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Exploring the Psychological and Somatic Impact of Identity Theft*

ABSTRACT: Identity theft is a new and growing form of white-collar crime. This exploratory study examined the psychological and somatic impact of identity theft and coping methods utilized by victims. Thirty-seven victims of identity theft participated in regional victim focus groups. Participants completed a victim impact questionnaire designed by the authors and the Brief Symptom Inventory–18 (BSI–18). The majority of participants expressed an increase in maladaptive psychological and somatic symptoms post victimization. Results on the BSI indicated that identity theft victims with unresolved cases, in contrast to those with resolved cases, were more likely to have clinically elevated scores when compared with a normative sample. Relatively similar coping mechanisms were utilized across victims. The results from this study suggest that victims of identity theft do have increased psychological and physical distress, and for those whose cases remain unresolved, distress is maintained over time.

KEYWORDS: forensic science, identity theft, victims, white-collar crime

Identity theft is a form of white-collar crime with increasing prevalence. Members of society may think that this type of crime "can never happen to me," but it appears that the perpetrators who commit these crimes do not discriminate. Statistics indicate that more individuals are being victimized daily. In fact, in November of 2002, Farrell (1) reported the largest case of identity theft in history. He relayed that authorities had arrested three men involved in an identity theft ring that had stolen an estimated 2.7 million dollars from 30,000 people. Additionally, the Federal Trade Commission (FTC) (2) stated that over 250,000 cases were reported in 1998, approximately 1,000,000 cases of identity theft occurred in 2001, and over 1.7 million are predicted to occur in 2005.

Identity theft occurs when a perpetrator uses another individual's personal information for illegal financial or personal gain. Often, the thief utilizes this personal information to obtain excessive amounts of money, which ultimately may result in financial ruin for the victim. In general, there are two main types of identity theft: "true name fraud" and "account takeover" (3). With true name fraud, an individual uses the victim's personal information to open new financial accounts in his or her own name. With account takeover, an individual is able to access a victim's existing financial account to make illegal purchases. Possibly most detrimental, perpetrators can cause legal trouble for the victim by using the victim's personal information when they are apprehended for a crime.

Perpetrators may find their victims through many different modalities. For example, they may find social security numbers through access to computers with personal information (usually in the business setting) (1), they may collect trash from dumpsters, or intercept one's mail (4). Perpetrators may stand close to persons on phones in public and listen to credit card numbers given out. The Internet has also become a medium for identity theft (4). Due to the variety of ways available to obtain someone's personal identification, the current profile of a victim is essentially anyone with a social security number.

To date, little research has been conducted on identity theft perpetrators or victims. Collins and Hoffman (personal communication, June 22, 2002) are conducting a meta-analysis to identify specific behavioral characteristics of the perpetrators. They are examining mostly convicted criminals who had stolen identities from people and businesses.

Ganzini, McFarland, and Bloom (5) examined the psychological effects that white-collar crime has on its victims. Specifically, they studied 77 victims of Ponzi (pyramid) schemes, of whom the majority lost more than $40,000 of their retirement funds. This study noted that within the first 20 months of becoming a victim, 29% experienced a major depressive episode as defined by the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) (6). Five of these victims developed suicidal ideation subsequent to victimization. Forty-five percent of the victims displayed the symptomatic criteria for generalized anxiety disorder. This study concluded that a previous history of depression, a large financial loss, and a decreased standard of living (e.g., social isolation) might increase the risk for a major depressive episode and suicidality in white-collar victims.

In 1999, Spalek (7) published a case study that examined the impact white-collar crime has on its victims. He interviewed 25 victims who had their pensions stolen in the Robert Maxwell scandal. He concluded that this type of crime creates psychological, physical, emotional, behavioral, and financial problems.

In the only previous study focused solely on identity theft victims, the California Public Interest Research Group (CALPIRG) (8) surveyed 66 victims in California. Based on open-ended questions, they found that stress, emotional trauma, time lost regaining one's identity, and damaged credit reputation were the most serious problems suffered by victims. In terms of recovery, victims

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reported spending an average of 175 hours and $808 in additional out-of-pocket expenses to restore their credit. Victims reported that this excessive time and money can be more draining than the original financial loss. This study concluded with recommendations from the victims on how to help future victims restore their identity more efficiently. For example, they suggested being careful with personal information, knowing one's rights, and being persistent. Based on findings from the little previous research that exists, it appears possible that victims suffer psychological symptoms subsequent to victimization.

