Malingerers or Maligned: Violent Workplace Crime, Psychological Injury and Workers' Compensation

PAUL MARKS
Department of Legal Studies

Abstract

This paper examines the institutional response to increasing numbers of claims for stress-related injury in the workplace. All workers who make claims for stress-related injury are viewed as a homogonous group despite striking variations in aetiology. Despite the focus on aetiology, the idea that many of these claimants are malingerers prevails. I challenge that view using the preliminary results of my research. The primary source of data is from interviews with workers who suffered psychological injury because of their involvement in a violent workplace incident.

Introduction

The regulation of relationships between employers and workers has its roots in the common law. Over the last 150 years, the state has, by legislative means, attempted to balance the needs of employers, employees and the community-at-large. The common law countries, for example, Australia, Canada and The United States have followed the direction of British workplace law reform. In broad terms, the legislation covers two areas. First, the legislation regulates the safety of workers by establishing workplace standards. Second, it provides systems of rehabilitation and compensation for injured workers. In most instances, workplace injury is easily discernible. However, objectively measuring some types of workplace injury is problematic. Psychiatric or psychological injury fits the problematic category. The dearth of objective measures available to assist diagnoses of psychological injury increases the reliance on patient self-reports. Consequently, psychological injury is approached with more rigour and suspicion than other types of injury.

Interactions between medicine and law have shaped current policy dealing with psychological injury in the workplace. This paper examines the approach of both medicine and law to psychological injury. It describes some of the key developments pertaining to workplace injury and the law. It points out that the uncertainties associated with pursuing common law actions against employers have been replaced by the clearly defined benefits of no-fault, employer-funded insurance schemes. In most common law countries, including Australia, statutory bodies administer and manage the insurance schemes. Stress emerged as a significant workplace injury during the 1980s. In South Australia in 1993, a new section of the *Workers Rehabilitation and Compensation Act 1986* (hereafter, the Act) tightened the criteria for claiming psychological injury. Joint WorkCover Corporation/Australian Medical Association (AMA) guidelines, to assist the management of occupational stress, were introduced in 1994. Recent data suggest that these measures have been successful in reducing both the quantity and cost of income maintenance claims for psychological injury.

However, the gatekeepers of compensation and rehabilitation systems are medical professionals. Only they can certify illness, injury or disease. As a result, this paper also outlines some of the features identified by academic and clinical inquiry into stress-related disorders. The focuses of those sections of this paper are ideas about stress, compensation and malingering. They point out that a fear of malingerers informs debates about psychological injury when questions of compensation arise.

Preliminary data obtained from interviews with workers involved in armed-hold up suggest that many

fall outside of formal workplace systems. That is, because many do not claim workers compensation, the resources of the compensation and rehabilitation system are unavailable to them. However, whether or not these workers claim compensation has little bearing on the impact of their involvement in a violent workplace event. Perhaps those who do not claim are better off than those who do. Maybe workers perceptions about both workers compensation and the impact of lodging a claim, influence their decision about lodging one.

This paper concludes that although the formal compensation and rehabilitation system has successfully responded to increasing levels of claims for stress-related workplace injury, the measure of that success is narrowly construed. Increasing awareness about the consequences of a person's involvement in a violent workplace incident might assist researchers and policy makers concerned with workplace injury.

Psychological Injury and Compensation

Seeking compensation for psychological or psychiatric injury is not a recent innovation. Mendelson's work on negligence law traces the study of conditions of the mind to the physicians in ancient Greece. She also points out that, during the 16th century, claims for mental disorders were removed from civil actions for trespass due to the absence of proof of contact with the victim's body.[1] The point is that obtaining compensation for psychiatric injury is still, and always has been, problematic.

In Australia, it began with *Victorian Railways Commissioners v Coultas.* The Full Court of the Victorian Supreme Court delivered a judgment in favour of the plaintiff's claim for nervous shock. The plaintiff was a passenger on a train involved in a near miss. As a result, she suffered severe shock leading to a miscarriage.

