

## REVIEW ARTICLE

# Review shows that Icelandic society is taking firmer steps to tackle the diverse forms of child abuse and neglect that its children are exposed to

Geir Gunnlaugsson (geirgunnlaugsson@hi.is) , Jónína Einarsdóttir 

Faculty of Social and Human Sciences, School of Social Sciences, University of Iceland, Reykjavík, Iceland

**Keywords**

Child abuse, Prevalence, Preventative policies, Sexual abuse, Violence

**Correspondence**

Geir Gunnlaugsson, Faculty of Social and Human Sciences, School of Social Sciences, Gimli v/ Saemundargötu 2, University of Iceland, IS-101 Reykjavík, Iceland.  
Tel: +354-525 4369 |  
Fax: +354-525 6806 |  
Email: geirgunnlaugsson@hi.is

**Received**

10 August 2017; revised 12 February 2018;  
accepted 28 March 2018.

DOI:10.1111/apa.14355

**ABSTRACT**

**Aim:** This review examined and summarised the research published on child abuse in Iceland, which was mainly in the country's native language, to make the findings more accessible to English speakers. It specifically focused on child rearing and the physical, emotional and sexual abuse, neglect and intrafamilial conflicts suffered by children at the hands of their parents and other carers.

**Method:** The review drew on published research, books and reports and compared the findings with Nordic research and global estimates of child abuse.

**Results:** Qualitative and quantitative research revealed that the prevalence of different forms of child abuse, child neglect and intra-familial conflicts in Iceland was similar to, or higher than, global and Nordic estimates. Younger respondents reported less physical abuse than older respondents, but higher levels of emotional abuse. Legislation, greater awareness, public debates and research on child abuse in Iceland have contributed to the growing recognition of the negative consequences of child abuse and strengthened support for prevention strategies.

**Conclusion:** Icelandic children have reportedly experienced diverse forms of child abuse and neglect from their parents and other carers. Diverse initiatives have been put in place that underline the urgent need to tackle such behaviour.

**INTRODUCTION**

A harsh child-rearing policy called the *Decree of domestic discipline* came into force in Iceland in 1746 (1), and parents were legally obliged to punish their children severely if they were not obedient and hard working. Secular and religious authorities monitored the implementation, but they were also responsible for preventing excessive punishment. In 1932, Iceland's Parliament passed the first child protection law, effectively annulling the 1746 Act (1), but it was Kempe's publication on battered child syndrome in 1962 that stimulated the debate about the occurrence of child abuse in Iceland (1). Because there were so few documented cases of child abuse, some argued that the risk of such abuse was low, due to a supposedly higher degree of social cohesion in Iceland than in other countries, including stronger family and friendship (2). Others argued that child abuse was a hidden reality and was as common in Iceland as elsewhere (1). Towards the end of the 20th century, Icelandic professionals increasingly condemned spanking as a disciplinary method and categorised it as abuse (1). Even the female troll Grýla, who had been symbolically used to support parental threats towards their children for centuries, lost her former power (1,3). Grýla, who is still well-known to Icelanders of all ages, and her less scary husband Leppalúði, were cannibals who ate nasty children, but had no appetite for children who behaved well (Fig. 1).

According to the Convention on the Rights of the Child, children have the right to live free from violence and abuse, including violent disciplinary methods (4). Despite the almost global adoption of the Convention, only 53 countries have adopted legislation that protects children from corporal punishment, including Iceland, which introduced legislation in 2003 and revised it in 2009 to provide greater clarity (5). Iceland signed the Convention on the Rights of the Child in 1992 and adopted it into national legislation in 2013. Both the Child Protection Law (number 80/2002) and the Children's Law (number 76/2003) include paragraphs that align with Iceland's international obligations on the rights of children. The 2009 revisions explicitly prohibit physical and emotional abuse, threats and other defaming

**Key notes**

- This review examined material on child abuse in Iceland, which was mainly published in Icelandic, to make the findings more accessible to English speakers.
- The review drew on published research, books and reports and compared the findings with Nordic research and global estimates of child abuse.
- Icelandic children have reportedly experienced diverse forms of child abuse and neglect, but diverse initiatives have been put in place to tackle such behaviour.