Physical and psychological impact may be an important aspect of identity theft victimization, and more research is needed so that experts can attempt to prevent severe psychological and somatic symptoms from arising. The purpose of this study was to examine the effects that identity theft has on its victims, in terms of both psychological symptoms and overall health impact. Furthermore, the current status (resolution or non-resolution) of the victims' cases was examined to assess any differences in psychological and somatic symptoms. Finally, common victim methods of coping were identified.

Method

Participants

Thirty-seven victims of identity theft were recruited from six police departments and victim assistance agencies from California, Michigan, Ohio, Pennsylvania, and Florida. The participants completed the victim impact questionnaires, and of these, 30 also completed the Brief Symptom Inventory–18 (BSI–18) (9). The drop in sample size may be due in part to the completion of the questionnaires being voluntary, with some participants choosing not to complete the measures due to time constraints, or some simply completing them incorrectly. The respondents were invited to participate in focus groups to discuss the impact of their identity theft experiences and to generate recommendations for policy change regarding identity theft. Participants were contacted by local agencies and offered $50 as compensation for their efforts.

Demographics were obtained from those participants who completed the requested information, therefore the following percentages may not represent the sample entirely. The available data suggest that the sample was 27% male and 67.6% female. Participant mean age was 43.46 (range 20 to 79). Most victims had spent one to six months restoring their identity at the time of survey completion, with a range of less than one month up to ten years. Just under half of the participants (43.2%) were married, 18.9% were divorced, 27% were single, and 2.7% were widowed. At the time of survey completion, almost half (48.6%) of the participants had restored their identity and fewer (37.7%) had not.

Measures

Two measures were administered prior to each focus group: a survey designed by the authors for the purpose of this study (see Appendix A), and the Brief Symptom Inventory–18 (BSI–18) (9). Both measures were completed anonymously.

The victim impact questionnaire of open-ended questions was administered. This survey assessed psychological effects of victimization after two weeks and six months. Specifically, after identifying the type of identity theft, the participants listed multiple physical and psychological reactions to the victimization and ways by which they coped. Additionally, respondents were asked to make recommendations on how to manage, cope, and improve future identity theft responses. Finally, the survey asked the participants to rate the overall impact (ranging from "none" to "extremely negative" on a Likert-type scale) that identity theft has had on their lives, and whether they sought professional assistance (medical and/or psychological).

The BSI–18 was completed after the self-report survey. This measure is a standardized self-report questionnaire that measures psychological and somatic distress experienced within the last seven days. The examinee rates 18 symptoms on a 5-point scale ranging from "Not at all" to "Extremely". This instrument contains three symptom scales (e.g., somatization, depression, anxiety) and one global index. The Global Severity Index (GSI) summarizes the overall level of psychological distress across the three scales. This measure is highly correlated (>.90) with the Symptom Checklist-90-Revised (SCL-90-R) (10), which is based on a large community population and has well-established validity. The BSI–18 normative group consists of 1,134 adults (males and females) who were employed by a national U.S. corporation.

Procedure

Six focus groups were conducted by professionals from the National White Collar Crime Center (NWCCC). The measures were administered before the focus groups convened so that responses on the measures were not influenced by other victims' opinions. Following survey completion, the 60 to 120 min focus group was led by members of the research team. The moderator guided the group with predetermined questions and let the group participants openly discuss their experiences and opinions.

For the open-ended questionnaire, all responses were reviewed and three to ten categories, generated by the authors, were formulated to capture the general themes. The authors then coded each response as belonging to one of the categories or as miscellaneous. The authors' coding was compared, and the percent agreement was calculated. The first set of categorized responses inquired about emotional reactions after learning of the identity theft at two and 26 weeks. The percent agreement between raters for this set of data was 93.5% (at two weeks) and 88% (at 26 weeks). The second set of categorized responses dealt with physical/health reactions to learning of the identity theft at two and 26 weeks post victimization. The percent agreement between the two raters was 96% (at two weeks) and 80% (at 26 weeks). The third set of categorized responses included the victims' first efforts to cope with the identity theft. The percent agreement between raters was 91%. Lastly, the victims' most helpful coping activities after first learning of the identity theft were categorized, and the percent agreement was 97%.

Results

Victim Impact

Table 1 presents the percentages for each emotional reaction category two weeks after learning of the identity theft. The most common reactions were irritability and anger (19%), fear and anxiety (17%), and frustration (16%). However, 26 weeks after the participants learned of the identity theft, the emotional responses shifted such that the majority (26%) of participants indicated that they were distressed and desperate, 24% stated that they were irritated and angry, and 14% percent endorsed feelings of anxiety, fear, mistrust and paranoia.

