

Department
for Aging and
Rehabilitative
Services

State
Fiscal
Year
2025

Adult Protective Services
Division

Annual Report



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

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Dear Colleagues:

I am pleased to present the State Fiscal Year (SFY) 2025 Adult Protective Services (APS) Division Annual Report. This year was marked by changes and challenges but also hope. We saw a new federal administration arrive bringing with it changes in federal oversight and operations. The programs that our clients have come to rely on were restructured and the impacts of these changes on vulnerable adults are still to be determined.

But I also see hope in the work that we do. Virginia's APS system remains committed to serving older adults and people with disabilities and has made significant internal and external improvements to better serve our clients. Local APS and Adult Services workers show up every day to provide protective interventions, and long-term care for community members, despite being overwhelmed by the need. And that need continues to grow—an 8% increase in APS reports received, a 4% increase in completed Medicaid long-term services and supports screenings, and a 12% increase in the number of guardianship reports reviewed. What a busy year for you!

There will likely be more challenges and changes on the horizon. But I am hopeful that together we will overcome any adversity. I have the greatest respect for all that you do.

With sincere appreciation,

Kathryn A. Hayfield
Kathryn A. Hayfield

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The APS Division at the Department for Aging and Rehabilitative Services

"DARS' mission is to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families."

The Department for Aging and Rehabilitative Services (DARS) is home to several divisions and programs that provide essential services to older adults and individuals with disabilities. Programs include the Office of the State Long-term Care Ombudsman, the Virginia Public Guardianship Program, Brain Injury Services Coordination Unit, and the Personal Assistance Services Program. DARS is also the lead agency in Virginia in addressing the employment needs of individuals with disabilities. Vocational Rehabilitation services and the Wilson Workforce Rehabilitation Center help individuals with physical, cognitive, and developmental disabilities become successfully employed.

The Adult Protective Services (APS) Division oversees two program areas, Adult Services (AS) and APS, which are delivered by 120 local departments of social services (LDSS). The DARS Commissioner, who the Governor appoints, oversees the Division at the state level. The Commissioner and Division Director serve as liaisons to federal agencies as well as state legislative entities and executive branch agencies. Other Division staff develops regulations and guidance documents, conducts training, and monitors LDSS performance in the two program areas.

The SFY 2025 APS Division Report reflects AS and APS statistical data from the PeerPlace case management system for the period of July 1, 2024, through June 30, 2025.

Adult Services Program

The following sections provide an overview of Adult Services (AS) Program activities. The AS Program serves adults with an impairment and their families when appropriate.¹ Services help adults remain in the least restrictive environment of their choice--preferably their own home-- for as long as possible. Home-based services and other supports also decrease or delay the need for more expensive institutional placement.

Home-Based Services

Each LDSS is mandated to offer at least one home-based service to eligible adults to the extent that federal and state matching funds are available. LDSS may recruit and approve home-based providers using uniform provider standards or contract with licensed home health and other service delivery agencies.

Home-based care consists of three primary services:

- **Companion** services include activities of daily living such as eating, dressing, bathing, toileting, light housekeeping, meal preparation, and shopping.
- **Homemaker** services include instruction in or the provision of activities to maintain a household and may include personal care, home management, household maintenance, nutrition, and consumer and health care education.
- **Chore** services are non-routine, heavy home maintenance tasks that may include window washing, floor maintenance, yard maintenance, painting, chopping wood, snow removal, and minor repair work in the home.

In Virginia, funding for home-based care services is through the Social Service Block Grant (SSBG), which is distributed among many other state programs. SSBG funding for home-based care programs has not increased in several years. Localities have struggled to offer competitive provider wages, locate willing providers, and respond to a growing home-based care service population. To address the limited funding, localities reduce service hours for their clients, cover funding gaps with local only funds, if available, or seek other types of long-term services covered by other public assistance programs.

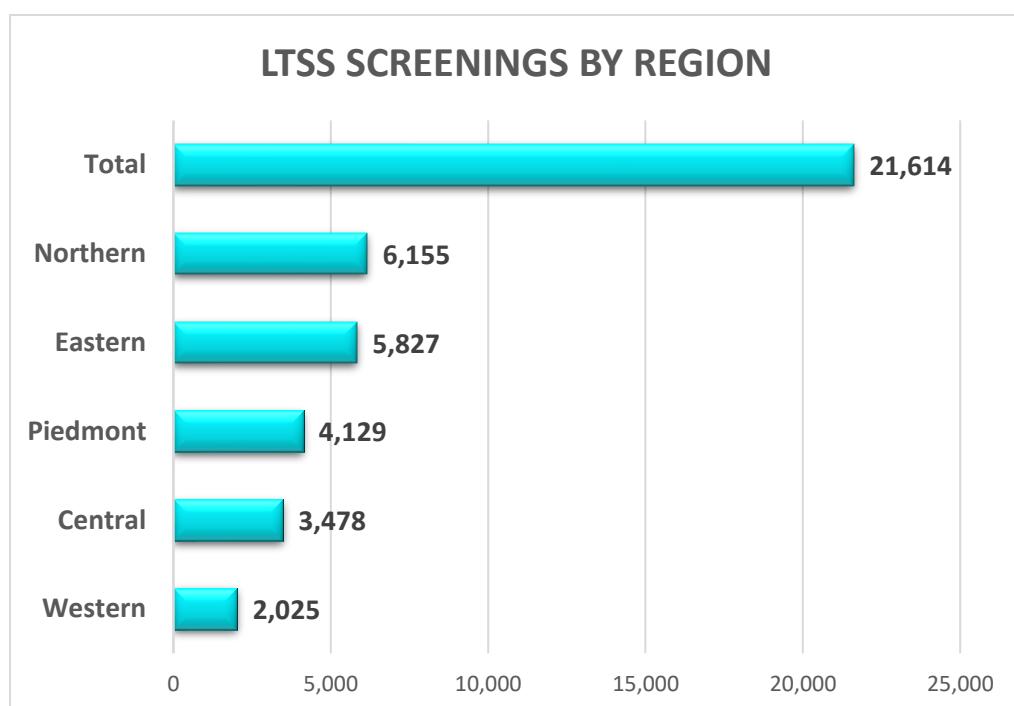
PeerPlace service plan data indicates that **5,003** adults received home-based services an **8%** increase from SFY 2024 likely due to the allocation of temporary American Rescue Plan Act funds that continue through part of the SFY. In SFY 2025 home-based services included **4,419** companion, **65** chore, and **519** homemaker cases.

¹ Adult with an impairment means an adult whose physical or mental capacity is diminished to the extent that he needs counseling or supervisory assistance or assistance with activities of daily living or instrumental activities of daily living (§51.5-144 of the Code of Virginia).

Long-term Services and Supports (LTSS) Screenings

The Code of Virginia (§ 32.1-330) requires that all individuals who apply for or request Medicaid-funded community or institutional long-term services and supports (LTSS) be screened to determine their functional eligibility for these services. LDSS workers, in cooperation with local health department nurses, are responsible for performing screenings for LTSS for individuals residing in the community. Individuals may request Medicaid services such as the CCC Plus waiver, nursing facility placement or Program for the All-Inclusive Care for the Elderly (PACE). In SFY 2025, LDSS participated in screening **21,614** adults for LTSS, a **4%** increase from the previous SFY. **Table 1** shows that **29%** of LTSS screenings occurred in the Northern Region and the smallest percentage (**9%**) were in the Western Region.