**Figure 1** Collage of diverse child upbringing practices in Iceland including the female troll Grýla collecting badly behaving children in her sac. Front cover from (1), with drawings by Halldór Pétursson (1916–1977).

behaviour against children (6). The Child Protection Law outlines children's right with regard to the state and how to react when parents fail (7). It includes provisions about the duty of professionals and the public to report child abuse, which are contrary to the country's constitutional provisions of privacy and idealised notions of loving and protective families.

At the end of the 20th century, there was a lack of information on the prevalence of different forms of child abuse in Iceland. One study based on data collected in the Reykjavík area in 1987 found that about 10% of 113 randomly selected cohabiting couples aged 25–44 years, with two children under the age of 16, considered that physically punishing children was acceptable and 45% of

them admitted they sometimes or seldom spanked their children (8). Adults who talked about their experiences of abuse in the 20th century provided further evidence that physical punishment was regarded as a normal and appropriate measure during their childhood (9). There were accounts of spanking, other physical punishments, emotional abuse, neglect and intra-familial conflicts and violence. They often drew parallels with the Icelandic film, *Devil's Island*, which described post-war urban life in Reykjavík, where people lived in overcrowded former British military barracks that were plagued by poverty, heavy drinking and violence. In 2007, special investigative committees were appointed to examine public allegations of severe child abuse in state institutions in the 20th century,

which were used by child protection authorities for long-term placements. The investigations were expanded to include the School for Deaf People and the Catholic school in Reykjavík. The findings confirmed diverse types of abuse in homes and schools for disadvantaged children and adolescents (10–13), children with mental disabilities (14) and Catholic primary school children (15).

This research made it clear that diverse forms of child abuse and neglect were prevalent in 20th century Iceland. The aim of this review was to provide an overview of child abuse in Iceland, with a focus on the physical, emotional and sexual abuse, neglect and intra-familial conflicts that children suffer at the hands of their parents and other caretakers. It was based on published research and reports in Iceland, which were largely published in Icelandic, and relevant international literature with an emphasis on the Nordic countries.

### STUDY SELECTION

The distinction between acceptable punishment and physical or emotional abuse is shaped by social norms in time and space (16). In order to acknowledge these variations, the terms we use in this review attempt to reflect the context at the time that the source material was written. Nonetheless, our current understanding of healthy child-rearing practices recognises that many formerly accepted disciplinary measures for children were, in fact, abuse. When we were selecting which Icelandic studies to report, we gave preference to peer-reviewed articles and edited books and publications that reported proper methodology by recognised authors and authorities on the subject matter in Iceland. All the Icelandic studies we report on in this study were approved and passed ethical reviews, in keeping with national requirements.

### ADULTS' RECOLLECTIONS OF CHILD ABUSE

A national survey in late 2010 sought to estimate the prevalence and experiences of physical and emotional abuse and neglect in the general Icelandic population. After the study was registered with the Data Protection Authority, 1500 adults were randomly selected from Registers Iceland, the country's official civil registry, and 977 (65%) agreed to take part. They were asked to respond to a pilot-tested questionnaire during telephone interviews conducted by experienced interviewers from the Social Science Research Institute, University of Iceland. The average age of the respondents was 46.3 years (median: 46, range: 18–94). There were no differences between those who did or did not take part, with regard to their gender, age or residency. The interviewees were questioned about their childhood experiences of five different forms of physical abuse, eight different forms of emotional abuse and neglect (Table 1). The study findings were reported in two peer-reviewed publications in Icelandic, with abstracts in English, which reported how adults were physically and emotionally abused and neglected as children and how they evaluated

their upbringing (17,18). The findings are summarised below.

### Physical abuse

Of 965 respondents who provided information on physical abuse, just under half (48%) had experienced at least one predefined form as children (Table 1): 29% had experienced one form, 17% had experienced two to three forms and 2% had experienced four to five forms (17). Other experiences that were reported included being forced to take a cold shower, being hit with hard objects, having their mouth washed with soap and being submerged in water. Respondents who were 30 years and older were 1.9 times more likely to have experienced one or more forms of physical abuse, with a 95% confidence interval (95% CI) of 1.4–2.6, compared to those who were younger. Males were 1.6 times more likely (95% CI: 1.2–2.0) to report such experiences than females. More than one-third (36%) of the respondents born after 1980, and younger than 30 years at the time of the research, reported at least one childhood experience of physical abuse. Fathers were as likely as mothers to physically punish their children, but fathers were significantly more likely to punish their sons and mothers their daughters.