Table 2 shows the physical/health reactions to learning of the identity theft at two and 26 weeks. At two weeks post victimization, the majority of the responses indicated sleep problems, anxiety

TABLE 1—*Emotional reaction to learning of identity theft at 2 weeks and 26 weeks (by percent of responses).*

Emotional Response	2 weeks $N = 77$	26 weeks $N = 42$
Irritated/Anger	19	24
Anxiety/Fear	17	14
Frustration	16	2
Disbelief/Shock	14	7
Distress/Desperate	13	26
Mistrust/Paranoia	13	14
Depression	5	7
Miscellaneous	3	5

NOTE: Percentages may total more than 100 because some participants reported more than one reaction.

TABLE 2—*Physical/health reactions to learning of identity theft at 2 weeks and 26 weeks (by percent of responses).*

Physical/Health Response	2 weeks $N = 51$	26 weeks $N = 26$
Sleep problems	25	8
Anxiety, nervousness	16	35
Appetite problems, weight loss	14	0
Headaches	14	12
Gastrointestinal problems	10	19
Miscellaneous problems	8	12
Muscle tension	6	4
Skin reactions	4	0
Fatigue/lethargy	2	8
Depression	2	4

NOTE: Percentages may total more than 100 because some participants reported more than one reaction.

TABLE 3—*Identity theft victims' scores on the BSI (means, standard deviations, and t-values).*

BSI Subscale	Resolved $N = 13$	Unresolved $N = 12$	t-value
Somatization	2.85 (3.60)	9.17 (6.00)	−3.236*
Depression	3.31 (5.09)	8.83 (4.78)	−2.791*
Anxiety	8.00 (7.64)	13.17 (6.56)	−1.807
Global	14.15 (15.56)	31.17 (14.52)	−2.820*

* $p \leq .01$.

and nervousness, and problems with appetite, weight change, and headaches. At 26 weeks post victimization, the majority of the responses indicated anxiety and nervousness, gastrointestinal problems, and headaches. The initial sleep and appetite disturbances decreased the most at 26 weeks post victimization. Anxiety and gastrointestinal symptoms both increased at 26 weeks post victimization.

Thirty participants completed the BSI–18. The scales were analyzed individually and globally. Table 3 shows the mean, standard deviation, and t-values of BSI–18 subscale scores for the 13 victims with resolved and 12 victims with unresolved identity theft situations (five participants did not indicate the status of their cases). Results indicate that victims with unresolved cases had a higher mean on all subscales than those with resolved cases. T-scores indicate that there were statistically significant ($p \leq .01$) mean differences between the groups on the somatization, depression, and global scales, with victims of unresolved cases endorsing more symptomatology.

TABLE 4—*Percent of identity theft victims in clinical range on the BSI–18 by victim type.*

BSI Subscale	Resolved $N = 13$	Unresolved $N = 12$
Somatization	15	67
Depression	15	50
Anxiety	38	67
Global	23	62

NOTE: Normative data are derived from a community sample of 1,134 adults who, at the time of assessment, were employees of a national U. S. corporation.
* 95th percentile cutoff scores are as follows: somatization = 8, depression = 10, anxiety = 10, global = 24.

Table 4 presents the percent of victims with resolved and unresolved cases that were within the clinical range (greater than the 95th percentile) based on the BSI–18 community norms. The combined gender normative data were utilized from the BSI–18 manual. Significant differences again emerged between those participants with resolved and unresolved identity theft cases. Specifically, those with unresolved cases had significantly higher BSI scores on all subscales, the majority of which were clinically significant (above the 95th percentile). Those with unresolved cases were most likely to continue to endorse symptoms of anxiety than other psychological problems (e.g., depression and somatization) at 26 weeks. Surprisingly, only 2 of 37 participants reported seeking professional help.

Coping Strategies

Participants were also asked to identify their first efforts to cope with the identity theft. The most common response (46%) was to first contact governmental agencies. Twenty-seven percent contacted the credit bureau, 14% contacted vendors, and 13% contacted credit card companies.

Those coping methods identified by victims as "most helpful" were also examined. Two-thirds of the responses (68%) fell within the "taking action" category. Examples of responses in this category ranged from "shredding documents" to "teaching others how to prevent victimization". Twenty-nine percent reported that they coped by talking to friends and family and 3% coped with prayer.

Discussion

This exploratory study examined the psychological and somatic impact of identity theft on its victims and identified some of the most common coping methods utilized by these victims. The BSI–18 and a questionnaire developed by the experimenters were completed by victim groups from six geographically diverse areas. Results indicated that victims whose cases remained unresolved had clinically elevated and significantly higher BSI–18 subscale scores of somatization, depression, and overall global psychological impact.