Table 1-LTSS Screenings by Region²



Assisted Living Facility (ALF) Assessment and Reassessments

Individuals using the Auxiliary Grant (AG) for ALF placement must be assessed using the Uniform Assessment Instrument (UAI) upon admission, annually, or whenever they experience a significant change. During FY25 **3,357** ALF assessments were completed by the LDSS. Employees of the following agencies are authorized to complete initial ALF assessments for individuals who apply for or receive AG:

² Source: Department of Medical Assistance Services (DMAS)

- Local departments of social services
- Area agencies on aging
- Centers for independent living
- Community services boards/Behavioral health authority
- Local departments of health
- Department of Corrections, Community Release Units
- Acute care hospitals

Except for staff at acute care hospitals and the Department of Corrections, qualified assessors with the above-named agencies may also conduct annual reassessments. When qualified assessors from these agencies are unavailable, LDSS workers are the assessors of last resort.

Adult Foster Care (AFC) Services

AG recipients may also have the option to reside in an AFC home. AFC provides room and board, supervision and special services to an adult who has a physical, intellectual, or mental health disability. The AFC is an optional program and not all LDSS offer it. **Seven** local departments offered AFC in 2025: Chesapeake, Fairfax, Fauquier, Montgomery, Norfolk, Prince William, and Virginia Beach. The local board of social services must authorize an AFC Program before the LDSS can offer the program. AFC homes must be approved by the LDSS, and approved providers may accept no more than three AFC residents. All placements must be authorized by the LDSS worker. In SFY 2025, **46** individuals received AFC services.

AS Funding

Most of the AS funding allocated to LDSS is used to provide in-home services and supports such as companion, chore, or homemaker. AS funds may also be used for guardianship support services and for preventative services to stabilize an adult's situation before the adult may need more intrusive protective services. **Table 2** identifies AS expenditures for SFY 2025, and **Table 3** shows a five-year comparison of AS expenditures.

Table 2-AS Expenditures

SFY 2025 Adult Services Expenditures³					
Services	Federal & State	Local	Non-reimbursed local	Total Expenditures	% of Total Expenditures
Companion	\$3,722,312	\$930,578	\$3,584,399	\$8,237,288	92%
Chore	\$71,597	\$17,899	\$13,699	\$103,195	1%
Homemaker	\$1,979	\$494	\$0	\$2,474	<1%
Guardianship	\$52,396	\$13,099	\$0	\$65,495	1%
Prevention	\$412,369	\$103,092	\$3,510	\$518,972	6%
Adult Day	\$2,820	\$705	\$0	\$3,525	<1%
Total	\$4,263,473	\$1,065,867	\$3,601,608	\$8,930,949	100%

Table 3-Five-Year Comparison of AS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2025	\$4,263,473	\$1,065,867	\$3,601,608	\$8,930,949
2024	\$4,243,441	\$1,060,860	\$3,660,010	\$8,964,312
2023	\$4,086,444	\$1,021,611	\$3,297,550	\$8,405,606
2022	\$3,958,441	\$989,610	\$2,653,257	\$7,601,309
2021	\$4,033,459	\$1,008,364	\$3,261,669	\$8,303,493

³ Source: LASER

Home-based Services and AFC Appeals

The DARS Commissioner is responsible for hearing home-based and adult foster care services appeals, pursuant to §51.5-147 of the Code of Virginia. During SFY 2025, DARS received seven appeals, but only three were related to an LDSS's adverse decision concerning the adult's home-based services. Of the three hearings held, all resulted in decisions in favor of the LDSS. The other appeals were redirected to the proper entity with jurisdiction for the matter.

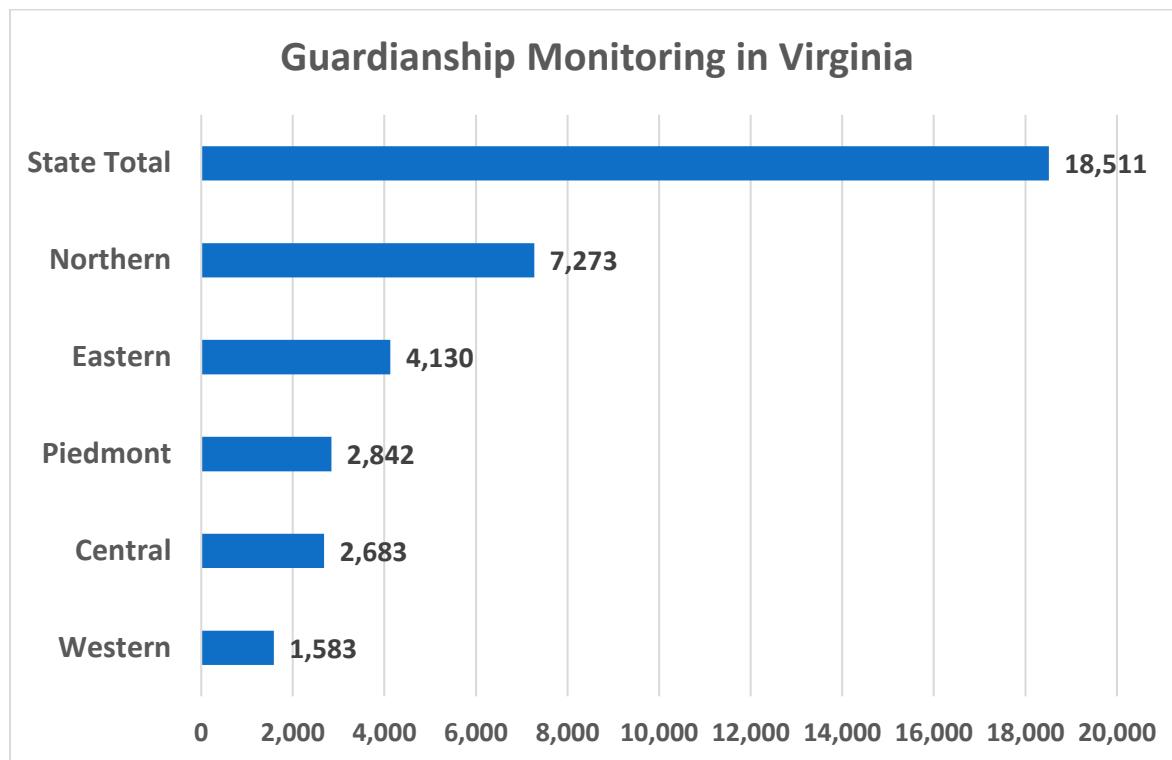
Guardianship Program

All individuals who have been appointed as guardians by Virginia courts are required to submit the "Annual Report of Guardian for an Incapacitated Person," along with a \$5.00 filing fee, to the LDSS in the jurisdiction in which the incapacitated adult resides. Section 64.2-2020 of the Code of Virginia requires the guardian report fee to be used by the LDSS to provide protective services to adults.

LDSS workers review the reports for completeness and determine if report contents reveal any safety or welfare concerns about the adult. If there is no reason to indicate the adult is being abused, neglected, or exploited or is at risk of abuse, neglect or exploitation, the worker submits the report to the clerk of the court that appointed the guardian. If the LDSS worker suspects that the adult is being abused or at risk of abuse, the worker initiates an APS investigation. Twice a year LDSS workers are required to submit a list of guardians who are more than 90 days overdue in submitting their annual report. In SFY 2025, LDSS workers were responsible for reviewing annual guardian reports for **18,511** incapacitated adults, a **12%** increase from SFY 2024.

Table 4 shows the volume of annual unduplicated guardian reports by region. Guardians filed the largest percentage (**39%**) of reports with Northern Region LDSS and the smallest percentage (**9%**) in the Western portion of Virginia.