Of 465 respondents, 419 (90%) stated whether they thought they had deserved the physical punishment they received: 32% felt that all the punishments were deserved, 38% thought the punishments were deserved at times and 30% thought the punishment were never deserved. There were no significant differences in these opinions by gender (17). Those who felt they never deserved to be physically punished were ~6.5 times more likely to have been punished often or very often (95% CI: 1.8–22.9) compared to those who said they had always deserved their punishment.

### Emotional abuse

Of 966 respondents who provided information on emotional abuse, 663 (69%) reported having experienced at least one of the eight predefined forms (Table 1): 247 (37%) reported one episode, 304 (46%) reported two to three episodes and 112 (17%) reported four or more episodes (18). Respondents under the age of 30 were 2.9 times more likely (95% CI: 1.9–4.3) to have experienced emotional abuse than older respondents, and males were 1.5 times more likely to report emotional abuse than to females (95% CI: 1.2–2.0). Fathers and mothers were equally likely to have perpetrated emotional abuse (OR = 1.4, 95% CI: 0.9–2.4).

### Neglect

Of 977 respondents (Table 1), 105 (11%) said that they had experienced childhood neglect (Table 1), six said they did not know and 15 did not give an answer (18). Women were 1.52 times more likely to report neglect than males (95% CI: 1.0–2.3). Those who said they had been neglected were significantly more likely to report experience of the five forms of physical abuse and six forms of emotional abuse,

**Table 1** Prevalence of childhood experience of physical and emotional abuse and form, and neglect, by sex

Type of abuse and forms	N	Female n (%)	Male n (%)	Total N (%)	Odds ratio for females compared to males (95% CI)
Physical abuse					
Spanking	959	124 (25.1)	156 (33.6)	280 (29.2)	0.66 (0.50–0.87)
Shaking	952	61 (12.4)	79 (17.1)	140 (14.7)	0.69 (0.48–0.98)
Slapping on the cheek	962	76 (15.2)	64 (13.8)	140 (14.6)	1.12 (0.68–1.61)
Slapping on the fingers	949	52 (10.6)	67 (14.6)	119 (12.5)	0.70 (0.47–1.03)
Ear pulling and twisting	961	11 (2.4)	15 (3.2)	26 (2.7)	0.68 (0.31–1.49)
Other	960	14 (2.8)	13 (2.8)	27 (2.8)	1.00 (0.46–2.15)
Any experience	965	212 (42.4)	248 (53.3)	460 (47.7)	0.64 (0.50–0.83)
Emotional abuse					
Scare	960	155 (31.1)	153 (33.1)	308 (32.1)	0.92 (0.70–1.20)
Take privilege away	955	126 (25.5)	153 (33.2)	279 (29.2)	0.69 (0.52–0.91)
Time out	959	108 (21.7)	165 (35.8)	273 (28.5)	0.50 (0.37–0.66)
Threaten	956	68 (13.8)	95 (20.6)	163 (17.1)	0.62 (0.44–0.87)
Belittle	961	79 (15.9)	64 (13.8)	143 (14.9)	1.18 (0.82–1.68)
Expose	870	63 (13.8)	69 (16.7)	132 (15.2)	0.80 (0.55–1.16)
Discrimination	960	72 (14.5)	39 (8.4)	111 (11.6)	1.84 (1.22–2.78)
Reject	960	62 (12.5)	30 (6.5)	92 (9.6)	2.05 (1.30–3.23)
Any experience	966	321 (64.2)	342 (73.4)	663 (68.6)	0.65 (0.49–0.86)
Physical and/or emotional abuse	965	370 (74.0)	385 (82.8)	755 (78.2)	0.59 (0.43–0.81)
Neglect	956	64 (13.0)	41 (8.9)	105 (11.0)	1.52 (1.01–2.31)

Results are based on a survey in a random sample of adults (18 years and older) from Registers Iceland (2010). Adapted from (17,18).

compared to those who did not feel they had been neglected (Fig. 2). The neglect occurred in various contexts, for example, being raised by parents who were severely sick, alcoholics, absent or divorced or showed little attention to their children's daily care.

