INVISIBLE HARMS:

UNDERSTANDING THE HIDDEN HEALTH IMPACT OF FRAUD

THE POLICE FOUNDATION
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About the Police Foundation

The Police Foundation is the only independent think tank focused exclusively on improving policing and developing knowledge and understanding of policing and crime reduction. Its mission is to generate evidence and develop ideas which deliver better policing and a safer society. It does this by producing trusted, impartial research and by working with the police and their partners to create change.

About the University of Portsmouth

The Centre for Cybercrime and Economic Crime (CCEC) was founded in 2023 by the University of Portsmouth encompassing over 40 academics with expertise in cybercrime, cyber security and economic crime. The Centre was built upon the Cybercrime Awareness Clinic and Centre for Counter Fraud Studies (CCFS). CCFS was founded in 2010 and has attracted over £1.25 million in funding conducting research and consultancy projects for a wide range of public and private sector clients. Some of the most significant public sector commissions have included projects into fraud and cybercrime victims for the UK Government Home Office, Association of Chief Police Officers and Sentencing Council; research on what works in fraud prevention for the Home Office; research on fraud measurement for the Foreign, Commonwealth and Development Office; working on the UK Government's annual Cyber Security Breaches Survey with IPSOS/Mori; and several projects on social media and economic crime for the UK Security Services and Intellectual Property Office. CCFS also worked with private companies too on a variety of projects related to fraud cost measurement and sanctions against fraudsters. The CCFS also received funding from Government research councils for projects related to open government and the risk of fraud, cybercrime and ageing, fraud, cybercrime in the UK and South Korea.

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EXECUTIVE SUMMARY

Fraud is now the most commonly experienced crime in the UK. However, police and wider public institutions are struggling to keep pace with this rising demand and too often failing to meet the needs of victims. Fraud is usually framed as a financial issue, but there is a growing body of evidence that shows it can have a significant impact on the physical and mental health of victims. For some, recovery is dependent on receiving the right support, while others struggle to recover even with that support.

This research addresses the considerable gaps that remain in our knowledge of how fraud impacts on victim health, why some victims are more impacted than others, and what victims need to enable them to recover. The police understanding of the fraud picture and offending is improving, but without this knowledge about the victim experience, we cannot effectively understand the harm caused by fraud or develop support services that protect the wellbeing of those affected and reduce longer-term negative effects on individuals.

In 2023, the Police Foundation was awarded a National Institute for Health and Care Research (NIHR) grant to research the health impacts on victims of fraud offences and in 2025, headline findings were shared with an academic audience in Portsmouth University. Our approach to the research was to engage directly with the victims of fraud living in two neighbouring police force areas in England, allowing their own experiences to illuminate the diverse ways in which fraud offences can have more than financial impacts on victims: These two county forces were chosen because they are among the very few that keep accurate records of fraud victims and their assessed needs. The volume or profile of fraud offences recorded in their police force area was not a factor.

- First, we conducted a survey of all local victims who had contact with the police in these two forces during a 14-week period; a total of 3,424 victims, 311 (9.1%) of whom completed a survey.
- Second, we carried out in-depth interviews with 16 fraud victims, 10 of whom had been assessed as 'vulnerable' by the police.
- Third, we interviewed 22 practitioners with experience and expertise in managing or delivering support to victims of fraud.

WHAT IS THE HEALTH IMPACT OF FRAUD?

This research explores how individual victims experienced 'impact' from multiple perspectives. First, it examines the types, volume and composition of health symptoms that were experienced, which indicates the intensity of the impact on health. This includes emotional and mental health symptoms, physical health symptoms, and the changes in behaviour that affect a victims' health and wellbeing (e.g. social withdrawal). Second, we examine the impact of those symptoms on victims' lives. And third, their capacity to cope and recover from the experience of fraud and related health symptoms.

The health symptoms reported by victims

In our survey, a majority of victims (92.0%) reported experiencing at least one health symptom as a result of their victimisation, most commonly relating to their emotional or mental health. Over half reported feeling worried (58.4%), experiencing stress (56.5%), or worry about being victimised again (51.6%). Just under half reported anger (46.1%), feeling vulnerable or unsafe (45.8%), or emotional distress (45.5%). A significant minority reported more serious symptoms such as depression (17.9%), hopelessness (15.6%), feeling out of control (14.3%), or panic attacks (8.0%).

The experience of being defrauded did not just have impact psychologically. Over half of victims (58%) reported experiencing a physical health symptom as a consequence of fraud victimisation. The most common was difficulty sleeping (44.7%), and a quarter

reported headaches (26.8%) or excessive tiredness (24.4%) while others reported physical symptoms that were triggered by stress.

> *"During my experience I was totally stressed out and ended up losing my home and business which I strongly believe led to my Cancer diagnosis." (Survey respondent)*

In total, nearly two thirds (63.5%) of our sample reported changes in behaviour that had potential implications for health and wellbeing. Victims most commonly reported a distrust of others (43.6%), and a minority reported becoming socially withdrawn (18.9%), reported a relationship impact (13.9%) or having obsessive thoughts and actions (12.5%) as a consequence.

Many victims experienced multiple health symptoms in response to victimisation – the average number of reported symptoms was 8.4 – and a closer look at individuals' responses revealed different profiles of symptoms experienced. Using a statistical technique called Exploratory Factor Analysis, six clusters were identified which showed that certain categories of symptom, concentrated in the experiences of certain victims – i.e. the experience of one, increased the likelihood they would report another symptom in that same cluster.

The six clusters were labelled to represent the symptoms in each cluster; 'Worry and Distrust', 'Low Mood and Confidence', 'Crying, Panic Attacks and Impacted Behaviour', 'Impacted Role Functioning', 'Hopelessness and Self-harming' and 'Somatic Response and Impacted Relationships'. This individual-level analysis draws out a highly distinct profile of impact and need among victims in the sample. For example, the 'Worry and Distrust' cluster includes symptoms such as feeling worried, stress, anger, and having difficulty sleeping, which were reported by many who completed the survey. In contrast, the 'Hopelessness and Self-Harming' cluster included symptoms that had been reported by fewer victims, such as feeling isolated, and thoughts of hopelessness or even acts of self-harm.

The impact on victims' lives

The impact of the health symptoms on the daily lives of victims was highly variable. Over half reported their life had been impacted slightly or not at all (55.3%),[1] which may indicate the range of financial consequences, including being fully compensated. However, nearly one in five (18.8%) reported their life had been very affected, and a quarter (26%), moderately affected by the health symptoms they had experienced.

The impact manifested in a variety of ways, including reports of becoming socially withdrawn and an effect on their existing relationships (e.g. with family members). Some victims adopted avoidance behaviours to manage fears and avert further victimisation, including extreme examples such as choosing to exclude themselves from online environments or other social settings.

A minority of victims considered ending their own life in response to fraud victimisation. In our survey, a small number of respondents reported feelings of self-harm (5.2%) or even acts of self-harm (1.4%). In interviews, police practitioners highlighted suicidal ideation and suicide attempts as a key concern in assessing and supporting fraud victims, due to past incidents in which individuals in the local county area had taken their own lives, including one tragic incident of a fraud victim dying by suicide during this research.

> *"It consumes all of my waking thoughts, and I cannot move on from it." (Survey respondent)*

The capacity to cope and recover from the fraud

A victim's capacity to cope and recover is an important factor in understanding who is likely to require help from support services, and relatedly, those victims who experience symptoms over a longer period of time. There were some victims who described experiencing health symptoms that were short-lived, while others continued to experience symptoms four weeks or more after reporting the fraud to the police (i.e. while completing the survey). Among victims assessed

1 This includes victims who reported either 'not at all' or 'not applicable'.

as vulnerable by the police, some reported symptoms over a significant period, in some cases spanning years.

In our survey, one in five victims (18.4%) reported that they had wanted support or treatment to address the health symptoms they experienced. This statistic represents a 14-week snapshot taken from just two of 43 police forces in England and Wales, but implies that there is considerable unmet demand for support from fraud victims. To illustrate, based on recent recorded crime data, it would mean that annually there may be over 56,000 fraud victims nationally, who want support or treatment to address health symptoms, and many of these are not receiving that support.[2]

Victims in our survey reported speaking to someone about their health symptoms. Nearly a third spoke to the police (31.1%) and a quarter to victim support (24.3%), though only 1 in 10 spoke with their General Practitioner (GP) (11.2%). Victims most commonly spoke to a family member (64.1%) or friend (40.8%). This indicates that as many as 1 in 3 fraud victims chose to not even speak anyone at all about their experiences.

> *"After months of not sleeping nor eating, not being able to meet people properly, you know I didn't want anyone to know. I didn't want them to be suspicious of anything. I have a twin brother [and] … I speak to him every week, but I couldn't tell him because I knew he would say, 'how could you be so stupid?" (Victim interview)*

Importantly, many victims who are considered the most vulnerable by the police, do not seek out support, and are reluctant to even accept support when offered for reasons such as shame, guilt, self-blame, or not accepting that they had been victimised. Without proactive outreach by the police or support services, there is a risk they are left unsupported, vulnerable to further exploitation by fraudsters, and experience detrimental health symptoms over longer periods of time.

WHAT DETERMINES THE IMPACT ON VICTIMS' HEALTH?

A range of factors were found to contribute to the impact of fraud on victims. The methods employed to defraud the victims were highly diverse, and certain techniques were found to be especially impactful on victims. Key examples are the techniques used in relationships and trust frauds (including romance fraud) in which fraudsters invest time to build trust, or the use of fraud narratives to induce alarm or distress, so as to manipulate victims into sending money. In other frauds, the victim experienced fear and insecurity due to a sustained threat of repeat victimisation, with some fraudsters persistent in targeting the victims.

The significance of the financial loss was another important factor in determining the impact on health. In our survey, nearly one in five (17%) reported their personal finances had been impacted to a great extent, and 15% to a moderate extent. And analysis showed the greater the reported impact on finances, the more health symptoms a victim reported. Some victims interviewed had lost substantial amounts of money, with five defrauded of amounts over £100,000 and one who lost £350,000. These victims described a substantial detriment to their health and wellbeing, as well as a material impact on their families or their ability to provide for their own retirement. That said, other victims who suffered little or no financial losses also reported a substantial impact on their health, which they struggled to recover from, so the amount of the loss did not always correlate with the health impact for the victim.

The experience of self-blame was among the most pronounced themes to emerge from the victims' descriptions of their experiences, both in terms of prevalence, and its significance to the impact on health.

2 This is based on published recorded crime statistics for the year ending September 2024 (See ONS (2025) Crime in England and Wales: year ending September 2024. Available at https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2024). This is an extrapolation, and it is not known the extent to which our survey sample is nationally representative of victims who report to the police.

Self-blame was a key moderating factor for the nature and gravity of the impact on victims' health, fuelling feelings such as shame, guilt, low self-worth and associated behaviours. Furthermore, self-blame and the feeling they were complicit in what happened to them influenced help-seeking behaviour, with some choosing not to report the fraud or disclose the incident to others in their life, even close family members or friends. This indicates a level of shame and embarrassment that is not often seen with other crimes. This self-blame is enhanced by societal attitudes towards fraud – for example, some victims who did confide in family members after the fraud were shamed and blamed by them.

> *"And in a way, I knew what I was doing. Do you understand? I was complicit … you know, when they said, 'do this,' I did it. I was so obedient. That's what I hate. I'm really, I'm ashamed." (Victim interview)*

Other contributing factors included the personal circumstances of the victim, such as whether they had pre-existing physical or mental health conditions, and whether they had social support – those who were more socially isolated or without access to family or friends, or who were blamed by those close to them, tended to suffer the greatest impacts.

WHAT ARE THE SUPPORT NEEDS OF VICTIMS AND HOW CAN THIS BE DELIVERED?

In our survey, 63% of victims reported they had been offered support, and nearly half (49%) that they have received support, most commonly from the police and victim support services or from family and friends. Victims described various interventions that had been helpful to their individual recovery, many of which were not specifically health interventions. This included validation that they had been victims, support and advice on how to avoid further victimisation or help to navigate the organisations and processes to reach a practical resolution.

Some victims described considerable barriers and frustration to access the help they wanted.

Police are just one in an expansive landscape of organisations with whom a victim may choose to engage following a fraud, including charitable or private sector organisations in the finance, technology or other sectors. Some victims described negative experiences of reporting and engaging with these organisations, particularly those in the private sector such as banks and financial institutions. Victims' accounts relayed a lack of personal engagement, inadequate provision of help or support, feeling blamed or even treated with suspicion, and not trusting that the organisation wanted to help them. Some reported that the complex and convoluted processes for seeking a resolution saw them passed between departments and forced them to repeatedly relive the trauma of the fraud. These interactions could exacerbate, or give rise to, emotional or mental health symptoms such as stress, anxiety, shame, and not feeling in control. There were examples of victim blaming narratives being reinforced by others in society, which for some was reflected in the responses, attitude and language used by the practitioners in services there to help them.

The scale of reported fraud victimisation compels the police to ration resources, to ensure support is given to those most in need of it. And the police face a significant challenge to rationalise the demand and accurately target support services to need, given the volume of fraud occurring today. Targeting of support is done using structured assessments to identify which victims are 'vulnerable'. However, there are difficulties in completing robust assessments of vulnerability, due to the high volume of victims reporting to the police, highly diverse victim experiences, and significant gaps in the information available on police systems. Moreover, without a clearer understanding of impact to the victim in the context of fraud, there is a risk that the police view vulnerability singularly from a crime and victimisation perspective, without paying sufficient attention to victims who are highly impacted and unable to cope and recover from the incident. Some practitioners expressed a concern that there remains unmet need for support among

fraud victims who do not meet the criteria to be assessed as vulnerable.

A key challenge for the police is that some of the most vulnerable victims can be the most difficult to engage. In interviews, victims expressed a reluctance to engage with the police or support services, for reasons such as shame, embarrassment or self-blame. These emotional responses could lead them to feel undeserving of support and to doubt their own victim status. Our research highlights that delivering effective support and care to the most vulnerable can require the investment of time to engage the victim, that support be tailored to individual need, and that it be delivered for as long as the individual requires it.

> *"I was horrified when she [victim support practitioner] contacted me. But that [said], she was very helpful, very supportive … she was very practical and treated me like… [a] sensible person, …. she said that the fraudsters, they're very clever, this is their job, and they've got teams of people and resources, and this is all they do. … They put you under pressure and make you stressed … Anyone in your situation would have probably reacted in a similar way."*
> *(Victim interview)*

Practitioners in the police described limited opportunities for onward referral to specialist health and welfare services which often operate to a restricted capacity and can lack sufficient experience and expertise to assess and support fraud victims. Some police support practitioners described taking responsibility for victims with highly complex needs because there was nowhere else for them to go despite feeling they lacked the expertise to deliver the care and support that was needed.

THE WIDER PICTURE

To put our interviews and survey data gained from the two county forces into a national context we analysed both open source and proprietary datasets from the Crime Survey of England and Wales. We found:

- In the same year, official data shows only 14 per cent of victims reported the crime to police or Action Fraud.
- Women reported higher rates of fraud than men. For both sexes, those in the 45–64 age groups were most likely to be targeted. Individuals who were divorced or separated also experienced the highest rates of fraud.
- There was a great deal of variation of victim experience: some (29%) reported not being emotionally affected at all while others (17%) experienced multiple impacts on their life.
- Our analysis showed the more money that was taken from an individual as a result of the fraud, the more emotional reactions and other life symptoms they reported.

Recommendations

1. Recommendation: A cross-government effort is needed to map and evaluate existing support provision for fraud victims across policing, health and welfare, and third sector to identify and address the existing gaps in service provision. Channels into support services should be available to victims who want further support. The police focus to address the most acute harm, and vulnerability may require alternative service providers to deliver more victim-led support services.[3]
2. Recommendation: The Home Office and City of London Police should develop a national vulnerability framework to implement a more consistent approach across local forces, and ensure that resourcing decisions for fraud victims are rationalised, transparent, and accountable. This framework should be evidence-based and incorporate how the health impact and victim recovery process must be integrated into policies to address vulnerability.

3 For example, in New Zealand, IDCARE is a not-for-profit charity that provides advice or support on matters relating to identity theft and fraud or cyber-related security - https://www.idcare.org/

3. Recommendation: Current frameworks for supporting fraud victims, including those assessed as vulnerable, should be evaluated to test their effectiveness in addressing the impact on health and supporting victim recovery. This will require longer periods of follow up with victims of fraud and robust analysis of victim experiences across a range of offence categories and contexts.

4. Recommendation: Health and social welfare services, including GPs, should develop more effective mechanisms to identify when patients may have been fraud victims and are at risk of suffering health impacts as a result. This is particularly relevant in situations when patients are elderly, have pre-existing health conditions or who lack social support networks. Because of the nature of fraud, and the tendency for victims to self-blame, healthcare practitioners should not expect the cause of any negative psychological effects to be apparent or to be easily discussed by the victim.

5. Recommendation: Given fraud is now the crime category that is most likely to impact individuals in the UK, a cross-government effort is needed to develop a model of service to guide interactions with fraud victims, one which broadly adopts the principles of a trauma-informed approach. This model ought to be co-developed and shared across organisations in the policing, Criminal Justice and fraud response landscape, including the private sector, to encourage more consistent responses that improve health outcomes for fraud victims. Banks and financial institutions have additional responsibilities to make their fraud processes victim-focused, taking account of the health impacts of the offending not simply the loss of funds or the impact on personal finances.

6. Recommendation: As indicated in the recently published Home Office white paper on policing, fraud is a complex and cross-border crime that calls for nationally coordinated capability and responses, such as that proposed in the new National Police Service.[4] However, it is vital that public-facing victim services be made central to the fraud response architecture. It is important to configure and coordinate local and national responsibilities and resources to ensure fraud victims receive the help that they need to recover and that national intelligence and investigation capabilities do not detract from the local victim responses needed at force level.

7. Recommendation: The introduction of the new national Report Fraud system launched in January 2026 introduces new capabilities in data analytics and resources to support vulnerable fraud victims. These new reporting systems need to learn from the growing research evidence on the impact of fraud, to ensure resources go to the victims who need and want support to help recover from the experience. Our research strongly indicates that the health impact of fraud must be a key factor in developing the right response protocols when fraud is reported.

8. Recommendation: As part of a public health approach to fraud, the government should dovetail fraud prevention campaigns to raise awareness and educate the public, with communications to directly challenge widespread victim blaming attitudes and narratives. Such public information campaigns would have the aim to switch the narrative, setting out the ways in which people are targeted, how sophisticated fraud is becoming, and re-framing fraud to focus on the actions of the perpetrators instead of the victims.

9. Recommendation: The government needs to do more to expand the evidence and understanding of who experiences an impact on health from fraud and why. This includes applied research to help identify which interventions are effective in what context and with what type of victim. This research is needed to better understand how to respond to the full diversity of fraud victims, and to challenge assumptions, for example, that fraud victims are disproportionately older or less 'tech-savvy'.

4 Home Office (2026) From Local to National: A New Model for Policing. London: Home Office.

1. INTRODUCTION

Fraud is a high-volume crime in England and Wales, with 4.2 million fraud incidents experienced by the public in 2024-25 (ONS, 2025). It is rapidly growing, with a rise of 31 per cent in the past year alone (ONS, 2025). While fraud is hugely underreported, with the ONS (2025) estimating only one in eight fraud offences are reported, the police still face considerable demand for service. In the year ending March 2025, 299,046 offences were reported to Action Fraud. This was a 42 per cent increase in the volume of fraud reported since 2013-14 when Action Fraud was introduced (Home Office, 2025a; ONS, 2014).[5]

The police have faced major challenges in adapting to the increase in reported fraud, and some have argued that the current resources and responses are disproportional to the scale and nature of the problem (House of Commons Committee of Public Accounts, 2023). The identified gaps in service commonly relate to the capacity in the police to investigate and successfully prosecute these crimes (Button, 2021; Skidmore, 2025). However, there are additional concerns over the support made available to fraud victims, to help in their recovery and address risks of further harm, particularly among victims who report frauds that do not get assigned a police investigation (Cazanis et al., 2025; Cross, 2018; Skidmore et al., 2018).

The harms caused to victims by fraud and cybercrime are poorly understood. This makes it hard for police to identify the victims most in need of support. Furthermore, there is high variability in the experiences of fraud victims. In the Crime Survey for England and Wales (CSEW) for 2023-24, nearly a third (29%) reported not being emotionally affected at all and 42 per cent said they had not experienced any other impact on their life (see Annex 1). However, nine per cent reported being 'very much' affected and 17.1 per cent experienced multiple impacts on their life. To address the diversity of victim experiences, the police in the UK have developed policies and protocols aimed at identifying and targeting resources to victims who are 'vulnerable' (Skidmore et al., 2020). However, there are enduring difficulties in conducting robust assessments to identify the complex and dynamic state of vulnerability, partly due to the lack of a clear definition of what it is in the context of fraud (Bartkowiak-Theron and Asquith, 2015; Correia, 2021).

Further challenges arise from prevailing social attitudes and narratives that portray fraud as a victimless crime, blame victims for their own victimisation, or even cast them into a negative light for the role they played in the incident; for example, victims can be characterised as greedy or gullible (Button et al., 2014a; Cross, 2015). The result is that fraud victims can be construed as less deserving of support (Button and Cross, 2017). This is despite a growing body of evidence to show that many victims experience an impact beyond the financial (Button et al., 2014a; Cazanis et al., 2025; Cross, 2015; European Commission, 2020; Home Office, 2025). That said, there remain significant gaps in the existing knowledge and evidence on the impact that fraud has on the health and wellbeing of victims (Kassem, 2023).

Improving our understanding of the health impact of fraud has several important implications for the provision of public services, including for the police, victim support services and health services. First, accounting for the 'harm' caused by crime is increasingly central to rationalising resources in public services, particularly in policing, and the impact on victim health is a core part of these assessments (Greenfield and Paoli, 2013; Heeks et al., 2018). Second, the police have a statutory responsibility to support victims and help them to cope and recover from the victimisation experience, and effective service delivery requires evidence and understanding of the impact and associated needs of victims (Correia, 2021).[8] And third, health provides an alternative perspective on both the problem and prospective solutions. It can inform

5 Action Fraud was the national crime reporting centre for England and Wales. 299,046 frauds were reported to Action Fraud in 2023-24, compared to 211,228 reported in 2013-14. In December 2025 Action Fraud was replaced by Report Fraud.

alternative strategic choices about service delivery. For example, a public health approach combines a crime reduction orientation with broader strategies and interventions to ensure public safety (for example, see Levi et al., 2023).

This report aims to address the following research questions:

- What is the nature of the health impact on victims of fraud?
- What factors determine the nature and extent of the impact on victims' health?
- What are the needs of victims who experience an impact on their health?
- What are the systems in the police and support services for identifying and addressing the impact on health?

METHODOLOGY

A mixed methods approach was adopted. The report synthesises quantitative data collected in a victim survey and qualitative data collected from fraud victims and practitioners (see the list below). Participation in the research was voluntary, and all participants gave their informed consent to be involved. Prior to completion of the survey or interviews, all participants were provided with information on the research team, the research aims and methods, and how the collected information would be treated.[7]

The principal focus of this research is on the experiences of victims who resided in two neighbouring police force areas that had agreed to participate in the research; both police forces were in England. The fraud victim population in these two areas illustrates the impact on health, and the needs and experiences of fraud victims. They do not represent all victims in the UK; for example, patterns in victimisation and victim experiences may be influenced by geographic variation in the socio-demographic profile of the local population, patterns in fraud offending, and the availability of support from police or other local services.

The different methodologies are listed below, with a more complete description of each provided in Annex 2.

Literature review

A review of academic and policy literature was completed to establish the baseline of knowledge on the health impact of fraud and current systems for supporting victims. This evidence informed the development of the questions used in the survey and semi-structured interviews.

Victim survey

For a fixed and continuous 14-week period, all victims who reported a fraud to the police and resided in the two police areas in focus, were invited to participate in an online survey.[9] In total 3,424 victims received the invitation and 311 (9.1%) completed and returned a survey. Most victims (82%, n=255) received the survey between one and four weeks after reporting the crime to the police.[10]

Victims were asked about the nature of the health impact they had experienced. They were presented with three categories of health symptom: emotional or mental health symptoms (e.g. stress), physical health symptoms (e.g. headaches) and behaviour changes (e.g. socially withdrawn). These were chosen to reflect the experiences and impacts documented in the existing research literature relating to fraud and cybercrime victimisation. Each was treated as a discrete symptom in the survey but the associations between them were examined as part of the analysis (e.g. the link between stress and difficulty sleeping). Additional questions asked about the impact on personal finances, the impact on daily life, and whether they had wanted to receive support or treatment to address the impact on their health. Information on the demographic profile of participants was not collected because the sample included both victims who were assessed as vulnerable, and those who had been recently victimised, so the collection of personal information was kept to a minimum; a common fraud method is the use of

6 See for example, Article 9 - European Union (EU) Directive 2012/29/EU.

unsolicited communication and the recipients may have been sceptical of subsequent emails or SMS text messages asking them to provide personal information.

The survey included three open-ended questions for participants to describe: what they believed had led to their experience of the reported health symptom(s); how the fraud had impacted on their daily life; and whether they wished to provide further information on how the fraud had affected their health.[8]

Victim interviews

Semi-structured interviews were completed with 16 fraud victims who had reported to the police and lived in one of the two police areas. All survey participants were asked if they would be willing to participate in a follow-up interview, and six interviewees were identified in this way. Ten interviews were drawn from a minority cohort of victims that had been assessed as vulnerable by the police and had been approached and referred to researchers by the specialist police victim support case work team.[11]

These victims had been identified as 'vulnerable' based on whether they had been assessed to be 'permanently or temporarily unable to care for or protect themselves against harm or exploitation'. The police used a criterion to assess vulnerability which included victim age, financial loss, the type of fraud experienced (e.g. romance fraud) and other contextual factors such as disability, autism, and suicide risk.

Interviewees were first asked to provide general context on the fraud, including the support they had received and outcomes following the report to the police or other organisation (e.g. reimbursement). They were also asked to describe the impact on their mental, emotional or physical health, the impact on day-to-day life, and their expectations and experiences of engaging with support services, including the receipt of support or treatment.

