move the person away from the bridge to secure his safety. As already mentioned, they negotiate with the person on his terms and they try as far as possible to accommodate and respect their reasonable requests. As far as possible they try to meet the request of the person to speak to someone of his choice in regard to language, race and gender. Due to the limited manpower available, they are sometimes forced to continue to negotiate with the person even though he has requested another person. This is however not the ideal, but it is reality. According to participant 3: “En ongelukkig het jy nie ‘n keuse nie, dan moet jy nou vir die persoon sê … ek is wat jy kry. Dis nou ongelukkig … dan’s dit nou eers ‘n onderhandeling-binne in ‘n onderhandeling om jouself aan die persoon te verkoop.” As discussed in theme 2, family members can become an additional risk factor and it is for that reason that in most cases the request for their family members to come to the bridge is not granted. If the family members are already at the scene, they request the family to keep their distance.

Participants 2 and 3 mentioned that working in pairs could assist in this aspect. The second negotiator’s function will be to negotiate with the family to keep their distance: “Jy’t die ou wat met die ou onderhandel wat wil spring, dan het jy ‘n tweede onderhandelaar nodig wat … want baie van die familie kom op die toneel aan, om met
When the person is brought to safety, it is assessed whether he or she needs medical, psychological or psychiatric attention. This aspect is discussed in more detail under theme 2.

Table 3.14: Theme 5: Coping mechanisms of the SAPS negotiators:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to detach yourself from role as negotiator and adopt different roles</td>
<td></td>
</tr>
<tr>
<td>Negotiator not allowing himself to be caught in the system</td>
<td></td>
</tr>
<tr>
<td>Avoid carrying the suicidal person’s responsibility for his life</td>
<td></td>
</tr>
<tr>
<td>Do something completely different in free time (e.g. spend time together as family, go to remote place on your own, jog, spend time with animals)</td>
<td></td>
</tr>
<tr>
<td>Ask feedback from team members about own performance (peer supervision)</td>
<td></td>
</tr>
<tr>
<td>Talk about experiences to somebody who listens</td>
<td></td>
</tr>
<tr>
<td>Make use of support from negotiating team</td>
<td></td>
</tr>
<tr>
<td>Make use of support from Provincial Coordinator – time-off / burnout</td>
<td></td>
</tr>
<tr>
<td>Spirituality / Belief in God</td>
<td></td>
</tr>
<tr>
<td>No relationship with person after debriefing – set boundaries</td>
<td></td>
</tr>
</tbody>
</table>
3.3.2.5 Discussion of coping mechanisms of the SAPS negotiators:

The negotiators in this study utilize different strategies and mechanisms to cope. Participant 3 indicated that he copes with stress by detaching himself from the role of a negotiator and police officer. He loves taking pictures of nature and camping on his own, at least once a month, in a remote area in nature where there is no cell phone reception and when he returns, he is relaxed again. He describes himself as a philosopher who likes to write about how he views certain aspects in life. He claims that this is the way that he clears his mind again: “… ek probeer een maal ‘n maand, dis nie altyd moontlik nie, gaan ek vir ‘n naweek weg, dan vat ek my tent en my rooster en ek gaan na ‘n plek waar daar geen selfoonopvangs is nie en dan gaan kamp ek en ek swem en ek braai en dan as ek terugkom, dan is ek heel ‘relaxed’ … ek is mal oor foto’s, jy sal sien ek dra my kamera orals saam en dan sal ek gaan foto’s neem en dit ‘download’ en dan hou ek van pluimbal speel. En, ek skryf nou en dan … Maar, dis ‘n manier, die tik gedeelte om my gedagtes agtermekaar te kry …”

According to Covey (1994:296), writing is a great way to renew a person’s mental and spiritual dimensions: “Keeping a journal of our thoughts, experiences, insights, and learnings promotes mental clarity … communicating on the deeper level of thoughts, feelings and ideas also affects our ability to think clearly …”

Participant 1 mentions that she spends time with her animals or goes for a run to relax. She also occasionally enjoys a glass of wine to relax: “Ek sal met die honde speel, gaan stap … En, ek sal so nou en dan ‘n glasie wyn drink en dan ontspan ek heeltemal…”

Participant 2 enjoys fishing and spending time with his family to relax: “… ek hou daarvan om te oefen… gaan vang vis … hou myself besig …”