Table 4-Annual Guardian Reports by Region



Adult Protective Services Program

APS includes the receipt and investigation of reports of abuse, neglect, or exploitation and the provision of services to stop or prevent further abuse. Protective services also include assessing service needs, determining whether the adult needs protective services, documenting the need for protective services, specifying what services the adult needs, and providing or arranging for service delivery.

State APS programs differ by the populations served, locations in which investigations are conducted, report response times, and post-investigation service delivery responsibilities. APS workers are typically the first responders to reports of adult abuse, neglect, and exploitation, though response mandates differ. In all states, APS programs conduct investigations in community settings, such as the adult's own home. However, only about half of the state APS programs investigate in facilities such as nursing homes, or residential programs for individuals with mental illness or developmental disabilities. In some states, local ombudsmen or state licensing program staff conduct APS investigations in facility settings.

In 2023, the Administration for Community Living (ACL) released proposed, first ever federal regulations (Final Rule) for APS. After reviewing public comments from state APS programs, advocacy organizations, and others about the proposed regulations, ACL released the Final Rule on May 7, 2024. Regulations became effective on June 7, 2024, and all APS programs must be compliant by May 8, 2028. The APS Final Rule will:

- Elevate best practices and bring greater consistency to APS systems nationwide while respecting the unique needs of states and localities
- Minimize the burden on state APS systems while setting minimum standards to ensure quality APS services
- Support person-directedness, least restrictive alternatives, and flexibility in service delivery

The APS Final Rule may be accessed at: <https://www.federalregister.gov/documents/2024/05/08/2024-07654/adult-protective-services-functions-and-grants-programs>

ACL also operates the National Adult Maltreatment Reporting System (NAMRS), a database system to collect and organize APS data submitted by each state. Though submission is voluntary, 56 states and territories and the District of Columbia submit NAMRS data. Data for federal fiscal years (FFY) 2016-2022 is available at: <https://namrs.acl.gov/data>. ACL also coordinates with the APS Technical Assistance Resource Center (TARC) to provide education and assistance to state APS programs through webinars, blog posts, and direct help with states' FFY NAMRS submissions. Due to the change in the federal administration in January 2025, ACL suspended 2023 and 2024 APS data submissions while NAMRS underwent review. New submission dates have not yet been announced.

Mandated and Voluntary Reporting in Virginia

An APS report is an allegation that an adult age 60 or older or an incapacitated person aged 18 to 59 is being abused, neglected, or exploited. There are now three methods to make an APS report in Virginia:

- 24-hour Hotline at 888-832-3858
- Online Reporting Portal at www.reportadultabuse.com
- Direct to the appropriate LDSS

Virginia's mandatory reporting law (§ 63.2-1606 of the Code of Virginia) identifies professionals or individuals performing certain job functions, who are required to report suspected adult abuse, neglect, or exploitation immediately. These individuals, also known as mandated reporters, may face a civil penalty of up to \$1,000 for failure to report. Anyone who makes an APS report in good faith is protected from civil or criminal liability.

A free e-learning module for mandated reporters, titled "Mandated Reporters: Recognizing Adult Abuse, Neglect, and Exploitation in Virginia," is available on the DARS APS Division public site at <https://www.dars.virginia.gov/aps/AdultProtServ.htm>.

Mandated reporters include the following persons acting in their professional capacity:

- Any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503 with the exception of veterinarians;
- Any mental health services provider as defined in § 54.1-2400.1;
- Any emergency medical services provider certified by the Board of Health pursuant to § 32.1-111.5, unless such provider immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
- Any guardian or conservator of an adult;
- Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
- Any person providing full, intermittent, or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker, and personal care workers;
- Any law-enforcement officer; and
- Any person who engages in the practice of behavior analysis, as defined in § 54.1-2900

Table 5 lists some of most common types of APS reporters. Occupations or professionals highlighted in green represent mandated reporters. The category “unspecified” refers to reporters, who do not identify their occupation or their relationship to the subject of the report. More than **5,624** individuals wished to remain anonymous when making a report. In SFY 2025 financial institution staff ranked as the second most frequent reporter category to APS. Relatives or family members were the fourth highest reporter category.

Table 5-Source of APS Reports

SFY 2025 REPORTER TYPE	# OF REPORTS
Unspecified	11,652
Financial Institution Staff	6,099
Anonymous	5,624
Relative (includes ex-wife/ex-husband)	4,536
Nursing Facility Staff	3,829
Social Worker	2,978
Nurse/Nurse Manager/NP/Visiting Nurse/Public Health Nurse	2,816
Other	2,565
Law Enforcement	2,318
EMS/Fire Department	1,578
Friend/Neighbor	1,473
Hospital Staff	1,431
Community Services Board Staff	1,062
Mental Health Support Worker/Counselor/Psychiatrist/Psychologist	860
Assisted Living Facility Staff	804
LDSS Staff	578
Doctor/Physician Assistant	522
Self	468
Social Service Agency	429
Agency	424
Group Home Staff	329
Hospice Staff	290
Other Healthcare Professional (Physical/Occupational Therapist or Speech Language Pathologist)	276
Landlord	266
Caregiver (not specified)	241
Department of Behavioral Health and Developmental Services Staff	230
Area Agency On Aging Staff	151
Guardian	150
POA	127
Home Based Care/Personal Care Provider	123
Educational Institution Staff	96
Medicaid	81
Shelter Staff	68
Attorney	53
Transportation Provider	50

APS Reports and Investigations

Every APS report must meet certain criteria for it to be a “valid” report. The term “valid” does not refer to accuracy of the report but to specific elements that must be present to establish APS authority and jurisdiction:

- The adult must be at least 60 years or older or age 18 to 59 and incapacitated;
- The adult must be living and identifiable;
- Circumstances must allege abuse, neglect, or exploitation; and
- The local department must be the agency of jurisdiction.

If a report does not meet APS validity criteria, the LDSS may refer the reporter to other LDSS programs, an appropriate human service agency, or other service provider. A list of indicators of adult abuse, neglect, or exploitation is located at: <https://www.dars.virginia.gov/aps/AdultProtServ.htm>. The Code of Virginia definitions of adult abuse, neglect, and exploitation follow.

Adult Abuse is defined by the Code of Virginia, (§ 63.2-100), as “the willful infliction of physical pain, injury or mental anguish or unreasonable confinement of an adult as defined in § 63.2-1603.” Abuse includes battery and other forms of physical violence including, hitting, kicking, burning, choking, scratching, rough handling, cutting, and biting, etc. It includes sexual assault, inflicting pornography, voyeurism, exhibitionism, and other forms of forced sexual activity on older adult or an incapacitated person. It includes any sexual activity with an adult who is unable to understand or give consent, the control of an adult through the use of threats or intimidation, and the abuse of a relationship of trust.

Adult Neglect is defined by the Code of Virginia, (§ 63.2-100), as “an adult as defined in § 63.2-1603 is living under such circumstances that he is not able to provide for himself or is not being provided services necessary to maintain his physical and mental health and that the failure to receive such necessary services impairs or threatens to impair his well-being. However, no adult shall be considered neglected solely on the basis that such adult is receiving religious nonmedical treatment or religious nonmedical nursing care in lieu of medical care, provided that such treatment or care is performed in good faith and in accordance with the religious practices of the adult and there is a written or oral expression of consent by that adult.” This definition includes both adults who are self-neglecting, living under such circumstances that the adult is unable to provide for himself/herself as well as adults whose needs for physical or mental health services are not being met by a caregiver or responsible party.

Indicators of neglect include malnourishment, dehydration, the presence of pressure sores, inadequate personal hygiene, inadequate or inappropriate clothing, inadequate or inappropriate supervision, extreme filth of person or home, severe pest/rodent infestation, offensive odors, inadequate heat, lack of electricity or refrigeration, and untreated physical or mental health problems.