However, the Privy Council overturned the judgement by The Full Court of the Victorian Supreme Court in favour of Mrs Coultas's claim for nervous shock, using not only the *floodgates* argument but also the idea that litigants would fabricate claims:

> Not only in such a case as the present, but in every case where an accident caused by negligence had given a person a serious nervous shock, there might be a claim for damages on account of mental injury. The difficulty which now often exists in cases of alleged physical injuries of determining whether they were caused by the negligent act would be greatly increased, and a wide field opened for imaginary claims. [2]

Nonetheless, the late 19th and early 20th centuries saw an increase in the number of claims for nervous shock, and other injuries, following railway accidents in the UK and Europe. Meanwhile, common law developments, concerning workplace injury generally, favoured employers.

The Workplace: From Common Law to Insurance Schemes

Before the introduction of legislation to regulate workplace safety and provide systems of compensation and rehabilitation, injured workers often sought damages in the courts. However, the development of three common law doctrines, known as *The Unholy Trinity*, favoured employers.

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[1] Mendelson, D. (2000) *The interfaces of medicine and law: The history of the liability for negligently caused psychiatric injury (Nervous Shock),* Ashgate: Dartmouth Publishing.
[2] *Victorian Railways Commissioners v Coultas* (1888) 13 App Cas 222 at 225-26.

The Unholy Trinity

The infamous case of *Priestley v Fowler* established the defence of common employment.[3] The case meant that if an employee was injured by the negligence of another employee, the employer could not be held responsible for any injury. The second important development was the creation of the defence of contributory negligence that absolved employers of any responsibility if the injured worker contributed to their injury in any way. Finally, many workplaces have inherent risks associated with them. The defence of voluntary assumption of risk allowed employers to avoid liability for injury, if the risk of injury was reasonably foreseeable. Indeed, entering into an employment contracted demonstrated acceptance of the risks associated with the position on offer. As a result of the three common law doctrines, the prospects for injured workers were dire.

Although the common law doctrines were finally laid to rest with the introduction of compensation type legislation, injured workers retained the right to take common law action for negligence against employers.

Insurance Schemes

In 1972, the Robens Committee recommended a major overhaul of the British workplace legislation. A critical feature of the Robens Report was its promotion of self-regulation that reflected a philosophical shift away from standard setting by government. The proposed reforms sought a collaborative approach, by workers and employers, toward occupational health and safety that entailed the development of unique workplace standards and codes of practice.[4] In Australia, all states and territories adopted Robens style legislation over a seventeen-year period. All have a 'no-fault' insurance scheme administered by a statutory body, for example, WorkCover Corporation in South Australia. No-fault schemes remove, or at least minimise, the evidentiary onus placed upon injured workers.

Australian legislation, at all levels, has progressively sought to abolish or at least restrict the access of injured workers to common law remedies for negligence. This approach has been one of many measures seeking to reduce the costs of workers compensation. The removal of access to common law remedies is not confined to legislation concerning workplace injury. In addition, other insurance-based schemes, for example, third-party motor-vehicle damages often attempt to exclude access to the common law. Indeed, one proposed solution to the current public liability crisis is an insurance-based scheme, similar to WorkCover schemes. Such a scheme is also likely to restrict access to, and the extent of, common law remedies.

Nonetheless, no-fault schemes have benefits for both workers and employers. Not only do they provide workers with a degree of certainty when claiming compensation for a work-related injury, the insurance schemes also benefit employers by reducing the potential impact of uncapped court-awarded damages to injured workers.

The current WorkCover scheme in South Australia reflects the foregoing. WorkCover Corporation, a statutory body, manages a no-fault compensation and rehabilitation scheme. The primary objectives of the Corporation are to reduce the incidence and severity of work-related injury, ensure prompt and effective rehabilitation of injured workers, provide injured workers fair compensation and minimise

[3] *Priestley v Fowler* (1837) 3 M & W 1.
[4] Robens Committee (1972) 'Health and Safety at Work' *Report of the Committee, 1970-72*, London: HMSO.

costs to employers.[5]

The next section outlines the response of WorkCover South Australia to increasing levels of claims for psychiatric injury.

Workers Compensation and the Rise of Stress Claims

During the early 1990s, there was increasing concern about the rising level of "stress" related claims in South Australia. In response, the AMA and WorkCover Corporation developed guidelines to assist the management of occupational stress.[6]

It is important to recall that workers compensation schemes are based on the notion of no-fault. Indeed, one of the primary reasons behind the development of no-fault insurance schemes, catering for workplace injury, was to reduce the incidence of, and to provide greater certainly than, civil action. However, legislative amendments, in 1993 and 1995, increased the onus of proof placed on workers claiming for psychiatric injury.