Participant 4 likes to listen to music, to go to the beach (Jeffrey’s Bay or Port Elizabeth) or to go to the movies in Port Elizabeth: “I listen to music at home or go to P.E. to the movies. That’s all I can do in the spare time … we go to Jeffrey’s …”
Participant 5 mentioned that being a wife, she does not have too much spare time. She is responsible for duties in the home, but when she does have spare time, she likes to watch movies at home, read magazines and novels and listen to music: “I don’t know when last I had free time. I mean honestly. I am being so honest. As a wife. At work, when you come to work, you are a police officer ... I sit at home and watch movies and catch up on my reading on my magazines and my novels ...”

Participant 3 mentioned that although he sometimes wonders how the person is coping after he assisted him at the bridge, he never contacts them. He also does not give any personal details, including his phone number, to the person. If the suicidal person returns to the bridge and requests that he should be called out, he refuses to communicate with the person again, because according to him that is not negotiation; that is counselling and he is not a counsellor. He added that the person who rendered the psychological aftercare services to the person did not do it properly: “… jy sal ook nooit my nommer kry nie. Ek sal my van ook nie vir jou sê, jy gaan nie weet waarvandaan ek kom nie ... en ek wil ook nie jou nommer hé nie ... ek sal wonder hoe dit met jou gaan en hoop dit gaan goed met jou ...”

Apart from the above-mentioned coping strategies, the participants mentioned that they cope with the demands of their work, by not allowing themselves to be caught in the system. The fact that they have limited resources does not hinder them from rendering an effective service at the bridge. As already mentioned in theme 2, they make use of the resources they have and if necessary, they make use of their own resources, even though they will never be reimbursed for the use thereof. All the participants indicated that they seek support from the negotiation team members when they need to discuss negative experiences. Participant 1 however mentioned that she does not talk to people easily, because she is a very private person who prefers to deal with her “problems” on her own: “Maar ek praat nie, ek sal nie sommer met enigiemand daaroor praat nie ...” Many of the participants also rely on their belief in God and their spirituality. The participant’s coping resources are discussed in detail in section 3.3.1 and its sub-sections.
Table 3.15: Theme 6: Recommendations for rendering support to the SAPS negotiators:

<table>
<thead>
<tr>
<th>Sub-themes</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular, compulsory debriefing is essential</td>
<td>Properly trained and motivated debriefers</td>
</tr>
<tr>
<td>Establish a unit with negotiation as a primary function</td>
<td>Importance of feeling comfortable with debriefer</td>
</tr>
<tr>
<td></td>
<td>Debriefing sessions not too formal</td>
</tr>
<tr>
<td>Employ a central coordinator who is responsible for the administrative</td>
<td>Create a venue (separate from police station) where negotiators can phone,</td>
</tr>
<tr>
<td>component. Develop a database. Work in pairs (primary and secondary</td>
<td>after-care services to suicidal person, have coffee with suicidal</td>
</tr>
<tr>
<td>standby)</td>
<td>person, where suicidal person’s family can come</td>
</tr>
<tr>
<td>Improve access to resources:</td>
<td>More manpower especially for Thornhill station</td>
</tr>
<tr>
<td>Vehicle is available</td>
<td></td>
</tr>
<tr>
<td>Vehicle is properly maintained</td>
<td></td>
</tr>
<tr>
<td>Cell phone</td>
<td></td>
</tr>
<tr>
<td>Regular simulations – follow-up and ongoing training</td>
<td></td>
</tr>
<tr>
<td>Own budget for negotiation (at Thornhill)</td>
<td></td>
</tr>
<tr>
<td>Create proper aftercare resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Train hospital staff to deal with a suicidal patient</td>
</tr>
</tbody>
</table>

3.3.2.6 Discussion of recommendations for rendering support to the SAPS negotiators:

All the participants indicated the importance of debriefing and participant 3 is of the opinion that debriefing should be compulsory: “… ek weet van bittermin wat al fisies gegaan het vir “debriefing”, want hulle vra vir jou na die tyd wil jy “debriefing” hé of nie, wat ek voel is ook nie reg nie. Ek voel dit moet amper ‘n “compulsary” ding wees …”

Participants 1,2 and 4 had negative experiences when they were debriefed: “I haven’t
had the best experiences with debriefing.” (participant 4). They mentioned that debriefers are not:

- properly trained to deal with their type of challenges,
- motivated to render an effective service,
- able to communicate in their own language, and
- that they do not feel comfortable to speak to the debriefers.