### Abuse and upbringing

Respondents were asked to evaluate the quality of their upbringing (18). Those who said their upbringing was good (84%) were 3.2 times more likely (95% CI: 2.2–3.6) not to have experienced physical abuse than those who reported that their upbringing was acceptable (14%) or bad (2%) (17). There was no significant difference between those who had experienced one incident of physical abuse and those with none. Respondents were more likely to consider their child-rearing acceptable or bad ( $p < 0.0001$ ) rather than good as the number of forms of physical abuse they experienced increased. Experiencing emotional abuse gave similar results (18). When the results were corrected for age, sex and experience of physical abuse, those who suffered emotional abuse were 3.8 times more likely (95% CI: 2.2–6.4) to say their upbringing was acceptable or bad compared to those with no experience of such abuse.

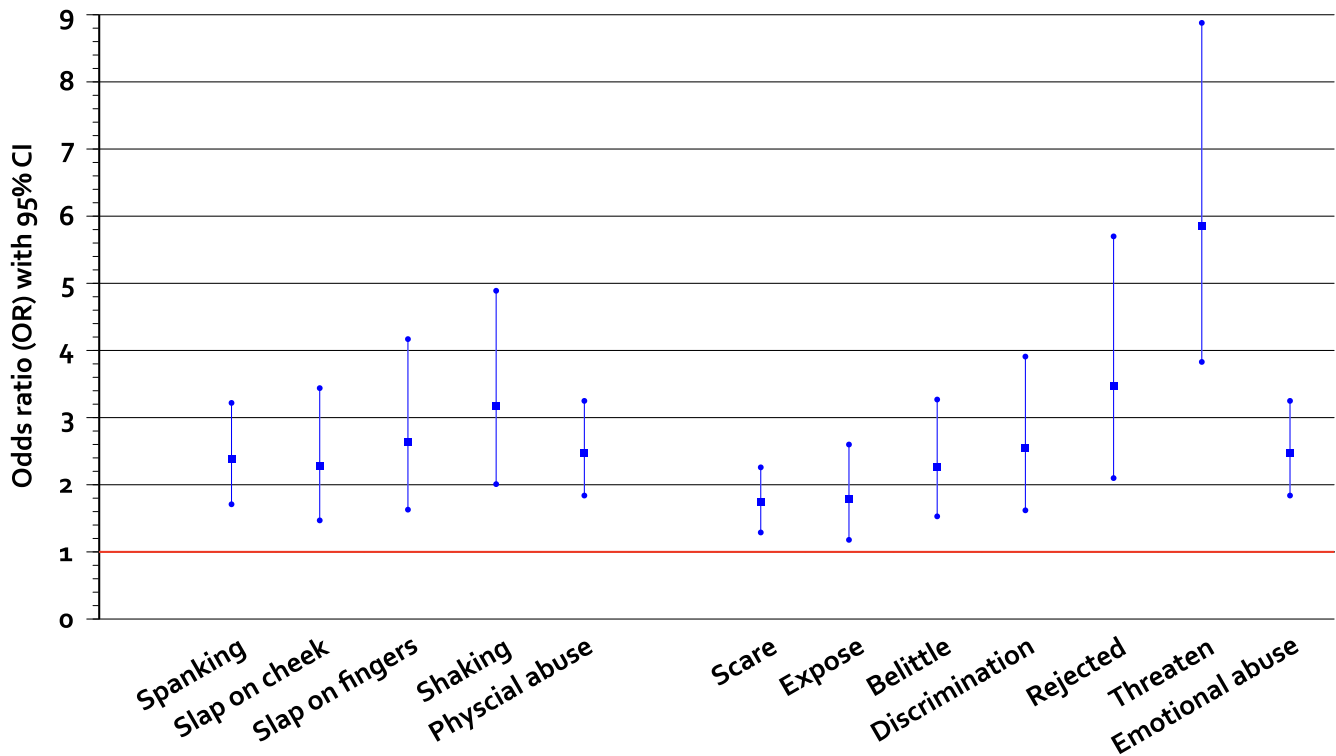
### SEXUAL ABUSE

In 2004, a survey was conducted in all upper secondary schools in Iceland to investigate the lifetime experience of sexual abuse among 16- to 19-year-old adolescents. Taking absences on the day of the survey into account, the 9,113 students (51% females) who took part represented 67% of all registered students of that age at the time of the study

(19). The study was conducted by the Icelandic Centre for Social Research and Analysis in collaboration with the Government Agency for Child Protection and the results were reported to the Data Protection Authority. Participants were informed that their answers were confidential, that they were not obliged to answer all the questions and that it would not be possible to trace any answers to individuals. The average age of the participants was 17.2 ( $\pm 1.1$ ) years, and they were representative of Icelandic adolescents of this age at the time of the survey.