Specifically, section 30A of the Act comes into operation when a disability consists of 'an illness or disorder of the mind'.[7] The onus is on the worker to establish the affirmative, that the employment was a substantial cause of the disability.[8] If the worker establishes that, on the balance of probabilities, their employment was a substantial cause of their disability, they must then prove the negative, that:

> The disability did not arise wholly or predominantly from-
> (i) reasonable action taken in a reasonable manner by the employer to transfer, demote, discipline, counsel, retrench or dismiss the worker; or
> (ii) a decision of the employer, based on reasonable grounds, not to award or provide a promotion, transfer, or benefit in connection with the worker' s employment; or
> (iii)reasonable administrative action taken in a reasonable manner by the employer in connection with the worker' s employment; or
> (iv) reasonable action taken in a reasonable manner under this Act affecting the worker. [9]

The jointly developed management guidelines ensure that the initial medical assessment of injured workers evaluates the appropriateness of a compensation claim, using the legislative criteria referred to above. If the case appears to be eligible for workers' compensation, a Prescribed Medical Certificate is issued pending full assessment of the worker.[10]

Most importantly, a diagnosis of "stress" is no longer acceptable because it is not a clinical diagnosis. Instead, a diagnosis of a stress-related injury must be made in terms of either the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM)[11] or the World Health Organisation's *International Statistical Classification of Diseases and Related Health Problems*

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[5] *WorkCover Corporation Act 1994* (SA) s12.
[6] Australian Medical Association & WorkCover Corporation (1994) *Guidelines for the management of occupational stress: Joint AMA - WorkCover Corporation assessment and treatment protocol for medical experts*, Adelaide: WorkCover Corporation.
[7] *Workers Rehabilitation and Compensation Act 1986 (SA)* s30A.
[8] *Ibid.* s30A(a).
[9] *Ibid.* s30A(b).
[10] Australian Medical Association & WorkCover Corporation, *op cit* p. 6.
[11] American Psychiatric Association (1994) *Diagnostic and statistical manual of mental disorders*: 4th Edition. Washington: American Psychiatric Association.

(ICD).[12] The result is that, in many instances, injured workers claiming for psychiatric injury will be referred to medical specialists qualified to make diagnoses in terms of the official diagnostic guides.

The joint guidelines recognise detrimental factors, in the workplace, that might significantly contribute to the development of a work-related stress condition. Those factors include an excessive workload, lack of training, inappropriate management practices, ambiguous role, harassment and trauma arising from a discreet incident.[13]

Management of stress-related claims is fraught because of the wide range of factors requiring investigation. For example, human resource management factors, industrial relations, employer's attitude to the claim, the workplace environment individual personality traits, other non-work related factors and the management practices of medical experts all require investigation.[14]

Including 'individual personality traits' and 'non-work factors' among the factors requiring investigation is important in establishing that the worker's employment was a substantial cause of the disability. The implication is that pre-existing psychiatric issues might be responsible for the emergence of a stress-related condition. If that is the case, then the employer, or at least the insurance scheme, is not liable for the disability.

The legislative amendments, in hand with the implementation of the joint AMA and WorkCover guideless for managing stress-related injury, have achieved sound results. Both the number of stress-related claims for income maintenance and the cost of those claims have declined since 1995.[15]

The gatekeepers of the compensation and rehabilitation system are medical professionals. In the legal context, only they have the ability to diagnose injury.[16] However, in cases of stress-related injury, there are often no objective measures to assist diagnosis. A medical diagnosis of a stress-related injury is dependant, therefore, upon the self-reports of injured workers. The reliance on patient self-reporting is not unique to psychological injury. Indeed, Repetitive Strain Injury (RSI) still features as a workplace injury. Back injuries are a recurring theme in the workplace. *Paddy's Back* was an affliction of Irish Potato pickers. The terms *Mediterranean Back* and *European Back* feature as a workplace injury. Stress disorders are the modern equivalent of a workplace injury with no objective measure to aid diagnosis.

The lack of objective measures results in increased scrutiny of claimants for compensation. This is reflected by the legislative changes and associated procedures designed to address psychiatric injury in the workplace. The medical literature, meanwhile, demonstrates that a major concern is the prospect of malingerers.