They also added that debriefing sessions should be less formal (compare Van Wyk, 2006: 135 – 142).

With regards the negotiation services, the following recommendations were made:

- a separate unit with its own budget should be established where negotiation will be the primary function (any crisis negotiation: hostage and suicide negotiation),
- a suitable fully equipped venue should be made available to render negotiation services,
- proper aftercare services to the suicidal person should be available,
- a central coordinator should be appointed who could focus on the updating of statistics, who would create and update a data basis, who will keep all administrative tasks up to date and who could organize the team,
- negotiators should work in pairs (to alleviate the burden of the primary negotiator who sometimes has to deal with the suicidal person and with his or her family if they arrive at the scene),
- negotiators should receive follow-up training and
- other resources like a standby phone and a standby vehicle, that is in good order and that is properly maintained, should be made available.

3.3.3 Interrelationship between coping resources and the circle of courage:

Brendtro et al. (1990) in Roberts (undated publication: 19), adopt the Native American philosophy. This philosophy is centered on a deep and fundamental respect of the child (and adult) and an understanding that in order to develop a secure sense of Self in the world, the child (and adult) must feel held within a “Circle of Courage”, experiencing a sense of belonging, mastery, independence and generosity. The author maintains that without these elements, human beings experience discouragement. When the circle of
courage is broken, the lives of children (and adults) are no longer in harmony and balance. This harmony can be reclaimed only if the circle of courage is mended. The authors added that to foster self-esteem, is a primary goal in socializing. According to Hammer & Marting (1988:3), the role of a positive self-concept in adaptation to stress is well documented. The four elements of the circle of courage model - belonging, mastery, independence and generosity - therefore have a significant relation to the five scales of the CRI. The four elements of the circle of courage will be described briefly (Roberts:20-23):

**Belonging:**
Kinship is not strictly a matter of biological relationships. The ultimate test for kinship is behaviour, not blood; you belong if you act like you belong. Drawing someone into one’s circle motivates one to show respect and concern.

**Mastery:**
Children and adults strive for mastery of their environments (the concept of competence). The aim of Native American education was to develop cognitive, physical, social and spiritual competence. Success and mastery produced social recognition as well as inner satisfaction.

**Independence:**
Children (and adults) who lack a sense of power over their own behaviour and their environments are developing casualties whose disorders are variously labelled as learned helplessness, absence of an internal locus of control, and lack of inbuilt motivation. Making one’s decisions fosters motivation to attain a given goal and responsibility for failure or success.

**Generosity:**
The highest virtue in the Native American culture is to be generous and unselfish. Things are less important than people, and the test of one’s right values is to be able to give anything without the pulse quickening. Giving has more than an economic rationale. Giving is not confined to property, but rather passes through all aspects of Native culture.
Responsibility for the welfare of all others in the community is fundamental. They suggest that helping others improves self-esteem. Altruism (selflessness/ self-sacrifice) is the ultimate resource for coping with life’s conflicts, for reaching out to help another; one breaks free from preoccupation with the self.

Table 3.16: Interrelationship – circle of courage and CRI

<table>
<thead>
<tr>
<th>Circle of courage</th>
<th>Interrelationship</th>
<th>Coping Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belonging</td>
<td>The sense that you belong in a group where you are understood and where you can receive support</td>
<td>Social</td>
</tr>
<tr>
<td>Mastery</td>
<td>Maintaining self-worth by developing the cognitive, physical, social and spiritual self</td>
<td>Cognitive and Physical</td>
</tr>
<tr>
<td>Independence</td>
<td>A person should take responsibility for his/ her choices and deal with their consequences (negative or positive) and a person must have the freedom to express his feelings</td>
<td>Emotional</td>
</tr>
<tr>
<td>Generosity</td>
<td>A person should be guided by his values derived from religious, cultural or personal philosophies. He should be generous and unselfish. Helping others improves the self-esteem</td>
<td>Spiritual/ Philosophical</td>
</tr>
</tbody>
</table>

3.3.4 Conclusion:

The results of the qualitative and quantitative data analysis, that focused on the experiences of the negotiators, their coping resources and recommendations of rendering support to the SAPS negotiators, have been presented in this chapter.