Practitioner interviews

Semi-structured interviews were completed with 22 practitioners who had a role in managing or delivering victim support services to fraud victims. This included 17 practitioners working in the two police areas in focus for the study, comprising six specialist victim support practitioners, eight local police officers with experience of assessing and supporting fraud victims, and three from other local support organisations. Five interviews were completed with national stakeholders who had a specialist role to deliver support to fraud victims.

Practitioners were asked to reflect on their experiences of supporting victims of fraud, including the impact of fraud on victim health, the associated risks and needs, and the processes for assessing and intervening to address health impacts and engaging with partner organisations.

Secondary analysis of data from the Crime Survey for England and Wales (CSEW)

The CSEW provides a nationally representative sample of fraud victims in England and Wales which incorporates the high proportion of victims who chose not to report the incident to the police. Analysis was completed on aggregated data for fraud victims from April 2016 to March 2024, published by the Office for National Statistics (ONS). This data includes demographic information, reports of the emotional impact and type of emotional response, and other life impacts (e.g. financial loss).

Additional analyses were completed on unpublished data for fraud victims who completed the CSEW in 2019-20.[12] This includes individual-level data for the survey respondents, and patterns in the number of emotional responses or life impacts reported by victims was examined.

7 This research received ethics approval from the ethics committee in the University of Portsmouth.

8 See Annex 3 for a complete list of questions included in the survey.

9 87.1 per cent of participants received the invitation by email or SMS text message.

10 A minority of victims did not choose to report to the police but had been identified and referred through information provided by a third party (e.g. the bank).

11 To provide an indication, victims identified as vulnerable by the police comprised 3.2% (n=111) of recipients in the survey sampling frame.

12 The ONS provided the research team with access to this data.

The complete findings of the CSEW analysis are described in Annex 1.

Quotes collected in the survey, victim interviews and practitioner interviews are used throughout the report as supporting evidence. The provenance of each quote is categorised as one of the below:

- 'VS' – Victim survey participant
- 'VI' – Victim interview participant
- 'VI - Vulnerable' - Vulnerable victim interview participant
- 'P' – Practitioner interview participant

The participants in each research methodology were designated a unique reference number which is included with each quote used in the report. For example, 'VS1' relates to the victim survey participant designated as case 1.

Research limitations

The data collected for this study represents the experiences of fraud victims who reported the crime to the police and who chose to respond to our survey, it is unlikely to be representative of the experience of all fraud victims. In 2023-24 only 14 per cent of fraud victims in the CSEW had reported the incident to the police or Action Fraud, and research shows those who are most impacted by the crime are more likely to report to the police (ONS, 2024a; Koning et al., 2025). The analysis of CSEW data provides a national insight on all fraud victims, however this data is less comprehensive in its coverage of the health impact on victims (see Annex 1).[13]

The survey was sent to all victims who reported to the police during a 14-week period. Most were approached within four weeks of making a report to the police, meaning it does not address the longer-term impacts on health. Vulnerable victims (as identified by the police) may be over-represented in the sample.[14] This is because all victims who were on the fraud victim care team caseload at this time were included, some of whom had come to the attention of the police prior to the 14 week sampling period.[15] This cohort of victims have high support needs and were approached in-person or over the phone by their designated care worker to encourage participation in the survey. It is not known how many vulnerable victims chose to take part.

Ten of the 16 victims who were interviewed had been assessed as vulnerable, but all interview data collected from vulnerable victims is marked clearly in the report. Relatedly, the victim support services in the police are focused to support victims who are vulnerable. Consequently, the observations and experiences of police practitioners is likely to over-represent the experiences of victims that were assessed as vulnerable.

And a final point, this was exploratory research and as such, involving clinical and public health experts was beyond the scope of the project. Therefore, while we did carry out assessments of symptoms these were based on the subjective experience of victims rather than clinical tools. Future studies will involve public health experts who will have the capability needed for more clinical approaches to assessing health symptoms.

13 There was missing data from this dataset, including victim demographic information such as gender and age.

14 This 'vulnerability' classification is based on the policies and assessment frameworks in the two police force areas (See Chapter 5).

15 The victim care team in these police force areas could provide contact and support to vulnerable victims over prolonged periods of time, spanning months or even years. The victim care team provided support to vulnerable victims for prolonged periods of time, spanning months or even years.

CHAPTER 2: THE HEALTH IMPACT OF FRAUD

Research has shown that most fraud victims experience some type of impact beyond the financial. In a Home Office survey of fraud victims in England and Wales, a high proportion reported at least one emotional response; victims commonly experienced anger (86%), stress (73%), anxiety (63%), or feeling embarrassed, ashamed, self-blame or similar (56%) (Home Office, 2025). This echoes findings in earlier research which highlighted a similar range of emotional and psychological responses (Button et al., 2014a; Cross et al., 2016; Cullina et al., 2014; Nguyen et al., 2021). Victims can display changes in their behaviour following a fraud, such as an inability to trust other people, a deterioration in personal relationships, or, in a minority of severe cases, 'died by suicide' or 'tried to end their life (Home Office, 2025; Button et al., 2014a). Strong emotional or psychological responses have also induced somatic symptoms such as difficulty sleeping, nausea, weight loss or skin conditions (Button et al., 2014a; Cross et al., 2016; Watson et al., 2019).

Individual responses to fraud are highly variable in intensity and duration. This is illustrated in research that found considerable variation in the experiences of cybercrime (including fraud) victims, with descriptions of the effect of the offence ranging from a 'minor inconvenience' to 'feeling like a rape' (Button et al., 2021). Evidence is emerging to show that some victims also experience longer-term effects on their health and wellbeing. Longitudinal studies that examined the effects a year or more after the fraud incident, found fraud victims who experienced a significant financial loss reported worse long-term outcomes, in term of quality of life and physical health (Sarria et al., 2019; Sanz-Barbero et al., 2020).

Gaps remain in the evidence on the health impact of fraud (Kassem, 2023). Some studies take a broad view of impact; for example, the CSEW enquires about 'other life impacts,' incorporating a mix of experiences, including financial loss, self-blame, and health problems (see Annex 1). Other studies have focused on specific victim cohorts, such as those who are elderly, or victims of specific types of fraud, such as romance fraud (for example, see Whitty and Buchanan, 2016; Watson et al., 2019). Few studies have adopted an explicit focus on victim health in examining the impact on the fraud victim population.

This section first outlines the key principles for examining the 'impact' on health. It then presents the findings from our victim survey on the symptoms experienced by victims, followed by an analysis of the profile of symptoms reported by individual victims in the sample. The final two sub-sections describe the impact on victims' lives and their capacity to cope with, and recover from, victimisation.

The principles of 'impact'

There are challenges to empirically assessing the differential impact of crime on victims, due to its highly subjective nature. In the absence of clinical tools, it is difficult to gauge the intensity of one fraud victim's experience against another, particularly in the context of emotional and psychological responses. For example, stress is an emotional response that can vary between different people and in different situations. Two victims with stress may have very different experiences of 'impact.' Research shows that a high proportion of fraud victims experience an emotional response (for example, see European Commission, 2020), but the subjective impact of these responses on victims remains uncertain. Further still, the specific meaning and implications of victim experience for policymaking and the delivery of public services is under-explored in the context of fraud.

In examining victim experiences, victimology researchers have drawn a distinction between the 'effect' and the 'impact' of crime (Dignan, 2005; Jansen and Leukfeldt, 2018). In the context of health, victims can experience a range of emotional or psychological symptoms (e.g. stress), physical symptoms (e.g. headaches) and behavioural/social effects (e.g. social withdrawal). However, the 'impact' is represented by both the intensity and duration of these effects, individually or in combination. For example, a victim who experiences a high-intensity fear response over an extended period, experiences a greater 'impact' than one who does not.

Our analysis adopts the following three perspectives on the impact of fraud on victim health:

- **The intensity of the symptoms experienced:** Our analysis examines the types of health symptoms (or 'effects') that are experienced by victims of fraud. This approach mirrors previous research on fraud victimisation which has examined the prevalence and distribution of symptoms experienced across victims in a sample (for example, see Button et al., 2014a; Home Office, 2025). We will also examine patterns in the symptoms experienced at the individual level – i.e. the composition of symptoms reported by individual victims. In this way, the analysis will explore the variable levels of intensity in relation to both the different types, volume, and composition of symptoms that are reported.
- **The impact on victims' lives:** Health is central to our understanding of overall wellbeing, but it is one among a multitude of factors that can determine the impact of crime. To illustrate, one study embeds physical and psychological losses as one form of damage to a victims' wider 'functional integrity' (Greenfield and Paoli, 2013). In this frame, the 'impact' is not so much represented by a particular health symptom, but rather the effect that symptom has on the victim's wider wellbeing and quality of life (for example, see Heeks et al., 2018; Von Hirsch and Jareborg, 1991). The relationship between the reported health symptoms and impact on the victims' life will be explored as part of the analysis.
- **The capacity of the victim to recover:** A more pragmatic perspective to consider (from a practitioner viewpoint) is whether the victim is likely to require support to be able to cope and recover from the incident. To some extent, this dimension of impact is captured by the principles of vulnerability adopted by the police; for example, in identifying and targeting services to those victims less able to cope with the damage or harm (Correia, 2021; Skidmore et al., 2020). The inability to recover has implications for impact in terms of the duration of the effects that are experienced by the victim (Dignan, 2005); for example, someone who experiences long-term anxiety as a consequence of victimisation suffers a greater impact. The capacity to recover and the duration of impact on health will be another point of focus in the analysis.

These different perspectives informed our analysis of the survey and interview data. We adopt a broad definition of health 'symptom' for the range of responses to fraud victimisation, one that incorporates the effect on emotional or mental health, physical health, or negative behaviour changes (e.g. becoming socially withdrawn or acts of self-harm). These different types of response can be inter-related, and one aim of the research is to test the associations between these different 'symptoms' reported by victims.

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The health symptoms reported by victims

The majority (92%) of victims in the survey reported at least one symptom from those listed in Table 1 below, as a consequence of fraud victimisation. Only 8 per cent reported they had not experienced any of the symptoms. The proportion of victims who reported symptoms in each category varied; 91.6 per cent reported an emotional or mental health symptom, 63.5 per cent a change in their behaviour with potential implications for health and wellbeing, and 57.7 per cent a physical health symptom.

Table 1: The health symptoms reported by surveyed fraud victims

Health Symptoms*		Total number of participants reporting experiencing symptom
Emotional or mental Health (N=308)	Feeling worried	180 (58.4%)
	Stress	174 (56.5%)
	Worries about being victimised again	159 (51.6%)
	Anger	142 (46.1%)
	Feeling vulnerable or unsafe	141 (45.8%)
	Emotional distress	140 (45.5%)
	Guilt or shame	123 (39.9%)
	Loss of confidence	109 (35.4%)
	Anxiety	100 (32.5%)
	Sadness/low mood	94 (30.5%)
	Low self-esteem	56 (18.2%)
	Depression	55 (17.9%)
	Feeling isolated	48 (15.6%)
	Hopelessness	48 (15.6%)
	Concentration and memory issues	45 (14.6%)
	Feeling out of control	44 (14.3%)
	No pleasure in the things you usually enjoy	34 (11%)
	Other mental health symptom/s	32 (10.4%)
	Nightmares	30 (9.7%)
	Panic attacks	25 (8%)
	No emotional or mental health symptom	25 (8%)
	Feelings of self-harm	16 (5.2%)

17 This was calculated from victims who had given complete responses in all three categories of health symptom; out of 287 survey participants there were 22 who reported they had not experienced any health symptoms.

Table 1: The health symptoms reported by surveyed fraud victims

Health Symptoms*		Total number of participants reporting experiencing symptom
Physical health (N=291)	Difficulty sleeping	130 (44.7%)
	No physical health symptom	124 (42.6%)
	Headaches	78 (26.8%)
	Excessive tiredness	71 (24.4%)
	Stomach or digestive problems	60 (20.6%)
	High blood pressure	29 (10%)
	Weight gain/loss	27 (9.3%)
	Other aches or pains	24 (8.3%)
	Skin conditions	21 (7.2%)
	Heart Problems	12 (4.1%)
	Other physical symptom/s	7 (2.4%)
Behaviour changes (N=296)	Distrust of others	129 (43.6%)
	No behaviour change	108 (36.5%)
	Crying	63 (21.3%)
	Socially withdrawn	56 (18.9%)
	Loss of appetite	42 (14.2%)
	Paranoia/Hyper vigilance	42 (14.2%)
	Impacted relationships	41 (13.9%)
	Obsessive thoughts and actions	37 (12.5%)
	Time off work	10 (3.4%)
	Excessive use of Alcohol/Drugs	10 (3.4%)
	Excessive consumption of other item (e.g., food, pain relief meds)	9 (3%)
	Other	8 (2.7%)
	Act of self-harm	4 (1.4%)

* Due to small amounts of missing data in each category, the totals do not equal 311.

In the emotional or mental health symptom category, participants commonly reported feeling worried (58.4%), feeling stress (56.5%), or feeling anxiety about being victimised again (51.6%). Feelings of guilt or shame were reported by 39.9 per cent of victims, most likely reflecting the prominence of self-blame among victims of fraud (see section below). Fewer participants reported feelings of depression (17.9%), hopelessness (15.6%), or taking no pleasure in the things they would normally enjoy (11%). Less than one in ten experienced symptoms such as panic attacks (8%) or feelings of self-harm (5.2%).

Among symptoms related to physical health or behaviour changes, difficulty sleeping (44.7%) and distrust of others (43.6%) were most frequently reported. A quarter of victims reported headaches (26.8%) or excessive tiredness (24.4%). Fewer participants reported experiencing other symptoms in these categories, ranging from 21.3 per cent who reported crying to 1.4 per cent who reported acts of self-harm in response to victimisation.

The health symptoms that would typically be viewed as more severe, such as panic attacks, self-harm ideation or behaviours and heart-related issues, were reported less frequently than symptoms typically considered lower in intensity, such as worry or difficulty sleeping. However, assessing the impact of individual symptoms in isolation is inherently challenging, due in large part to the subjective nature of how individuals interpret and experience those symptoms. For example, a symptom like stress can vary widely in intensity; what one person considers manageable may be overwhelming for another. This variability makes it difficult to apply consistent or objective measures of severity across individuals. Furthermore, comparing the experience of different symptoms across participants, such as anger versus headaches, can be misleading, as such comparisons fail to account for personal, contextual, and cultural differences in how distress is understood and expressed. As we show in the following sections, many individuals also report experiencing multiple, interrelated symptoms that cannot be meaningfully separated.

The implication is that a more holistic, person-centred view is necessary to fully understand overall impact.

Qualitative accounts of health symptoms

This section will use the descriptions provided by participants to illustrate the diverse experience of victims, in terms of the types of symptoms experienced as a consequence of fraud victimisation, and the variation in the intensity and duration of symptoms experienced.

Intensity and duration of symptoms

There were victims in the survey who reported not being affected at all by the experience or described symptoms such as mild feelings of anger, annoyance, worry, reduced appetite, or feeling distracted from other areas of life (e.g. at work or home), which abated after several days or weeks. One victim surmised their experience as a 'normal trauma response'. And some expressed annoyance at the inconvenience of having to spend time and money to resolve the incident (e.g. phone calls to service providers), or little personal investment in making a report to the police.

> *'I was aware of the type of scam; knew it for what it was, and apart from reporting it, in order to help the police, it did not affect me.' (VS22)*
>
> *'Oh, I can't remember again. It was a month back, but even if they had, I don't think I had really bad symptoms … It was just a normal trauma response that lasted a day or two or maybe a week, and then it went.' (VI13)*

Some described symptoms such as mild feelings of anger, annoyance, worry, or a slightly reduced appetite, or feeling distracted from other areas of life (e.g. at work or home), which abated after several days or weeks.

> *'Just to clarify our situation was of attempted fraud which we nipped in the bud. … we hung up immediately and reported it to the police. ... It left us angry, upset and vulnerable, however those feelings soon dispersed. Our only abiding feeling of this unpleasant experience is that others may fall victim to these scammers.' (VS184)*
>
> *'No, I don't think it's affected my physical health. For a few days I didn't want to eat very much. Was a bit feeling sick, and I still, when another letter comes through the door I do [feel sick],*

which has happened this week … so I suppose I am slightly affected by it. But mentally yes, as I say, it made me angry, and... I spent a lot of time at night thinking about it. I couldn't sleep.' (VI12)

There were other victims who reported experiencing more acute symptoms, but which abated after a short period. For some this appeared to coincide with the stress and uncertainty caused by trying to resolve the incident with the service provider (e.g. arranging reimbursement). Others described a natural process of coming to terms with what had happened over a short period of time.

'Eleven days on I am only slightly affected, and all symptoms are abating, but in the immediate aftermath of the fraud I was very affected and about seven days after only moderately affected. The impact on daily life came from being socially withdrawn and the lack of energy attendant on being physically unwell (stomach upsets), not eating much and being highly stressed. The latter affected my ability to think clearly and to remember things.' (VS228)

'Three weeks in and I personally don't care, but for the two weeks prior and two weeks after I was all consumed by this … it affected me a lot.' (VS293)

'The ordeal took about three weeks; therefore, the stress and anger started within a few days when things did [not] go according to plan. Nevertheless, the stress and anger disappeared once I accepted the fraud and reported it, I feel fine but disappointed with myself [for becoming] a victim… I should have stopped much earlier.' (VS283)

There were victims who experienced acute symptoms that lasted for longer periods, including those who continued to experience them at the time of completing the survey (for most this was 1-4 weeks after reporting to the police). In some cases, this related to a fraud victimisation experience that was still ongoing, despite having reported it to the police. Some victims described or conveyed emotions such as despair, hopelessness, and panic attacks.

'I keep getting panic attacks, my anxiety is worse than ever, I am not eating well and mentally this is all affecting me, as my account is special and somebody pretending to be me is shaming me online. I can't sleep well at night either, my heart and stress levels go high ever since this fraud attack has happened to me.' (VS283)

'I just feel very low and don't want to do anything. I just feel like crying constantly.' (VS289)

'I am thinking about it most days and move between angry with myself and the people that carried it out. I don't have much energy to do much at the moment and "feel lost".' (VS60)

'Every time I talk or write about it the feeling of hopelessness resurfaces. I feel hopeless and helpless.' (VS284)

Patterns in the types of symptoms experienced

The fear of further victimisation was prominent in the descriptions provided by the survey participants; a prevailing feeling of being unsafe, 'exposed' or 'vulnerable,' even after reporting the incident to the police. In some instances, this related to real and tangible concerns that fraudsters may still have access to (and in some cases were still using) the victim's personal account information or contact details, meaning they may be victimised again. However, others conveyed a loss of agency, and a more general feeling of being incapable of fending off further attempts to defraud them (real or imagined). This feeling of hopelessness and no longer being able to protect themselves was, for some, linked to a loss of trust in themselves and their own judgement which could arise from a view that they were themselves to blame; for example, some victims used labels such as 'idiot' to describe themselves which fuelled feelings of disempowerment.

Furthermore, while the victim may be all too aware of their own part in the incident, the fraudsters themselves and their methods, often remained hidden from sight. Consequently, what had happened was left to their imagination, and some perceived the fraudsters to be both technically competent and motivated to target them personally. A perception that they had been targeted by sophisticated criminals could foster beliefs that they were defenceless.

'This is the second online scam that I 'fell for' in a month. I will be able to retrieve money via my credit card, but I feel very vulnerable online now.' (VS230)

'I feel vulnerable and an idiot as they made it so believable.' (VS4)

'Feeling at total loss and despair not knowing what will happen from now on. Not knowing how to proceed. Changing passwords and all accounts, not gonna stop a thief from using my stolen information so far.' (VS123)

Some described obsessive thoughts, particularly in relation to what they could or should have done differently. This often meant replaying the incident and associated trauma repeatedly in their mind, which fuelled negative emotions, that in some cases linked to other symptoms such as difficulty sleeping or concentration.

'I found I was going to bed thinking about the incident and waking up in the night thinking about it and waking up the morning thinking about what had happened.' (VS186)

In relation to physical health symptoms, it was common for victims to attribute these to the stress that was caused by the fraud or its aftermath. For some, physical health conditions may have been debilitating at the time, but were relatively short-lived, and included symptoms such as stomach upsets. However, others reported being prescribed medication to manage symptoms such as headaches and blood pressure. At least one victim who had been defrauded over a prolonged period of time, attributed a cancer diagnosis to the stress induced by the fraud.

'I have had several migraines which I have been told are stress related and I'm on medication' (VS215)

'I've been told my skin condition could be due to stress - this is the only thing that I've been stressed about' (VS45)

'During my experience I was totally stressed out and ended up losing my home and business which I strongly believe led to my Cancer diagnosis.' (VS16)

The composition of symptoms reported by victims

This section explores patterns in the symptoms reported by individual survey participants. The survey included options to report 40 symptoms across the three categories; the average number reported was 8.4. Out of 20 emotional or mental health symptoms participants reported 5.7 symptoms on average. And out of nine physical health and 11 behavioural symptoms the average number reported was 1.6 and 1.5, respectively. The more symptoms that victims reported in one category (e.g. emotional and mental health), the more symptoms the victim was likely to have reported in other categories (e.g. physical health) . This indicates that there may be associations and interdependencies between the symptoms in each category.

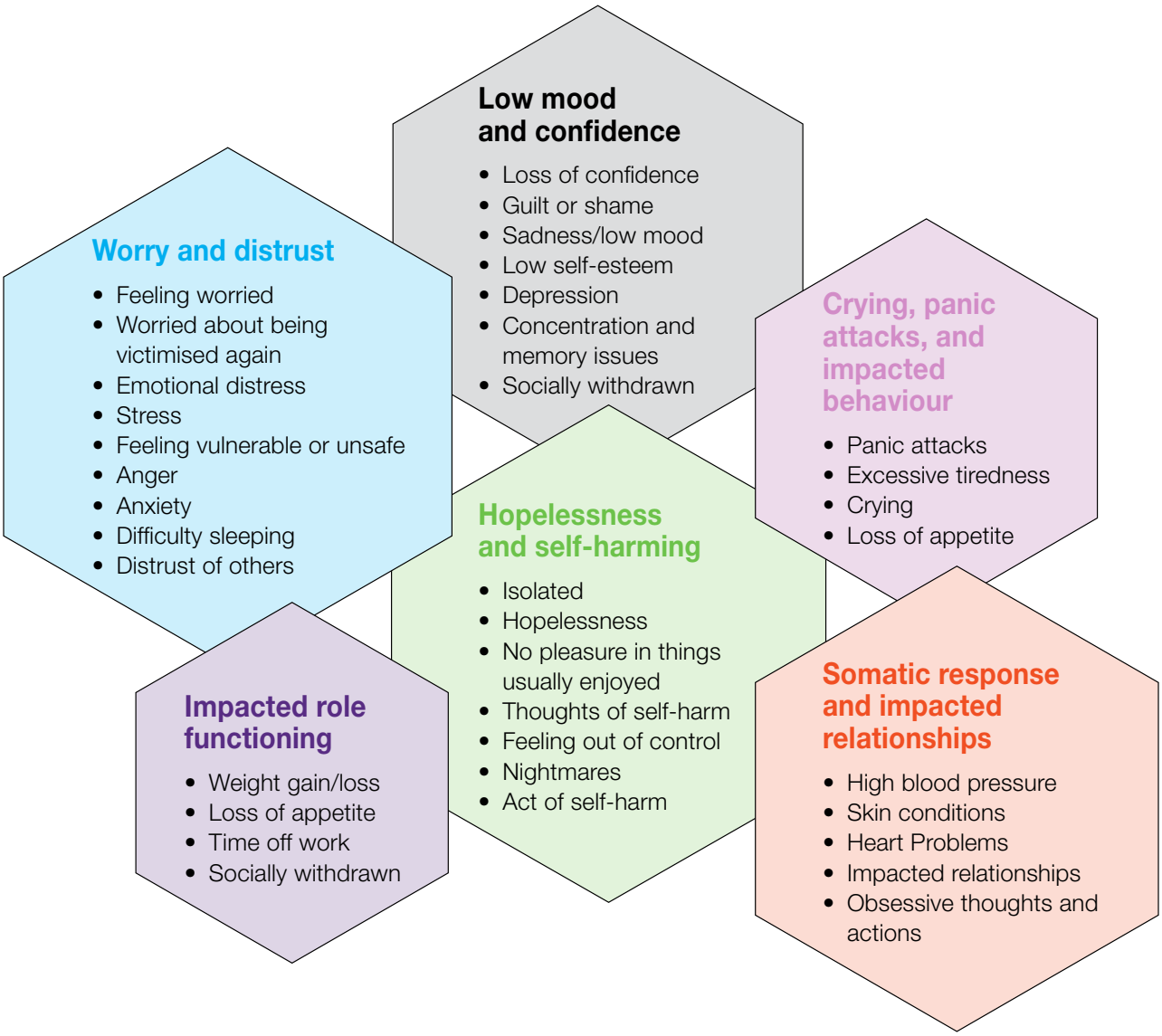
The relationships between the different symptoms were examined using a statistical technique called Exploratory Factor Analysis.[18] The objective of this analysis was to explore the correlations among the 40 self-reported symptoms to identify clusters of symptoms that tended to co-occur. The analysis revealed six separate clusters, and each was named to reflect the potential underlying theme (or construct) that explains each of the clusters (see Figure 2).[19]

The existence of 'worry and distrust' cluster reveals a strong relationship between the experience of emotional and mental health symptoms including feeling worried, feeling vulnerable or unsafe, stress, and distrust of others. The 'hopelessness and self-harming' cluster includes symptoms such as feelings of hopelessness, thoughts of self-harm, feeling out of control, and nightmares. Other clusters reveal associations between symptoms within the physical health and behaviour change categories. The 'somatic response and impacted relationships' cluster reveals an association between lower frequency physical health symptoms such as high blood pressure, skin conditions, and heart problems (in addition to impacted relationships or obsessive thoughts and actions). Similarly, certain behaviour change symptoms are concentrated in the 'impacted role functioning' cluster, including taking time off work, becoming social withdrawn, and loss of appetite.

18 See Annex 3.

19 Skidmore et al. (2026) for a more detailed description of the data and methodology.

Figure 2: The composition of health symptoms reported by victims (insert infographic)



The different clustering of symptoms represented in Figure 2 shows that symptoms are not evenly distributed across survey participants, but rather that certain symptoms coalesce in the experience of certain victims. The 'worry and distrust' cluster incorporates high frequency symptoms. However, other clusters include low-frequency symptoms; for example, all symptoms in 'impacted role functioning' were reported by fewer than one in five victims.

