

IDENTITY THEFT IN COMMUNITY MENTAL HEALTH PATIENTS:

Two Case Reports

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ABSTRACT

Identity theft is a serious problem in the United States, and persons with enduring mental illnesses may be particularly vulnerable to becoming victims of this crime. Victims of identity theft experience a variety of consequences that include financial loss and serious emotional distress. Little is known about the impact of identity theft on individuals with mental illnesses. The two cases from a community mental health center presented in this article demonstrate many of the facets that may be associated with an increased risk for becoming the victim of identity theft. A summary of preventive steps as well as steps involved in resolving the crime once one has become a victim are presented.

INTRODUCTION

Identity theft is a serious problem in the United States, and persons with enduring mental illnesses may be particularly vulnerable to become victims of this crime. Although recent trends may indicate a slight reduction in the rate of new identity theft victims in 2007,¹ the depth and complexity of identity theft schemes has



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KEY WORDS: community mental health, identity theft

increased. The Federal Trade Commission estimates that as many as 10 million Americans in any given year have been impacted by identity theft and that this represents a loss of 50 billion dollars to the US economy. The cost to society includes direct loss to credit card companies and the banking industry as well as the costs of various levels of law enforcement and prosecution, and maintenance of victim assistance departments in government and financial institutions.²

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Victims of identity theft experience a variety of consequences that include financial loss as well as serious emotional distress. In addition to the emotional distress associated with personal violation and loss, individuals often must suffer the impact of a negative credit report, they often spend hundreds of hours in resolving the myriad of associated issues, and some victims have been subjected to criminal investigation, arrest, or conviction.

Little is known about the impact of identity theft on individuals with mental illnesses. We present two cases of identity theft in patients served by a community mental health center. There are a number of risk factors that render individuals with mental illnesses at increased risk to become victims of identity theft, additionally these individuals may be less able to manage the complexity of the rectification of the personal financial damage caused by the theft. The stress associated with this interpersonally invasive crime can be destabilizing in many ways; this may be especially true for those with mental illnesses.

WHAT IS IDENTITY THEFT?

Identity theft is generally defined as a crime in which an imposter obtains key pieces of information, such as social security and driver's license numbers, and uses it for his or her own personal gain.³ Stolen information may include a person's name, social security number, address, passwords, and/or birth date. An identity thief only needs a victim's full name, social security number, and birth date to open credit or bank accounts under another's

name or to drain existing accounts.

Individual victims of identity theft are adversely impacted in a variety of ways. There are often both direct and indirect financial losses. Direct losses come through payment for legal assistance and lost income and employment related to time involved in rectification of financial affairs and credit reports. Indirect losses primarily include the myriad of problems associated with a bad credit report. These tangible losses are compounded by the burden of

individual typically spends many hours of time coordinating and reporting information about the theft to numerous government, legal, and business organizations. The amount of time required to untangle the damage caused by this crime varies and can result in tens to hundreds of hours to resolve. Generally, the more complex an individual's assets are, the more time is necessary to resolve them. Individuals with cognitive disabilities and other socially disabling conditions may not be able to represent themselves or their circumstances well to these government and financial institutions.

Another type of adverse impact is the severe emotional distress commonly associated with the crime. Sharp, et al., conducted a regional focus group for victims of identity theft and found that the majority of victims experienced an increase in maladaptive psychological and somatic symptoms post-victimization. This small study from a general population found that when the legal cases are unresolved, the stress persists. When the case is legally resolved and it is clear that the perpetrator cannot continue the ongoing offenses, the stress is more time limited and more likely resolves.⁵

It is well established that individuals with mental illnesses

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proof that one has been an identity theft victim, being placed almost entirely on the victim. Legislation addressing lax and minimal identification verification processes that are present in many creditors has been largely unsuccessful.⁴ This means that to undo as much of the damage as possible, an

are more likely to be victims rather than perpetrators of various types of crime and violence. In a US study of 936 randomly selected patients from 16 outpatient, day, or residential mental health agencies in Chicago, just over 25 percent of those with mental illness have been victims of violent crimes within the

previous year.⁶ This rate is more than 11 times the rate in the general population. The rates for specific types of violent crimes, such as robbery, assault, and sexual assault, among people with mental illness ranged from 6 to 23 times greater than for people in the general population. Additionally, this Northwestern University Feinberg School of Medicine study found that the annual incidence of violent crime experienced by people with mental illness was more than four times greater than in the general population.⁶