The data obtained from the CRI indicated that the participants have average coping resources. The data from the semi-structured interviews described the participants’ experiences and identified the training and support needs of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge.
The next chapter will discuss the value and limitations of the study. Recommendations regarding training needs and support to suicide negotiators at the Van Staden’s Bridge will be provided.
CHAPTER 4

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 Introduction:
Chapter 4, the final chapter, provides a summary of the research process, conclusions based on the main findings of the research, limitations and value of the study and also recommendations suggesting support to SAPS negotiators.

The objectives for this study were to:
- explore and describe the experiences of SAPS officials involved in suicide negotiations at the Van Staden’s Bridge;
- explore and describe the coping resources utilized by these SAPS officials, and
- make recommendations in view of specific training and support needs of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge.

Chapter 2 focused on the research methodology used in the study. A mixed method approach with a concurrent triangulation strategy was utilized to apply the research process.

Chapter 3 focused on the discussion of the research findings and literature control.

4.2 Summary of research design and methodology:
An exploratory-descriptive design was employed. This design was appropriate, because the purpose of this research was to explore and gather data on a relatively unexplored area. Previous research has been done on experiences of SAPS officials, but the focus was on the impact of and the effectiveness of trauma debriefing.

Triangulation as a type of mixed method approach was implemented to gather data. The quantitative and qualitative measures, i.e. the Coping Resources Inventory (CRI) and semi-structured interviews, were implemented in the same timeframe and proved to be cost and time efficient. These measures complemented each other and ensured a better
understanding of the phenomenon that was researched. It was also useful to utilize the biographical questionnaire to contextualize the data received from the two research measures. The CRI was utilized, because it has been utilized in various studies conducted at the Nelson Mandela Metropolitan University and has been proven to have good reliability. It also complemented the qualitative study. In-depth phenomenological interviewing was employed for the qualitative data collection and proved to be the most applicable method for this section of the study. Information gathered with the interviews was rich and comprehensive. The researcher conducted a pilot study with a member of the SAPS to enhance the trustworthiness of the study.

The use of a focus group interview could have been more efficient than semi-structured interviewing, because of the cohesive group structure that exists amongst the members of the negotiation team. Focus groups tend to be less personal and intimidating than one to one interviews.

Due to the limited size of the population for this research, no randomization took place and non-probability sampling was applied. The research design and the small sample size do not allow for generalization of the results. The research topic is a very sensitive topic that could elicit negative feelings. The sample size was therefore determined by the willingness of the members to participate. The possibility exists that the intimidating factor regarding the interviewing influenced the participants’ willingness to participate in the research. It could therefore also have an effect on the sample size. The small sample size limited the discussion of the findings to ensure the anonymity of the participants. CRI scores according to age and gender had to be discussed separately and participants could not be compared to each other in respect of their individual CRI scores.

4.3 Conclusions of research findings:
The discussion of the qualitative findings of the research was based on the objectives of the study.
4.3.1 Description of the experiences of the SAPS officials involved in suicide negotiations at the Van Staden’s Bridge:

The first objective was to explore and describe the experiences of the suicide negotiation team at the Van Staden’s Bridge. The following themes emerged from the research findings:

- **Experiences of SAPS suicide negotiators**
  The conclusion that can be drawn is that the participants are extremely focused on their task as suicide negotiators, to the extent that they tend to question their own efficacy when a person has committed suicide. Conversely, negotiators experience a feeling of fulfilment when they succeed in persuading a person not to take his or her own life. This is indicative of their deep concern for people who are suicidal. In spite of the numerous challenges to the fulfilment of their role (like limited resources) they appear to approach their work with dedication in order to render an effective service. The participants experience their team as a family and a safe haven. They feel free to lean on each other for comfort, support and guidance. They report that they are guided by a Higher Power to continue with their work and to cope with the challenges of this role. Although this is the perception articulated by the participants, it should be noted that the score for the spiritual coping resources was relatively low.