Adult Exploitation is defined by the Code of Virginia, (§ 63.2-100), as the illegal, unauthorized, improper, or fraudulent use of an adult as defined in § 63.2-1603 or his funds, property, benefits, resources, or other assets for another's profit, benefit, or advantage, including a caregiver or person serving in a fiduciary capacity, or that deprives the adult of his rightful use of or access to such funds, property, benefits, resources, or other assets. "Adult exploitation" includes (i) an intentional breach of a

fiduciary obligation to an adult to his detriment or an intentional failure to use the financial resources of an adult in a manner that results in neglect of such adult; (ii) the acquisition, possession, or control of an adult's financial resources or property through the use of undue influence, coercion, or duress; and (iii) forcing or coercing an adult to pay for goods or services or perform services against his will for another's profit, benefit, or advantage if the adult did not agree, or was tricked, misled, or defrauded into agreeing, to pay for such goods or services or to perform such services.

Table 6 identifies three-year trends for APS reports. Total APS reports increased **8%** from SFY 2024 to 2025. Substantiated reports increased **12%** during the same time.

Table 6-Three-Year Comparison of APS Reports

THREE-YEAR COMPARISON OF APS REPORTS			
	2023	2024	2025
Total Reports Received	43,443	45,946	49,610
Total Investigated	27,511	29,443	32,528
Total Substantiated	12,514	12,816	14,304
Unfounded	12,842	14,234	15,804
Invalid Disposition⁴	1,630	1,595	1,719
Pending⁵	525	798	701
Invalid⁶	15,690	15,865	16,306
Percent of Reports Substantiated⁷	46%	44%	44%
DISPOSITIONS OF SUBSTANTIATED REPORTS			
Needs and Accepts Services	4,072	3,678	3,933
Needs and Refuses Services	2,526	2,669	3,190
Need No Longer Exists	5,916	6,469	7,181

Dispositions

APS Investigations result in one of the following dispositions:

- **NEEDS PROTECTIVE SERVICES AND ACCEPTS**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring, or there is reason to

⁴ “Invalid disposition” means upon the initiation of the investigation, the worker determined that the situation did not meet all validity criteria even though the report was validated.

⁵ Pending reports are reports under investigation that do not have a disposition.

⁶ “Invalid” represented only reports invalidated upon receipt.

⁷ Percent substantiated is calculated by dividing the number of substantiated investigations by total investigations.

suspect that the adult is at risk of abuse, neglect, or exploitation and needs protective services in order to reduce that risk. This disposition is assigned when the adult needing protective services accepts the needed services, or the adult needing protective services is not capable of making a decision to accept needed services. In cases where the adult is not capable of making a decision, the APS worker petitions the court for the provision of involuntary protective services.

- **NEEDS PROTECTIVE SERVICES AND REFUSES**

An adult is found to need protective services when a preponderance of evidence shows that adult abuse, neglect, or exploitation has occurred or is occurring or there is reason to suspect that the adult is at risk of abuse, neglect, and/or exploitation and needs protective services in order to reduce that risk. This disposition is determined when the adult is capable of making a decision about needed services and the decision is to refuse services.

- **NEED FOR PROTECTIVE SERVICES NO LONGER EXISTS**

This disposition is determined when there is a preponderance of evidence that adult abuse, neglect, or exploitation has occurred, but the adult is no longer at risk. This disposition is also used if the adult, who is the subject of the report, dies during the investigation and there was a preponderance of evidence that the adult abuse, neglect, or exploitation occurred. If this finding is made in an institutional setting, a referral is made to the appropriate regulatory or legal authority for follow-up as necessary.

- **UNFOUNDED**

This disposition is determined when a review of the facts does not show a preponderance of evidence that abuse, neglect, or exploitation has occurred or that the adult is at risk of abuse, neglect, or exploitation.

- **INVALID**

This disposition is determined when, after an investigation has been initiated, the report is found not to meet the criteria of a valid report.

LDSS may use APS funding to provide critical services such as extermination of insect or rodent infestations in the home; home repairs including broken plumbing or a leaking roof; purchase food, medicine, or clothing; and emergency placement in a hotel, nursing facility, or ALF. **Table 7** shows a five-year comparison of APS expenditures.

Table 7-Five-Year Comparison of APS Expenditures

5-Year Expenditures				
SFY	Federal & State	Local	Non-reimbursed Local	Total Expenditures
2025	\$738,154	\$135,528	\$723,246	1,596,928
2024	\$722,660	\$132,557	\$653,170	\$1,508,388
2023	\$757,867	\$139,015	\$475,831	\$1,372,713
2022	\$720,171	\$132,100	\$252,460	\$1,104,732
2021	\$585,684	\$107,431	\$340,875	\$1,033,991

Victims may experience different types of abuse, neglect, or exploitation. Some victims may only experience self-neglect. Others may be the victims of poly-victimization, when one or more types of maltreatment co-occur. **Table 8** identifies the types of maltreatment that were substantiated in SFY 2025. Self-neglect is the most common type of maltreatment experienced in Virginia occurring in **58%** of substantiated investigations. Financial exploitation accounted for **18%** of substantiated investigations.

Table 8-Statewide Substantiated Maltreatment

SFY 2025 Substantiated Types of Maltreatment	#	%
Self-Neglect	8,780	58%
Financial Exploitation	2,783	18%
Neglect	1,744	12%
Physical Abuse	783	5%
Mental Abuse	629	4%
Other Exploitation	256	2%
Sexual Abuse	77	<1%
TOTAL	15,052⁸	100%

⁸ More than one type of substantiated maltreatment may be selected.

In SFY25 the APS Division made a case management system change which enabled workers to specify the type of self-neglect the adult was experiencing. This data will help Virginia APS identify trends associated with self-neglect with the goal of increasing public awareness and possibly help with increasing resources to respond. The types of self-neglect tracked align with categories in state regulations (Food, Clothing, Shelter/Environment (including Hoarding), Health, and Medical Care). The worker may select multiple types of self-neglect. Categories identified in substantiated cases appear in **Table 9**.