Importantly, these clusters are not mutually exclusive, and a single victim may experience the profile of symptoms represented in more than one of the clusters. This is reflected in the descriptive accounts provided by participants. For example, stress was a commonly experienced symptom and in some cases, could underpin other symptoms such as physical health problems. As indicated earlier, there are challenges to infer intensity due to subjectivity, but these clusters indicate the different types of impact that are experienced by different victims. Furthermore, it is important to understand not just the volume, but also the composition of symptoms in the assessment of impact.

In their descriptions, survey participants contextualised the experience of co-occurring health symptoms, with some conveying emotions such as stress, anxiety or despair as being foundational to other types of symptoms. There were some who described a sequence in which the experience of emotional or mental health symptoms led to physical health symptoms such

as headaches, or behavioural changes such as social withdrawal or distraction at work.

> *'I could not properly function that day after I spoke to the police. I was exhausted and couldn't concentrate yet sleep was not coming. The next day some symptoms started to appear of conditions that are triggered by stress and made my low mood worse, I still had to deal with more health issues.' (VS181)*

The accounts of practitioners who supported fraud victims similarly described the interrelationships between the various symptoms. Furthermore, they defined the ways in which the different victim responses were linked, and how, for some of the worst affected, certain symptoms reinforced other symptoms which then created a downward spiral for a victim's health and wellbeing. This can be especially acute for victims with pre-existing health conditions that were exacerbated by the experience of fraud victimisation.

> *'… [victims who are] traumatised by what's happened there, they can't sleep properly, then that kind of effects all sorts of things. …Because, you know, you're almost in, like, a bit of a vicious cycle that the more you think about it, the less you can sleep. And then the less you can sleep, you're just thinking about it more. And, you know, it becomes a bigger and bigger thing. And I think you can then feel like you don't know what to do … or how you're gonna get past it.' (Local fraud victim support practitioner, P20)*

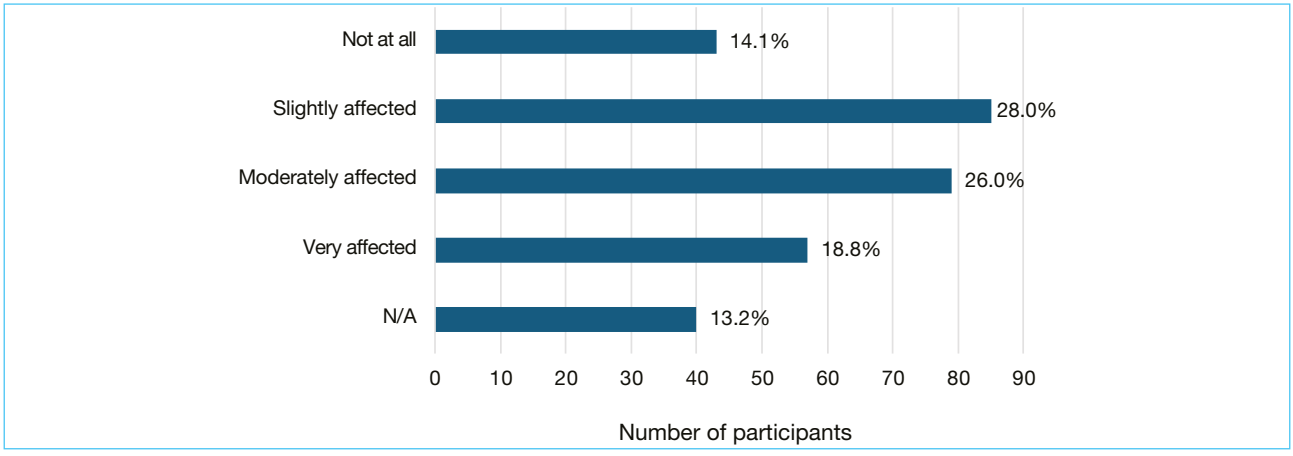
> *'… we do end up visiting a lot of elderly people … sometimes there is already a health, underlying health issue, so physical health, mental health, restricted mobility, sensory impairments, things like that may have put them already into that vulnerable category, to some extent. But what we then find is that the [fraud] … can have a huge detrimental impact on their health because they talk of sort of loss of appetite, lack of sleep, the relationship breakdowns, obviously anxiety and worry around debt management, loss of trust, just very withdrawn, stop engaging.' (Local police practitioner, P7)*

The impact on victims' lives

The survey participants were asked whether the health symptoms had impacted on their daily life (see Figure 3). Nearly one in five (18.8%) reported their life had been very affected, and a quarter (26%) that their life had been moderately affected. Over half of victims reported their daily life had either not at all been affected (14%), only slightly affected (28%), or that the question was not applicable to them (13.2%).

Further analyses helped to understand the differences between victim responses. This involved testing whether the total number of reported health symptoms predicted the extent to which participants (n=256) reported an impact on their daily lives. It showed that mental health symptoms, physical health symptoms, and behaviour changes significantly predicted participants' ratings on the impact on their daily lives; the more symptoms a participant reported, the greater the reported impact on daily life.[20]

Figure 3: The effect of the health symptoms on daily life (N=304)



20 See Skidmore et al. (2026) for a more detailed description of the data and methodology.

The reported 'behaviour change' symptoms provide a window on to the various ways in which the health symptoms impacted on the victims' lives. This is revealed in several different ways that are outlined below.

Social impact

Nearly one in five (18.9%) reported becoming socially withdrawn, and 13.9 per cent that the fraud had impacted their relationships. The accounts from victims and practitioners indicate the role that embarrassment and shame can play in the victim choosing to socially withdraw. Some victims were reluctant to disclose what had happened to those close to them, through fear of judgement, humiliation, or blame. This can serve to cut the victim off from social support which can be an important factor in their recovery.[21] Among the most vulnerable victims, there were examples of relationships suffering or even breaking down due to blame, anger, or frustration expressed by family members or friends either during or after the fraud.[22]

> *'[Victims might say] I've been, you know, I've made a mistake here. I've lost all my money. And then, oh, my goodness. I might have to tell my family. Embarrassment then becomes worse and worse, and then they may stop taking calls from their family completely, because they're too embarrassed or they're frightened that they might say what has happened to them…' (Local police practitioner, P18)*

Behavioural impact

Victimology research has shown that the fear experienced by victims in the aftermath of a crime can lead them to engage in 'avoidance' behaviours; for example, avoiding certain places associated with a victimisation incident (Janssen et al., 2021). These behaviours are variable in type and intensity, depending on the contextual elements of the crime and the victims' personal responses to it. In our survey, 43.6 per cent of respondents reported distrust of others, and a minority reported paranoia / hyper vigilance (14.2%). In their descriptions some victims reported that they had adapted by strengthening their security arrangements in a bid to avoid further victimisation (e.g. better 'password management'). However, some described more radical changes in their attitudes and behaviour. Most frauds are perpetrated in the victims' own private spaces – their online accounts, their house, or in their love life – and so drastic avoidance measures risked causing further detriment to their wellbeing. For example, some described excluding themselves from digital, social or commercial environments. A small number reported a reluctance to leave their own house.

> *'I have a deep sense of mistrust of emails, online merchants and debit card payments.' (VS158)*
>
> *'Not sure I'll ever be able to trust someone again in a relationship'. (VS59)*
>
> *'I have found I do not want to go on [the social media platform] where I have friends. I feel I do not trust media about anything they say.' (VS164)*
>
> *'Total loss of trust toward people resulted in not wanting to talk to anyone or going out of the house to meet people.' (VS123)*

Self-harm

Self-harm and suicide represent some of the most extreme forms of impact that a fraud can have on a victim's life. In our survey 1.4 per cent reported acts of self-harm in response to a fraud. In interviews with vulnerable victims, some reported high intensity emotional or psychological responses that led to thoughts of self-harm or suicide (see case study 1 below). While these reactions are rare, police practitioners reported victims who had attempted or committed suicide in their area; one local victim during this time-period had taken their own life soon after submitting a report to Action Fraud.[23]

21 See 'the support environment' section in Chapter 3.

22 This was commonly experienced by victims who are defrauded over long periods of time, or those who refused to accept that they are a victim.

Case study 1: VI8 - Vulnerable

A man in his 70s and who lived alone was the victim of a relationship and trust fraud that lasted four years. He lost over £150,000. The deception began after the death of his brother when he was contacted by a woman claiming to be his brother's friend, and in need of money for a family emergency. The victim made multiple transfers to the women over the years, expecting it would be repaid once her finances improved; he described becoming 'addicted to paying up'. Once he realised the money would never be repaid, he stopped the payments, though the fraudster continued to contact him. Consequently, he found himself facing an uncertain financial future and a less comfortable retirement. He reported shame and embarrassment, and a reluctance to socialise. He admits contemplating self-harm on several occasions due to feeling unable to see a way out of his financial situation.

The capacity to cope and recover

The majority of survey participants reported that they had not wanted to receive support or treatment to address the health impact (63.6%); one in five (18%) reported they did not want help or support and one in five (18%) that it was not applicable to them.[24] It should be noted however, that there could be a difference between the support that some victims wanted, and that which practitioners assessed would be of benefit to them. In interview practitioners described how some victims assessed to need support either struggled to accept the support that was offered, did not think they deserved it, or had not associated the health impacts they experienced with the fraud.

A significant minority in our survey (18.4%) did report wanting support or treatment, indicating to a victim group that felt less able to recover without getting access to a support service. Further analysis showed that in all three categories, the number of health symptoms reported by the victim significantly increased the likelihood of wanting support or treatment to address their symptoms. Where the number of reported symptoms increased by one symptom, the probability of participants wanting to receive support increased by 11% (mental health symptoms), 26% (physical health symptoms), and 28% (behavioural changes).[25]

Many survey respondents had been victimised only weeks prior to completing the survey, so were unable to provide a view of the long-term effects of fraud. However, some expressed an inability to put the incident behind them. As indicated earlier, some victims in the survey described experiencing symptoms over several weeks, and for some vulnerable victims, the symptoms lasted for months or even years. An inability to cope and recover could mean that the health symptoms are experienced over a longer time-period.

> *'It consumes all of my waking thoughts, and I cannot move on from it.' (VS107)*
>
> *'It was a devastating experience. I consider myself an emotionally strong person … I fear I will never regain the confidence and trust that I lost. This event was life-changing and significantly altered my perspective as I grow older.' (VS121)*
>
> *'When the police became involved and I realised that this was a scam it has affected me immensely. I didn't feel able to talk to many people about this as I felt ashamed. I had to go to the doctor as I was not sleeping. I started to take sleeping tablets, but these made me feel dreadful the following day. My family and friends who know have been supportive and want me to get over it, but this has been easier said than done.' (VS77)*

Practitioners described the considerable challenges and risks when supporting vulnerable victims, which includes the challenge to overcome distrust, fear, and self-blame.

> *'And not trusting anyone anymore. You know the impact, it can be huge, and sometimes they don't recover from this. They're so fearful of the world that they become more and more isolated.' (Local police practitioner, P18)*

A small number of victims believed the detriment to their physical health was permanent and a full recovery was unlikely; one vulnerable victim reported being 'aged' by the experience (see case study below). Practitioners described observing a deterioration in the physical and mental health of

23 This individual did not participate in the survey.
24 See Annex 3.

some victims, which they attribute to the fraud in conjunction with other vulnerabilities.

> *'Obviously sometimes some of the health impact is irreversible. You know, sadly we have seen people commit suicide. You know, we have seen people really suffer with their mental health and we've seen people that have just had their health deteriorate, particularly when they're very elderly, and so it's not necessarily that you can wrap them up and they, you know, reverse it, some of the things will have a longer-term effect.' (Local police practitioner, P7)*

Case study 2: VI6 - Vulnerable

A woman in her 70s who lived alone had opened a Cash ISA with an online investment firm and invested £25,000. She had always in the past used her local bank, but the branch had closed during the COVID pandemic, so she searched the internet for an alternative provider. After five days she began to realise she had been defrauded; it was a fraudulent website which cloned the website of a legitimate provider. She had difficulties to secure a reimbursement from her bank and only got the money back six months later, following a report to the Financial Ombudsman. The victim reported that the fraud was the 'worst thing that has happened' to her. She felt ashamed and stupid, blaming herself for not completing the necessary security checks. She was too embarrassed to share what happened with anyone and became socially isolated. For six months she reported not eating or sleeping properly. She started suffering dizzy spells which led to a diagnosis of high blood pressure, and she was put on medication for life. She feels the experience of the fraud permanently impacted her health and that she had 'aged quite a lot in every way.'

Summary of key findings:

- In our survey, most fraud victims reported experiencing at least one health symptom as a consequence of fraud victimisation, most commonly an emotional or mental health symptom such as feeling worried or stress. However, the reported intensity and duration of the health symptoms was highly variable for different victims.
- Many reported health symptoms that had little or no impact on their daily life, nearly one in five reported that their lives had been very affected. And while some reported symptoms that lasted for only a short time, for others the symptoms continued for weeks, months or even years after the fraud.
- In our survey, many victims reported experiencing multiple health symptoms, and there were differences in the patterns of health symptoms reported by different victims. For example, common symptoms such as feeling worried, stress, anger and anxiety were likely to be reported in combination. Similar clusters were also found among less common symptoms; for example, feeling isolated, hopelessness, nightmares and thoughts of self-harm. These different combinations suggest important distinctions in the experiences and needs of different fraud victims.
- Both the quantitative analyses and qualitative accounts of victims highlight the significant impact the health symptoms can have on the lives of some victims, and the difficulty some experienced in coping and recovering.

25 See Skidmore et al. (2026) for a more detailed description of the data and methodology.

CHAPTER 3: THE FACTORS THAT INFLUENCE THE IMPACT ON HEALTH

The methods used in the perpetration of fraud are highly diverse, in terms of who is victimised and the nature of the communication and deception, and these methods are likely to influence the severity of the victim impact (UNODC, 2024). For example, studies have shown that victims of specific fraud categories such as financial investment fraud, romance fraud, or loan and rental fraud, report a greater personal impact than victims of other types of fraud (Modic and Anderson, 2015; Skidmore et al., 2020). Other studies have demonstrated the acute financial, emotional and psychological impact caused to victims of romance and investment fraud (Carter, 2021; Cross, 2015; Whitty and Buchanan, 2016).

The characteristics and circumstances of the victims may influence how they experience a fraud, meaning that two different victims may experience the same fraud differently (Borwell et al., 2025). One study found that victims who were female or from an ethnic minority group were more likely to experience certain types of emotional and health harms than victims who were male and from non-ethnic minority groups (Home Office, 2025). Previous research has also highlighted the acute risks to elderly victims due to circumstances such as ill health or social isolation (Cross et al., 2016). Furthermore, the scale of financial loss may also determine the impact, though this may depend on contextual factors such as the victims' personal means relative to the loss, and the capacity to recuperate the money (Sanz-Barbero et al., 2020; Skidmore, 2020).

This section explores the factors that influenced the type and severity of health symptoms experienced by victims, drawing on the qualitative data collected in the survey and interviews with victims and practitioners. It begins by examining the the characteristics of fraud offending methods that were found to influence the impact on victim health. It then looks at the relationship between the financial loss and impact on health. The following sub-sections focus on the characteristics and circumstances of the victims, including reports of pre-existing health conditions and self-blame, and access to formal and informal support.

The fraud method

A wide range of fraud methods were described by victims and practitioners in this research, in relation to how victims were targeted, deceived, and the money was stolen. Discrete characteristics of the fraud were shown to be an important influence over the impact on victims' health. The key characteristics of the fraud methods discussed in this section are the use of threats or intimidation; the threat of repeat victimisation; the investment to build trust and a relationship with the victim; and the targeting or fostering of a vulnerability.

The use of threats and intimidation

There are some narratives adopted by fraudsters that are intended to induce alarm or distress as a means of evoking a sense of urgency and manipulating victims into parting with their money. In these frauds some victims experienced high intensity symptoms such as fear and stress at the time of engaging with the fraudsters, i.e. an emotional response to the fraud in action, rather than processing events in the aftermath. One example was of fraudsters who impersonated a public or other official and threatened adverse consequences should the victim not comply with their instructions or demands.

> *'I was experiencing these symptoms whilst the fraud was ongoing. I felt under huge stress as I thought I was trying to help the police with their enquiries.' (VS76)*

'I feel under pressure too because the company are still asking me for payments and I was told by Action Fraud not to pay any more. The company are making me threatened because they are saying the interest will go up and affect my credit score.' (VS174)

In the context of a romance fraud, fraudsters invented scenarios to make a victim believe that there would be dire consequences should they be unwilling or unable to transfer the money being demanded (e.g. a hostage scenario). A minority of victims reported acute emotional responses during their interactions with the fraudster, and a desperation to help or rescue the fraudster from harm, leading to thoughts of self-harm or suicide (see case study 3). In some instances, victims described fraudsters moved from grooming to using intimidation or threats – for example, threatening to shame, embarrass or humiliate victims through sextortion. The highly personal nature of the interaction and relationships in some frauds, especially when face-to-face, meant that fraudsters could be highly intimidating to victims.

Case study 3: VI7 – Vulnerable

A woman in her mid-50s who had recently come out of an abusive marriage had met the offender on an online dating site. The fraudster invested time to groom the victim, before asking for £1,500 to help him with a financial difficulty related to his business. For two and a half years during the Covid-19 pandemic, the fraudster sent pictures and had phone calls and even video calls with the victim – the images transpired to be of an overseas celebrity. She was convinced he was telling the truth about who he was, and that he loved her, and they would be together once he could clear his debts. In the final stages the fraudster claimed he had been kidnapped and was being tortured by money lenders who wanted their money back. Pictures were sent to corroborate the story. He got angry and applied intense pressure on her to send money to help. She became obsessed, thinking of ways to get the money, and was barely sleeping and drinking alcohol most nights. She came close to committing suicide over what she saw as her failure to find enough money to save him from being tortured.

'I thought I'd hang myself. I sent him [the fraudster] pictures of the tree. Near the household around the time there was a 70ft tree with a rope for their toddler swing … You feel that there's nowhere else to turn there's no life. You feel like you're not saving the life of the man you love more than anything else in the world.'

She was eventually presented with evidence that it was a fraud and, after a period of denial, came to accept she had been victimised, by which time the fraudster had taken £350,000.

The threat of repeat victimisation

The methods adopted in some fraud involved repeatedly targeting the same victim on multiple occasions. This created an ongoing feeling of insecurity due to a continued risk of victimisation, and thereby heightened symptoms associated with fear and worry, and feelings of vulnerability. One key example is fraud involving the theft of personal information which could be mis-used on multiple occasions. In other examples, fraudsters made repeat attempts to re-establish contact, which could be perceived as threatening.

'I have not lost any money at the moment, but I am fearful that they might do so in the future, have stolen lots of personal info and might target me again. I don't feel secure and am struggling with this.' (VS101)

'… the caller then subjected me to multiple calls to try to make me believe he was genuine. I let most ring out but found it quite threatening and distressing.' (VS131)

The investment to build trust and a relationship with the victim

There were frauds which were perpetrated over a long period of time (in some cases years), involving a prolonged sequence of events in which fraudsters invested a considerable amount of time and effort to cultivate trust and a relationship with the victim. Key examples include relationship and trust fraud, investment fraud, or frauds involving financial abuse of elderly victims. In fostering a close relationship with the victim, the perpetrator

can exploit the trust to exert considerable influence and control over a victim. Some practitioners described victims who were 'under the spell,' meaning they became convinced that the fraudster and their intentions were genuine, which left them exposed to repeat victimisation. The consequence for the victim can be to hand over substantial amounts of money.

The impact in these cases can be especially acute because the actions of the victim can be seen to be underpinned by a degree of personal agency, in that they have actively chosen to comply with the advice or request of a fraudster whom they had trusted. This can be the view of external observers, and even of the victim themselves, once they accept a fraud has occurred.

Furthermore, victims can become highly invested in the relationship and a promised future, which is lost once the victim comes to accept that it is a fraud. There are some victims of romance fraud who described an intense period of mourning while coming to terms with the loss of a significant relationship. This experience can be especially poignant for those who socially isolated, or do not have other significant relationships in their life.

> *'When it ended there are no words for that emotions you go through. For months I mourned like I'd lost a husband. The husband you won't see, you'll never touch his body. I was mourning at a level that cannot be described. And I really, I couldn't function. Mentally awful, I'd say. Mentally, mentally and physically. Horrendous for a year after.' (VI7 - Vulnerable)*

> *'… they groom them over a lengthy period, they promise them a future which doesn't materialise, which leaves them feeling much more sort of bereft and lonely and desolate and all of that, and also the losses are quite high as well.' (Local police practitioner, P7)*

Case study 4: VI10 - Vulnerable

The victim was a 'sociable' man in his 60s. He met the fraudster in his local gym and befriended him over time; the fraud occurred over a seven-year period. The victim's business was struggling and the fraudster offered to help him out of his business difficulties. However, five months later the fraudster contrived a scenario of having lost his wallet overseas and asked if he could borrow £1,500. Over subsequent years the victim regularly gave the fraudster money, adding up to £100,000, firmly believing this man was his friend and that he would return the favour. They were making plans to go into business together. The victim's family started to suspect fraud, but he refused to believe them. The victim eventually ran out of money, lost his business and family home, and was diagnosed with cancer. It was the fraudster's indifferent attitude to his cancer diagnosis that caused him to realise this man was not his friend. Despite realising he had been defrauded, the victim continued to blame himself for what happened, because in his words, it was his 'choice,' and nobody had 'forced' him to send him the money.

Targeting or fostering victim vulnerability

There are certain techniques adopted by fraudsters that help to increase the likelihood that a fraud will be successful. This includes methods that purposefully target individuals or communities who are most susceptible to a specific fraud method, for example, methods that target individuals who are elderly or those in financial need such as in employment fraud (Phillips, 2017; Ravenelle et al., 2022). However, the same personal characteristics that render the individual susceptible to victimisation, can also render the individual less resilient to cope in the aftermath of the fraud. This can lead to a greater impact on health, especially for victims with pre-existing health conditions.

> *'Some of the other ones that particularly affect the elderly, I suppose things like the doorstep criminals and the rogue traders, … they target the elderly and so they can be quite devastating because you're, you know, you're targeting people that perhaps already have some health conditions,*

some things that could get exacerbated or worsened … ' (Local police practitioner, P7)

Some fraudsters adopt a more insidious method of deception to isolate and increase a victim's vulnerability to victimisation. For example, others in a victim's support network, such as family members, may challenge or question the legitimacy of a fraudster and thereby threaten the success of the fraud. In response, some fraudsters manipulate the victim to distance themselves from those close to them, and in doing remove protective factors from within their social environment. This can have serious long-term implications for a victim's health and wellbeing, particularly for those who are otherwise socially isolated, and creates obstacles to their recovery (see below on social support).

'You've got the romance ones obviously are probably some of the hardest, you know, with the family breakdowns, because often the nature of the crime, they've separated the victim from their support. That's part of the grooming process. … So, they can really get inside their heads and that can really cause those relationship breakdowns.' (Local police practitioner, P7)

'… [in] the process of the romance fraud [the victim can] start to kind of isolate themselves, or in fact the fraudster or the perpetrator will kind of enable their isolation such that when it kind of all comes to light, they're left without much of a support system which obviously has a big impact on their mental health, and that's definitely a theme that we've seen throughout our victim services.' (National fraud victim support stakeholder, P2)

The financial loss

The financial losses experienced by victims of fraud are highly variable. To understand the relationship between the financial loss and the impact on victim health there is a need to contextualise the losses within the wider circumstances of the victim – not least the proportion of the victim's overall personal wealth that was lost.

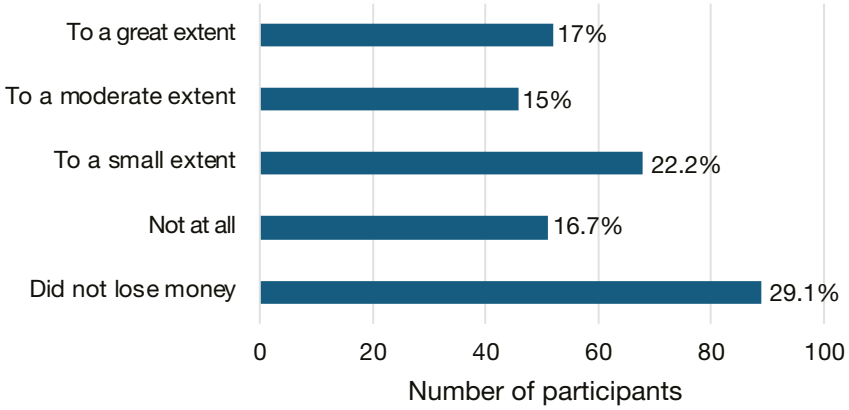
'I've had people before that have lost £100,000 and it's not impacted on their health at all. And then I have had someone that's lost £50 and it really affected their mental health. So, I think it's just dependent as well on their on their circumstances. So, for example in that case the one that had lost £50 was a single mum. So that literally was all the money she had, and it meant she couldn't feed her baby for the rest of that month.' (National fraud victim support stakeholder, P19)

'And I suppose the scale of the impact is often to do with how much money they've lost. We're typically dealing with people who might be struggling financially anyways, so a small amount of money lost could make a huge impact to them.' (Local fraud victim support practitioner, P14)

All participants in our survey were asked whether their recent experience of fraud had a significant impact on their personal finances (see Figure 4). Nearly half of respondents reported not losing any money (29.1%) or reported they were not at all affected (16.7%). For participants who reported an impact on their personal finances, nearly one in five (17%) reported that their personal finances had been impacted to a great extent, and 15 per cent to a moderate extent.

Further analysis was completed to test whether the financial impact influenced the health symptoms reported by participants. Specifically, whether the impact on finances predicted the total number of mental health symptoms, physical health symptoms and behaviour change symptoms reported by participants.[26] The analysis showed that the greater the perceived impact on finances, the more symptoms victims' reported in the survey.

Figure 4: Self-reported impact on personal finances



In their descriptions victims highlighted the significance of the financial impact to their wider health and wellbeing. Some expressed worry and concern over the impact on their financial situation. This included short-term concerns and pressures such as paying their bills, or for those who had lost more significant amounts, concerns over their long-term financial security. Some reported that the symptoms diminished once they received confirmation that the money that they had lost would be reimbursed.