- **Aspects that hinder the negotiation process**
  Physical and environmental aspects - like wind, movement of the bridge, traffic noise and remarks of passing public - create a challenge in the performance of their task as negotiators. Lack of resources that include a standby vehicle, suitable venue, access to a telephone and stationary are also contributing factors. The presence and persuasive or remedying attempts made by family members at the scene further compromise the negotiation process. The fact that members have to wear uniform when they attend to potential suicidal persons at the bridge obstructs their efficiency, because it elicits in the suicidal person the fear of being arrested and according to feedback from the suicidal persons, it attracts too much attention to the scene. Poor cooperation from certain hospitals in respect of aftercare services is experienced.
Characteristics of a negotiator
The training of negotiators equips them to become highly competent professionals who are able to focus on the task at hand, to stay neutral and block out personal feelings. The negotiators in this study perceive their work as a calling and they report feeling confident in their work. Even though negotiation is a secondary task that adds to their workload, the participants report that they continue this task with enthusiasm and perseverance.

Important aspects in the negotiation process
Negotiators have to build a trust relationship with the person at the bridge as soon as they arrive at the scene. Environmental factors like the wind and traffic noise complicate their work and delay the building of such a trust relationship. Safety precautions have to be followed diligently and the aim is to move the person away from danger as quickly as possible.

The negotiation process in itself is a very draining and stressful process and can last from a few minutes to several hours. Negotiators mentioned that every call out to the bridge makes them feel anxious, because they never know what to expect when they arrive at the scene. They furthermore have to disconnect themselves from their feelings and concentrate on the suicidal person only. Hostility is sometimes experienced when the suicidal person refuses to speak to the negotiator on account of his or her gender, race and/or language. The negotiators are at times forced to continue with the negotiation due to the limited manpower available.

The negotiators experience a feeling of relief after they have brought the person to safety. Although their task as negotiators is completed after the person is safe, they extend their services by establishing if the person is in need of any medical, psychological or psychiatric services and even transport the person to the hospital if no family member is available to assist the person.
Recommendations regarding support to negotiators

The findings point to the need for effective debriefing which should be made compulsory. A fully functional unit should be established with a suitable venue and access to all required resources, for example, its own budget, a central co-ordinator and an effective database in order to facilitate a clear focus on suicide negotiation. Participants articulated the need for hospital staff to be trained to deal effectively with suicidal persons.

4.3.2 Findings regarding the coping resources of suicide negotiators:

The CRI was used to assess coping resources of suicide negotiators who participated in this study across the following five domains: social, physical, spiritual, cognitive and emotional. The outcome of the scores reflected average coping resources across the five domains.

All the scores were grouped around the mean, with the highest score of 53 as obtained in the social and physical domains. The high score in the social domain is in accordance with the continuous support that the negotiators receive from each other and from their spouses or partners. In the physical domain the high score appeared to be congruent with the physical nature of the training as well as the physical nature and thus the demands of their work.

The second highest score in the emotional domain is in line with the requirement to demonstrate empathy during the negotiation process. The average score of 50 in the spiritual/philosophical domain was somewhat unexpected, because becoming a negotiator is a personal choice, indicating that the participants know what they expected from life. The negotiators have the tendency to blame themselves when a person completes a suicide and this could be a contributing factor for the under average and the lowest score in respect of the cognitive domain.

4.4 Value of the study:

The study explored and described the experiences and coping resources of suicide negotiators who are rendering crisis negotiation services at the Van Staden’s Bridge
to persons who attempt to commit suicide by jumping from the bridge. The sample that participated in the research is a unique group with unique characteristics; generalization is therefore not possible. The information obtained from the CRI identified the participants’ highest and lowest coping resources. This information can be utilized to assist the participants to supplement, improve and strengthen existing coping resources. The rendering of support to SAPS negotiators by establishing a unit with negotiation as a primary function with a separate budget, employing a central coordinator and enforcing compulsory debriefing sessions could contribute to more efficient service delivery.

4.5 Limitations of the study:
The team of suicide negotiators who render crisis negotiation services at the Van Staden’s Bridge consists of twelve members. Eight members participated in the quantitative section of the research and five members participated in the qualitative section of the research. Although the sample size was very limited, the aim of the study was to describe the experiences of the suicide negotiators and not to generalize the findings. The ideal would however be to have utilized the entire population as research participants.