Table 9-Types of Substantiated Self-Neglect

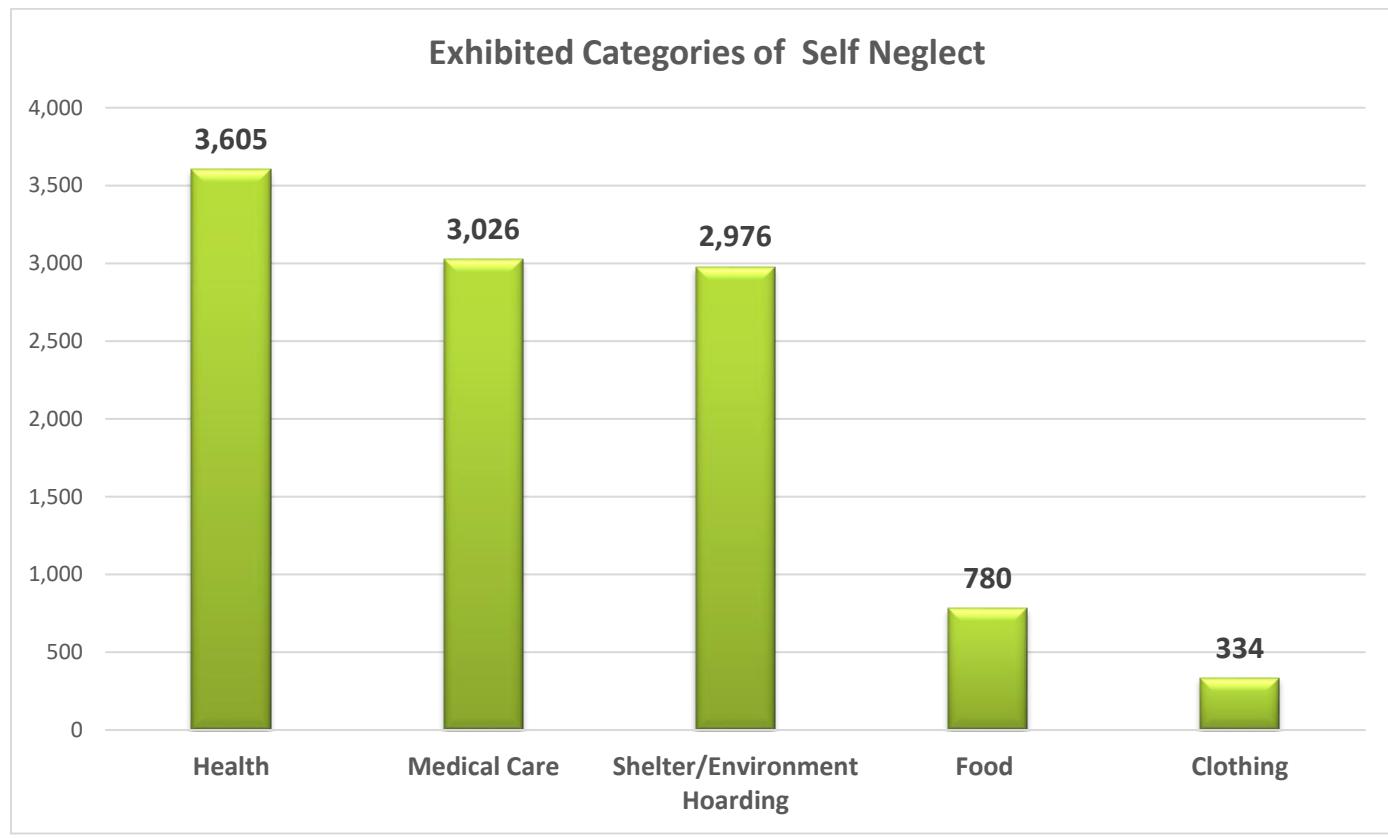


Table 10 shows the location of the maltreatment incident as identified in the APS report. In SFY 2025, most maltreatment incidents occurred in an adult's own home or apartment. The second most common incident location was a nursing facility.

Table 10-Location of Incident

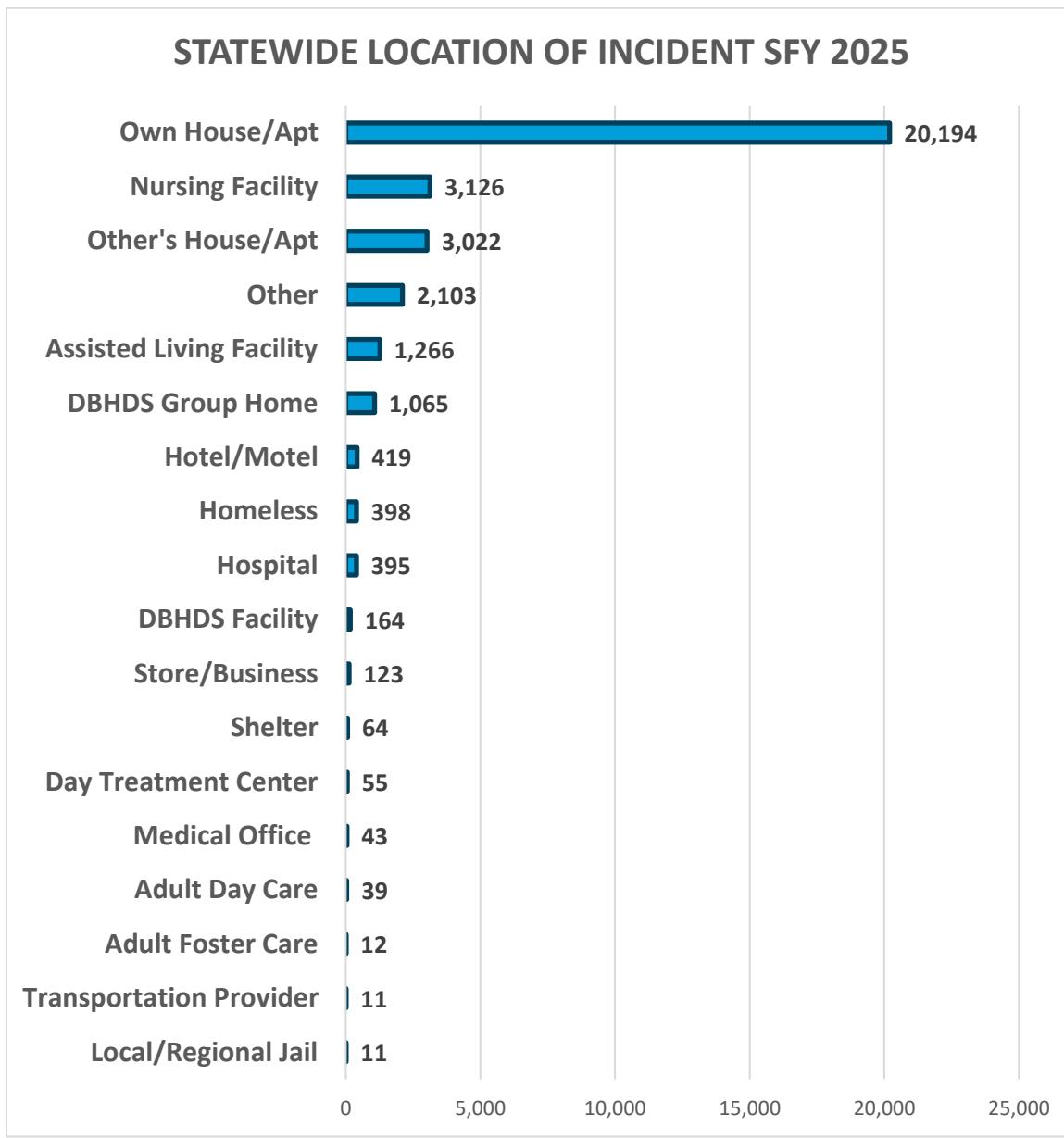


Table 11 reflects demographics of the APS report subjects, statewide and regionally. Statewide **84%** of subjects were age 60 or older. Nearly **4,700** individuals were age 85 or older.