The researchers found that approximately one-third of the girls and one-fifth of the boys reported having experienced sexual abuse before the age of 18 years (Table 2). They were not asked to define who the perpetrator of that abuse was, so it could have included adults or other children or adolescents. Sexual abuse was associated with significantly more symptoms of depression, anger and anxiety, compared to those who had not been abused, and there was an increasing gradient of impact associated with the severity of the sexual abuse. High self-esteem, fostered through positive school experiences, parental support and participation in sports were found to counteract the negative impact of the sexual abuse on depressed mood and anger (20).

In 2014, the Health Behaviour of School-Aged Children study in Iceland found that 15% of adolescents aged 14–15 years reported having experienced sexual abuse when they were asked questions similar to those in Table 2, based on the 2004 survey of 16–19 year olds (19), except for their experience of exposure (21). About 5% reported that sexual abuse had occurred once and about 10% reported that it had happened on more than one occasion. Sexual abuse



**Figure 2** Odds ratios (95% CI) for felt neglect in childhood and experience of four forms of physical and six forms of emotional abuse. The results are based on a survey of a random sample of adults (18 years and older) from Registers Iceland (2010). Adapted from (18).

**Table 2** Lifetime experience (%) of sexual abuse as reported by 16- to 19-year-old adolescents attending upper secondary school in Iceland in 2004, by sex and age

Type of sexual abuse and forms	N	Girls n (%)	Boys n (%)	Total n (%)	Odds ratio (95% CI) for girls compared to boys
a) Someone exposed his/her body against his/her will					
12 years and younger	8350	45 (1.0)	15 (0.4)	60 (0.7)	2.99 (1.66–5.37)
13–17 years	8329	75 (1.7)	47 (1.2)	122 (1.5)	1.42 (0.99–2.06)
b) Someone touched one’s body against his/her will					
12 years and younger	8714	59 (1.4)	9 (0.2)	68 (0.8)	7.09 (3.51–14.31)
13–17 years	8106	502 (11.6)	102 (2.7)	604 (7.5)	5.44 (4.37–6.76)
c) Someone touched the genital area against his/her will					
12 years and younger	7937	158 (3.7)	44 (1.2)	202 (2.5)	2.85 (2.03–3.99)
13–17 years	8099	360 (8.4)	347 (9.1)	707 (8.7)	0.92 (0.78–1.07)
d) Intercourse against his/her will					
12 years and younger	8043	82 (1.9)	41 (1.1)	123 (1.5)	1.74 (1.19–2.54)
13–17 years	8037	258 (6.0)	71 (1.9)	329 (4.1)	3.30 (2.52–4.30)
e) Any experience	8109	1539 (35.7)	676 (17.8)	2215 (27.3)	2.56 (2.31–2.84)

Adapted from (19). In the table, each adolescent is counted only once. Those who reported experience of more than one form of sexual abuse while 12 years and younger, the most severe experience is included. For those 13–17 years of age who reported more than one form of sexual abuse, the most severe abuse is included.

was more prevalent among girls than boys, and those who had experienced sexual abuse were more likely to report daily smoking, getting drunk, being bullied and not feeling well at school. Another study found that Icelandic adults who had suffered sexual abuse when they were four years to 12 years of age described unbearable suffering, resulting in poor health as a child and adult and a lack of well-being. Women were more likely to report internalising pain

symptoms, and men were more likely to externalise their pain (22).

**VIOLENCE IN THE FAMILY**

Data from the 2003 international European School Survey Project on Alcohol and Other Drugs were analysed to estimate the prevalence of the lifetime experience of

intra-familial conflicts among children aged 14 and 15 and the impact this had on their health and well-being (23). The survey, which was conducted in all lower secondary schools in Iceland, focused on adolescents in the 1987 and 1988 birth cohorts, and the 7099 participants (81% response rate) were representative of Icelandic adolescents at the time. The survey was divided into two parts, and the second part was answered by 3515 (49.5%) of survey participants and included four specific questions on intra-familial violence. The results indicated that girls were more frequently involved in intra-familial conflicts than boys (Table 3). About 6% of the Icelandic adolescents reported a lifetime experience of direct involvement in parental violence in their homes, with similar rates for boys and girls. Victims reported significantly more symptoms of depression, anxiety, lower self-esteem and in particular anger than those who did not report such experiences. Furthermore, there was evidence of an impact gradient that was correlated with the severity of the experience. Those who had witnessed physical violence at home were more than 45 times more likely (95% CI: 32.61–64.16) to have been personally involved in the violence than those who did not report such experiences. A study of a similar dataset collected in 2012 showed that Icelandic adolescents with experience of intra-familial conflicts were more likely to report daily smoking, lifetime drunkenness and use of cannabis and feel unwell in school, often or most often. The researchers also reported that the impact gradient was correlated with the severity of the experience (24).