Another facet of identity theft with psychological ramifications is the likelihood that the perpetrator may be known to the victim. Allison, et al., reviewed the demographics of identity theft victims and found that 59 percent did not know their offender.⁷ This is in contrast to a study done by the Federal Trade Commission (FTC) in 2000, which found that the majority of victims had some prior relationship with their offenders.⁸ The Javelin Strategy and Research review of 458 victims of identity theft in a general population in 2006¹ found that 31 percent of the victims eventually found out who the perpetrator was. Of this, just over half or 53 percent were known to the victims. These known perpetrators were coworkers, neighbors, in-home employees, friends, or family members. Although the details of these studies vary, they consistently demonstrate that it is common for the offender to be known to the victim, which is psychologically more complex. There have been instances wherein parents used the social security numbers, birth dates, and addresses of their dependent children to open and conduct business with credit cards.⁹

Unlike many crimes, the perpetrators or offenders of identity theft are more often female than male, and victims are more likely to be male and older than the average age of offenders.⁷

Putting these factors together, we believe it is likely that individuals with mental illness and other intellectual disabilities are at increased risk for being victims of identity theft when compared with a general population. Little data, however, have been published with regard to the rates that “white collar” crimes, such as identity theft, are committed against people with mental illnesses.

Reasons for this increased risk come in two general categories. These include the direct clinical

oversees Tony filling his medication box and assists with matters of daily living, such as paying bills, managing money, and any other matters requiring organizational skills. Tony’s skills in managing his life are marginal, but with assistance he has done well. Tony attends an adult psychiatric rehabilitation center daily, providing further structure. He is seen by a therapist weekly and a psychiatrist every three months and takes a mood stabilizer, an antidepressant, and an antipsychotic.

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features of many states of mental illnesses, such as impairments in cognition and judgment or paranoia. Indirect features include the numbers of other persons, providers, and family members who have access to personally sensitive information of mentally ill people and the often transient living situations. These factors render the individual more likely to be a victim and also less likely to be able to effectively pursue resolution and clean up of the financial mess created by this crime.

We report here two cases of individuals who receive mental health services at our Community Mental Health Center and who were the victims of identity theft.

CASE DESCRIPTIONS

Case 1. Tony is a 47-year-old Caucasian man with a lifelong history of psychiatric illness who was diagnosed with schizoaffective disorder and mild mental retardation. He has had numerous psychiatric hospitalizations, the most recent in October, 2005, for depression and psychosis. He has been able to live in the community all his life in his own apartment, and he functions well with the assistance of a case manager who sees him weekly. The case manager

Four years ago Tony’s son and daughter-in-law moved in, claiming they had bad credit, which prevented them from getting an apartment. Initially, the understanding was that they would stay only for several weeks. Frequent arguments over a wide variety of matters took place during the next four years with such severity that Tony frequently resorted to staying with friends. Tony’s son never paid rent, but claimed that he was contributing in other ways, such as buying a new TV, computer, and washing machine. Tony’s son also had a telephone installed and got cable for both TV and computer. The son and his wife recently moved out, and when the case manager went over the mail with Tony, they discovered that Tony’s son had used Tony’s social security number to open and max out a MasterCard for \$5,000. As the mail came in over the next two weeks, they discovered a \$2,000 bill from QVC, another \$200 bill from Home Shopping Network, and a department store account for another \$3,000. Additional bills for the cable and phone were also unpaid; the library reported over \$400 in unreturned books. All these accounts were in Tony’s name.

Unfortunately, Tony lives in city housing that is about to be torn down, and he needs to move. He cannot use Section 8 housing because a credit check is part of the assessment process, and Tony now has a bad credit rating. Case management interventions have included accompanying Tony to make a police report, obtaining credit records, and writing numerous letters to the creditors. The process is long, laborious, and far from over. Periodically, new attempts are made to open accounts using Tony's social

her "funny tasting tea" and often attempted to get her to take pills. At the end of the four days, Cheryl found herself married to Daniel with no memory of having done so. Daniel and his sister moved in with Cheryl, and Daniel took out a second mortgage on her house and used the money to pay cash for a BMW for Clarisse and a Mercedes for himself. He used her home for a kind of center of operations for himself and a number of his friends. Because the house had appreciated enormously since Cheryl had purchased it, the second mortgage

time Cheryl was able to return to treatment as well as engage with the legal system. When she was able to return to treatment, Cheryl exhibited active hallucinations, paranoia, decreased mood, and extreme anxiety. She continues to be very fearful that he might return and kill her.