Table 11-State and Regional APS Report Statistics

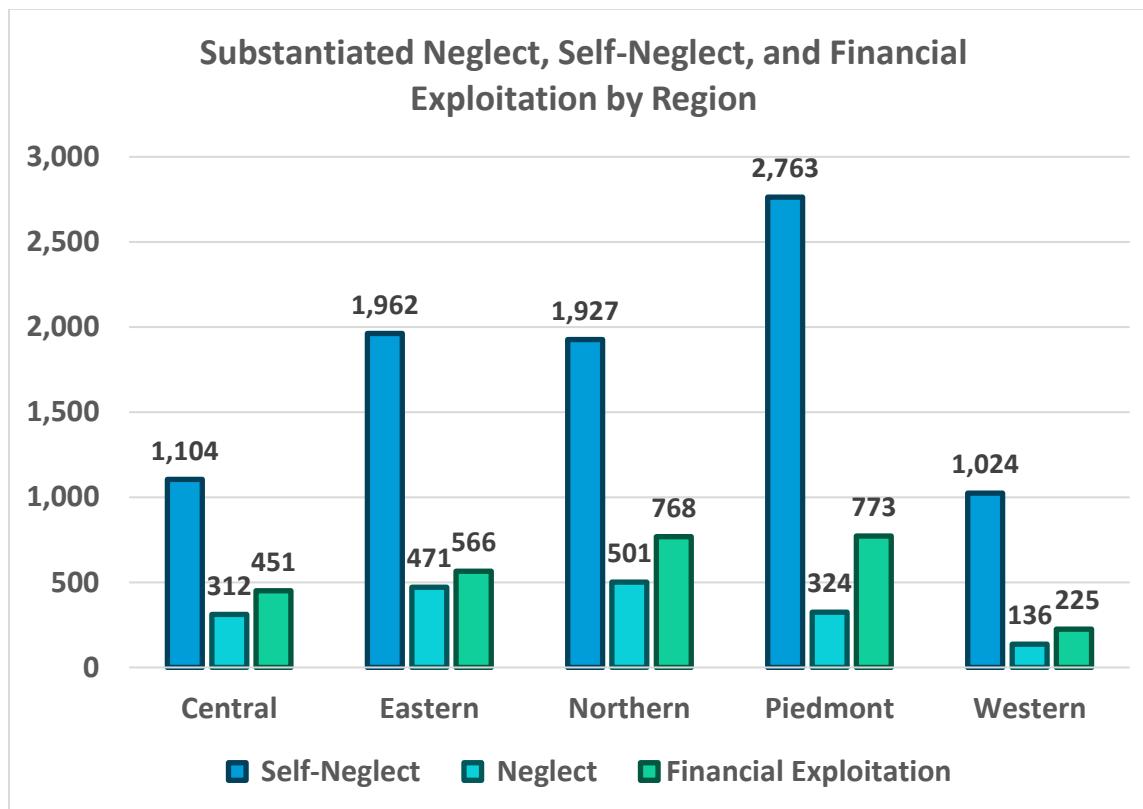
SFY 2025 REGIONAL DEMOGRAPHICS OF REPORT SUBJECTS						
	CENTRAL	EASTERN	NORTHERN	PIEDMONT	WESTERN	STATE TOTAL
Reports Received	9,736	11,237	13,439	11,514	4,004	49,610
Reports Substantiated	2,053	3,281	3,405	4,098	1,467	14,304
DEMOGRAPHICS OF REPORT SUBJECT						
60+	82%	85%	86%	85%	84%	84%
18-59	18%	15%	14%	15%	16%	16%
Unknown	<1%	1%	<1%	1%	<1%	<1%
Female	57%	59%	60%	59%	60%	59%
Male	41%	40%	39%	40%	40%	40%
Unspecified/Unknown	2%	1%	1%	1%	<1%	1%
Transgender	<1%	<1%	<1%	<1%	<1%	<1%
White ⁹	49%	47%	62%	66%	86%	62%
Black	32%	33%	13%	16%	3%	19%
Asian	<1%	1%	4%	<1%	<1%	1%
American Indian or Alaska Native	<1%	1%	<1%	1%	<1%	<1%
Native Hawaiian or Other Pacific Islander	<1%	<1%	<1%	<1%	<1%	<1%
Unk/RTA ¹⁰	19%	17%	20%	17%	10%	17%
Married	14%	17%	20%	16%	18%	17%
Divorced	8%	8%	9%	11%	13%	10%
Separated	1%	2%	1%	2%	2%	2%
Single	23%	22%	21%	19%	18%	21%
Widowed	12%	14%	16%	17%	23%	16%
Unknown	43%	38%	33%	36%	27%	35%

⁹ In response to federal requirements, the race categories were changed October 1, 2021, and system users could select more than one race for a client. 176 cases had more than 1 race category selected.

¹⁰ RTA=Refuse to Answer

Table 12 compares self-neglect, neglect, and financial exploitation by region in one chart and physical abuse, mental abuse, other exploitation, and sexual abuse by region in the second chart. Across all five regions self-neglect is the most prevalent type of maltreatment.

Table 12-Substantiated Maltreatment by Type and Region



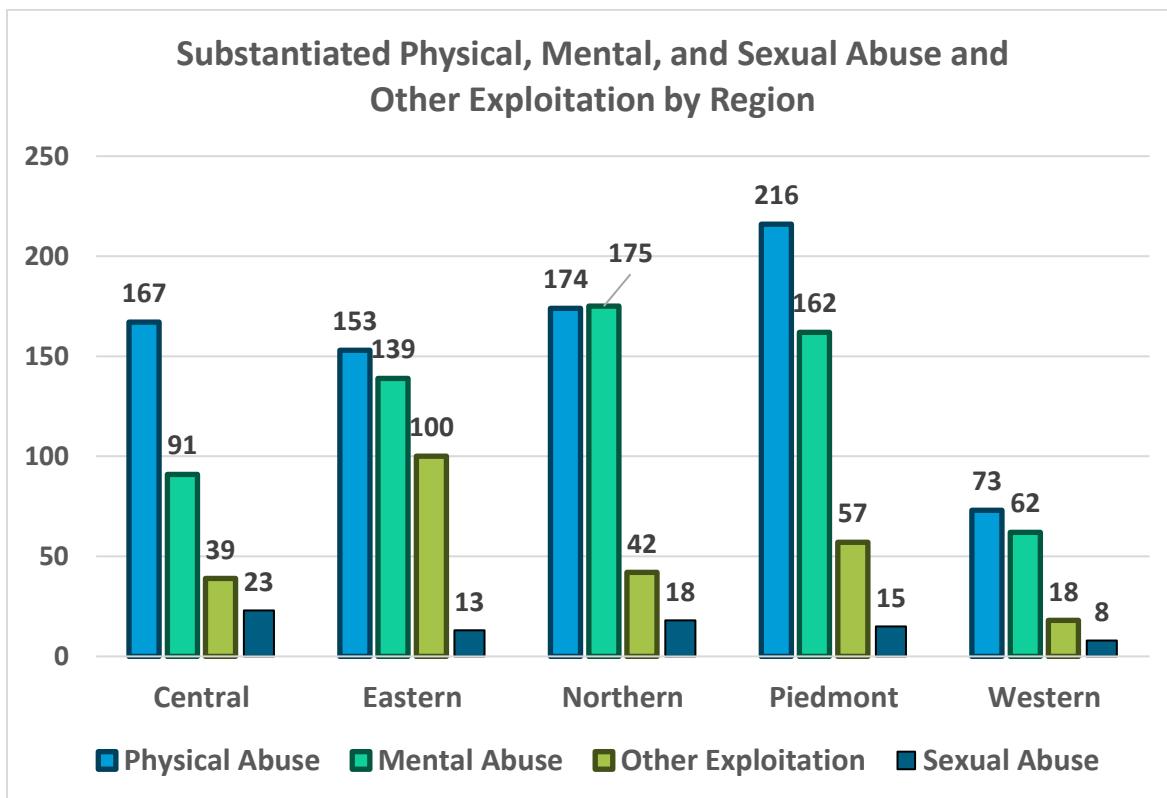


Table 13 reflects the impact of financial exploitation on victims by region. Based on APS workers' estimates during SFY 2025 exploited adults lost **\$141,236,743** and approximately **10%** of these assets and resources or **\$13,622,557** was recovered. **Forty-five percent** of the total financial loss impacted adults in the Northern Region.