A limitation in respect of the biographical questionnaire was the absence of an item for years of experience as a negotiator. This information was however incorporated in the semi-structured interview as it was considered to be an essential item to contextualize the data.

Literature regarding this field of study was limited because this is a relatively under-researched area. Previous studies done in respect of SAPS officials were conducted on the effectiveness and the impact of trauma debriefing within the SAPS. This gap in the literature could have compromised the richness of the verification of the data.
4.6 **Recommendations:**

It is recommended that this study be replicated nationally with a larger and broader representative sample that will not only include suicide negotiators, but negotiators in general, so that the results can be generalized.

It is therefore recommended that the more senior negotiators should be trained in the skills of debriefing in order to offer proactive peer support. Should this system be implemented a possible research direction is the evaluation of the effectiveness of peer debriefing. A tentative hypothesis for future study could therefore be: Peer debriefing is an effective form of support for suicide negotiators.

As already mentioned, interdependence can result in an increase in productivity, serving, contribution, learning and growing. Effective interdependence can only be achieved through truly independent people. It is therefore recommended that a fully functional unit should be established with a suitable venue and access to all required resources, for example, its own budget, a central co-ordinator and an effective database in order to facilitate a clear focus on suicide negotiation. It is also recommended that hospital staff should be trained to deal effectively with suicidal persons.

The occurrence of suicide and suicide attempts amongst members of SAPS and the reasons for this behaviour is a grave concern and could also be investigated.

4.7 **Concluding remarks:**

“Suicidal behaviour denotes a wide range of self-destructive or self-damaging acts in which people engage either predeterminedly or impulsively with varying degrees of motive, lethal intent and awareness of the possible outcome and consequences” (Schlebusch, 1990:216). Although suicidal behaviour could be considered as a call for help, some people become desperate, and due to its accessibility turn to the Van Staden’s Bridge to end their own lives “… as jy “negotiate” met iemand wat wil selfmoord pleeg en met iemand wat iemand anders “hostage” hou, is dit presies
dieselfde ding, want jou rasionele een word gyselaar gehou deur jou irraisonele een ...
wat my dan hартсeer maak ... is om te dink dat “society” so min deesdae omgee

dat die ou brug toe wil kom oor ‘n “issue” wat nie eers verondertsel is om langer as vyf minute te vat om oor te dink nie …” The negotiation team at the Van Staden’s Bridge convinces approximately three to four people per week not to end their lives at the bridge.

The role that the suicide negotiators perform in this regard is therefore invaluable. Not only are they serving their country and communities as police officers, they are also striving to protect the desperate people who feel that suicide is the only solution to their problems. This research study has served as a voice for the experiences and specific needs of these negotiators. Furthermore, it has highlighted their coping resources and specific recommendations were offered regarding how these could be enhanced and expanded. These dedicated men and women do not perceive their function as a career, but as a responsibility and a calling.

“That which of itself is gentle and void of all offence will become terrible and fierce by reason of evil companionship, and will take the lives of many people with the utmost cruelty; and it would slay many more if it were not that these are protected by bodies which are themselves without life, and have come forth out of pits – that is by breast plates of iron” (Leonardo da Vinci as cited in Wray, 2005:176).
REFERENCES:


DA Victims of crime. (Mr. R. Jankielson has interview with Minister of Safety and Security re number of psychologists per province for SAPS). www.victimsofcrime.org.za [Accessed on 2007/01/03].


Rose, A. *The quickie on trauma debriefing is ...* www.healingtrauma.pscap.org [Accessed on 2007/01/03].


Structurae Website: (Structural information on Van Stadens Bridge, completed 1971, November 11).  www.structurae.de/index.cfm [Accessed on 2006/12/28].


Magazines:


Other sources:


Interview on 19 January 2007 with Inspector Mornay Bradley: Thornhill Police Station, Port Elizabeth.
Dear

You are requested to participate in a research study. We will provide you with the necessary information to assist you to understand the study and explain what would be expected of you (participant). These guidelines would include the risks, benefits, and your rights as a study subject. Please feel free to ask the researcher to clarify anything that is not clear to you.

To participate, it will be required of you to provide a written consent that will include your signature, date and initials to verify that you understand and agree to the conditions.