Diagnosing Stress

Traumatic neurosis emerged as a medical diagnosis in the late 19th century. In 1906, Hamilton suggested that dishonest litigants could feign neurosis in an attempt to gain compensation after accidents.[17] Rigler introduced the term *compensation neurosis* in reference to increased reporting of

[12] World Health Organization (1992) *International statistical classification of diseases and related health problems,* Geneva: World Health Organization.
[13] Australian Medical Association & WorkCover Corporation, *op cit* p. 7.
[14] *Ibid.* p. 5.
[15] WorkCover Corporation (2001) *Statistical Review 2000-2001,* Adelaide: WorkCover Corporation. pp. 92-93.
[16] *Workers Rehabilitation and Compensation Act 1986 (SA),* s52(1)(c).
[17] Hamilton, J. E. (1906) *Railway and other accidents,* London: Bailliere, Tindall & Co.

disability following railway accidents in Germany.[18] The increased level of reporting, in Germany, appears related to the introduction of laws granting compensation for personal injury. It is interesting that both common and civil law countries experienced increased levels of claims for compensation despite the striking differences between their respective legal philosophies and systems.

Medical professionals devoted increasing attention to studying "stress". The first edition of the *American Psychiatric Association's* official diagnostic guide classified Post Traumatic Stress Disorder (PTSD) as a "gross" stress reaction.[19] That is, it was not a diagnosis. In 1980, the DSM III introduced PTSD as a diagnosis.[20] As a result, there was, according to Resnick, a 'sharp increase in clinician's sensitivity to the disorder and a heightened concern about potential malingering'.[21] Malingering features in the current edition of the DSM.[22] Malingering is a condition not attributable to a mental disorder. The DSM IV-V defines malingering as 'the intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives, such as financial compensation'.[23]

Kennedy's description of *compensation neurosis* as a "state of mind, born out of fear, kept alive by avarice, stimulated by lawyers and cured by a verdict", encapsulates the notion of the malingerer.[24] Indeed, an array of terms have described posttraumatic disorders, many of which suggest feigning to obtain financial benefit. Some of the more striking examples are: *American disease, secondary gain neurosis, compensationitis, profit neurosis, greenback neurosis* and so on.[25] Perhaps, Trimble provides the best example of an "opportunist" approach to injury with the hypothetical response of a worker knocked out by a falling brick. Upon regaining consciousness, the worker does not ask "Where am I?" but rather "Whose brick was that?"[26]

The current debate about public liability insurance also focuses, at least to some degree, on the same opportunist ideas. There is a degree of public hostility towards malingerers. We have all seen or heard of people caught malingering. The popular media often deems newsworthy stories about people caught malingering. Many of you will have seen television programs such as *A Current Affair* or *Today Tonight* that expose individuals who feign symptoms of injury – exploiters of the system – for which there is a cost to society at large. Further, malingering in this context constitutes fraud. The primary motivation of malingerers is financial gain.

Incidence of Malingering

The incidence of malingered psychological symptoms is, hardly surprisingly, unknown. Estimates range from 1% to in excess of 50%.[27-28] The source of the data appears to have a marked effect on the

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[18] cited in: Trimble, M. R. (1981) *Post-traumatic neurosis from railway spine to whiplash*, New York: Wiley.
[19] American Psychiatric Association (1952) *Diagnostic and statistical manual of mental disorders*, Washington: American Psychiatric Association.
[20] American Psychiatric Association (1980) *Diagnostic and statistical manual of mental disorders*: 3rd Edition. Washington: American Psychiatric Association.
[21] Resnick, P. J. (1997) ' Malingering of posttraumatic disorders' , In: R. Rogers, (ed) *Clinical assessment of malingering and deception*: 2nd Edition, New York: The Guilford Press. *op. cit.* p. 130.
[22] American Psychiatric Association (1994) *op cit*
[23] *Ibid, Malingering*, V65.2.
[24] Kennedy, F. (1946) ' The mind of the injured worker: Effect on disability periods' *Comprehensive Medicine*, 1, pp. 19-24.
[25] Resnick, *op cit* p. 131.
[26] Trimble, *op cit*.
[27] Keiser, L. (1968) *The traumatic neurosis*, Philadelphia: J. B. Lippincott.

reported incidence of malingering. For example, plaintiff attorneys provide lower estimates of the incidence of malingering than insurance companies do.[29] In addition, the incidence of malingering varies with economic conditions. For example, malingering is thought to increase when redundancy packages are being offered.[30]