Table 13-Financial Exploitation-Regional Impact

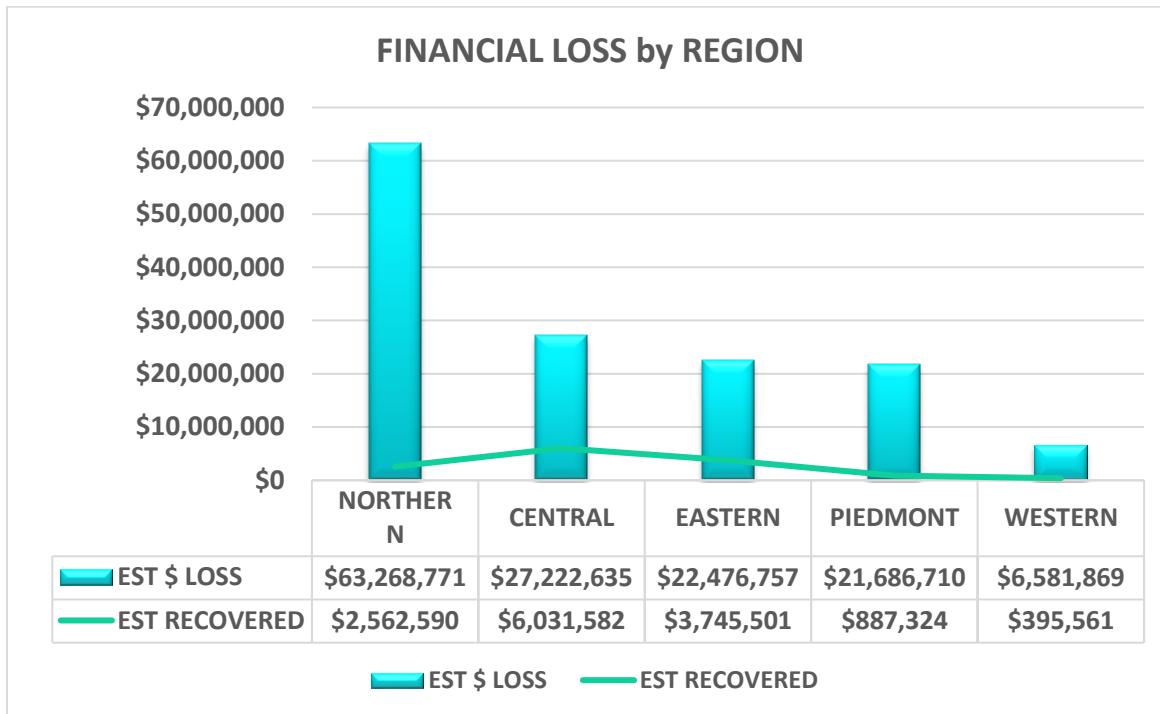


Table 14 shows the most frequent methods used to financially exploit older and other vulnerable adults. Scams, including romance, money transfer, and grandparent as well as lottery solicitation and other phishing emails were the most common types identified by APS workers.

Table 14-Method Used to Financially Exploit

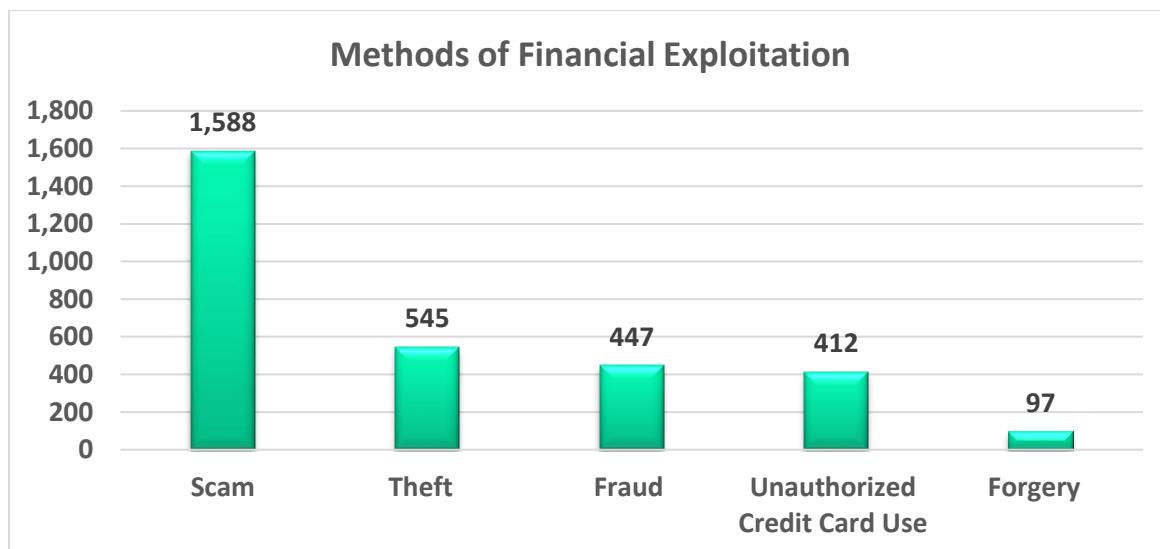
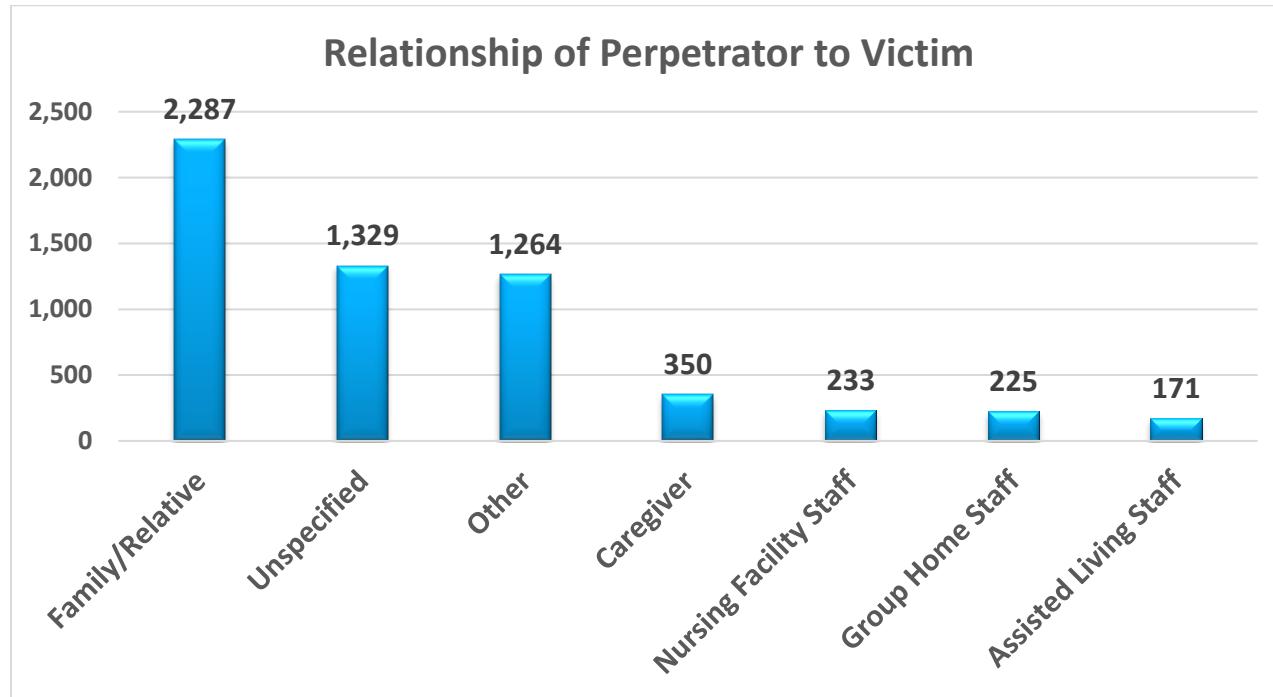


Table 15 lists some of the types of perpetrators of adult maltreatment. Most perpetrators are relatives of victims. The worker would choose the value “other” if none of the available descriptions of the relationship between the perpetrator and the adult applies. The worker would select “unspecified” when the perpetrator is unidentifiable or unknown, for example, when the adult has been exploited through a telephone or computer scam.