You have the right to query concerns regarding the study at any time. Immediately report any new problems during the study, to the researcher. Telephone numbers of the researcher are provided. Please feel free to call these numbers.

Furthermore, it is important that you are aware of the fact that the study has to be approved by the Research Ethics Committee (Human) of the university. The RECH consist of a group of independent experts that has the responsibility to ensure that the rights and welfare of participants, in research are protected and that studies are conducted in an ethical manner. Studies cannot be conducted without RECH’s approval. Queries with regard to your rights as a research subject can be directed to the Research Ethics Committee (Human) or you can call the Director: Research Management at (041) 504-4536.

You may also write to: The Chairperson of the Research, Technology and Innovation Committee, PO Box 77000, Nelson Mandela Metropolitan University, Port Elizabeth, 6031.

Participation in research is completely voluntary. You are not obliged to take part in any research.

If you do partake, you have the right to withdraw at any given time, during the study. However, if you do withdraw from the study, you should return for a final discussion in order to terminate the research in an orderly manner.

The study may be terminated at any time by the researcher, the sponsor or the Research Ethics Committee (Human) that initially approved the study.

Although your identity will, at all times remain confidential the results of the research study may be presented at scientific conferences or in specialist publications.

This informed consent statement has been prepared in compliance with current statutory guidelines.

Yours sincerely

Miranda Botha
RESEARCHER
### INFORMATION AND INFORMED CONSENT FORM

<table>
<thead>
<tr>
<th>Title of the research project</th>
<th>Experiences and coping resources of South African Police Service suicide negotiators at the Van Staden’s Bridge.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference number</td>
<td>189052890</td>
</tr>
<tr>
<td>Principal investigator</td>
<td>Miranda Botha</td>
</tr>
<tr>
<td>Address</td>
<td>9 Willow Street</td>
</tr>
<tr>
<td></td>
<td>CRADOCK</td>
</tr>
<tr>
<td>Postal Code</td>
<td>5880</td>
</tr>
<tr>
<td>Contact telephone number</td>
<td>048 – 8814478 (W)</td>
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</tbody>
</table>

### A. DECLARATION BY OR ON BEHALF OF PARTICIPANT
(Person legally competent to give consent on behalf of the participant)

<table>
<thead>
<tr>
<th>I, the participant and the undersigned</th>
<th></th>
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<tbody>
<tr>
<td>I.D. number</td>
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OR

<table>
<thead>
<tr>
<th>I, in my capacity as</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>of the participant</td>
<td></td>
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<tr>
<td>I.D. number</td>
<td></td>
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<tr>
<td>Address (of participant)</td>
<td></td>
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</tbody>
</table>

### A.1 I HEREBY CONFIRM AS FOLLOWS:

1. I, the participant, was invited to participate in the above-mentioned research project that is being undertaken by

<table>
<thead>
<tr>
<th>Miranda Botha</th>
</tr>
</thead>
<tbody>
<tr>
<td>of the Department of</td>
</tr>
<tr>
<td>Social Development</td>
</tr>
<tr>
<td>in the Faculty of</td>
</tr>
<tr>
<td>Health Sciences</td>
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<tr>
<td>of the Nelson Mandela Metropolitan University.</td>
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</table>
2. **The following aspects have been explained to me, the participant:**

| 2.1 | **Aim:** The investigator is studying: At the Nelson Mandela Metropolitan University |
|     | The information will be used to/for: The fulfilment of the requirements of the degree of Masters in Social Work in the Faculty of Health Sciences. |

| 2.2 | **Procedures:** I understand that |

| 2.3 | **Risks:** No risks. |

| 2.4 | **Possible benefits:** N/A. |

| 2.5 | **Confidentiality:** My identity will not be revealed in any discussion, description or scientific publications by the investigators. |

| 2.6 | **Access to findings:** Any new information/or benefit that develops during the course of the study will be shared as follows: I will be informed thereof immediately. |

| 2.7 | **Voluntary participation/refusal/discontinuation:** |

|   | My participation is voluntary | YES | NO |
|   | My decision whether or not to participate will in no way affect my present or future care/employment/lifestyle | TRUE | FALSE |

| 3. | The information above was explained to me/the participant by |

|   | (name of relevant person) |
|   | in | Afrikaans | English | Xhosa | Other |

|   | and I am in command of this language/it was satisfactorily translated to me by |

|   | (name of translator) |

|   | I was given the opportunity to ask questions and all these questions were answered satisfactorily. |

| 4. | No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation. |

| 5. | Participation in this study will not result in any additional cost to myself. |
### A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT

<table>
<thead>
<tr>
<th>Signature or right thumb print of participant</th>
<th>Signature of witness</th>
</tr>
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<tbody>
<tr>
<td>Full name of witness</td>
<td></td>
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Signed/confirmed at

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### B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I, Miranda Botha, declare that

- I have explained the information given in this document to
  
  (name of patient/participant)

  and/or his/her representative

  (name of representative)

- he/she was encouraged and given ample time to ask me any questions;

- this conversation was conducted in

  Afrikaans  | English  | Xhosa  | Other

  (language)  by

- I have detached Section D and handed it to the participant

Signed/confirmed at

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<thead>
<tr>
<th>Signature of interviewer</th>
<th>Signature of witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of witness</td>
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</tbody>
</table>
C. DECLARATION BY TRANSLATOR

I, I.D. number
Qualifications and/or
Current employment

confirm that I
- translated the contents of this document from English into (indicate the relevant language) to the participant/the participant’s representative;
- also translated the questions posed by (name) as well as the answers given by the investigator/representative; and
- conveyed a factually correct version of what was related to me.

Signed/confirmed at on 20

I hereby declare that all information acquired by me for the purposes of this study will be kept confidential

Signature or right thumb print of translator

Signature of witness

Full name of witness

D. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant’s participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

(indicate any circumstances which should be reported to the investigator)

Kindly contact
at telephone number
## D. IMPORTANT MESSAGE TO PATIENT/REPRESENTATIVE OF PARTICIPANT

Dear participant/representative of the participant

Thank you for your/the participant’s participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study, or
- the following occur

(Indicate any circumstances which should be reported to the investigator)

Kindly contact
at telephone number
TO: MIRANDA BOTH
AAN: Miranda Botha

FOR ATTENTION: Miranda Botha

DATE: 2007-07-13

SAART NO: [040] 608 7170/72
TEL NO: [040] 608 7171/204

FAKS NO: MY RFF: 3/1/5/1/80HINT
DATUM: MY VERW: Snr Sup1 Bronford

SENDEN: PROVINCIAL COMMISSIONER
GEPANTEEN DEUR: Insp CA Hack

AFSENDEN: PROVINSIALE KOMMISSARIS

EASTERN CAPE / OOS-KAAP

NUMBER OF SHEETS, INCLUDING COVERING SHEET: 01

AANTAL BLADYE, DEKBLAD INGESLUIT:

SUBJECT: RESEARCH: INTERVIEWS WITH OPERATIONAL HOSTAGE

ONDERWERP: NEGOTIATORS: VAN STADENS BRIDGE: EASTERN CAPE

MESSAGE: BLOODSAP:

1. Your request to do research interviews with operational hostage negotiators stationed at Van Stadens River Bridge has been approved.

2. This office requests that you co-ordinate your interview dates with the Provincial Co-ordinator, Inspector Andrew Hack.

   1.1 Office no. [040] 608 7204
   1.2 Cell no. 082 447 6680
   1.3 Fax no. [040] 608 7172

SIGNATURE OF OFFICER:

HANDTEKENING VAN OFFISIER:

PROV-COMMANDER: POLICE EMERGENCY SERVICES
EASTERN CAPE
[D J Bronford] 41/1/23/44

Snr Superintendent

[Signature]
**BIOGRAPHIC INFORMATION:**

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<td>8</td>
<td>HIGHEST QUALIFICATION</td>
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</tr>
<tr>
<td>9</td>
<td>COURSES ATTENDED (INCLUDING IN SERVICE TRAINING)</td>
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<tr>
<td>10</td>
<td>HOW MANY SUICIDE NEGOTIATIONS DID YOU PARTICIPATE IN?</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>HOW MANY PEOPLE COMMITTED SUICIDE REGARDLESS YOUR INTERVENTION?</td>
<td></td>
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<tr>
<td>12</td>
<td>WHEN WAS THE MOST RECENT SUICIDE NEGOTIATION YOU PARTICIPATED IN?</td>
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**DATE:** ............................................