> *'I don't have much in the way of actual savings, so this fraud has made the future look more uncertain.' (VS90)*
>
> *'The bank refunded all the money, so the symptoms tapered off quickly once that happened' (VS114)*

The capacity of the victim to recuperate the losses in the future was another important factor in determining the impact on health. In this regard, elderly victims who lost substantive amounts of personal wealth (e.g. their pension pot) could be particularly impacted. Another consideration is the impact that the financial loss would have on family or others close to them, especially for those where substantive amounts lost had implications for the long-term financial security of their own children.

> *'… we do find with older people the harm is greater because there is the inability to earn it back. They haven't got time to, they don't, there's no physical time to recover and earn that money back, especially if you've been scammed out of your pension or your savings. What are you supposed to do then? And you're 70. What do you do? You're not going to go back to work at that particular stage, are you? That's not what happens.' (National fraud victim support stakeholder, P3)*

Pre-existing health conditions

In the survey, participants were asked whether the health symptoms they experienced as a result of the fraud were also linked to health condition that they had been experiencing prior to the fraud. Over two thirds reported that this was either not applicable to their situation (n=88, 29%) or that none of the symptoms were related to a prior condition (n=115, 38%).[27] However, this left just under a third who reported that either some (n=84, 28%) or all (n=13, 4%) of the additional symptoms had been linked to a prior health condition.

In their comments, some victims who described experiencing physical or mental health symptoms in response to the fraud (e.g. heart problems or diagnosed depression), related them back to a pre-existing condition that had been exacerbated by the fraud. For those who reported a decline in health, some specifically attributed this to the stress experienced as a consequence of the fraud.

26 See Annex 3.

''… worsening symptoms of my chronic fatigue linked to long covid that has left me housebound, so adds to feelings of loss of independence, making me feel more vulnerable than if it had happened to me prior to my physical disability.' (VS280)

'Have had six years of feeling OK. I now just feel like I have gone backwards. Taking pills and depressed thoughts.' (VS133)

Practitioners observed a pattern in which victims with diagnosed mental health conditions such as anxiety or depression, were more likely to experience a greater impact on their health after the fraud. Furthermore, they described elderly victims whose overall health declined following a fraud. For victims who are already experiencing health difficulties, attributing the role that a fraud has in further decline can be difficult, especially in cases of fraud that occur over prolonged periods of time.

'They might already disclose to us that they've been diagnosed with anxiety and depression before [and] will say that that's been impacted [by the fraud] and they are feeling a lot more anxious than they have been previously. Or it might have sort of deteriorated again … or they might have just gone to the GP to get back onto medication … those already with like mental health and diagnosis probably are that bit more vulnerable?' (National fraud victim support stakeholder, P19)

'Mostly I find for people [fraud] affects their mental health more than their physical health. But then, sometimes it's really difficult to say, because a lot of the people that we talk to are older people that have underlying health conditions in the first place.' (Local fraud victim support practitioner, P20)

Self-blame

A prominent theme in the participants' responses was a sentiment expressed by many victims that they themselves were to blame for what had happened to them. In our survey, four in ten victims (40%) reported feelings of guilt or shame, responses strongly associated with the self-blame narrative. In both the survey and interviews, many conveyed a sense of self-blame in their description of events, using words such as 'gullible,' 'fool,' 'stupid,' 'duped' and 'naïve' in reference to themselves.

'Constantly thinking about what happened and if any of the consequences were my fault.' (VS175)

'The guilt you feel eats away at you, because you feel so stupid for being scammed.' (VS309)

Practitioners who provide support to some of the most vulnerable or impacted victims, reported that addressing self-blame was a core component of the support they provide to many of the victims they encounter.

'… they would say about themselves 'I feel stupid.' And that seems to be the general consensus. Every single person we visit where we say it's not you your fault, you've been scammed, you've been defrauded.' (Local police practitioner, P9)

The experience of self-blame is in part a reflection of the fraud modus operandi. One of the defining features of fraud is that money is taken not by force, but through deception, so that victims are tricked into parting with their money (for example, see Tun and Birks, 2023). The active and visible role of victims in the criminal process (i.e. the crime script) suggests there was personal agency, and a capacity to determine the outcome of a fraud attempt.

'The problem is in post fraud and scams you have a situation where, because it's abstract, because … I may not even know the face of the person who defrauded me. I may not even know how it happened or when it happened. So, there is this element of - it's very, very difficult for you to rationalise in order to make sense of it, without actually turning to the narrative of 'I was fooled, I fell for it. I was duped; I was an idiot'.' (National fraud victim support stakeholder, P10)

The consequence can be to turn their rationalisation inwards for explaining how and why a fraud happened, and thereby divert blame away from the perpetrators. This rationalisation leads some to question their own status as a victim, which can deter the victim from disclosing the crime or seeking help from anyone else (including the police), or even foster feelings that they themselves ought to be punished.

27 The survey adopts a wide definition of health symptom (see Table 1), and it is possible that some victims took a narrower view of 'health' when answering this question – e.g. a condition that has been diagnosed by a health professional.

'[To be honest] I've not been shopping or swimming or cycling which I usually do regularly. It's as if I have sort of shut down to concentrate on the awfulness of my actions…I felt I deserved to feel like this and at any time I started to feel better I remembered I had no right to feel better having been so stupid … I had to keep internally not forgetting what I had done and almost punishing myself. (VS117)

'And in a way, I knew what I was doing. Do you understand? I was complicit … you know, when they said, 'do this,' I did it. I'm. I was so obedient. That's what I hate. I'm really, I'm ashamed.' (VI9 - Vulnerable)

Self-blame is itself a symptom of fraud victimisation but can also act as a mediator in determining other forms of impact on physical and mental health. This sense of personal responsibility could lay at the root of the shame, embarrassment, guilt, and reduced self-esteem and confidence in themselves that victims suffered. For some, the self-blame rationalisation was not simply a narrative to explain the event, it seeped into the victim's own sense of self. It led to a changed or diminished view of themselves and a concern that they will become changed or diminished in the eyes of important others. Confidence levels and self-esteem can be affected, with some describing feelings of anger or even hatred towards themselves. The fear of others learning about the fraud and their actions could lead some to become socially withdrawn through fear of added shame or humiliation. Victims described obsessive thoughts about their own actions and what they should have done differently. Self-blame casts doubt over the person they had thought they were, leaving them with feelings of inadequacy and vulnerability. The consequence could be that the victim no longer feels able to trust their own judgement, and they are left feeling unable to protect themselves in the future.

'That I was apparently so gullible has really undermined my confidence and made me feel that I'm not safe to be unsupervised! It's horrible.' (VS38)

'After months of not sleeping nor eating, not being able to meet people properly, you know I didn't want anyone to know. I didn't want them to be suspicious of anything. I have a twin brother [and] … I speak to him every week, but I couldn't tell him because I knew he would say, 'how could you be so stupid?' (VI6 - Vulnerable)

Research indicates that when self-blame is directed to specific behaviours or actions linked to the incident, it can foster adaptive responses from the victim, as it can empower them to take control and adjust behaviours to avoid victimisation in the future (e.g. increase online security behaviours) (Frieze et al., 1987, cited in Jansen and Leukfeldt, 2018). However, when blame is directed at the victim's own character or personality it can become maladaptive, because this is more difficult (or impossible) for the victim to change, and they are left feeling incapable of adapting and keeping themselves safe in the future.

While self-blame was reported by many victims, for some it became entrenched and could have a significant impact on the victim's wider wellbeing (see case study 5). The reasons for the differential experience of self-blame merits further research, but the accounts from victims and practitioners suggests that the variability in fraud methods, the role the victim plays in the sequence of events (e.g. different levels of personal agency), the victim's own self-esteem and the scale and significance of impact on finances and related wellbeing were important factors. Practitioners described victims who refused to accept or discuss the incident with anyone, and a minority who experienced such a high intensity of symptoms linked to self-blame, that they took their own life.

'And some people don't want to believe us. They don't want to believe that they've been fooled. They can't believe that of themselves, especially if they've never had been victim of anything like this before to admit that weakness and to acknowledge that weakness within yourself is an enormous thing to do.' (Local police practitioner, P12)

'… not very often, but they can get to the point where they feel so utterly ashamed. In the circumstance that I have dealt with, when someone's felt like that, it's a vast sum of money as in their life savings has gone. They're fearful to tell the bank what they've done. They may have given the passcode out there. Again, it comes back to that, that fear of embarrassment and shame. And they feel there's no way out. They

don't want their family to know they've made a massive mistake. They, perhaps mental health, was perhaps poor to begin with, and this can literally tip them over the edge, and they can see no way out and no way out for them is to sadly end their life. (Local police practitioner, P18)

Case study 5: VI9 – Vulnerable

A woman in her 70s was targeted by a technical support fraud. The fraudsters claimed that her IP address had been compromised and that they were at risk of being defrauded of £10,000. They stated they needed access to her bank account to prevent this from happening. The whole experience lasted five hours, and she lost £11,000, not only from her own current account but from the accounts off organisations and charities for whom she volunteered. After two weeks of phone calls with the banks, she managed to get nearly all the money back. The initial health impacts of the fraud were severe; for ten days after she was unable to wash herself or get dressed or leave the house, she struggled to sleep, and when she woke at night, she punished herself by making herself think about the fraud. She said that had she not recovered the money she would have harmed herself. But she struggled with the "overwhelming shame of being so stupid." The fraud experience destroyed her view of herself as a competent woman and, despite support, she could not accept the view that she ought not to be ashamed of what had happened.

The support environment

A final mediating influence on the impact on victim health is the availability of support in the aftermath, particularly informal support from social networks such as family and friends. In interviews, practitioners reported that one of the most challenging elements in helping vulnerable victims to recover from victimisation, is the absence of social support, a problem that was especially prominent for elderly victims.

'Where we've seen the biggest effects of scams [involve] people that don't have a great support network … things around sort of like loneliness, perhaps that is [what] makes someone have a greater impact from scam as opposed to like a specific health condition or age or that sort of thing. It's more that kind of not having a supportive circle around them.' (Local fraud victim support practitioner, P14)

'Having a network of, you know, other family or friends is actually very important because some … older people have no one, so it's much, much harder to actually work with victims who have no one to support them.' (Local fraud victim support practitioner, P15)

The people in a victims' social network can play an important role in providing validation and reassurance that they are not to blame (see case study 6 below). Irrespective of the specific circumstance of the fraud, there were victims who felt able to share what had happened to them with their family and friends and as a result, experienced improved health outcome.

Case study 6: VI13

The victim was an international student in her 20s. She was telephoned by fraudsters claiming to be from His Majesty's Revenue and Customs and told that she was the subject of a court case. The callers threatened her with arrest and deportation if she did not pay a sum of approximately £1,200. The victim reported being scared and intimidated but during the fraud she contacted her brother who advised her to disengage from them. She said that the fraud had impacted her health at the time, but she saw it as a normal trauma response that lasted a couple of days. She explained that her recovery was helped by friends and family who provided her with the reassurance that she was not to blame for what had happened and that anyone else in that situation could be deceived by the fraudsters. She reported not requiring formal support because of the support from her family. That said, she described the 'mental drama' of the fraud experience, and a sustained impact on her ability to trust herself and her own judgement.

'It continues to be a really big part of my life [but it would have been far worse] had it not been for the people around me saying "We were had as well. We believed him and why would you not believe him?" You know? And so that's strength of the people around me has really helped, though doesn't completely take it away.' (VI3 - Vulnerable)

In this case, the victim was introduced to her fraudster by a mutual friend and lived with him for some time before her family began to suspect. She lost a great deal of money but was impacted less than she would have been had her family not stood by her. Where victims choose not to disclose the incident to their social network it can close off access to the support that is important to recovery and may even leave the victim susceptible to further victimisation. For example, in seeking to avoid the shame of confessing to those close to them about the fraud, they may choose to engage with offenders pretending to be a legitimate service for retrieving stolen funds, and thus risk becoming victimised again.[28]

'… the people that lose large amounts of money and then have another fraudster contact them saying they can help them recover it, through lots of reasons; through embarrassment, not wanting to tell family members, you know, they will go down that route to try and recover what they think they've lost, not realising they're going to be a victim again and ultimately lose more money. And it then self-perpetuates, doesn't it?' (Local police practitioner, P11)

Case study 7: VI9 – Vulnerable

This victim, a man in his 70s, was defrauded after he attempted to buy bitcoin from what he thought was a legitimate broker in order to ensure a more comfortable old age for his family. He reported this first fraud and received help from victim support services and also recovered some of his money from the bank. Subsequently he has been contacted repeatedly using WhatsApp and other methods by people claiming they can get him his money back if he pays them something up front. He said that at first he thought, since he had spent many thousands on the initial fraud and believed that the people offering to help were acting in good faith, it was worth spending a little more to recuperate his losses. But, after losing even more money, he realised that most of the people offering to help were themselves fraudsters. He was still receiving these fraudulent calls while the research interview was being conducted and still had faith (albeit diminished) that eventually one of them would prove to be genuine. He had not reported any of the subsequent losses to the police since they had 'more serious things to do' than to worry about than 'someone who had diddled me out of a few pennies'. Furthermore, he had not told his partner or children about any of the frauds because he felt ashamed about what has happened and does not wish to burden them. He said he had been brought up to 'stand on his own two feet' and keep his troubles to himself, and that his partner had enough trouble of her own, yet he felt 'dishonest and devious' about not sharing the fraud and his subsequent financial struggles with her. Nevertheless, he wanted support and felt hurt that there was no one there to help him.

28 This is called a 'Recovery fraud' in which offenders contact a person who has already been defrauded, claiming to be a legitimate organisation that can retrieve the stolen funds for a fee. As a result, the person is victimised a second time.

Some victims reported having blame or hostility directed at them by friends of family after disclosing the incident. This negative reaction from family and friends could exacerbate or trigger adverse health impacts experienced by victims and could deter the victim from disclosing the incident to others for fear of receiving a similar response.

> *'My daughter blames me, and so does my husband. I feel guilty too. I can't think about this problem. I can't sleep when I think about it.' (VS218)*

This was a particular issue among vulnerable victims who were supported by the police, some of whom lost large amounts of money or remained convinced that the fraudster was genuine for a long period of time. Certain attitudes or actions in response to a fraudster can be difficult for others to understand and are perceived to break the trust that they had with the victim, causing rifts in established relationships and thereby further isolating the victim.

> *… [and] very often you'll be going back maybe two weeks, a month, six weeks later, to do exactly the same and often, nearly all the time, you would see that family members had long since, sadly, given up, for lack of better words because they could not get through to their parents, their aunties, to their uncles, their loved ones. And you would often see people's, especially the elderly population. you would see their health deteriorating as a result, and that lack of social interaction, that lack of support from their family.' (Local police practitioner, P13)*

> *'Another thing that really impacts on victims is the relationship with their families because that can break at times. And a supporting factor in their lives is no longer there. There was a victim that I worked with a year ago, whose son was blaming her for what happened, and it was really difficult for her to cope with that. The fraud in itself didn't impact on her, but the fact that her son was blaming her and refused to talk to her for a few weeks. That really impacted on her.' (Local police practitioner, P21)*

Another important determinant of the health impact was the victims experience of engaging with support services in the police and wider response ecosystem, particularly those in private industry. Victims' experiences could be influenced by whether they are able to achieve their desired outcome (e.g. a police investigation or reimbursement), the extent to which a service meets with their expectations, and how they consider they are treated during their exchanges with the organisation and practitioners. This is discussed further in the 'Victims experiences of the response system' section in Chapter Five.

Summary of key findings

- There are various factors that help to explain the wide-ranging experiences of impact reported by the research participants, These include: the ways in which a person is defrauded; the victims' personal circumstances, including prior health conditions and access to social support; the personal significance of the amount of money that is lost; and their experiences of accessing support services.
- Self-blame was prominent as a psychological symptom of fraud victimisation, but also a factor that underpinned and exacerbated other health symptoms (e.g. shame, guilt, social withdrawal).


Caller ID:
Scam of Fraud
ACCEPT
DECLINE

CHAPTER 4: THE SUPPORT NEEDS OF VICTIMS WHO EXPERIENCE A HEALTH IMPACT

Previous chapters have shown that there is a cohort of fraud victims who experience an impact on their psychological, emotional and physical health as a consequence of fraud victimisation, which builds on the findings of earlier research (for example, see Button et al., 2014a; Cross, 2015; Jansen and Leukfeldt, 2018). Furthermore, it shows there is a cohort of fraud victims who want to receive support to address the impact on their health. This section will explore the various types and dimensions of support needed to address and mitigate the impact on victim health. It will examine the experiences, needs and expectations of fraud victims in terms of service provision, as well as the accounts of practitioners with experience of delivering this support.

In wider victimology research, the fundamentals of support that are valued by victims are: being listened to, having someone take action to help, being kept informed as investigations progress, experiencing a non-blaming attitude, and having the wrongdoing against them acknowledged and validated (Elliot et al., 2014; Wedlock and Tapley, 2016). This is especially critical in the response from the police who are key symbolic actors for the public that embody the moral values of society, meaning they are uniquely placed to reinforce and validate their status as a victim (Elliot et al, 2014). The victim's perception that they have been treated respectfully, that decision-makers are neutral and trustworthy, and that they have been given a voice and some influence over the decisions made during the process can be important in determining overall satisfaction with the service received, regardless of other factors such as the criminal justice outcome (for example, see Barkworth and Murphy, 2016; Tyler, 2006).

Moreover, how victims are treated can influence their capacity to recover from the incident. Poor and unfair treatment can lead to 'secondary victimisation,' particularly among vulnerable victims of crime, causing further detriment to health and wellbeing (Carter-Snell, 2015; Wemmers, 2013). Research has shown that poor treatment of fraud victims can cause further damage (Cross et al., 2016). These effects are likely to be variable, depending on the victim's personal characteristics, the impact of the crime, and their expectations. For example, one study found that victims who are emotionally affected, or view the crime as 'serious,' are more likely to want support (Freeman, 2013).

There is evidence that the wants and needs of fraud victims are no different to those of victims of other crimes. Previous research has identified the following elements:

- **Access:** Receiving help to know which services are available and the routes for getting access, including access to trained professionals who can address the consequences or causes of victimisation, where appropriate (Button et al., 2009a; Cross et al., 2016).
- **Attitude:** Having someone to listen, give a sympathetic and understanding response, and to treat the person with respect and dignity (Button et al., 2009a; Cross et al., 2016). Adopt a non-blaming attitude to encourage the victim to seek the support they need (Cross, 2015).
- **Advice:** Practical assistance, which refers to immediate support to help stop a fraud in action, prevent further loss, or more general advice on how to reduce the risk of victimisation in the future (Cross, 2016b; Home Office, 2025).
- **Psychological and emotional support:** Promoting self-efficacy, cognitive 'restructuring skills,' and help-seeking behaviour (Palassis et

al., 2021). Support to remove shame and rebuild confidence, which for some may include peer support groups comprised of other fraud victims (Cross, 2016).

Research in the UK has shown that the provision of support to victims of fraud does not always align with what victims want; for example, not all those who wanted immediate or timely support to address the fraud received it (Home Office, 2025). More broadly, it has been shown that the provision of support services can fall short of what is expected due to limited understanding and recognition of the harms experienced by victims and blaming narratives that stigmatise or even de-legitimise fraud victimisation (Button and Cross, 2017; Cross, 2018).

The police are just one organisation within a wider response ecology for fraud, and many victims turn to alternative providers for help and support to resolve the incident (e.g. their bank). In these contexts, the status of 'victim' may not have been established – having not reported the crime to the police – and the individual instead engages as a client, service user, or customer. There is less research exploring experiences, expectations, perceptions of fair treatment, and the influence over the recovery process, in these non-policing contexts. One study of identity fraud identified that responders in the private sector, were commonly focused to address the internal risks to the organisations, rather than solely concentrating on the needs of users who experience a fraud (Wyre et al., 2020). Furthermore, research showed that the extended periods of time taken up to resolve an identity theft was positively associated with emotional distress (DeLiema et al., 2021).

In this chapter we will begin by discussing the experiences of victims in accessing support as reported in our survey. This is followed by a section examining the support needs of fraud victims, drawing on qualitative data collected in the survey and interviews. We begin with a description of evidence on the support wants and needs of victims before discussing some of the barriers and challenges to delivering support. Finally, we explore approaches to tailoring the provision of support to victims, particularly those who experience a significant impact.

Victim experiences of support

In the survey, participants were asked about their experiences and expectations in relation to accessing support to address the impact on health. This included whether the victim had spoken to someone about the health symptoms, whether they had been offered or had received support to address the health symptoms, and if they had wanted it.

Two thirds of participants (66%, n=206) reported speaking to individuals or organisations about their health symptoms following the fraud. A third reported either that the question was not applicable (28.3%) or that they had not spoken to anyone (4.8%).[29] As shown in the table below, participants most commonly spoke to a family member (64%) or friend (41%). Nearly a third (31%) reported speaking to the police, and a quarter (24%) to the victim support service. Only a minority reported speaking to other local services, including 11 per cent who spoke to their GP and 6 per cent to Citizens Advice.

Figure 5: Survey participants who reported speaking to a service or individual about their health symptoms*

Service/individual	No. of participants (n=206)
Police	64 (31.1%)
Victim Support	50 (24.3%)
GP	23 (11.2%)
Citizens Advice	12 (5.8%)
Social Worker	11 (5.3%)
Family Member	132 (64.1%)
Friend	84 (40.8%)
Other	26 (12.6%)

* Participants may have spoken to more than one service / individual.

Nearly two thirds (63%, n=197) of participants reported that they had been offered support to address the health impact (see Figure 6 below). This offer most commonly came from the police or victim support service. It is of note that all victims included in this survey had reported the crime or otherwise gone through the police system, and as a matter of protocol will have been offered victim support. However, over a third reported that support was not offered (36.6%, n=114).[30] Some may not have realised at the time they were being offered support or else felt then that they did not need it; at this early stage the primary focus of many victims may be gettingg the money back or encouraging the police to launch an investigation.

Just under half reported receiving support to address the health impact (49%, n=151), and often this was informal support from a family member (52%) or friend (32%). Most formal support was provided by the police (41%) or victim support (31%) rather than GPs (13%) or other health services. Among victims who reported being offered (14%) and / or receiving support (11%) from 'other' services, the service providers included mental health workers, Action Fraud, their bank, or even a government website.

Figure 6: Survey participants who reported speaking to a service or individual about their health symptoms*

Service/individual	Offered support (n=197)	Received support (n=151)
Police	106 (53.8%)	62 (41.1%)
Victim Support	77 (39.1%)	46 (30.5%)
GP	21 (10.7%)	19 (12.6%)
Citizens Advice	11 (5.6%)	3 (2%)
Social Worker	12 (6.1%)	9 (6%)
Family Member	71 (36%)	78 (51.7%)
Friend	41 (20.8%)	48 (31.8%)
Other	28 (14.2%)	17 (11.3%)

* Participants may have spoken to more than one service / individual.

29 Those who did not speak to anyone included those who did not respond to any options presented in the question.

30 This includes victims who did not respond to any options presented in the question (5.79%, n=18) and those who reported it was not applicable (30.9%, n=96).

One in five (18%, n=56), reported that they had wanted support to address the health impact of fraud.[31] The implication is that while most fraud victims report experiencing a health symptom, most commonly an emotional or mental health impact (see Chapter Two), for many victims this did not translate to a perceived support need. We examined whether the number of reported symptoms increased the likelihood of the victim wanting support.[32] Overall, a greater number of reported symptoms increased the likelihood of the victim reported they had wanted support. Each category of symptom was examined separately – emotional and mental health, physical, and behavioural – and in each category, the greater the number of symptoms, the greater the likelihood of wanting support. This was especially pronounced for behavioural changes and physical health symptoms; with each additional symptom reported, the likelihood of wanting support increased by 28 per cent and 26 per cent respectively. Each additional emotional and mental health symptoms increased the likelihood of wanting support by 11 per cent.

The majority of respondents who wanted support reported being offered (88%, n=49) and / or receiving it (79%, n=44). Figure 7 below breaks down which services or individuals had offered or provided the support to these victims. For many, the support was received from the police or victim support (43% and 45% respectively), or from family and friends (41% and 34% respectively). Notably, over a third (34%, n=15) reported they had received support from their GP.

Figure 7: Survey participants who reported speaking to a service or individual about their health symptoms*

Service / Individual	Offered support (n=56)	Received support (n=56)
Police	25 (51%)	19 (43.2%)
Victim Support	25 (51%)	20 (45.5%)
GP	14 (28.6%)	15 (34.1%)
Citizens Advice	1 (2%)	1 (2.3%)
Social Worker	3 (6.1%)	7 (15.9%)
Family Member	24 (50%)	18 (40.9%)
Friend	15 (30.6%)	15 (34.1%)
Other	7 (14.3%)	8 (18.2%)

* Participants may have spoken to more than one service / individual.

CHALLENGES AND FRUSTRATIONS IN ACCESSING SUPPORT

Navigating the support system

After reporting the fraud, victims can face a challenge to navigate complex policies and processes while endeavouring to understand their entitlements. Some victims described receiving advice that either placed an unreasonable burden on them or was simply misleading. To illustrate, one victim had called her bank while a fraud was in action and was advised the only way to stop more money from being stolen was to maintain vigil through the night by repeatedly entering the wrong account details to lock the account. Other victims had been wrongly informed that they were not eligible for consideration under the reimbursement policy.

Discord and confusion could arise from within the response 'landscape' itself, leading to a disjointed service. To illustrate, the victim-centric approach in specialist support organisations, which aimed to empower and advocate for fraud victims,

conflicted with the attitude and approach taken in other organisations.

> *'[Getting my money back] wouldn't have happened without victim support … we need the banks to do the right thing to start with. Yes, that should have happened in July and not put me through all that trauma. Yeah, you know. Really, it's just, yeah, just a nightmare, basically a nightmare …' (VI6 - Vulnerable)*

The gaps and inconsistencies in responses from the private sector may be rooted in a range of internal challenges, such as a lack of resources, training, or clarity on responsibilities to victims. Regardless, the responses from private sector organisations can play an important role in addressing the impact of the fraud. Victims who received a prompt response from their bank and who felt they were listened to and believed, reported a reduction in some of the stress they were under.