Upon returning to treatment, Cheryl was able to file police reports. During this time, she began receiving loan payment bills at the house for yet a third luxury automobile, which had been purchased in her name in Hawaii. She had to go to court on 14 separate occasions in an attempt to pursue criminal and civil prosecution, a process made more difficult by limited English proficiency and an unstable mental illness. During the process of criminal prosecution, Cheryl's husband frequently asserted that he was innocent and that Cheryl's testimony could not be believed because she had a mental illness. With the assistance of Legal Aide she was able to procure a divorce. Daniel ultimately was convicted on several counts of fraud, forgery, and theft.

In spite of obtaining legal success, the money is gone and the mortgage remains in Cheryl's name. Her payment has now more than doubled; she is only able to make payments with the help of her family in an attempt to keep the house out of foreclosure until she can sell it. Cheryl does not have a strong advocate in the legal system, and the system itself proved intransigent and difficult to navigate. Cheryl's actions are still guided by the fear that Daniel will return and kill her, and she is often fearful that people in the neighborhood are working for him. Noises in the house are magnified, and she is constantly anxious.

DISCUSSION

The cases cited illustrate the vulnerability of mentally ill individuals to identity theft by family members or persons who are

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security number. Due to his disability, Tony is unable to provide much help, and he is devastated by the betrayal of trust. After his son moved out, Tony found his social security card with some of the papers his son left behind.

Case 2. Cheryl is a 42-year-old immigrant Black woman diagnosed with bipolar disorder with psychotic features. She has a long psychiatric history, including multiple hospitalizations, is seen in therapy biweekly, and has a good working relationship with her psychiatrist. Cheryl managed to work multiple minimum wage jobs during her less symptomatic periods, and with family assistance, was able to buy a house approximately 15 years ago. One of her children is in college. While in the hospital for treatment of a depressive episode, she met Daniel.

Daniel appeared one day several weeks after discharge on Cheryl's doorstep with his sister, Clarisse. Shortly thereafter, Cheryl describes a period of four days in which her memory is extremely foggy after the second time he appeared. She states that Daniel and Clarisse fed

netted a substantial amount of ready cash. Around \$50,000 of the money generated by the additional mortgage has remained missing. Cheryl has emphasized repeatedly that she has no memory of marrying this man, signing for a loan, or most of the events during the initial period. She believes that she may have been drugged. No other such incidents exist in her life, and her previous relationships have been few and stable.

Symptoms of her mental illness, including auditory hallucinations, paranoid delusions, and anhedonia, re-emerged. Daniel threatened her repeatedly, and told her that if she left he would kill her. She denies that he ever had sex with her, and his actions appear to have been primarily aimed at keeping Cheryl in the house and away from other people. For the next several months, Cheryl was kept under continuous observation by Daniel or one of his friends. This resulted in her being unable to keep clinic appointments and being cut off from communication with family or friends. Daniel eventually took a vacation to Hawaii, and during this

able to gain and abuse the patient's trust. They are representative of the ways in which individuals with mental illnesses are vulnerable to identity theft. In addition to the stress associated with the process of victimization, these individuals experienced significant and ongoing disruption in their resources, which destabilized their lives. These individuals are diminished in their capacity to organize and follow through with the variety of tasks involved in rectifying the myriad of problems that occur for victims of this type of crime. The support provided by multiple service providers was very helpful in restoring stability for these individuals.

Reducing the risk. There are several steps individuals can take to reduce the likelihood that they are victims of identity theft. Common types of identity theft offenses include low-tech methods, such as wallet theft, dumpster diving, and stealing statements and papers that contain identifying information. High-tech theft includes a variety of unauthorized electronic accesses through direct hacking into accounts and a series of phishing scams, which include electronic or telephonic inquiries for further information from offenders that are disguised as inquiries from legitimate businesses.