Detecting Malingerers

The literature posits a relationship between claiming compensation and the results of psychological tests developed to measure psychological disorders. For example, people seeking compensation often yield atypical results when undertaking a range psychological testing. In cases of claims for personal injury, Heaton suggests that the atypical results point to the idea that up to 65% of claimants are feigning symptoms.[31] Further, he suggests that up to 47% feign symptoms when claiming workers compensation.[32] This is not to say that all atypical results indicate malingering. Indeed, "pure" malingering is considered quite infrequent in post-trauma cases. However, some research suggests that exaggeration of symptoms is quite common.[33]

A United States follow-up study of people considered to be permanently incapacitated revealed that approximately forty percent showed no disability whatsoever twelve months after their disability determination.[34] Probably, Miller's 1961 study is the most influential work in this area. Following cases of head injury, he found that many people had an unshakeable conviction in their unfitness for work, an inverse relationship between the degree of disability and the injury and failure to respond to therapy until the compensation issue was settled.[35] Within two years of settling their claim for compensation, most of Miller's sample recovered completely.[36]

However, other studies fail to support Miller's findings. For example, Parker's 1977 study found little difference in psychological reactions following injury in Spain and Australia even though, in Spain, no compensation is payable.[37] In general terms, the literature does not support Millers claim that patients become symptom free and resume work within months of settling their claim. Rather up to seventy-five percent fail to return to work two years after settlement.[38]

The compensation and rehabilitation system attempts to balance the needs of injured workers and employers. The question about the compensation and rehabilitation of injured workers, however, extends beyond the domain of the workplace. Other factors influence whether or not injured workers claim compensation. The next section examines the responses of injured workers who did not make claims for compensation.

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[28] Miller, H., & Cartlidge, N. (1972) ' Simulation and malingering after injuries to the brain and spinal chord' , *Lancet*, 1, pp. 580-85.
[29] Resnick, *op cit* p. 135.
[30] *Ibid.*
[31] Heaton, R. K., Smith, H. H., Lehman, R. A., & Vogt, A. T. (1978) ' Prospects for faking believable deficits on neuropsychological testing' , *Journal of Consulting and Clinical Psychology*, 46, pp. 892-900.
[32] *Ibid.*
[33] Trimble, *op cit*.
[34] Maloney, M. P., Duvall, S. W., & Friesen, J. (1980) ' Evaluation of response consistency on the MMPI' , *Psychological Reports*, 46, pp. 295-98.
[35] Miller, & Cartlidge, *op cit*.
[36] *Ibid.*
[37] Parker, N. (1977) ' Accident litigants with neurotic symptoms' , *Medical Journal of Australia*, 2, pp. 318-22.
[38] *Ibid.*

To Claim or Not to Claim

The primary sources of data in this section are interviews conducted with people involved in violent workplace crime. None of the people interviewed suffered any physical injury as a result of their involvement in armed hold-up. They provide an insight into some of the possible reasons injured workers might not lodge a claim for workers compensation, particularly when the injury is psychological. It seems that the "stigma" attached to claiming compensation is of paramount concern.

By the time Wendy[39] was eighteen years, she had been involved in two armed hold-ups at work but did not lodge a claim for workers compensation. When questioned as to why she had not lodged a claim for compensation, Wendy said:

> …because I was young and wasn't ready to have a stress claim on my name…I didn't really want the stigma that came with having a Workers Compensation claim.[40]

Joan also speaks of the stigma associated with claiming compensation:

> I think having a WorkCover claim is always a stigma.. And I think that's a stigma that always remains with you…it immediately incites "bludger", you're out for money. You're out to rip us off. [41]

This stigma is, of course, the idea that some workers are willing to exploit the system. That is, they are simply feigning injury to avoid work while still being paid. Further, claiming compensation, at least in some work environments, might have a pervasive longer-term influence on career prospects.