Victim expectations

In our research, there were victims who reported the incident to the police without any expectation of a service, particularly those who reported less acute response to the fraud or for whom the incident had been otherwise resolved (e.g. reimbursement). Others considered that a report to the police would lead to a law enforcement intervention and / or recovery of lost money. However, in most cases the police did not pursue a criminal investigation due to a lack of investigative leads, which frustrated and disappointed those victims who expected these responses.

Regardless of the level of personal engagement, the action (or inaction) of the police or other organisations could signal to the victim the importance or seriousness attributed to the crime they have experienced, which may not align with the victim's own perceptions. It seems plausible that the wider the gap between the victim's own view of the seriousness of the incident (and accordant expectation of service) and that signalled by the responder, the greater the risk that the victim may experience further harm. Police practitioners emphasised the need to 'manage' victim expectations to avoid a situation in which a victim is left to slowly realise that these services will be unavailable, which risks exacerbating the emotional impact. Quickly establishing transparency and a clear and realistic understanding of what services can be offered was considered important. However, in their engagement with the police, many victims do not experience a follow-up interaction after submitting a report of fraud.

> *'You very rarely get a police update on whether they're doing that. You know it's not like other crimes where you can be kind of constantly updated on progress. It's very unlikely that your case is going to be investigated at all. And even if it is, it might fall under this much kind of broader investigation … victims often just don't have that communication and that could be one of the big … things that impacts them.' (National fraud victim support stakeholder, P2)*

Some victims reported a feeling of having no control or understanding of the decisions that had been made by the police; one victim reported being 'mystified' by the police decision not to investigate and was left with unanswered questions.

> *'It did feel like I was out of control during the investigation, I didn't have enough information, and I didn't know what they were looking for - it was a really hard week. The bank also did everything by email which felt very impersonal and quite distressing. But their customer service people were kind and understanding when I rang to find out what was going on. I never want to go through something like that again.' (VS167)*

Other victims found themselves being passed between police forces who were unable to agree whose responsibility it was to investigate, leaving them with the feeling they were being ignored and that time was being wasted which should have been spent pursuing evidential opportunities and regaining their money (see case study 8).

31 See Chapter 2.

32 This was tested using a binary logistic regression analysis.

Case study 8: VI5 Vulnerable

This victim, a woman in her 70s, lost £125,000 after she tried to buy Bitcoin from a broker her friend had recommended. She had described being initially 'under the spell' of the fraudsters, but that their interactions became increasingly aggressive as she began to ask for the returns on her investment. Once she realised the broker was fraudulent, she spent £5,000 engaging the services of a wealth recovery solicitor and reported the fraud to Action Fraud. She said the process of reporting to Action Fraud was a 'nightmare' and since then there has been no 'consistency of anyone looking into it'. Similarly, she said the banks had been 'dismissive and uncooperative'. She said the police decided to investigate but there were 'big arguments' about which force should be dealing with it, and whenever she rang for an update, she would receive 'different answers'. Eventually after six months, during which time her MP had become involved, a specialist unit in a police force was assigned the case, but by that time the money, which had previously been traced by the solicitor, had been moved so that it was now untraceable. The victim said even when they had received the case, the specialist unit kept giving her 'excuses' about how busy they were, making her feel that they did not care about the fact she had lost her 'life savings'. She concluded by saying that the 'additional horrors' of the response landscape had exacerbated the stress caused by the fraud, and her pre-existing health conditions, and has left her feeling 'suicidal' but when she sought support for the fraud from her GP they were ill-equipped to help.

Secondary victimisation

The feeling of not being in control of what was happening, the lack of personal engagement, and protracted processes for reaching a resolution, were factors that exacerbated the health impact for some victims. These reported experiences of 'secondary victimisation' were particularly prominent in relation to navigating the complex reporting system, engagement with the private sector, and in reporting to organisations like Action Fraud. In some instances, this secondary victimisation potentially reflected the stress and uncertainty over the providers' decision to reimburse the money that was lost. However, other factors included a perceived adversarial nature of the interaction, due to conflicting financial interests, protracted and unclear processes for navigating a convoluted landscape of interested parties, and inefficient processes or perceived incompetence that placed a strain on the victims' time and emotional resilience. Furthermore, the emotional impact of having to recount (or 'relive') the incident could be acute and amplified the feelings of shame and embarrassment.

> *'Anxiety occurs when situations related to the fraud occur e.g. interviews, telephone conversations. The process takes so long and so far there is no end in sight.' (VS67)*
>
> *'The vast amount of adrenaline that filled my body every time I had to contact the banks. It isn't easy getting through … and each time it was someone different and as I didn't have a clear picture or understanding of what had happened (four banks were involved). It made me very confused. As I re-lived the stupidity, I felt more humiliated and ashamed at what I had let people do to me. I had to spend hours and hours on the phone explaining and changing things and that's not over yet.' (VS117)*
>
> *'It has been stressful and upsetting plus worrying as my bank kept mucking up my account fraud investigation and closing it then removing the money again. That occurred three times so increased my anxiety, stress and worry as each time they made me re-open the claim they made me go through the whole account of the fraud incident, which occurred on text for over two-hour period, and was making me recall all over again the trauma and distress … My blood pressure, despite being treated, was increased following the fraud and two months of back and forward subsequently with my bank …' (VS280)*

A negative or blaming tone from a service provider risks reinforcing the victim's own doubts or ambivalence regarding their status as a victim. This is exacerbated by responders that communicated distrust towards the victim during the process

of completing their own internal checks and enquiries.

> *'I am extremely upset that [the technology company] did not use their common sense (such as they have) to realise after all the information I gave them on my contacts, my family, my many details - and offered more, like passport details etc - that they chose to call me a phisher, scammer, fraud and more … being so inefficient and also unfeeling has made me feel worthless and pointless.' (VS243)*

Loss of trust

In some cases, victims reported feeling an erosion of trust and confidence in organisations and their motivation to help them. Some reported feeling that the organisation had shirked their responsibilities in protecting them from the fraud (see case study 9). This was particularly common in the case of technology companies that governed the platforms on which the frauds had taken place. Others did not trust that the organisation had a genuine interest in helping them to resolve the incident.

> *'No support offered by any organisation. It's really poor. Feel like people aren't bothered about the fraud or impact, they just go through the motions.' (VS151)*

> *'I now have a strong distrust of [the social media company] as I see how easy it is to hack an account, impact hundreds of others, and how they don't have any humans working in their support function to address issues or provide advice.' (VS281)*

Victims reported a range of frustrations in seeking to engage organisations, including an inability to speak directly with a staff member, encountering responders who were unreceptive or insensitive to their situation, or who greeted them with scepticism and even suspicion. Some inferred from their engagement that the organisation's primary concern had been to protect internal interests.

> *'Without any support from those involved in the transaction, I feel hopeless, embarrassed and frustrated, plus incredulous how large organizations like [the bank and technology companies] can apparently shirk any responsibility for fraud taking place on their platforms. And giving victims the runaround until they eventually feel hopeless and give up trying to resolve their dilemma.' (VS189)*

Case study 9: VI2 Vulnerable

While in a branch of their bank, the victim was identified as being at risk of romance fraud by the staff and asked to wait for police officers to arrive and speak to her. The victim waited for five hours in a side room at the bank, but the police did not arrive; she described feeling like an 'absolute idiot sitting in the room'. The victim went home and waited two days for the police to attend in a state of distress. She was told that they had been 'too busy' to see her at the bank. Furthermore, the victim did not feel like the attendant officer recognised her as a genuine victim and felt blamed for what had happened to her. In her words, 'they're reinforcing what you already know, you've done it, you know, reinforcing your sense of being a fool'.

The support needs of victims

For many victims, the experience of a health impact did not necessitate a response that was oriented to health or emotional support. In both survey and interviews, victims described a range of different types of support they had either wanted or had received and had been helped them to overcome the fraud. And in many instances, it was practical support that victims had wanted, not interventions focused to address the health impact. This was especially prominent for victims included in the survey, many of whom had been victimised only a couple of weeks previously and were still seeking a practical resolution; in the words of one victim, 'fix the fraud and you will fix the health.' Victims have diverse expectations and support needs, but the key elements described by victims and practitioners include:

- **Respectful treatment:** being able to speak to someone who is non-judgemental and objective, sympathetic to their situation, understands the fraud and what has happened to them. Similarly, support practitioners highlighted the need to give victims a voice, to have someone listen to them,

and in the process, acknowledge and validate their experience as a victim of crime.

'One of the most important and healing things for me that happened in the aftermath of the fraud, was the kindness with which I was treated by all officials I dealt with at my bank, and at Action Fraud, at a time when I felt stupid and undeserving of it. That kindness went a long way to preventing the adverse mental and emotional effects escalating. I am convinced also that it helped me to restore my self-esteem and get through the post-fraud healing process much quicker than I might have done.' (VS227)

- **Protection and security:** Address the risk of further victimisation through practical measures such as online security advice or installing telephone call blockers to prevent further contact from fraudsters. For the police, this represents a practical step toward crime reduction but can also help to improve the health outcomes for victims. The provision of practical advice and support could help to instil a sense of agency, control, and confidence in the victim, reassuring them that they are capable of protecting themselves in the future.

- **Advocacy:** Assistance to navigate and engage with the response system and processes to achieve the desired outcome; this included advice on support options, entitlements, and support and encouragement to engage with organisations to resolve the incident. Vulnerable victims who were allocated a victim case worker,[33] had valued the advocacy work that was provided.

- **Practical resolution:** Where feasible and appropriate, provide the victim with the outcomes to which they are entitled, particularly reimbursement. Some victims want to see law enforcement action, but many cases do not lead to a criminal investigation, and good communication and the principles of respectful treatment (outlined above) can ensure decisions are transparent and provide victims with a voice in the process.

'But I'll be honest with you, I'm a bit disappointed right now. I haven't been contacted or even had a phone call from the police on whether they are going to take the case on … I gave her loads of paperwork and stuff, but I've not had a thing back I text her … I'd just like to be able to have closure. Of course … and [recognition that] I've been a victim.' (VI10 - Vulnerable)

- **Emotional and psychological support:** Support to help a victim overcome the fraud incident. Specific examples include, help to understand how the fraud was perpetrated to help victims reframe the narrative and redirect blame away from themselves and towards the offender(s). There is real value for victims in recognising that the fraud was not their fault, which could serve to restore confidence and self-esteem.

The worry is that I have no one to discuss this with … the one personal friend that I spoke to was not much use. The counsellor supplied by action fraud was very helpful. Non-judgmental and helped me understand how easy it is for anyone to be caught like this.' (VS194)

'… I think they just want to be listened to. They've experienced something dreadful in their life that they never thought would happen to them, and sometimes they need that reassurance that what they're experiencing and how they are reacting to the fraud saying it's they are behaving normally to an abnormal event as if they're not sleeping. They're not eating, they're crying, they're angry, they're fearful. They want validation that it's ok to feel like this. And it's … I'm feeling this because of what's happened to me. And sometimes they just want someone to talk to.' (Local police practitioner, P18)

Barriers to victim support

Some victims do not seek out formal victim support, due to feelings of shame or self-blame, or else because they reject the label of 'victim' altogether.[34] This was especially pronounced in the views of some vulnerable victims interviewed, who described a reluctance to engage with a support service when first approached, but once having gone through the process, acknowledged the value of this support. These barriers to help-seeking highlight the limits to self-referral and demonstrate that public services have an important role to play in identifying, assessing,

33 This more intensive service was restricted to a minority of victims assessed as vulnerable – see Chapter 5.

34 See Chapter 3.

and referring victims with support needs to the appropriate services.

'I was horrified when she contacted me. But that [said], she was very helpful, very supportive … she was very practical and treated me like… [a] sensible person, normal person…. she said that the fraudsters, they're very clever, this is their job, and they've got teams of people and resources, and this is all they do. … They put you under pressure and make you stressed … Anyone in your situation would have probably reacted in a similar way.' (VI9 - Vulnerable)

'The police said you need support; you will go to this appointment. And then I emailed her and she quickly called me. It took a while, but she didn't give up. I didn't really realise how helpful it was until many months after, when you just sometimes desperately want someone objective. Who doesn't - who won't judge you? Yeah, someone you never know or met. Like it's perfect. … It's a lifesaver.' (VI7 - Vulnerable)

The unwillingness of some victims to engage creates difficulties for pressurised services managing high demand with limited resources, and more fundamentally, creates a tension between what some victims want, and what they are assessed to need. This can be especially challenging when victims are assessed to be at continued risk of harm.

Practitioners highlighted the following challenges, particularly when trying to proactively engage victims assessed as vulnerable.

Unreceptive to the offer of support

Practitioners described the requirement to be victim-led in terms of the victims' choice to engage and the type of support they wish to receive. However, for reasons such as shame or embarrassment, some refuse to engage with services. One approach is for practitioners to be proactive and persist in their engagement over a period of time; for example, police practitioners reported visiting victims on multiple occasions to help build trust and encourage engagement.

'Some people can get very feisty and very angry… and other people become more and more withdrawn, sometimes to the point that they don't even want to speak to us anymore or they don't want that support. They just go 'Thank you very much, but I just don't want to speak to you, and you know, and again, we would respect that, but we would say, well, I appreciate this is how you're feeling at the moment. Maybe should we just do a check in call next week just to see how you are, and you'll get. oh, OK, if you'd like.' (Local police practitioner, P18)

The timing of support

The emotional support needs of fraud victims are not static but can change over time as the fraud incident or process for resolving the incident unfolds (e.g. reimbursement). This can be problematic for a system that assesses victim need from a snapshot of information collected when the victim makes the initial report to the police. There is low uptake for the victim support offered at the time a person reports to Action Fraud, and subsequent assessment is largely determined by service-led criteria for identifying victims who are vulnerable. Furthermore, some victims do not realise they have been a victim until the police or other service makes contact, meaning, the impact of victimisation is not felt until that initial contact or perhaps some time afterwards. it can take time for a victim to process and overcome the initial emotional response and become receptive to help or support.

'And some people don't want to believe us. …. To admit that weakness, and to acknowledge that weakness within yourself, is an enormous thing to do. And have somebody in uniform turn up on your doorstep and go, 'you're being made a fool.' It's too much for people to accept sometimes. And those people [are] the ones you have to go back to sometimes.' (Local police practitioner, P12)

Victims who are under the 'spell'

In a minority of cases, the fraudsters exert an intensity of control and manipulation which compels victims to persist in their engagement, regardless of external intervention. These victims may reject the label of 'victim' and the offer of support, despite contact with the police. One victim in the survey continued to question their victim status even in the face of large amounts of evidence to the contrary: 'despite police and victim support intervention I do not believe I am the victim of a romance fraud.' (VS208). Victims in this

situation may remain active in their engagement with the perpetrator and express distrust towards others who try to help them.

This issue is especially prominent for victims who do not report but are instead identified by organisations (e.g. banks) and referred to the police. In such cases, practitioners are required to invest time to persuade the individual that they are a victim of fraud. Practitioners face considerable challenges to identify and support victims who remain under the 'spell.' This can lead to difficult decisions, in choosing to eventually disengage and thereby leave the individual exposed to further victimisation, harm and risk.

> *'Sometimes we need to educate the victim, so we need to tell them the fraudster's not who they say they are and sort of break some of those spells if you like… and then we look at that initial safeguarding and support.' (Local police practitioner, P7)*

> *'If you are still working with a person who doesn't understand or doesn't want to accept the relationship is not genuine [i.e. a romance fraud], that they are being taken advantage of … you cannot move forward and the person continues to be actually being financially abused… What do you do with these knowing that actually the person continues to engage in this relationship and continues to lose money and they do have capacity, they are able to make decisions.' (Local fraud victim support stakeholder, P15)*

Hidden risk of self-harm

A minority of survey participants reported thoughts of self-harm or suicide. In the interviews with vulnerable victims, several participants described having previously experienced suicidal ideation. Identifying and engaging victims who experience these acute responses is a key imperative for the police and support practitioners. However, these risks are often hidden and require vigilant assessment and a quick safeguarding response. There are challenges for a national crime recording system to deliver robust assessment and initiate a safeguarding response – many victims report through an online reporting system. If not identified at the time of submitting a police report, it may take weeks for a victim's information to be processed, assessed, and then referred, and many victims are not referred for criminal investigation or intensive support.

> *'…thankfully those instances [involving suicide attempts] are not commonplace, but they do illustrate the worst extremes that people can experience because of fraud and the resulting impact on their health and then at different levels, we have people that will feel totally alone.' (Local fraud victim support stakeholder, P8)*

Tailoring support to the needs of victims

The type and intensity of support provide by the police and partner services is variable, depending on the stated needs of victims and the assessments completed by the practitioner; some emphasised that there is no 'one-size-fits-all service.' For most, the decision to access services is at the discretion of the victim, with police and others offering a more light-touch service to provide advice and signpost to appropriate services. For a minority of victims with more complex needs (i.e. 'vulnerable' victims), a more intensive level of support was offered, involving regular contact and monitoring over time.

> *'… [we] will kind of do a needs assessment, figure out what kind of support they're after. So, it could be emotional support, it could be kind of practical support … [so] contacting banks to try and get reimbursed, a lot of advocacies, so writing to the Financial Ombudsman on behalf of victims when kind of reimbursement issues occur. Yeah. So, there's kind of a range of different things that our caseworkers will do to support a victim of fraud depending on, on their need essentially. So, it's yeah, totally based on the individual and tailored to what they are after.' (National fraud victim support stakeholder, P2)*

One of the key moderating factors for the emotional or psychological recovery described by practitioners is access to social support. However, emotional responses of shame, guilt or embarrassment, leads some to become socially withdrawn, or at least fosters a reluctance to disclose the experience to those closest to them. Furthermore, some experience an unsympathetic or blaming response from friends or family members, or else limited access to informal support due to social isolation (see previous chapter). Practitioners described working with people in victims' social networks (e.g. family

members) to help them understand what has happened and thereby strengthen the informal social support available to the victim.

> *'We talked to family members sometimes about what happened and explaining things, perhaps from a different perspective… quite often we give them numbers. For example, you know to highlight that it's a very common issue… And I think that's quite helpful, because with families on boards, the victim would feel a little bit more supported …' (Local police practitioner, P21)*

Social support can also be delivered in the form of a peer support service, in which victims can talk to other victims who have gone through similar experiences. In some cases, peer support groups were targeted to victims of specific types of fraud, such as romance fraud. This provides a mutually supportive environment, with members who understand and empathise with the experience of being a fraud victim. For some, peer support forums can help a victim to open up and share their experience in ways they feel unable to do with practitioners, family or friends. Peer support groups can provide an important step in helping to relieve a victim's sense of isolation.

> *'[Some victims are] Really reluctant to kind of socialise with friends and family and actually our victim service set up a peer support group, because this was something that they were seeing commonly with victims of fraud that they would isolate themselves and, so yeah, one way of combating that was to set out the support group, which would bring people together and a lot of the victims who attended that said that that really helped with that kind of isolation and helped them kind of reintegrate back into a normal life. So yeah, isolation was a big one.' (National fraud victim support stakeholder, P2)*

The value of peer support was reinforced by the victims interviewed who had been referred to these support services, particularly among those who had experienced a romance fraud.

> *'I think you would have liked to know other women in the same position, or even men. Anyone else that you could have chatted to and see that you're not the only idiot around.' (VI2 - Vulnerable)*

> *'I did just one Skype conversation with [Victim Support]and some other victims, and one lovely midwife had lost £500 when she heard my story, it just changed her. I think that the Skype support should be offered much earlier. Yeah, talking anonymously, no video, just vocal to other women who went through it. Yeah, I think that should work.' (VI7 - Vulnerable)*

Summary of key findings

- In the survey, one in five fraud victims reported they had wanted support to address the health symptoms.
- Victims reported a range of expectations and experiences in terms of accessing support, and some expressed frustration at the challenges they faced in navigating complex and sometimes insensitive response systems.
- There were various elements that victims wanted from a support service. Fundamentally, victims valued support that was respectful, empathetic and non-judgemental.
- Victims wanted help to reach a resolution for the incident, security advice to protect them from further victimisation, and psychological and emotional support.
- How support is delivered can have an influence over a victim's capacity to recover from the incident. Poor and unfair treatment can lead to 'secondary victimisation,' particularly among vulnerable victims of crime, causing further detriment to health and wellbeing.
- Practitioners face considerable difficulties in aligning services to the needs of victims, largely because many who are considered most in need of support, do not seek it out or accept it when it is offered.

CHAPTER 5: SYSTEMS FOR SUPPORTING FRAUD VICTIMS

In England and Wales there has been significant reform to the policing of fraud in the last 15 years, which has had implications for how fraud victims experience police contact. Most important is the centralisation of the police response to fraud, in which Action Fraud was designed to provide a national service for taking crime reports, recording and assessing crimes, and allocating criminal investigations. This introduced improved crime recording and more consolidated processes for processing and analysing crime data to develop a more robust national picture and drive more effective law enforcement responses (Home Office, 2023). Action Fraud has faced criticism for failing to address the needs of victims. (House of Commons Justice Committee, 2023; Harwood-Baynes, 2026).

For many victims, a report to Action Fraud was their sole interaction with the criminal justice system, because most fraud cases were not subsequently assigned a criminal investigation, and many received limited (if any) follow-up contact or support from the police (Scholes, 2018). Furthermore, the centralisation of crime recording into a national centre dislocated the 'ownership' of crimes and victims across the police service, creating confusion about who has the remit to deliver victim support or protection. To illustrate, for many fraud victims, their local police neither recorded the fraud, nor were they responsible for the criminal investigation; in the minority of cases assigned an investigation, these are allocated according to the location of the suspect (Home Office, 2023). Victim care and support was therefore divorced from other core local functions, and strategic leaders in the police had been left to develop discrete policies for managing the local victims referred by Action Fraud. This led to inconsistent and diverse local interpretations of the 'demand' for victim support from fraud victims, and in some police force areas, created a 'vacuum in service' (Skidmore et al., 2018). In December 2025, Action Fraud was replaced by Report Fraud, with the aim to provide a better experience for victims and deliver improved information to law enforcement such as through spotting connections between cases (Serious Fraud Office, 2025). It is not clear how Report Fraud will interact with the new National Police Service announced in the recent Home Office (2026) white paper, which is set to take over responsibility for investigating fraud.

Some police forces have adopted Operation Signature, a broad framework for targeting support resources to the most vulnerable victims of fraud in the local area. This model is variously interpreted by the different police forces but is considered a 'best practice' model in UK policing (HMICFRS, 2021). The National Economic Crime Victim Care Unit (NECVCU) was introduced to provide a more consistent model, in which all fraud victims are assessed and assigned some level of support, with an emphasis on identifying and providing an enhanced support service to victims who are vulnerable (see Figure 8 below; Home Office, 2025). However, gaps in provision may remain, a point illustrated by the Victims Commissioner for England and Wales:

> *'Many fraud victims still seem likely to be falling through the support net. At the moment victims do not know who to turn to when seeking advice, support or even when they are looking for redress through the criminal justice system .... Most experience little to no victim care.' (Victims Commissioner, cited in HMICFRS, 2021)*

The police are just one of a multitude of organisations within a complex and often disconnected ecosystem for helping victims, which has been described as a 'fraud justice network' (Button et al., 2009b; 2013; Wyre et al., 2020). Private sector organisations have a central role as first responders to fraud incidents, with many victims reporting to the relevant financial service provider rather than to the police or another

official authority (or other authority, see European Commission, 2020). Depending on the specific circumstances of the fraud, a victim may choose to report the incident to their relevant service provider (e.g. bank or technology provider), consumer credit reporting organisation (e.g. Experian), public sector regulator, or insurer. For victims, it can be an uneven and convoluted landscape to navigate, one in which they can struggle to source the right help and can experience being passed from one organisation to the next (Button et al, 2009b).

This chapter begins by mapping out the victim support landscape in the UK, outlining the key organisations, their roles and systems for delivering victim support. It will move on to discuss the nature of support provided by practitioners, including a specific focus on support for victims with complex needs. This will be followed by a discussion of the meaning and application of 'vulnerability' in the context of fraud. Finally, the experiences of accessing support for victims in this study will be examined, followed by a short discussion of victim blaming narratives and their impact on help-seeking from victims.

The victim support system

The landscape for accessing support is populated by an array of organisations offering a variety of support services that can help victims overcome the experience of fraud. It is a complex landscape to navigate, one that presents a variety of entry-points into the response system. The onus is commonly on the victim to understand what it is they need, where they can access appropriate support, and their eligibility to access these services. Many victims choose not to report the incident to the police, electing instead to focus on other forms of intervention; for example, contacting their financial service provider to recover lost funds (Blakeborough and Correia, 2018).

Table 8 outlines the key channels through which victims can gain access to different types of victim support. Practical advice and guidance to help resolve the fraud or avoid further fraud victimisation is a key feature of the support offered by many organisations. In addition, many signpost the services offered by other organisations that can address the additional needs of victims. Echoing previous research, some practitioners reported how victims can be passed (or 'signposted') from one organisation to the next, in seeking a resolution.

> *'Police say "report it to Action Fraud, we can't help you," essentially. Action Fraud don't actually do anything, banks, you know, aren't in a position to be investigating a fraud case. Maybe they can refund the money, but they have no power to catch the perpetrator, really. And then you know, Victim Support services are there as an advocate, but again, can't really move a case forward. So, there's this like constant shifting of victims going between all these different agencies.' (National fraud victim support stakeholder, P2)*

35 The NECVCU has now been replaced by the Report Fraud Victim Service

Table 8: The response landscape in England and Wales for addressing the health impact of fraud on victims as at December 2025

Organisation	The provision of support
National police • Action Fraud • National Economic Crime Victim Care Unit (NECVCU)[36]	All reports of fraud are received into the national crime reporting centre at Action Fraud. A preliminary assessment to determine whether there is an immediate risk to safety, and advice for victims on practical steps to mitigate the impact of the fraud and prevent further victimisation (mostly in the form of subsequent letters). The NECVCU is a national phone-based service, with a focus on frauds that are not assigned a criminal investigation. Information from crime reports is analysed to assess and identify victims most likely to be vulnerable (followed by manual review) (Home Office, 2025). • The first level of support offers guidance and signposting. • The second level of support offers enhanced support, guidance and further assessment to victims identified as vulnerable. • The third level of support involves a referral to local services for victims assessed to need face-to-face support, including immediate calls for service.
Local police • Victim support • Victims and witness care services • Local support initiatives	All Fraud victims, after submitting a crime report to the national reporting centre (i.e. Action Fraud), are asked if they want to receive emotional support from the local victim support service (the same service offered to all victims of crime). Victims involved in frauds that are assigned a criminal investigation will be offered support as they proceed through the criminal justice system. Police force responses to local victims are variable and reflect local discretion on how and whether to deliver a local victim care initiative. In many areas service provision is solely the NECVCU scheme (see above). The two police force areas in this study had developed a local victim care initiative. All fraud victims who called the local police directly were assessed for vulnerability.[37] In addition, victim data received from the national reporting centre is analysed to identify victims most likely to be vulnerable. The following levels of support are offered, depending on a preliminary vulnerability assessment:

36 These have now been replaced by Report Fraud and the Report Fraud Victim Service respectively.

37 This initiative to identify vulnerability at the first point of contact is not a policy adopted in all police force areas. In other areas, victims are referred directly to Action Fraud (now Report Fraud).