In an information campaign called Defend, Deter, Detect, the FTC recommends the following for prevention or deterrence:¹⁰

- Check your credit report at least annually.
- Shred financial documents and paperwork with personal information before you discard them.
- Protect your Social Security number. Do not carry your Social Security card in your wallet or write your Social Security number on a check. Give it out only if absolutely necessary or ask to use another identifier.
- Do not give out personal information on the phone,

through the mail, or over the Internet unless you know who you are dealing with.

- Never click on links sent in unsolicited emails; instead, type in a web address you know. Use firewalls, anti-spyware, and anti-virus software to protect your home computer; keep them up to date. Visit OnGuardOnline.gov for more information.
- Do not use an obvious password like your birth date, your mother's maiden name, or the last four digits of your Social Security number.
- Keep your personal information in a secure place at home, especially if you have roommates, employ outside help, or are having work done in your house.

In a small survey on what efforts were being made to deter identity theft, Milene¹¹ found that some preventive behaviors were being followed by the majority of participants while others were not. In general, in this small sample, many simple preventive measures, such as not providing information

patients?

Patients who are victims of identity theft need to be monitored for exacerbation of known mental illnesses and the onset of new features, such as acute stress reaction, posttraumatic stress disorder-like symptoms, and depression. It is helpful to encourage the patient-victim to engage with one or more helpful individuals, such as family members or a case manager, who can facilitate the actual resolution of the crime and help to reduce the impact and extent of losses. In the cases presented here, the losses would have been much worse if these individuals had not had access to the extensive assistance of an effective case manager. The treatment team worked to provide reassurance, support, encouragement, and the more concrete interventions, such as assisting with multiple reports to legal, government, and financial organizations.

Identity theft is tracked nationally by the FTC. Victims of identity theft are encouraged to

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to strangers and keeping passwords in separate places, were commonly occurring. Less than 25 percent of this sample had checked their own credit reports, which is believed by many to be the single most effective preventive measure one can use.

Resolving the problem. As is demonstrated by these cases, a great deal can be lost, even by individuals living on minimal SSI support. Even something as basic as housing can become imperiled in a number of ways. What can mental health practitioners do to help their

report their situations to the FTC so that crimes and schemes involving more than one legal jurisdiction can be better tracked and prevented.

Once an individual determines that he or she has been victimized, the initial steps recommended by the FTC are as follows:¹²

1. Contact the fraud departments of any one of the three consumer reporting companies to place a fraud alert on your credit report. A fraud alert tells creditors to follow certain procedures before any new accounts can be opened

- in that person's name. Once one of these companies receives a fraud alert, they are required to contact the other credit reporting companies. The three companies are Equifax (Phone: 800-685-1111); Experian (Phone: 888-397-3742); and TransUnion (Phone: 800-372-8391).
2. Close any accounts known or believed to have been opened or tampered with fraudulently. There is a form available on the FTC website, the ID Theft Affidavit, that is helpful to use when disputing new, unauthorized accounts.
 3. File a complaint with the FTC. Printing a copy of your FTC ID Theft Complaint can provide important standardized information for use in your police report.
 4. File a police report with the local police or the police in the community where the theft took place. Give the police a copy of your FTC ID Theft complaint form. Get a copy of the police report (or, at least, the police report number) for future reference in working with creditors.

From these initial steps, a cascade of items that need to be monitored periodically ensues. In general, the burden of proof is on the individual to prove that he is the victim and not the perpetrator of any fraudulent purchases or activity. Until the perpetrator is identified and stopped, the theft may be ongoing. This can take months to resolve, and the earlier the theft is identified, the less the total damage financially to the victim. Credit reports require continued monitoring, legal issues can (and almost certainly will) persist, and the consequences of a poor credit rating must be dealt with until the problem is entirely cleared up. In the case of a mentally ill patient, the process may be substantially more difficult, as the world of credit reports, police, the court system, and credit

cards are likely to be difficult to effectively navigate. Decisions may be complicated by the reluctance of the affected individual to charge a family member with crimes that may result in incarceration.

The difficulties involved in identity theft for people with mental illnesses form a large and complicated matrix involving emotional reactions, which may be complicated by a previously existing psychiatric illness, financial crisis exerting further stress on the individual, and an ongoing involvement with the civil and criminal legal systems in addition to the financial system. Mental health professionals can assist by providing emotional support and counseling as well as providing a broad outline of the process and referrals to case management. Alertness to the problem and an awareness of the scope and consequences are essential in order to assist the patient through what is likely to be a long and arduous process.

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