Table 15-Perpetrators in Substantiated APS Cases



Taking an action against the perpetrator is another tool to help APS workers protect the adult. **Table 16** lists some perpetrator related legal actions tracked in Virginia.

Table 16-Types of Perpetrator Legal Actions

Other legal remedy	356
Referral to law enforcement for criminal financial exploitation	260
Referral to law enforcement for criminal abuse/neglect	206
Protective order (restraining order)	134
Eviction of perpetrator from victim's residence	92
Court ordered restitution made by perpetrator	50
Court order to remove perpetrator as guardian	24
Court order to remove perpetrator as conservator	18
Court order to prevent interference by another person	16
Court order to gain access to victim to provide protective services	14
Court order allowing entry and access to provide protective services to victim	3

An APS worker may also take steps to secure necessary services or identify a surrogate decision maker for the adult. In SFY 2025, APS workers and their LDSS attorneys filed:

- **225** petitions for guardianship
- **115** petitions for conservatorship
- **85** emergency orders for protective services
- **80** involuntary commitments to state or private hospitals
- **7** orders for medical treatment

Protective services provided at the conclusion of an investigation help stop abuse and prevent further maltreatment. The adult, or the adult's representative may accept one or more of the services offered by the worker, or in some instances services may be court ordered. The APS worker develops a service plan with the adults and others who may be involved in the adult's care.

Table 17 lists several of the services provided to APS clients in SFY 2025. The most common service provided was LDSS monitoring, which is in-person or telephonic contact between the APS worker and the client, or a designated party involved in the client's care. Multiple services may be provided in each case, and figures also include services provided in ongoing cases from SFY 2024.

Table 17-APS Post-Investigation Services

APS Post Investigations Services	Number of Cases with Service
Monitoring - LDSS	1,958
Advocacy	1,250
Other	1,222
Case Management Services	849
CCC Plus	840
Medical Services	809
Emergency Assistance	794
Screening (Medicaid)	738
Nursing Facility (NF) Placement	682
Housing Services	649
Legal Assistance	561
Financial Management/Counseling	542
Food Assistance	492
Assisted Living Facility (ALF) Placement	471
Home Health	435
Home Maintenance	400
Substitute Decision-Maker	366
Mental Health Services	361
Caregiver Support	339
Transportation	328

Table 18 illustrates the number of APS reports received in each locality. Localities are organized according to region as well as agency level or size (in parentheses). Agency levels are as follows:

- Level I--A small office typically has less than twenty-one (21) approved permanent full-time equivalent (FTE) positions;
- Level II--A moderate office typically has twenty-one (21) to eighty (80) approved permanent FTE positions;
- Level III--A large office typically has more than eighty (81+) approved permanent FTE positions.

Table 18-APS Reports by Locality

CENTRAL REGION		EASTERN REGION		NORTHERN REGION	
Locality	# of Reports	Locality	# of Reports	Locality	# of Reports
Amelia (I)	96	Accomack (II)	245	Alexandria (III)	461
Buckingham (II)	59	Brunswick (II)	150	Arlington (III)	757
Caroline (II)	178	Chesapeake (III)	1,418	Clarke (I)	135
Charles City (I)	32	Dinwiddie (II)	89	Culpeper (II)	362
Chesterfield/ Colonial Heights (III)	2,442	Franklin City (II)	48	Fairfax/Fairfax City/Falls Church (III)	3,177
Cumberland (I)	61	Gloucester (II)	233	Fauquier (II)	502
Essex (I)	96	Greensville/Emporia (II)	84	Frederick (II)	620
Fluvanna (II)	178	Hampton (III)	766	Fredericksburg (II)	234
Goochland (I)	113	Isle of Wight (II)	175	Greene (I)	149
Hanover (II)	545	James City County (II)	645	Harrisonburg/ Rockingham (III)	768
Henrico (III)	2,508	Mathews (I)	72	King George (I)	68
Hopewell (II)	361	Newport News (III)	1,156	Loudoun (III)	1,054
King & Queen (I)	55	Norfolk (III)	1,332	Louisa (II)	274
King William (I)	91	Northampton (II)	93	Madison (I)	113
Lancaster (I)	50	Portsmouth (III)	401	Manassas City (II)	156
Lunenburg (I)	31	Prince George (II)	167	Manassas Park (I)	38
Middlesex (I)	89	Southampton (II)	64	Orange (II)	265
New Kent (I)	112	Suffolk (III)	502	Page (II)	86
Northumberland (I)	105	Surry (II)	31	Prince William (III)	1,585
Nottoway (I)	131	Sussex (II)	136	Rappahannock (I)	53
Petersburg (III)	356	Virginia Beach (III)	2,874	Shenandoah (II)	463
Powhatan (II)	68	Williamsburg (II)	113	Spotsylvania (III)	873
Prince Edward (II)	144	York/Poquoson (II)	443	Stafford (II)	572
Richmond City (III)	1,285			Warren (II)	431
Richmond County (I)	46			Winchester (II)	243
Westmoreland (II)	144				
TOTAL:	9,376	TOTAL:	11,237	TOTAL:	13,439

PIEDMONT REGION		WESTERN REGION	
Locality	# of Reports	Locality	# of Reports
Albemarle (III)	567	Bland (I)	36
Alleghany/Covington/Clifton Forge (II)	362	Bristol (II)	202
Amherst (II)	236	Buchanan (II)	71
Appomattox (I)	56	Carroll (II)	165
Bath (I)	62	Dickenson (II)	48
Bedford (III)	1,050	Floyd (I)	125
Botetourt (I)	243	Galax (I)	146
Campbell (II)	403	Giles (II)	99
Charlotte (II)	69	Grayson (II)	123
Charlottesville (III)	295	Lee (II)	156
Craig (I)	49	Montgomery (II)	430
Danville (III)	108	Norton (I)	24
Franklin County (II)	472	Patrick (II)	216
Halifax/South Boston (II)	81	Pulaski (II)	287
Henry/Martinsville (III)	561	Radford (I)	88
Highland (I)	32	Russell (II)	224
Lynchburg (III)	989	Scott (II)	207
Mecklenburg (II)	163	Smyth (II)	290
Nelson (I)	113	Tazewell (II)	387
Pittsylvania (II)	305	Washington (II)	278
Roanoke City (III)	1,652	Wise (III)	243
Roanoke County/Salem (III)	1,395	Wythe (II)	199
Rockbridge/Buena Vista/Lexington (II)	377		
Staunton/Augusta/Waynesboro (III)	1,874		
TOTAL	11,514	TOTAL	4,044

Table 19-APS Hotline Reports

The Virginia Department of Social Services (VDSS) operates the 24-hour, 7 days a week, APS hotline in conjunction with the Child Protective Services (CPS) hotline. **Table 19** illustrates the volume of reports to the APS hotline and APS online portal which launched November 1, 2024, four months into SFY 2025. The APS Online Portal received **4,388** reports in the first eight months of operation gradually increasing over each month.

During SFY 2025 there were **12,570** reports to the APS Hotline, a **7%** decrease from SFY 2024. **Twenty-five percent** of SFY 2025 APS reports were made through the APS hotline.