	• The first level of support offers written guidance tailored to the fraud type experienced, for preventing re-victimisation and signposting to relevant services. • The second level of support involves a local officer visiting a victim who has been identified as potentially vulnerable, to offer support, guidance, and assess whether the victim requires additional support (i.e. the third level). • The third level of support is for victims who having been visited and assessed to be at a high risk of repeat victimisation and / or have ongoing safeguarding and support needs. They are assigned a specialist victim care worker, and a bespoke support package is developed to address the specific needs of each victim. This support can be provided over weeks or months and can include helping the victim to resolve the fraud, referrals to other specialist providers (e.g. health or welfare services, peer support), and emotional support to address the impact on the victims' emotional and psychological health.
Local authorities • Adult social services • Trading Standards • Other public services provider (e.g. fire service)	Adult social services deliver support to safeguard vulnerable adults at risk of financial abuse or crime (including fraud). 'Vulnerable' adults are individuals who are eligible for community care services due to a mental or other disability, age or illness, and unable to protect themselves from harm or exploitation (SCIE, 2011). Safeguarding work is tailored to the needs of the victim, including specialist services to mitigate the harms and protect the individual from further victimisation. The National Trading Standards Scams Team gather intelligence to identify (primarily elderly) individuals who have not reported a fraud but are suspected to be victims of postal mass marketing fraud. Local teams visit and assess the risks to the individual, and where required, help protect the individual from further victimisation and harm. Other public service providers (e.g. fire service) who deliver frontline services to the public can also play a role in identifying and referring individuals they suspect are victims of fraud.

Health • G.P. • Mental health practitioners	Victims can choose to self-refer to their local G.P. who may diagnose a health condition, prescribe treatment, or refer to another health provider. Victims assessed to have a need for specialist treatment to address the psychological and emotional impact of the fraud may be referred to a mental health practitioner.
Other local support organisations • Citizens Advice • Charities supporting the elderly • Neighbourhood watch	Victims either choose to access or are referred to other support organisations. The composition of available services will be variable in different areas, and access to some services is restricted to those from specific demographic groups (e.g. Age UK supports elderly victims). The support provided can include advocacy, practical advice and guidance to resolve the fraud, and signposting to other services. Elderly victims may access bespoke schemes such as befriending services to address social isolation.
Private sector organisation • Financial service provider • Technology company • Credit reference agencies/CIFAS	Victims may contact the organisation whose services were used in the commission of the fraud, and which may be able to provide a resolution to the fraud incident (e.g. reimbursement). This is commonly a financial service provider or technology company. The offer of further support is likely to be highly variable across different businesses but can include practical advice and signposting of other services. There are some businesses such as banks with a role in identifying and referring individuals suspected to be victims of fraud – for example, financial intelligence or the Banking Protocol procedures to identify suspected fraud victims.[38]

38 For example, see - https://www.ukfinance.org.uk/news-and-insight/blogs/why-banking-protocol-matters

39 In 2016-17, it was shown that 89 per cent of victims chose not to engage when contacted by the local victim support provider.

The provision of emotional support services

Emotional support involves practitioners in frontline services talking to victims about the fraud incident, how they are feeling, and about what kind of support they need (Home Office, 2025). All victims receive the offer of this support when reporting the crime to the national reporting centre (Home Office, 2025). However, uptake is low (Skidmore et al., 2018).[39] Other organisations in the third sector such as Citizens Advice, or health practitioners such as local G.P.s, have a broad remit to provide support and advocacy. However, the practitioners interviewed described limited awareness or appreciation of the health impact and needs of fraud victims in these other services, and a tendency to focus on delivering practical support to resolve the incident. Other local providers such as adult social services could also deliver support and provide a gateway to other health and welfare services, but resource constraints meant these services operate to a constrained remit that excludes all but the most vulnerable. Some considered the provision of specialist health and welfare services to be insufficient to the scale of the problem.

> *'I've had a few fraud victims myself that have attempted to take their own life. They've taken overdoses while we've been supporting them. And again, there's just the stretch on the NHS and mental health services at the moment that I don't think there's enough resource to support, you know, as I say, we can do what we can do, but that higher mental health, you know … we do see a lot of people that require counselling.' (National fraud victim support stakeholder, P19)*

> *'We can be very much a sort of problem-solving organisation, so we'll look in terms of getting back the client's money, for example, as the problem that we need to solve. But I don't think we always consider the long-term health effects to the client and what further support they might need after that, but also some of that's around not knowing what kind of support is there for them afterwards.' (Local fraud victim support stakeholder, P14)*

As indicated in Chapter Four, many victims placed value in the practical advice and support received. However, over-emphasis on the provision of practical support risks overlooking the more personal, individualised and health-based perspectives. There is a particular blind-spot around the potential impact on health in the longer term, in part reflecting an emphasis on short-term practical support. Moreover, services tended to be offered at the start of the victim journey, which is problematic because the needs of fraud victims can change over time (Freeman, 2013).

The two police force areas covered by this study have implemented an initiative to deliver specialist support services to vulnerable fraud victims (i.e. Operation Signature). Victims within scope receive an in-depth, in-person needs assessment, and those assessed as being at risk of repeat victimisation and / or to have ongoing safeguarding needs, are afforded the additional support of a dedicated case worker. These case workers develop and implement a bespoke support package to address the impact and risks, including practical advice, advocacy, referrals, and emotional support. However, there are resource constraints on delivering this more intense level of support, which in turn placed limits on access, meaning only the most vulnerable victims are offered the service (see below on vulnerability assessment).

The mental health needs of some fraud victims exceeded the capabilities in this service, with some considered to need specialist mental health support.

> *'… [the] distress is of a level where it's almost like, you know, [I'm] not a mental health caseworker. And actually, you can become out of your depth slightly. There is only so much support what you can give with those sorts of more serious cases that you, you know, you have to refer on, or you have to politely try and steer them towards their doctor or whatever … you have to recognise when there is a professional who is better placed to support them than yourself.' (Local police practitioner, P12)*

Supporting victims with complex needs

The work of many practitioners interviewed in this research was focused on supporting a minority of vulnerable fraud victims with complex needs. The profile of need is variable but can include:

- Victims with disabilities such as a mental impairment or pre-existing health conditions
- Victims who do not accept that they are a victim and continue to engage with the fraudsters
- Victims who experience acute trauma in response to the fraud
- Victims who are socially isolated and lack informal channels of support

Victims can present with multiple complex needs, and their recovery and protection from further victimisation may depend on addressing a wider social vulnerability that extends beyond the specific fraud incident (e.g. an underlying health problem or social isolation). Some victims may already be known to other services, but practitioners also described cases that led to highly vulnerable individuals who had not come to the attention of local services prior to the fraud incident.

> *'We've had some that are unknown … invisible to support agencies. So, you could say that in a way, that [fraud] report is a God send, because … we can then put that support in. Some of them need food banks. And some of them need adult social care workers, and some of them … obviously need some GP support.' (Local police practitioner, P9)*

A one-size-fits-all approach to supporting victims with complex needs is often not viable or appropriate, and as such, the process of identifying victim needs, and configuring support interventions to address those needs, can be a complex exercise. Interventions to protect and support the most vulnerable victims may require intensive, specialised, and in some cases, multidisciplinary responses from different organisations to address the specific needs of a victim. This requires practitioners to have a detailed understanding of the roles and responsibilities of other local organisations to be able to leverage the appropriate services and interventions. The Multi-Agency Safeguarding Hub (MASH) is one example of a formal body that draws on expertise and input from the appropriate services relevant to the individual case, with a support plan formalised to support the victim.

> *'We have a MASH [Multi-Agency Safeguarding Hub] operating in our forces … they sit with social services and other agencies, if necessary, they will do a strategy meeting and involve the relevant people, whoever that might be. It might be social care, it might be a housing association, it might be whatever is relevant to that case. So, if we have someone that is high risk, then the MASH will [be] utilised to put those other agencies together to come up with a plan to support them.' (Local police practitioner, P11)*

Some vulnerable victims have a fear or concern that should they choose to report the fraud, their family, friends, or support workers will conclude that they no longer have the capacity to live or make decisions independently. This is particularly pertinent for a subset of victims for whom a broader health vulnerability underlies their victimisation, such as a disability or deteriorating mental health. The consequences of an intervention for the victim's future could be significant, with the potential to lose their personal autonomy and style of life that they had and still want.

> *'My memory is worse than it used to be. I am undergoing memory assessment tests. Feeling quite low at present and this incident hasn't helped my mood at all.' (VS57)*

Fraud can bring to light a deficit in the victims' own capacities that might otherwise not have been raised. This deficit may not be recognised or even knowable to the victim themselves, or, if they are aware of it, the prospect of losing personal autonomy may be a source of considerable anxiety and strongly resisted. This vulnerability can put the needs of a victim (as formally assessed) into direct conflict with the wants of a victim and may deter some from reporting the crime or seeking help.

'They might not want it… We know this from older people – that if they are identified as a scam victim, their banks will take away their autonomy, or their family will take away their financial autonomy. Especially when adult social care gets involved. There are issues around, obviously capacity.' (National fraud victim support stakeholder, P3)

'… [her daughter] was trying to get her to power of attorney now which she says I'm not ready to do because I'm not at that stage. But unfortunately for them, this fraud, the sort of crystallised it for them that she does need that, that control. So yeah, she's not in a very good place at the moment.' (Local fraud victim support stakeholder, P8)

In support systems that strive to challenge widespread self-blame narratives held by fraud victims, a tension arises when interventions such as these weigh heavily on the victim. This is particularly important to recognise for elderly victims that have vulnerabilities that are exploited by certain fraud methodologies (for example, see DeLiema and Langton, 2021; Phillips, 2017). The fear and concern of not only being blamed, but worse still, being told they can no longer be responsible for their own protection, even among those without underlying health problems, may serve to further isolate victims who choose not to seek help and suffer in silence.

'A huge amount of embarrassment. That's another big blocker to identifying people you know, they're very embarrassed. They're either embarrassed because they've fallen victim, or embarrassed because they think, "oh, you know, they're going to think I can't look after myself, they're going to put me in a home, so I'm not going to tell anybody.' (Local fraud victim support stakeholder, P4)

In some, but by no means all cases, these complex pre-existing needs may have increased the susceptibility to becoming a fraud victim and to experiencing a health impact as a result of the fraud. Effective intervention requires practitioners with expertise to recognise, refer, and assess the health detriment and place the appropriate levels of safeguards and restrictions on victims. Such restrictions must be at the minimum level required and must be sensitive to the fears regarding professional assessments and a potential loss of autonomy in order to preserve, where possible, independence and resilience while still safeguarding the victim. These practitioners also need an understanding of fraud victimisation, the sophisticated techniques used to manipulate and deceive victims, and the protective measures available.

Identifying vulnerable victims

The identification of vulnerability is a growing priority for police in England and Wales. In the context of fraud, bespoke systems have been developed to address otherwise hidden and unmet needs from vulnerable victims, often by completing post-hoc assessments of reported fraud data (HMICFRS, 2023). The aim is to identify which victims present the greatest risk of further harm and associated needs – i.e. those who are the most 'vulnerable.'

In policing, a definition of vulnerability is:

'A victim is defined as vulnerable if, 'as a result of their situation or circumstances, they are unable to take care of or protect themselves or others from harm or exploitation. The situations or circumstances include physical or mental health difficulties, age, or the experience of trauma or abuse.'[40]

In victimology research, the state of 'vulnerability' incorporates two discrete but overlapping dimensions (Green, 2007):

- the risk of victimisation (or repeat victimisation)
- the risk that harm is suffered, should the person be victimised

There is no single accepted definition of vulnerability in the context of fraud, and it can be interpreted differently depending on the policies, priorities and resources in different agencies. The police seek to identify vulnerability by assessing factors relating to the victim or incident. For example, the list below is taken from research to assess the scale and nature of vulnerability among victims in official data:

- the methods used in the fraud and related risk of repeat victimisation - for example, victims of romance fraud are commonly treated as a priority;
- the financial implications of the loss to the victim;
- the personal or social circumstances that indicate a victim's resilience (e.g. age or access to social support) and;
- the impact on the victim's health.

(Poppleton et al., 2021).

The significance of the health impact to the processes for identifying and responding to vulnerability is unclear. The extent to which policy frameworks are oriented to crime reduction (i.e. to reduce the risk of further victimisation), or restorative outcomes (i.e. to repair the harm caused to a victim), has important implications for who gets a service and why (see also, Correia, 2021). The first is focused to increase the capacity of victims to protect themselves from further victimisation, and the latter, to help the victim to cope and recover from the experience (Doig et al., 2024). In practice, support for 'vulnerable' fraud victims has gravitated to victims that are at risk of further victimisation (HMICFRS, 2021; Skidmore et al., 2020).

The high volume of fraud compels the police to concentrate finite resources on to victims with the greatest levels of need. And in the two police areas studied, vulnerable victims in need of the highest levels of support are offered a comprehensive support service from specialist victim support workers. A key rationale for concentrating and targeting support in this way, is that there is a cohort of fraud victims who experience a significant impact and / or ongoing risk, but who choose not to seek help. This is supported by evidence in Chapter Three, showing victims who experience a significant health impact and risk but choose not to seek support, and even actively avoided support for reasons such as shame, guilt, and embarrassment. For this reason, there are limits to support systems that rely on self-referrals, and therefore eligibility is largely determined by service-led policies and assessments that determine which victims are most likely to be vulnerable.

> *'We recognised there was a large number of victims that didn't ask for victim support, and their case wasn't being investigated. So, within that large number of victims, there are clearly some that would be vulnerable and susceptible to repeat victimisation … the idea … is that we capture that large number of victims that ordinarily wouldn't get a service' (National fraud victim support stakeholder, P1)*

Victims who want this support may not have access to it. This is important, because the victim perspective does not always align with the police perspective; research showed that nearly half of fraud victims that were classified as non-vulnerable by the police, self-identified as vulnerable (Home Office, 2025). In interviews, practitioners expressed concerns about the potential unmet need among victims falling short of 'high risk' thresholds in vulnerability assessments.

> *'Probably hitting your high risks…that's where it's probably really effective. Your medium risks and the jobs that are sitting out on divisions probably is where they're not… that's where the majority of the work is and that probably is the area that doesn't get that same support... there's good reasons for that because the resources have to be put into where the most risk is identified.' (Local police practitioner, P11)*

> *'It would be lovely if every victim of fraud regardless of health conditions got support. Wouldn't it be great if every single victim of fraud was able to have that 1 1/2 hours of fraud prevention because most victims of fraud will go on to be repeat victims of fraud?... Would that cut down fraud and scam reports? Yes, of course it would. But it comes down to, I would suggest, time and sadly money and resources.' (Local police practitioner, P13)*

Vulnerability assessment

The emergence of policy frameworks for identifying and supporting fraud victims who are vulnerable represents an important step to recognising and addressing the harms and needs of fraud victims.

40 https://www.vkpp.org.uk/assets/National-Vulnerability-and-Public-Protection-Strategy/National-Vulnerability-and-Public-Protection-Strategy.pdf

However, there are considerable challenges to implementing robust and rationalised systems for identifying and targeting resources to the right victims. Vulnerable victims have complex needs and can be challenging for practitioners to engage with. In many cases, identification of victim needs is contingent on analysis of the crime data. There is a risk that victims become lost within industrialised processes for recording and processing the large volume of frauds reported in England and Wales. Vulnerability is unlikely to be a binary human condition (i.e. vulnerable / non-vulnerable), but rather a spectrum of human experience that is only partially captured by data in crime recording systems (for example, see Luna, 2009).

While the size of the demand means eligibility thresholds need to be drawn, the risk is that current processes overlook victims who require support to help cope and recover from the fraud incident. Moreover, the parameters of vulnerability are not clearly drawn, and relatedly, it is unclear the extent to which the health impact and associated needs are captured in these assessments.

> *'… there is a process of trying to pick out the most vulnerable and the most at risk, but of course the 'non-vulnerable,' which could be by age or others, of course there could be lots going on in the background that we probably don't understand, just because they haven't been highlighted as the obviously vulnerable.' (Local police practitioner, P11)*

Practitioners identified key considerations in the assessment of vulnerability, as relates to the impact on health.:

1. Wherever feasible, practitioners can better assess a victim's vulnerability and support needs through direct contact with them. This allows for more individualised assessments that focus on the experience of the individual at that moment in time. While an initial assessment was taken in the two forces that our study involved, this was followed up by an in-person assessment to capture the full range of victim need and vulnerability.[41]

   'So, we can't base everything clearly on the [structured assessment] because it's one point in time... we may sometimes talk to the victim even a couple of days later and they will say, well, I was feeling very low. But now I've had a chance to process it, and I may be feeling better. So of course, like any practitioner, we don't take anything for granted. And on the flip side, we may speak to people who have, since that police visit taken a downturn. They have not been able to block it out and they have sat there thinking and re-examining their actions and really beating themselves up over what's happened.' (Local fraud victim support stakeholder, P8)

2. It is difficult to design vulnerability frameworks and assessment protocols that adequately account for the entire health impact of fraud and related risks – so these forms should be delivered by trained practitioners who know when further probing is needed to properly determine victims' capacity to cope and recover from the fraud experience.

> *'… the sort of four standard questions that we ask … Some people to begin with … are fine, absolutely fine. And we've got everything. And then you make that call and you just tap in a little bit more and say actually, how have you coped today, how's things? And then [they] go, well, actually I couldn't get out of bed today and you then think maybe that [vulnerability] grading needs to be changed.' (Local police practitioner, P18)*

3. Currently the knowledge and capability across frontline services in the police and wider public services for identifying vulnerable fraud victims varies greatly. It would be useful to establish a baseline and then to ensure that all practitioners are trained to meet it, so that victims can be aided by skilled practitioners who can assess their needs effectively wherever they are in the country.

> *'… the ability to spot the health impact on that victim … comes with experience as well, but obviously we are given the training… when people start in the role, it's quite a large part of our job … Retraining is quite important to make sure that everyone is aware of the of the importance of those [assessment] forms and the ongoing support [that] can be given to those more vulnerable, more impacted victims.' (Local police practitioner, P12)*

41 This contrasts with policies to make a default referral to the national reporting centre.

4. Currently, considerable gaps remain in our understanding of what factors determine the divergent health outcomes experienced by different victims of fraud.[42] Researchers and practitioners need to build an evidence base, so that risk assessments, frameworks to assess vulnerability and the processes used for collecting and analysing victim data can be validated and strengthened.

> *'Sometimes it's viewed as almost victimless, isn't it? … I think we understand much more about the obvious victim-related frauds, which are your romance frauds, your courier frauds. I think we have much better understanding about that. It's probably not as well understood if you have a business that's become a victim of fraud and lost large amounts of money through, I don't know, fake invoicing or someone that's changed their banking details and the impact that could have on that company and the directors, that's probably not quite as easily understood.' (Local police practitioner, P11)*

Avoiding a blame culture: 'How could you fall for that?'

As discussed in Chapter Three, self-blame is not just a negative response to a fraud incident, but also a mediating factor that can determine the gravity of impact on victims' health. As we have argued, narratives on self-blame are not simply a distortion by a victim processing a traumatic experience, it is how fraud victimisation is depicted and understood within their social environment.

The language used to articulate fraud victimisation is important. It communicates the implicit values and attitudes in society and serves to reinforce them. There are many examples of language adopted in popular culture or even within the response system that communicates blame or minimises victimisation. For example, a distinction is made between fraud that was 'authorised' by the victim, and that which was not 'authorised' – this is a technical term used to apportion liability (or blame) between victim and the service provider involved in the incident (e.g. the bank). The term 'suckers list' is also used in relation to vulnerable individuals who are susceptible and repeatedly targeted by criminals, reinforcing notions of inadequacy or stupidity. More recently the term, 'pig butchering,' which evokes images of greedy victims being slowly 'fattened up' as part of a romance or relationship fraud, before being persuaded to invest in a fake investment scheme (i.e. 'butchered') has become part of this professional jargon.[43]

Even some of the less pejorative language in use was criticised by practitioners for steering blame away from perpetrators and on to victims; for example, the notion of someone 'falling' victim, as opposed to being made a victim, and the use of the term 'scam,' which encompasses both criminal or non-criminal behaviour and thereby signals ambivalence over an individual's victim status. These perceptions among practitioners reveal a wide disparity between the experience of fraud victimisation as observed by those on the frontlines, and the language that has evolved to represent it.

> *'… talk about victims 'falling' for a fraud, really needs to be …, scrubbed from the dictionary because that once again implies that the victims were complicit in their own misfortune. So, you know, undoubtedly victims took actions which led to harm, financial loss, but no one gets up in the morning wanting to throw away money. They took those actions because they were coerced into doing it. Whether that's, you know, at their door or investment fraud or relationship fraud. So, it does feed in generally to why people don't want to report, doesn't it? Because we all know how fraud victims have been viewed …' (Local fraud victim support stakeholder, P8)*

Increasing public awareness and confronting conventional ideas about fraud, victimisation and blame may help to cultivate a social environment that is more sensitive to the experiences of victims, one in which individuals can be confident to come forward and speak openly about their experiences. This point is demonstrated by the value some

42 There is a growing body of research which has a focus on specific victim cohorts, such as elderly fraud victims or those who experience certain categories of fraud (for example, see Carter, 2021; DeLiema et al., 2021). However, more research is needed to understand the experience of diverse victim groups.

43 https://www.interpol.int/en/News-and-Events/News/2024/INTERPOL-urges-end-to-Pig-Butchering-term-cites-harm-to-online-victims

victims place in peer support, which allows them to share their experiences with others who have had similar experiences and thereby reduce feelings of being 'alone' in the experience.

> *'I think the more we talk about it, I think, and raise kind of awareness about it, and people share their stories, I think it will start to, kind of the thing around the victim blaming and the things around shame will start to kind of dissipate. Because I think when you hear, you know, I think even for you and me, if we've been victims of something and then we connect with other people who've been through the same thing, you have that kind of strength and solidarity kind of feeling.' (National fraud victim support stakeholder, P6)*

Summary of key findings

- There are a wide range of organisations that currently play a role in supporting fraud victims. The complexities of the fraud response landscape and the number of organisations involved present significant challenges for services to deliver the right support to the right people.
- There are difficulties for police victim support teams to manage the high volume of victims that are reporting fraud, as well as identifying which victims have the greatest need of support. There were promising examples of police systems involving structured assessments and targeting support to some of the most vulnerable and hard-to-reach victims.
- Police support systems are often geared to acute need or to victims in crisis and there are few entry points for victims to seek help once a fraud has been reported to the police. This can mean those with moderate or delayed health impacts are not offered support to recover from the incident.
- The availability of emotional support outside the police is limited, due to constraints in the resources, knowledge and capability that is available in other services.
- Current societal attitudes on fraud and victim blame can lead victims to internalise blame and keep silent about their fraud experience.


POLICE

CHAPTER 6: RECOMMENDATIONS FOR ADDRESSING THE HEALTH IMPACT OF FRAUD

This research shows that the majority of fraud victims encountered in this research were affected emotionally or psychologically by the experience of fraud. For some the impact on health also included negative behaviours (e.g. social withdrawal) and/or the experience of physical health symptoms. However, the composition, intensity and duration of symptoms reported by victims was highly diverse. There were some who experienced no health symptoms following victimisation, and others who reported a significant detriment to health and wellbeing over a prolonged period of time. In the survey, nearly one in five (18.4%) victims reported they had wanted support or treatment to address the health impact. Some reported immense difficulty in coping and recovering from the experience; this was particularly stark in interviews with those assessed as the most vulnerable by the police.

Police and partner organisations face a challenge in making sense of this wide variation in victim experience. Our current understanding of the risk factors that determine health impact is limited, meaning practitioners can be left to rely on crude indicators such as the age of victims or discrete fraud categories (e.g. romance fraud) to make assessments. Moreover, there are limits to our understanding of the factors that determine victim need, in terms of what type of support is needed and when. Victims who experience a health impact reported being offered a range of interventions which helped in their recovery, not just emotional support. This understanding is especially important for identifying those at risk of experiencing a long-term detriment to health and well-being.

More knowledge of who experiences a health impact and why, would help to inform policy and resourcing decisions. There is currently limited availability of specialist support in the police, social and health services, and practitioners expressed concerns over unmet need. One example is adult social care, which can deliver support and provides a gateway to other health and welfare services, but operates to a highly constrained remit that excludes most fraud victims. Another example are GPs who are well placed to offer support for victims who come to them with physical and mental health symptoms that could result from a fraud – and yet currently lack the training to recognise the link between fraud and health or to direct patients to the appropriate support services.

A principal difficulty for the police is that victims with the most acute need of support and protection often remain hidden. These victims choose not to seek help for reasons such as feelings of shame or guilt, the internalisation of blame, a resistance to accepting they are a victim, and social isolation or marginalisation. Service provision is determined by internal assessments and service-led criteria for defining vulnerability, to ensure the police prioritise fraud victims who present the greatest risk of harm. However, the scale of fraud means it is unfeasible and inefficient for the police to complete detailed assessments for all victims, many of whom are unlikely to want or require help. Given that current assessments draw on imperfect information and evidence collected at a single point in time, it seems unavoidable that victims with support needs will slip through the net. Furthermore, many who want further support, are likely to fall short of current eligibility thresholds.