In addition, anxiety and anger were identified as the most commonly experienced emotions and sleep disruption and nervousness were the most commonly experienced somatic complaints immediately following victimization. Finally, the most helpful coping mechanisms identified by victims included taking action to resolve the issue and talking to friends and family. Because no control group was included in this study, data from the BSI–18 norm group were utilized as a control for clinical comparison.

The results of this study are similar to those found in previous research (5–7) examining victim impact of white-collar crime. The results of this study suggest that psychological impact is indeed

great on victims of identity theft. Not only are there immediate emotional and physical consequences to the victimization, but also lasting effects are seen, especially in cases that have not met resolution. It should be noted, however, that this sample consisted of self-selected volunteers, and thus the generalizability of these findings may be limited. Because the participants were self-identified volunteers, they may have presented with more complex and severe cases than would occur in a random sample; however, this remains unclear and deserves further investigation. This study served as an exploratory means for identifying potential areas of impact for identity theft victimization.

Additional research is needed to further isolate those areas of impact that are longer lasting, more debilitating, and can be treated or curtailed by professional intervention. It is clear from the results of this study that identity theft victims find becoming actively involved in the resolution a helpful coping method. It may be that through increased sensitivity and awareness of the psychological impact of identity theft, law enforcement agencies and mental health professionals can better serve this population when they are contacted.

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Appendix A — Participant Questionnaire

Please fill out the information as completely as possible. Do not write your name, as this information is strictly anonymous. If you do not know the exact answer to a question, feel free to provide an estimate. If it has been less than 6 months since you discovered the victimization, please answer questions #9 -#12 based on how you feel today. If you would prefer not to answer a particular question, please leave it blank. Thanks again for your participation in this important research study.

Please Circle: Male Female Age: _____

Highest year of Education: _____ Marital Status: M S W D

Annual Household Income (please circle):

(1) $0 - $30,000 (2) $31,000 - $60,000 (3) $60,000 - $90,000 (4) $90,000 +

Type of identity theft victimization	Victimized? (check all that apply)
New credit card opened in your name	
Unauthorized charges placed on your existing card account	
New telephone, cellular, or utility service opened in your name	
Unauthorized charges placed on your existing account	
New bank account opened in your name	
Bad checks/unauthorized charges placed on your existing account	
Loan obtained in your name	
Driver's license obtained in your name	
Government benefits obtained in your name	
Misuse of your personal information to gain employment	
Misuse of your personal information to obtain medical services	
Misuse of your personal information to avoid legal/criminal sanctions	
Other (specify)	
Other (specify)	

1. Please estimate the number of months you spent trying to restore your identity and/or credit because of this criminal incident: _____

2. As of today, please estimate the out-of-pocket expenses you have incurred trying to resolve identity theft-related issues (expenses may include notary fees, copying costs, attorney fees, and other costs. Do not include indirect expenses, such as lost wages or denied credit): _____

3. As of today, has your identity and/or credit been restored to your satisfaction? _____

3a. If **yes**, how many hours of your time would you estimate you spent restoring your identity? _____

3b. If **no**, how many hours of your time would you estimate you have already spent restoring your identity? _____

4. What were your first emotional/psychological reactions after learning of the ID theft? (within 2 weeks) (e.g., anger, fear, desperation, frustration)

_____

_____

_____

_____

5. What were your first physical/health reactions after learning of the ID theft, if any? (within 2 weeks) (e.g., sleep, appetite, headaches, pain)

_____

_____

_____

_____

6. What were your first efforts to correct the ID theft? (e.g., call FTC, call police)

_____

_____

_____

7. What were the most helpful coping activities you did after first learning of the ID theft? (e.g., support groups, chat rooms, change shopping habits)

_____

_____

_____

_____

8. What would you recommend that new victims **DO** or **NOT DO** the first 2 weeks?

	DO	**NOT DO**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

9. After 6 months, what were your emotional/psychological reactions to the ID theft?

_____

_____

_____

_____

10. After 6 months, what were your physical/health reactions to the ID theft, if any?

_____

_____

_____

_____

11. What **three** things would you tell other ID theft victims in terms of how to cope with this crime?

1. _____

2. _____

3. _____

12. Because of this identity theft experience, did you see a physician for assistance? _____

13. Because of this identity theft experience, did you see a mental health professional for assistance? _____

14. After 6 months, what was the OVERALL impact of the Identity Theft on your life?

0	2	4	6	8	10
none	minimal	mild	moderate	severe	extremely negative