Tim, for example, had been involved in two armed hold-ups. He did not experience significant problems until after the second hold-up. His employer arranged post-incident psychological de-briefing for all staff following both incidents. When questioned about his response to the first incident by the psychologist Tim felt that:

> When I saw him I had to say that I was feeling OK because I worked for a long time to become classified. [gain promotion] There was nothing wrong with me and that's the way I feel about it…whether there was or there wasn't…there was nothing wrong with me, or there goes the next promotion.[42]

The approach of these workers indicate a prospective view about their employment. That is, the workers believed they would benefit if they did not make a claim for compensation. It seems that claiming compensation for psychological injury either indicates that the worker is a malingerer or was unable to cope with the traumatic event. In both instances, career prospects are thought to be damaged.

Mark had been involved in three armed hold-ups between 1990 and 1993. He had not made a claim for compensation nor sought medical treatment. His comments also highlight the perception that claiming compensation might hinder chances for promotion within the workplace:

> …its not like having a broken arm or something like that. If you have a broken arm everyone knows. They can see it. Even the person with the broken arm has a pretty good idea about how long it will take to get better. But this, mate, no one understands. I don't understand. My friends keep asking how much money I'll get…I didn't even make a claim. If you make a claim say goodbye promotion. You're marked for life. Everyone thinks you're in it for the money.[43]

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[39] Pseudonyms are used for all interviewees in order to preserve their confidentiality.
[40] Interview (26 August 2002).
[41] Interview (26 July 2002).
[42] Interview (25 February 2002).
[43] Interview (8 March 2002).

Mark's comments also acknowledge the problems associated with a disorder that is often *invisible*. Not only is it problematic for others, more importantly, the injured worker acknowledges that he does not understand his own responses to the incident. Despite Mark not claiming compensation or seeking medical assistance, his friends assumed he had claimed because, according to Mark, they noticed the effect on his life.

There is little doubt of the effects of a person's involvement in a violent workplace incident. However, my research suggests that many workers, injured in this context, do not make claims for compensation. Nonetheless, this group experience the impact of their involvement as significant. Further, the impact of their injury extends beyond the workplace. Tim perceives he has been "damaged" both personally and socially:

> I have trouble handling aggression in any shape. I've withdrawn a lot from my own social sphere and I've lost a lot of self-confidence along the way…its peoples' perception of me…Damaged, that's how I feel.[44]

The impact on Wendy's life was significant although she did not understand what was happening to her, nor that her behaviour was influenced by the hold-up:

> I wasn't able to explain what I was feeling because I didn't know myself. I started smoking. I slept with a knife in my bed. I used to scan the streets when I was walking and on the bus. I'd look at people and suss them out. It was only after, that I had time to go back and actually realise, that yeah, it's not normal to sleep with a knife in your bed. [45]

It took Wendy four years to realise that she had significant day-to-day problems. Most workplace injury, particularly injury connected with a violent event, manifests itself in the short, rather than long term. Post critical-incident checklists for employers, often include a follow-up of staff after four weeks, to identify workers who might be suffering ongoing effects of the incident.[46] Perhaps extending the period for following up injured workers would benefit people like Wendy. On the other hand, doing so would result in increased demands on organisational resources.

Implications

Features of the preliminary interviews about the effects of workplace crime include social isolation, fear, and the loss of trust in others. In addition, some injured workers experience the compensation and rehabilitation process as disempowering because they feel that they have little control over it. My research suggests that only about fifty percent of those who suffer significant psychological injury make claims for workers compensation.

Obviously, the compensation system cannot meet the needs of individuals who do not claim. In that situation, any costs, both social and economic, are borne by the injured worker. There is a demonstrated need to provide more information for workers about both workplace management procedures and the range of affective reactions to workplace crime. The dilemma is that making comprehensive information available to workers might increase the level of claims for psychological injury following violent workplace incidents.

There is also a need to provide more detailed information about the subjective experiences of injured workers because these accounts are largely missing from the literature. The formal compensation and

[44] Interview (25 February 2002).
[45] Interview (26 August 2002).
[46] Business Services Industry Reference Group (2001) *Workplace violence in the finance sector*, Sydney: WorkCover NSW.

rehabilitation system seeks to balance the needs of employers and employees. Increases in claim management costs for specific types of workplace injury are, however, viewed as troublesome. Indeed, this paper has shown the institutional response to increased levels of claims for occupational stress and the success of that response. The emphasis on efficient management and sound financial results are primary. Unfortunately, that approach cannot account for all injured workers particularly when their injuries prove difficult to measure objectively. Although the topic of psychological injury and compensation is complex, treating injured workers decently requires a broader understanding of the impact of violent workplace crime.

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