The two police force areas in which this study took place had chosen to prioritise support for a cohort

of vulnerable fraud victims, resourcing a team of specialist care workers to deliver a personalised and intensive support service to vulnerable victims. This local model is an exception in England and Wales, with most victim support provided by a national phone-based service (NECVCU). Both systems provide a tiered response in which a light-touch service is offered to most victims, such as general information and advice, and a minority of vulnerable victims are offered an enhanced support service. Vulnerability in the context of fraud lacks conceptual clarity and can be interpreted differently in different services. This creates ambiguity over the meaning and purpose of vulnerability as a model for guiding frontline services (Skidmore et al., 2020). Greater definitional clarity would lead to more rationalised and transparent decisions on who gets what service and why, specifically its relation to the impact on health and associated victim need.

First-responders across the response landscape can play an important role in mitigating the impact of fraud; specialist police practitioners highlighted the importance of open and sensitive communication to avoid causing frustration and further harm. However, victims reported negative experiences of interacting with organisations in the response landscape, particularly those in the private sector (e.g. banks and technology companies). Victims reported a variety of obstacles and frustrations when engaging and seeking resolution from organisations in the response landscape: the processes for engaging organisations could be impersonal, unclear and protracted, and left victims feeling unheard, not believed, or even under suspicion. Moreover, some described experiences and interactions that exacerbated their health symptoms, causing further harm.

There are victim support models such as a 'trauma-informed' approach that can frame and cultivate responses that are more sensitive to the circumstances of victims (for example, see McLachlan, 2024). In other areas these principles have helped to mitigate the risk that organisations cause secondary harm to victims, and orient services to address the crime-related trauma. The key principles include:

- **Understand trauma and its impacts on people's lives and behaviours:** listen, believe and affirm / validate victim experiences
- **Create emotionally safe environments:** behave in a non-judgemental manner, foster a sense of connection to build trust, provide clear information and establish predictable expectations.
- **Foster opportunities for choice, collaboration, and connection:** communicate openly, listen actively and provide choices over the service received.
- **Provide strengths-based and capacity-building approach to support client coping and resilience:** acknowledge the effects of historical and structural conditions and teach and model skills for recognising triggers, calming, and centring individuals.

(Ponic et al. 2016)

A high number of victims in the survey and in interview reported the experience of self-blame. And some described it as an important moderating factor in determining the impact on their emotional and psychological health. Self-blame could foster feelings of shame, guilt and embarrassment, reduced confidence and self-esteem, and for some, cast doubts over their own victimhood (e.g. it was their 'choice,' and nobody 'forced' them). This narrative could sometimes be reflected back to them when communicating with family or friends, or when reporting the incident to practitioners in the response landscape. Self-blame influenced the behaviours and experiences of victims in the aftermath of the fraud. There were victims who reported a reluctance to disclose the incident to others close to them, to report to the police, or engage in other forms of help-seeking. This was a pattern that was especially prominent among the most impacted and vulnerable.

One step to addressing the impact and vulnerability of fraud victims would be to tackle the pervasive blame culture. As part of a wider public health approach to fraud, public education and awareness campaigns, designed to counter the widespread victim blaming attitudes and

narratives, provides one means of doing this. The aim in doing so, would be to encourage greater engagement and help-seeking from victims of fraud, and a more supportive environment for victims once they do report or disclose the incident to others.

Recommendations

1. Recommendation: A cross-government effort is needed to map and evaluate existing support provision for fraud victims across policing, health and welfare, and third sector to identify and address the existing gaps in service provision. Channels into support services should be available to victims who want further support. The police focus to address the most acute harm and vulnerability may require alternative service providers to deliver more victim-led support services.[44]

2. Recommendation: The Home Office and City of London Police should develop a national vulnerability framework to implement a more consistent approach across local forces, and ensure that resourcing decisions for fraud victims are rationalised, transparent, and accountable. This framework should be evidence-based and incorporate how the health impact and victim recovery process must be integrated into policies to address vulnerability.

3. Recommendation: Current frameworks for supporting fraud victims, including those assessed as vulnerable, should be evaluated to test their effectiveness in addressing the impact on health and supporting victim recovery. This will require longer periods of follow up with victims of fraud and robust analysis of victim experiences across a range of offence categories and contexts.

3. Recommendation: Health and social welfare services, including GPs, should develop more effective mechanisms to identify when patients may have been fraud victims and are at risk of suffering health impacts as a result. This is particularly relevant in situations when patients are elderly, have pre-existing health conditions or who lack social support networks. Because of the nature of fraud, and the tendency for victims to self-blame, healthcare practitioners should not expect the cause of any negative psychological effects to be apparent or to be easily discussed by the victim.

4. Recommendation: Given fraud is now the crime category that is most likely to impact individuals in the UK, a cross-government effort is needed to develop a model of service to guide interactions with fraud victims, one which broadly adopts the principles of a trauma-informed approach. This model ought to be co-developed and shared across organisations in the policing, Criminal Justice and fraud response landscape, including the private sector, to encourage more consistent responses that improve health outcomes for fraud victims. Banks and financial institutions have additional responsibilities to make their fraud processes victim-focused, taking account of the health impacts of the offending not simply the loss of funds or the impact on personal finances.

5. Recommendation: As indicated in the recently published Home Office white paper on policing, fraud is a complex and cross-border crime that calls for nationally coordinated capability and responses, such as that proposed in the new National Police Service.[45] However, it is vital that public-facing victim services be made central to the fraud response architecture. It is important to configure and coordinate local and national responsibilities and resources to ensure fraud victims receive the help that they need to recover and that national intelligence and investigation capabilities do not detract from the local victim responses needed at force level.

6. Recommendation: The introduction of the new national Report Fraud system launched in January 2026 introduces new capabilities in data analytics and resources to support vulnerable fraud victims. These new reporting systems need to learn from the growing research evidence on the impact of fraud, to ensure resources go to the victims who need and want support to help recover from the experience. Our research strongly indicates that the health impact of fraud must be a key factor in developing the right response protocols when fraud is reported.

7. Recommendation: As part of a public health approach to fraud, the government should dovetail fraud prevention campaigns to raise awareness and educate the public, with communications to directly challenge widespread victim blaming attitudes and narratives. Such public information campaigns would have the aim to switch the narrative, setting out the ways in which people are targeted, how sophisticated fraud is becoming, and re-framing fraud to focus on the actions of the perpetrators instead of the victims.

8. Recommendation: The government needs to do more to expand the evidence and understanding of who experiences an impact on health from fraud and why. This includes applied research to help identify which interventions are effective in what context and with what type of victim. This research is needed to better understand how to respond to the full diversity of fraud victims, and to challenge assumptions, for example, that fraud victims are disproportionately older or less 'tech-savvy'.

44 For example, in New Zealand, IDCARE is a not-for-profit charity that provides advice or support on matters relating to identity theft and fraud or cyber-related security - https://www.idcare.org/

45 Home Office (2026) From National to Local: A New Model for Policing -

CHAPTER 7: CONCLUSION

This research builds on a growing evidence base that demonstrates the impact of fraud on victims (Button et al., 2014a; Cross, 2015). The findings showed that most victims encountered in this research were in some way affected by the experience. The majority reported an emotional or mental health response to the incident, and a high proportion reported an effect on their physical health, or changes in their behaviour which had implications for their health and wellbeing. However, the significance of these symptoms to the experience of impact and the support needs of victims could be highly variable.

The adoption of a health perspective in this research, in place of a more generalised analysis of harm, brings the impact on victims into clearer focus. Specifically, individual-level analyses revealed wide variation in symptoms experienced, the effect on victims' lives, and the capacity to cope and recover. It is significant for the police and other support services that nearly 20 percent of victims had wanted support or treatment to address the health symptoms they had experienced. However, many who need support do not seek it out, including victims who were later treated as among the most vulnerable by the police. In interviews, practitioners described considerable difficulties in engaging with victims who were still trapped in the fraud experience and unable to move on from it. Victim support services can improve victim outcomes, but there is a huge challenge for the police to manage the large volume of victims who report fraud, and to effectively target support services to where they are most needed. Furthermore, public services outside of the police, particularly health and social welfare organisations, are highly constrained in their capacity and capability to support victims of fraud.

This research identifies numerous inter-related factors that contribute to the impact on health, including the particular methods used by offenders to target and deceive a victim, the presence of personal characteristics and circumstances that increase vulnerability, and a propensity to turn the blame for what had happened inwards. This has important implications for the design and delivery of services across the response landscape – some victims reported frustration and exacerbated health symptoms relating to the perceived insensitivities and inadequacies in the response to their report of fraud.

A key next step is to refine our understanding of which factors influence the impact on health – i.e. the reason why some fraud victims experience a higher impact, and / or have a greater need of support than others. More knowledge and evidence of the determining factors is vital to ensuring that the police and other support services deliver more targeted and effective support to victims of fraud.

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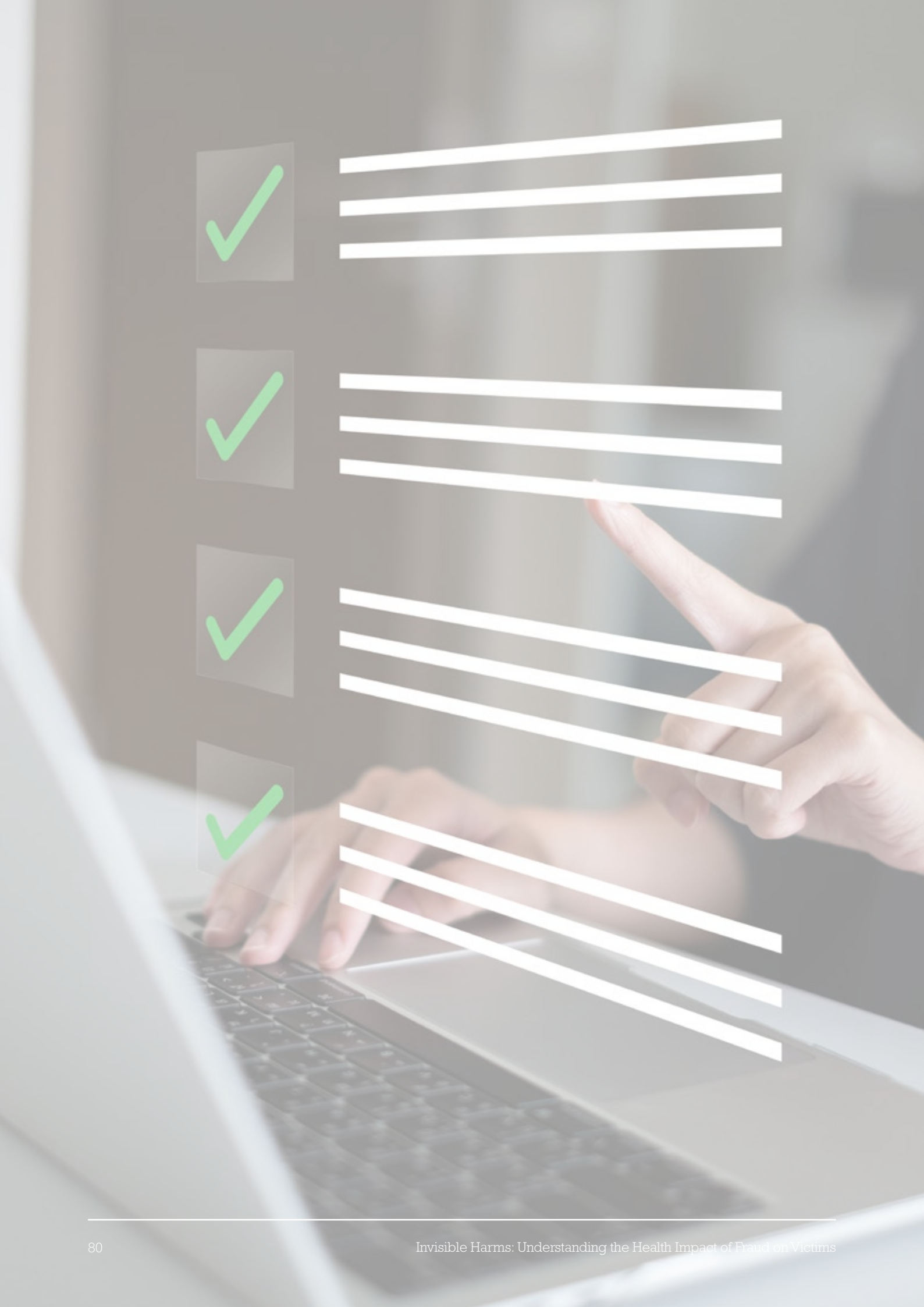


ANNEX 1: ANALYSIS OF THE CRIME SURVEY FOR ENGLAND AND WALES

To examine the national prevalence and patterns among victims experiencing health impacts from fraud, including those who do not report to the police, we conducted a secondary analysis of the raw anonymised Crime Survey for England and Wales (CSEW) data from 2019/20. This analysis focused on:

- The frequency of emotional reactions and other life impacts reported by victims
- The relationship between the total number of emotional symptoms or life impacts and how affected victims reported being by the fraud incident
- The relationship between the total number of emotional symptoms or life impacts and victims' ratings of the seriousness of the crime
- The relationship between the total amount of money taken through fraud and the total number of emotional reactions or life impacts reported by victims

We also used open-source data published by the Office for National Statistics (ONS) for 2023-24 to complement this analysis, providing aggregated national-level insights that enrich and contextualise our exploration of the CSEW data, this included: victim demographic data (Table 1; including age, gender, country of birth, marital status, employment status, and region); the number of fraud incidents (Figure 1); and characteristics of the fraud, such as cyber versus non-cyber related cases (Table 2).

Open Source CSEW Data

Prevalence of fraud Demographics

Table 1 outlines the demographic data of victims of fraud (including cyber/non-cyber) from open source ONS data (year ending 2024). Fraud prevalence data is broken down by type of fraud and includes the unweighted base number of people aged 16 and over.

46 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/natureofcrimefraudandcomputermisuse

Open Source CSEW Data

Prevalence of fraud Demographics

Table 1 outlines the demographic data of victims of fraud (including cyber/non-cyber) from open source ONS data (year ending 2024). Fraud prevalence data is broken down by type of fraud and includes the unweighted base number of people aged 16 and over.

Table 1: Percentage of people aged 16 and over who were victims of fraud by gender, age, country of birth, marital status, employment status, region (year ending March 2024)

Demographic Characteristic	Fraud	of which: cyber	of which: non cyber	Bank and credit account fraud	Consumer and retail fraud	Advance fee fraud	Other fraud	Unweighted base - number of people aged 16 and over
Gender/Age								
Men	5.0	2.6	2.5	2.9	1.6	0.4	0.3	14,462
Men 16-24	3.1	1.8	1.3	1.8	0.9	0.2	0.2	852
Men 25-34	4.4	2.4	2.0	2.5	1.1	0.3	0.4	1,902
Men 35-44	5.5	3.3	2.3	2.9	2.2	0.4	0.3	2,301
Men 45-54	5.9	2.8	3.2	3.5	1.6	0.6	0.3	2,098
Men 55-64	5.9	2.8	3.3	3.6	1.9	0.5	0.2	2,539
Men 65-74	5.5	3.0	2.7	3.0	1.9	0.6	0.1	2,553
Men 75+	4.5	1.9	2.7	2.8	1.1	0.4	0.2	2,217
Women	6.3	3.1	3.3	3.7	1.9	0.7	0.2	16,385
Women 16-24	4.2	1.8	2.4	3.0	0.7	0.5	0.0	841
Women 25-34	5.9	3.1	2.8	3.3	2.0	0.6	0.1	2,333
Women 35-44	7.0	3.7	3.4	3.9	2.3	0.7	0.2	2,835
Women 45-54	7.9	3.3	4.7	5.0	2.0	0.8	0.2	2,398
Women 55-64	7.8	4.5	3.4	4.1	3.1	0.5	0.2	2,732
Women 65-74	6.2	2.9	3.4	3.4	1.5	1.2	0.2	2,620
Women 75+	4.5	1.8	2.9	2.8	0.9	0.9	0.1	2,626
County of birth								
Born in the UK	5.8	2.9	3.0	3.4	1.7	0.6	0.2	24,877
Not born in the UK	5.1	2.5	2.6	2.8	1.5	0.7	0.2	5,831
Marital status								
Married/civil partnered	5.9	3.1	2.9	3.3	1.9	0.6	0.2	13,409
Cohabiting	6.1	3.1	3.2	3.8	1.8	0.6	0.1	2,786
Single	4.8	2.4	2.5	2.9	1.3	0.5	0.2	7,979
Separated	8.8	4.2	4.6	5.2	2.6	0.5	0.6	741
Divorced/legally dissolved partnership	8.4	4.3	4.2	5.3	2.4	0.6	0.3	2,672
Widowed	4.4	1.7	2.9	2.5	1.4	0.6	0.1	3,015

Demographic Characteristic	Fraud	of which: cyber	of which: non cyber	Bank and credit account fraud	Consumer and retail fraud	Advance fee fraud	Other fraud	Unweighted base - number of people aged 16 and over
Employment status								
In employment	6.1	3.2	3.0	3.5	1.9	0.5	0.3	17,057
Unemployed	6.4	2.9	3.5	4.4	1.3	0.5	0.2	376
Economically inactive	4.9	2.2	2.8	2.9	1.3	0.7	0.1	13,296
Economically inactive: Student	4.2	1.6	2.6	2.7	0.9	0.6	0.0	602
Economically inactive: Looking after family/home	3.5	1.6	1.8	1.6	1.2	0.5	0.1	1,103
Economically inactive: Long-term/ temporarily sick/ill	7.8	4.0	4.2	4.6	2.6	0.6	0.4	1,698
Economically inactive: Retired	5.0	2.2	2.9	3.0	1.2	0.8	0.1	9,380
Region								
North East	4.2	1.2	3.1	3.3	0.7	0.2	0.0	1,749
North West	5.5	2.9	2.8	3.5	1.4	0.5	0.1	4,103
Yorkshire and The Humber	5.6	3.1	2.6	3.2	1.9	0.6	0.1	3,001
East Midlands	6.4	4.0	2.4	3.0	2.3	0.6	0.5	2,941
West Midlands	4.2	2.5	1.9	2.3	1.6	0.4	0.1	3,351
East	6.0	3.2	3.0	3.4	1.8	0.7	0.3	3,357
London	4.4	1.5	2.9	3.0	0.8	0.4	0.3	3,789
South East	7.0	3.1	4.0	4.2	1.9	0.7	0.3	3,660
South West	7.8	4.6	3.3	3.7	2.9	1.0	0.3	2,869
Wales	4.9	2.4	2.6	2.9	1.8	0.3	0.0	2,027

As shown in Table 1, overall, women reported higher rates of fraud (6.3%) than men (5.0%), with elevated levels in both cyber and non-cyber categories. Fraud prevalence tended to increase with age, peaking in the 45–64 age groups for both sexes before declining among those aged 75 and over. Bank and credit account fraud was the most commonly reported type across all demographics. Individuals who were separated (8.8%) or divorced (8.4%) experienced the highest rates of fraud, while single and widowed individuals reported the lowest. In terms of employment status, those who were long-term sick or temporarily ill had the highest overall fraud rates (7.8%), followed by the unemployed (6.4%) and employed (6.1%), whereas students and those caring for family at home reported lower levels. Regionally, the South West (7.8%), South East (7.0%), and East Midlands (6.4%) showed the highest prevalence of fraud, while the North East (4.2%), West Midlands (4.2%), and London (4.4%) had the lowest. People born in the UK reported slightly more fraud (5.8%) than those born elsewhere (5.1%).

Figure 1 below shows that from April 2023 to March 2024, the majority of reported frauds in the CSEW were bank and credit account fraud (1885 incidents), followed by consumer and retail fraud (883 incidents). 10 per cent were advanced fee frauds (302 incidents) and 3% were 'other' frauds (106 incidents).

Figure 1: Number of incidents of fraud (year ending March 2024)

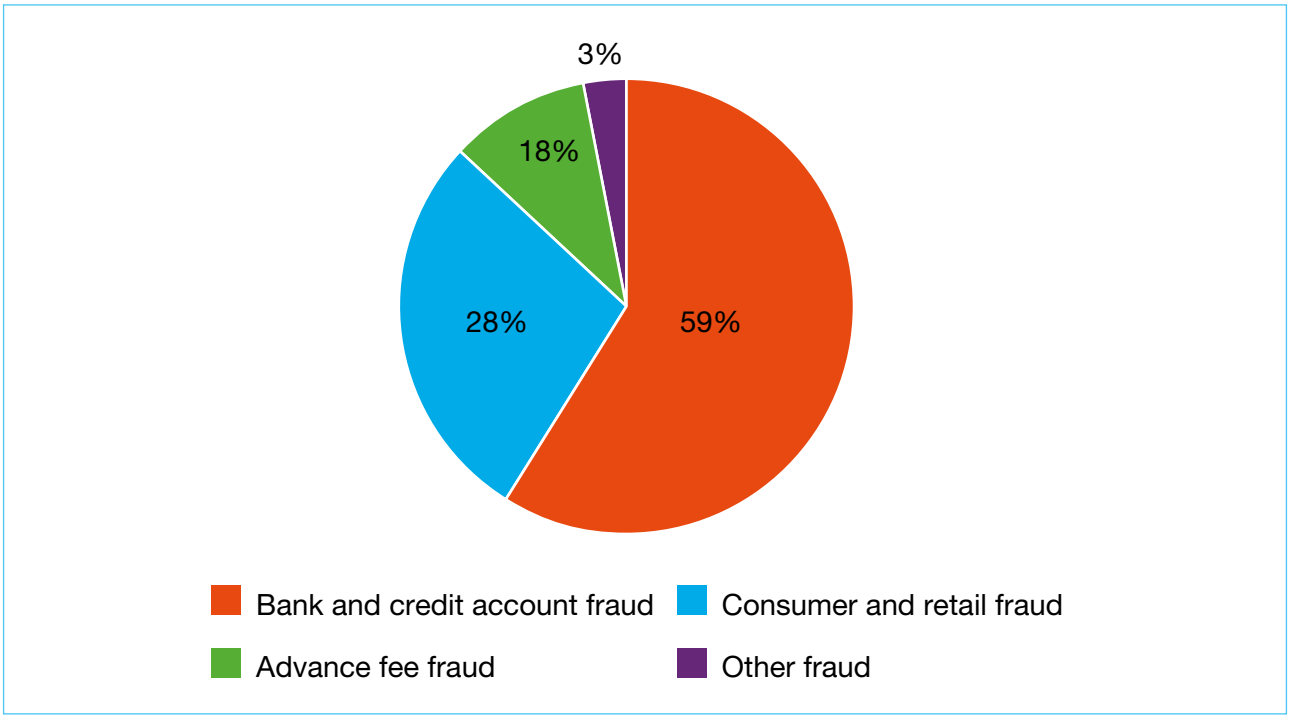


Table 2: Percentage of incidents of fraud that were flagged as cyber and non-cyber offences (year 2016-2023)

Offence type	Apr 2016 to Mar 2017	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2022 to Mar 2023
Cyber [note 6]	80	81	82	84	86
Non-cyber [note 7]	20	19	18	16	14
Unweighted base - number of incidents	273	468	664	601	499

As shown in Table 2, from 2016 to 2023, there has been an upward trend in the proportion of fraud incidents flagged as cyber offences, increasing steadily from 80 per cent in 2016–17 to 86 per cent in 2022–23. Conversely, non-cyber fraud has declined over the same period, falling from 20 per cent to 14 per cent. This shift suggests a growing dominance of cyber-related methods in fraud offences over time.

EMOTIONAL IMPACT OF FRAUD

Open source ONS data (Table 2) shows the extent of emotional impact from the fraud reported by victims in the years 2016 – 2024. In each year, a high proportion of respondents reported being emotionally affected to some extent; in 2023-24 71 per cent of respondents reported being emotionally affected by fraud, and nearly a third (29%) reported that they had not been emotionally affected. The proportion who reported being 'very much' affected remained reasonably consistent, ranging from 7-10 per cent per cent per cent. Approximately one in five victims reported being affected 'quite a lot' each year; in 2023-24, 20 per cent reported they had been affected quite a lot. The proportion who reported being affected 'just a little' ranged from 38 per cent in 2022-23 and 46 per cent in 2018-19.

Table 3: Percentage of fraud incidents for which the victim reported an emotional impact (extent of impact; year ending March 2017 – March 2024)

	Emotional impact	Apr 2016 to Mar 2017	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2022 to Mar 2023	Apr 2023 to Mar 2024
Extent of impact	Respondent was emotionally affected	71	73	78	74	64	71
	Very much	10	7	10	8	9	9
	Quite a lot	21	22	23	20	18	20
	Just a little	40	44	46	45	38	41
	Respondent was not emotionally affected	29	27	22	26	36	29
	Unweighted base - number of incidents	1118	1,649	2,402	2,353	2,052	1,931

The prevalence of emotional reactions experienced after the fraud are shown in Table 3. The most frequently reported emotional reaction was annoyance, with almost three quarters of victims reporting the experience of this. Around half of victims reported experiencing anger and approximately 30 per cent reported experiencing shock following the fraud.

Table 4: Percentage of emotional impact of incidents of fraud (type of emotional response experienced; year ending March 2017 – March 2024

	Emotional impact	Apr 2016 to Mar 2017	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2022 to Mar 2023	Apr 2023 to Mar 2024
Type of emotional response experienced [notes 2, 3]	Annoyance	66	71	70	72	72	71
	Anger	52	48	49	51	53	52
	Shock	31	25	30	31	31	32
	Loss of confidence or feeling vulnerable	17	16	15	20	20	24
	Anxiety or panic attacks	7	8	9	10	13	15
	Fear	6	7	8	10	10	12
	Difficulty sleeping	4	4	6	5	5	9
	Crying/tears	5	4	5	6	5	6
	Depression	3	3	5	5	5	7
	Other	3	3	4	4	3	2
	Unweighted base - number of incidents	810	1,221	1,858	1,764	1,362	1,371

LIFE IMPACTS

CSEW victims were also asked whether they had experienced a variety of other life impacts (e.g., health impact, time off work etc.). The frequency of reporting for each impact are shown in Table 4. As seen in the table, 42-45 per cent of victims reported no impact. Among victims who reported an impact on their life, the most frequently reported impacts were financial loss (28-31%) and loss of time/inconvenience (24-28%).

Table 5: Other reported life impacts reported for incidents of fraud (year ending March 2017 – March 2024)

Emotional impact	Apr 2016 to Mar 2017	Apr 2017 to Mar 2018	Apr 2018 to Mar 2019	Apr 2019 to Mar 2020	Apr 2022 to Mar 2023	Apr 2023 to Mar 2024
Financial loss	31	30	30	29	28	31
Loss of time/ inconvenience	24	26	24	30	28	27
Felt ashamed/ embarrassed/self-blame	8	8	9	10	12	15
Stopped using specific internet sites	7	8	8	8	8	9
Time off work/ school/university	2	2	1	2	1	1
Damage to relationships	2	1	1	1	1	1
Avoided social situations	1	1	1	1	1	1
Health problems	2	1	1	2	1	3
Fear of physical threat	0	0	0	1	0	1
Loss of employment	0	0	0	0	0	0
Other	4	2	3	2	3	1
No impact	43	45	45	42	43	42
Unweighted base - number of incidents	1,118	1,648	2,402	2,354	2,053	1,933

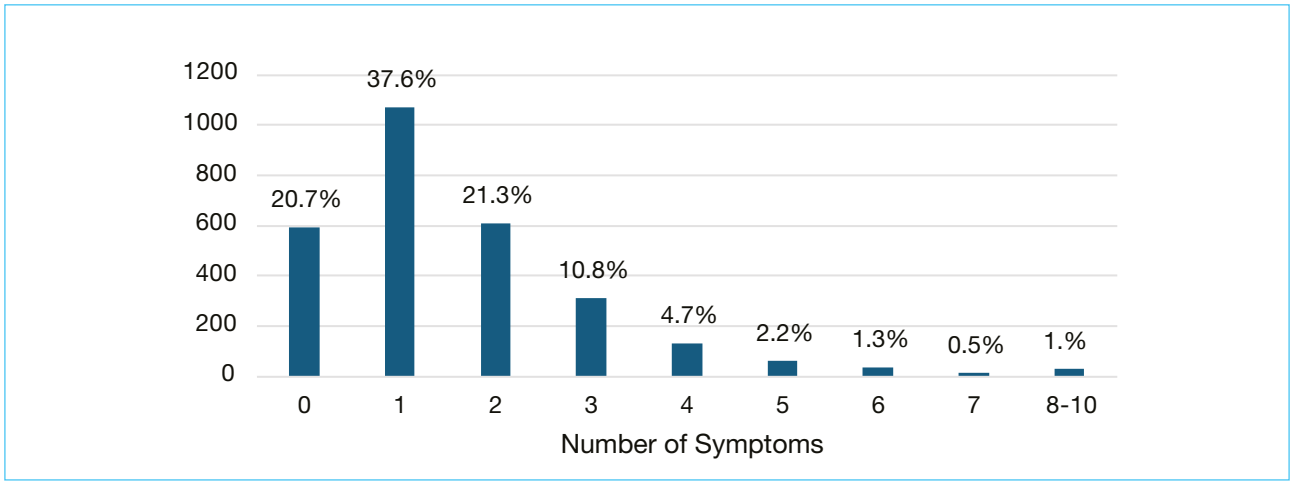
2019/2020 CSEW SECONDARY DATA ANALYSIS

While the open-source ONS data provides valuable aggregated statistics on crime and fraud, exploring the raw CSEW data allowed for a more detailed and flexible analysis. This approach enabled us to examine important relationships, such as the connection between the total number of emotional symptoms or other life impacts and how affected victims reported being by the fraud incident, as well as how these emotional and life impacts relate to victims' ratings of the seriousness of the crime. Additionally, it allowed us to explore the link between the total amount of money taken through fraud and the number of emotional reactions or life impacts reported by victims. By analysing these factors in depth, we gain a richer understanding of the emotional and personal consequences of fraud beyond the aggregated figures.

Emotional reactions

Figure 2 below shows the frequency of the total number of emotional reactions reported by victims (N=2860). Over a third (37.6%) reported experiencing one emotional reaction, one in five (21.3%) two symptoms, and 10.8 per cent reported three symptoms. 28 victims (less than 1%) reported between four and ten emotional reactions to the fraud.

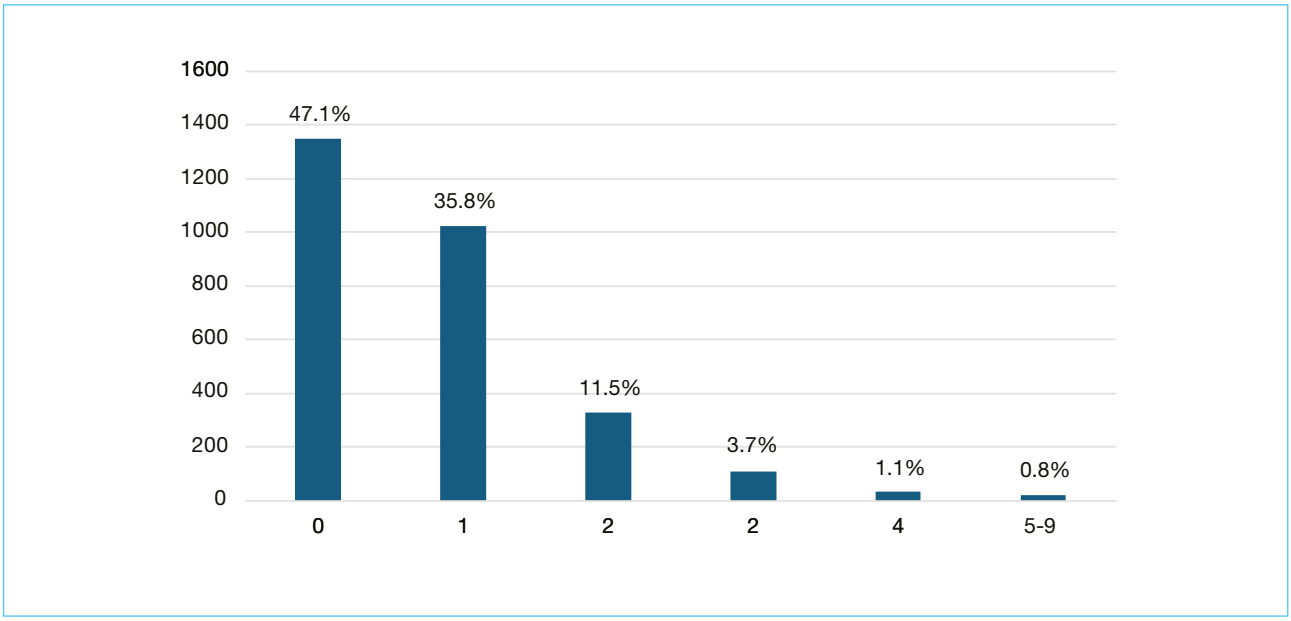
Figure 2: The total number of emotional reactions reported by individual victims (N=2860)



Life impacts

Figure 3 below shows the total number of other life impacts reported by victims in the 2019/20 CSEW data. Over a third (35.8%) reported experiencing one other life impact and one in ten (11.5%) two life impacts. A minority (0.8-3.7%) reported between 3 and 9 other impacts on their life.

Figure 3: The total number of life impacts reported by individual victims (N= 2860)



The relationship between the total number of emotional symptoms/other life impacts and how affected victims reported being by the fraud incident

Ordinal regressions (PLUM in SPSS) were run to test whether the total number of emotional reactions and the total number of other life impacts predicted how affected victims reported being by the fraud incident. The results showed a significant negative relationship i.e., the higher number of emotional symptoms reported – the less victims reported being affected by the fraud (B=-.833, SE=.037, p<.001, [CI=-.905, -.761]) and the higher number of other life impacts reported – the less victims reported being affected by the fraud (B=-.773, SE=.044, p<.001, [CI=-.859, -.687]).

The relationship between the total number of emotional symptoms/other life impacts and victims' ratings on the seriousness of the crime

We ran linear regressions to test whether the total number of emotional symptoms and the total number of other life impacts predicted victims' ratings on the seriousness of the crime. The total number of emotional symptoms did not predict seriousness ratings (B=.033, SE=.098, t=.330 p=.741), nor did the total number of other life impacts (B=.095, SE=.151, t=.626, p=.531).

The relationship between the total amount of money taken (as a result of the fraud) and the total number of emotional reactions/ other life impacts reported by victims

Results from linear regressions showed that the total amount of money taken (as a result of the fraud) significantly predicted the total number of emotional reactions reported by victims (B=.221, SE=.016, t=13.850, p<.001), and the total number of other life impacts (B=.103, SE=.011, t=9.341, p<.001) i.e., the more reported money taken as a result of the fraud, the more emotional reactions and other life symptoms reported.

ANNEX 2: METHODOLOGY

LITERATURE REVIEW

The first stage of the study involved a scoping review of both the academic and grey literature. This consisted of using pre-defined and optimised search queries to identify relevant articles. As the project aims to investigate multiple topics including fraud victim impact, fraud and vulnerability, fraud victim support, fraud support services and fraud victim strategies, the following two research queries were developed and piloted:

(fraud* OR scam* OR cybercrime)

AND

“health”

AND

impact*

(fraud* OR scam* OR cybercrime)

AND

“victim”

AND

(“support” OR “assessment”)

NOTE: “*” denotes a wildcard, such that for example “fraud*” would identify “fraudulent,” “frauds” and “fraud.”

This search strategy was used in the following academic databases: Web of Science, IEEE Xplore, ProQuest, ACM Digital Library, Scopus in addition to Policy Commons and targeted search on Google representing the grey literature databases.

After deploying the search strategy described above and collecting all the articles, abstracts were screened in order to determine their inclusion in the final analysis section. There was no restriction on the methodological design deployed in the articles nor the discipline the authors come from, however, for articles to be included the following criteria needed to be satisfied:

- The studies must discuss the health impact fraud has on victims of fraud.
- Frauds targeting corporate entities and larger organisations were not considered, even though they may indirectly affect individual victims.
- The article must be available in English.

Survey of fraud victims

A mixed methods approach was used in the survey. It included a quantitative analysis of victim responses to a survey on the health impact of fraud, and qualitative analysis of data collected from open-ended responses. Qualitative data was used to contextualise and add descriptive detail on the experiences of victims, the reasons for experiencing a health impact, and their implications for other aspects of daily life and the type of support that was required.

The survey was distributed to fraud victims resident in two neighbouring police force areas in England and Wales. The sample included all victims who reported or otherwise came to the attention the police during a continuous 14-week period (June to September 2024). Dissemination of the survey was facilitated by the support services in the two police areas.

The survey was sent to a total of 3,424 victims and 311 (9.1%) victims completed and returned the survey. 87.1 per cent of surveys were delivered to the victim electronically by email or SMS text message (n=2,982). 337 victims received the survey by post (9.8%). There was a small cohort of victims included in the sample (3.2%; n=111), who had received more intensive support from the police over multiple weeks, having been assessed by the police to have greater levels of need. These victims were selected from the service caseload during this period, and some may have been victimised outside of the 14-week period. Due to high support needs they were approached in-

person or over the phone to complete the survey; 44 victims were offered support to complete the survey. For this reason, they are likely to be over-represented in the sample.

The time period separating the report to the police and completing the survey ranged from one day to six years, however the majority reported one to four weeks prior to participating in the survey (n=255).

Participants were asked to select from a list of health symptoms they had experienced as a result of becoming a victim of fraud. These symptoms were compiled based on the evidence collected in the literature review. Participants were presented with three categories of health symptom: emotional or mental health symptoms (20 symptoms), physical health symptoms (9 symptoms) and behaviour changes (11 symptoms). Subsequent questions asked; whether the reported symptoms were linked to health conditions they were experiencing prior to the fraud (N/A; None; Some; All); the extent to which the symptoms had impacted on daily life (1: not at all – 4: very affected); whether they had wanted to receive support or treatment to address the health impact of the fraud (Yes/No/NA); and whether the fraud had had a significant impact on their personal finances (1:not at all – 5: to a great extent).

Participants were also asked what they thought had specifically led to the start of the health symptoms, how the fraud had impacted on daily life, and to provide any further information on the impact and how it had affected their health (open responses). In total, 249 (80%) participants wrote a response to at least one of the three open-ended questions. This data was synthesised and analysed using a thematic analysis framework based on themes identified in the existing literature.

Survey questions

1	Approximately how long has it been since you first reported the fraud to the Police/Action Fraud (or were first contacted by the police regarding the fraud)?
2	Have you experienced any of the following emotional or mental health symptoms as a result of becoming a victim of fraud? (tick all of the symptoms that apply) ☐ *Feeling worried* ☐ *Worries about being victimised again* ☐ *Emotional distress* ☐ *Stress* ☐ *Feeling vulnerable or unsafe* ☐ *Loss of confidence* ☐ *Anger* ☐ *Guilt or shame* ☐ *Sadness/low mood* ☐ *Anxiety* ☐ *Feeling isolated* ☐ *Low self-esteem* ☐ *Depression* ☐ *Concentration and memory issues* ☐ *Hopelessness* ☐ *No pleasure in the things you usually enjoy* ☐ *Panic attacks* ☐ *Feelings of self-harm* ☐ *Feeling out of control* ☐ *Nightmares* ☐ *Other mental health symptom/s* ☐ *No mental health symptoms*

Survey questions

3	If you selected 'other' please add details below:
4	Have you experienced any of the following physical health symptoms as a result of becoming a victim of fraud? (tick all of the symptoms that apply) ☐ *Stomach or digestive problems* ☐ *Headaches* ☐ *Other aches or pains* ☐ *High blood pressure* ☐ *Weight gain/loss* ☐ *Difficulty sleeping* ☐ *Excessive tiredness* ☐ *Skin conditions* ☐ *Heart Problems* ☐ *Other physical symptom/s* ☐ *No physical symptoms*
5	If you selected 'other' please add details below:
6	Has your behaviour changed as a result of becoming a victim of fraud? (tick all that apply) ☐ *Distrust of others* ☐ *Crying* ☐ *Loss of appetite* ☐ *Impacted relationships* ☐ *Socially withdrawn* ☐ *Obsessive thoughts and actions* ☐ *Act of self-harm* ☐ *Time off work* ☐ *Excessive use of Alcohol/Drugs* ☐ *Excessive consumption of other item (e.g., food, pain relief meds)* ☐ *Paranoia/Hyper vigilance* ☐ *Other* ☐ *No behaviour changes*
7	If you selected 'other' please add details below:
8	Are these physical/mental health symptoms linked to health conditions you were experiencing prior to the fraud?
9	How soon after the fraud incident did you experience these new or worsening symptoms?
10	What specifically do you think led to the start of these symptoms?
11	To what extent has your daily life been affected by these symptoms?
12	Could you give more detail about how your daily life has been affected by these symptoms?

Survey questions

13	Have you spoken to anyone about these symptoms? (tick all that apply) ☐ *Police* ☐ *Victim Support* ☐ *GP* ☐ *Citizens Advice* ☐ *Social Worker* ☐ *Family Member* ☐ *Friend* ☐ *Other*
14	If you selected 'other' please add details below:
15	Were you offered support and/or advice from any of the following organisations or individuals to address these symptoms? (tick all that apply) ☐ *Police* ☐ *Victim Support* ☐ *GP* ☐ *Citizens Advice* ☐ *Social Worker* ☐ *Family Member* ☐ *Friend* ☐ *Other*
16	If you selected 'other' please add details below:
17	Have you received support from any of the following organisations or individuals to address these symptoms? (tick all that apply) ☐ *Police* ☐ *Victim Support* ☐ *GP* ☐ *Citizens Advice* ☐ *Social Worker* ☐ *Family Member* ☐ *Friend* ☐ *Other*
18	If you selected 'other' please add details below:
19	Did you want to receive support or treatment to address the health impact of the fraud?
20	Has your recent experience of fraud had a significant impact on your personal finances?
21	If you wish to say more about your experience of the fraud and how it has affected your health, please include this information in the box below:

Victim interviews

Semi structured interviews were conducted with 16 victims who were resident in the two neighbouring police forces in England. In most cases the fraud had not been assigned by police to criminal investigation (14). Financial losses ranged from those that experienced no financial loss to one victim who lost £350,000; five participants had lost more than £100,000.

Ten participants were sampled from a cohort of fraud victims in the two areas that had been identified as vulnerable by the local police and assigned a specialist victim support worker. The criteria for vulnerability as set out in the assessment protocol:

- Repeat victimisation (intimidated, threatened, targeted)
- Family circumstances (isolation, recent bereavement)
- Personal circumstances (substance misuse, being cared for)
- Health (impact on physical / emotional / mental well-being)
- Equality and diversity (age, race, gender, lifestyle)
- Economic circumstances (in debt / in wealth).
- Romance fraud victims - due to the emotional impact of the crime, likelihood of repeat victimisation, and evidence linking it to suicide

The experiences of these vulnerable victims is not representative of all local fraud victims during this period. Furthermore, these victims may have been supported over an extended period (months or years in some cases) and were only included if assessed to have sufficiently recovered from the experience by the victim support worker (e.g. a lower risk of re-traumatisation). Victims in this category represented 3.2 per cent (n=111) of all victims who had contact with the local police during this sampling period. Six non-vulnerable victims volunteered to complete a follow-up interview in their survey responses. All had reported the crime to the police within three months of the research interview.

Table 5 below outlines the characteristics of the victim interviewed. Victims who are female and in older age categories are overrepresented. There are ten female and six male victims. Nine victims were aged 70-80 and only one interviewee was below the age of 50.

Table 5: The characteristics of fraud victims who participated in the victim interviews.

Victim Code[47]	Referral source	Type of fraud	Sex	Age of victim
VI1 – Vulnerable	Police victim case workers	Consumer Investment Fraud	male	70-80
VI2 – Vulnerable	Police victim case workers	Relationship and trust fraud	female	70-80
VI3 - Vulnerable	Police victim case workers	Relationship and trust fraud	female	50-60
VI4 - Vulnerable	Police victim case workers	Consumer investment fraud	male	70-80
VI5 - Vulnerable	Police victim case workers	Consumer investment fraud	female	70-80
VI6 - Vulnerable	Police victim case workers	Consumer investment fraud	female	70-80
VI7 - Vulnerable	Police victim case workers	Relationship and trust fraud	female	50-60
VI8 - Vulnerable	Police victim case workers	Relationship and trust fraud	male	70-80
VI9 - Vulnerable	Police victim case workers	Fraud by impersonation of trusted individual or an organisation	female	70-80
VI10 - Vulnerable	Police victim case workers	Relationship and trust fraud	male	60-70
VI11	Survey	Fraud by impersonation of trusted individual or an organisation	male	70-80
VI12	Survey	Identity fraud	female	70-80
VI13	Survey	Fraud by impersonation of trusted individual or an organisation	female	20-30
VI14	Survey	Fraud by impersonation of trusted individual or an organisation	female	60-70
VI15	Survey	Consumer products and services fraud	male	50-60
VI16	Survey	Consumer products and services fraud	female	60-70

47 Victims V11 – V16 self-referred following completion of the survey. None in their interview described receiving further support from the police following their initial report to the police, indicating none had been treated as 'vulnerable.'

Practitioner interviews

Semi structured interviews were completed with 22 practitioners who had a role in providing support to victims of fraud; this included 17 stakeholders working in the two police force areas that were the focus of the study, and five national stakeholders (see Table _ below).

The interviewees were selected in two ways:

1. Invited to participate in interview after being approached directly by researchers, due to their role in national organisations which provide support for victims of fraud
2. Invited to participate after being identified by local contacts as holding a role or responsibility to provide support for victims of fraud in the relevant police force areas.

All participants gave their informed consent to participate in the interviews. The interviews lasted an hour and took place online. Each interview was recorded and then transcribed by a researcher before being analysed thematically.

Practitioner category	No. interviews
National fraud victim support stakeholder	5
Local fraud victim support practitioner	6
Local police practitioner	8
Other local stakeholder	3
Total	**22**

ANNEX 3: VICTIM SURVEY ANALYSIS OUTPUTS

1. Correlation between total number of symptoms reported

We ran a Person Correlation analysis to test the relationship between the total number of symptoms reported in each category of symptom – i.e. emotional and mental health, physical health, or behaviour change. As shown in the table below, the total number of symptoms reported were highly correlated across all three areas, so the more symptoms reported in one category, the more symptoms that were reported in other categories.

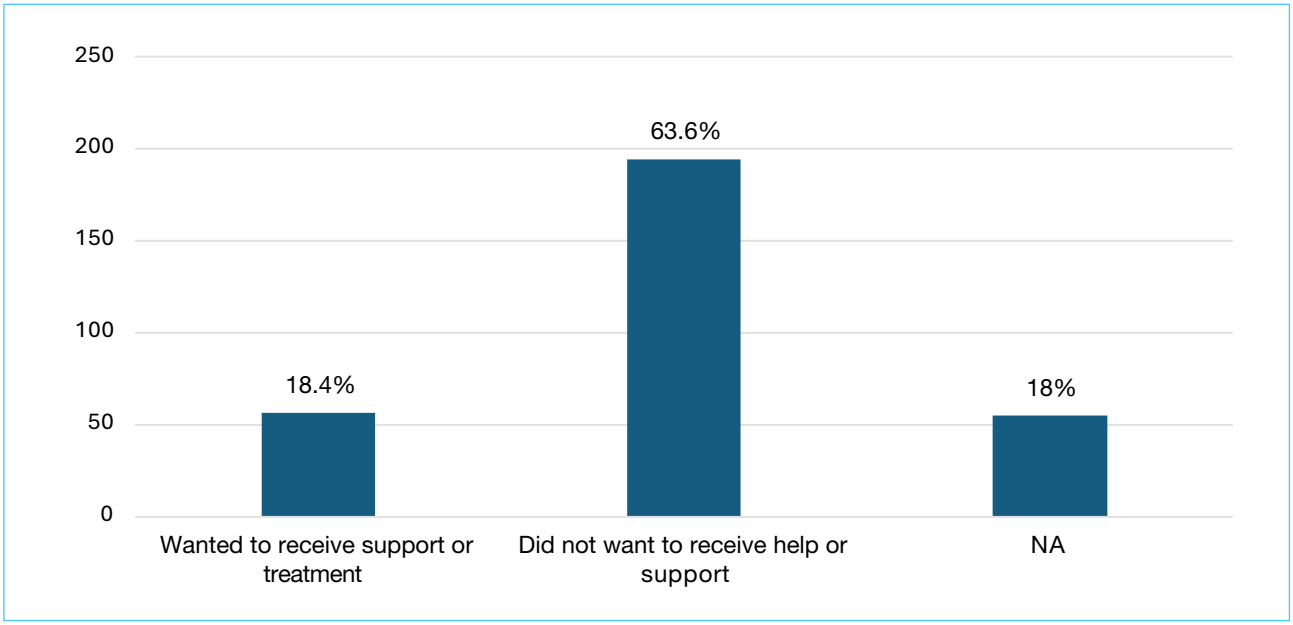
Results indicated a significant association between financial impact and overall symptom reporting: as the reported financial impact increased, so did the total number of symptoms (estimate = 3.50, SE = 0.50, t = 7.05, p < .0001, 95% CI [2.52, 4.48]). As shown in the table below, this relationship held across all three symptom categories i.e., participants who experienced greater financial loss reported more emotional or mental health symptoms, more physical health symptoms, and more behavioural changes.

		Mental Health	Physical Health	Behaviour Changes
Mental Health	6	1	.752** <.001	.760** <.001
Physical Health	8	.752** <.001	1	.768** <.001
Behaviour Changes	3	.760** <.001	.768** <.001	1

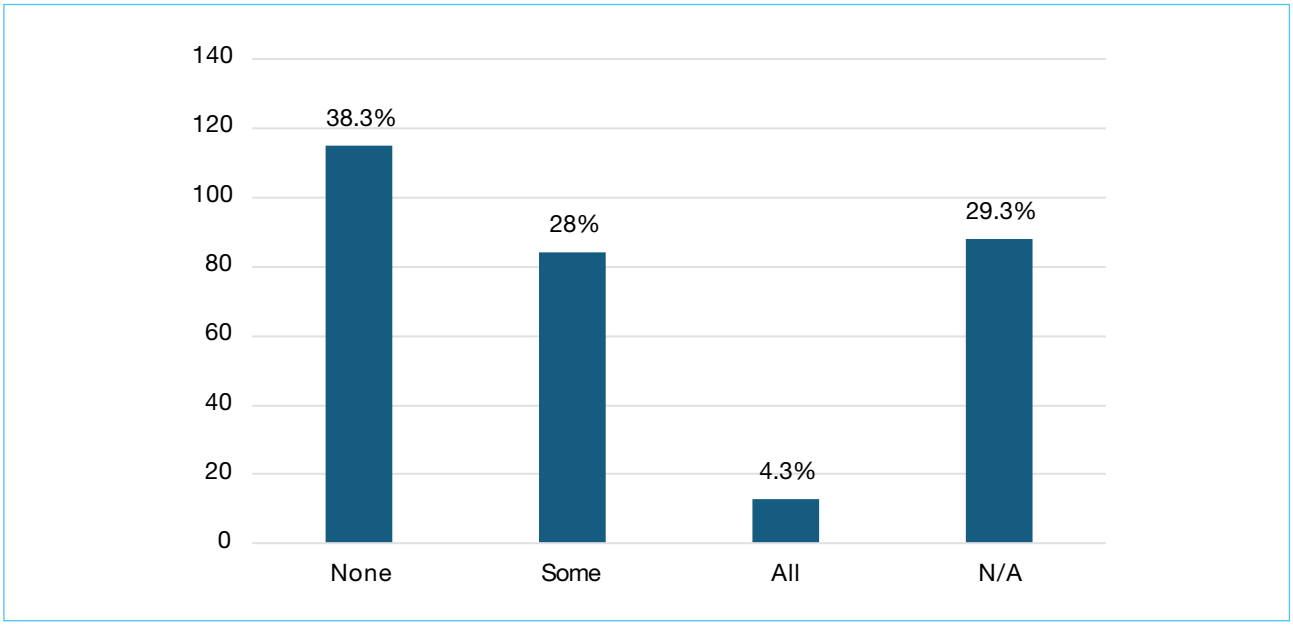
2. The association between the self-reported financial impact and number of symptoms reported.

Participants were asked to rate the financial impact of their recent experience of fraud on a scale from 0 (“did not lose money”) to 4 (“to a great extent”). Linear regressions were conducted in R to examine whether the extent of financial impact predicted the total number of self-reported mental health symptoms, physical health symptoms, and behaviour changes (n = 189).

3. The volume of participants who reported wanted to receive support or treatment to address the health impact



4. The volume of participants (N=300) for whom the health symptoms were linked to health conditions that they had been experiencing prior to the fraud



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