In 1996, a random sample of 3000 adults was drawn from Registers Iceland and 74% responded. Of those, 13.8% of women and 3.9% of men reported that a present or former partner was violent towards them (25). In 2006, a random sample of 7613 women aged 18–67 years was drawn from Registers Iceland and one in 10 of the 2746 (36.1%) who took part in the survey reported that they had experienced violence during a relationship with a partner (26). In another study in 2006, 107 of 110 women who attended a maternity clinic, mostly for high-risk pregnancies, participated in a study on their experiences of physical violence: 42 (39%) reported a life-time experience of physical violence and 18 (19%) reported violence by their former partner or in their current relationship. Five of the 107 (5%) women reported physical violence during their on-going pregnancy, where the perpetrators included their partner, father or a friend (27). In a third study, conducted in 2006,

101 of 103 randomly selected women aged 18–67 years who attended the Emergency Department at the University Hospital in Reykjavík took part in a study on their experience of physical violence: 18 (18%) of the women had experienced physical violence in the last 12 months and 20 (20%) had been subjected to sexual abuse by their partner or a close relative at some point in their life, some of them repeatedly (28). The majority of the women who took part in these three studies had one or more children. Furthermore, Icelandic women who had experienced domestic violence considered that, at the age of 18–24 months, their children had worse general health and more nutritional problems than women with no experience of domestic violence (29).

The plight of Icelandic children who witness intimate partner violence has been increasingly highlighted. In a qualitative study on the issue, based on interviews with professionals and other stakeholders including children, the author argued that several steps needed to be taken (30). These included strengthening of the legal framework, improving support to children who were involved, elaborating guidelines for notifications to child protection committees and providing better services to those in need across different service providers.

#### CHILDREN'S KNOWLEDGE OF DOMESTIC VIOLENCE

In 2006, a survey was conducted to investigate young children's general knowledge and understanding of the concept of *domestic violence* (31). A stratified cluster sample was used that included 13 primary and lower secondary schools in the capital of Reykjavík and in towns and rural areas throughout the country. With the written consent of their parents, 1125 children took part in the survey, which was a 68% response rate. They were divided into two age groups, one with an average age of 10.5 years and the other with an average age of 13.8 years and 70% of the younger children and 94% of the older children recognised the concept. There were no gender differences in the knowledge of this concept. About a quarter of the children reported that they knew someone who had been a victim of domestic violence.

To complement the survey data, qualitative interviews were conducted with participants who had personal experience of domestic violence. They were selected by purposive sampling and included 14 individuals who were nine

**Table 3** Lifetime experience of four different forms of intrafamilial conflict as reported by 14–15 years old Icelandic adolescents in primary schools in 2003, by sex

Forms	N	Girls n (%)	Boys n (%)	Total N (%)	Odds ratio for girls compared to boys (95% CI)
Been involved in severe verbal parental argument	3431	673 (38.8)	541 (29.7)	1214 (34.1)	1.50 (1.30–1.72)
Witnessed severe verbal parental argument	3438	418 (24.1)	361 (19.8)	779 (21.9)	1.28 (1.09–1.51)
Witnessed adult physical violence in the home	3436	159 (8.6)	107 (5.9)	266 (7.5)	1.62 (1.25–2.08)
Been involved in physical violence with an adult in the home	3444	106 (6.1)	109 (6.0)	215 (6.1)	1.02 (0.78–1.35)

Adapted from (23).

years to 19 years old at the time of the interview and six mothers who were 35–45 years old (32). In all cases, the children who had observed conflict between their mother and her husband or partner reported that fear, anger and distress were their dominant feelings. The children expressed disappointment with the reactions of adults, family members and professionals who knew what was going on. While teenagers experiencing domestic violence felt humiliation and shame, the school gave them security and peace from their domestic experiences (33). Despite this, they claimed that the teachers lacked procedures and training on how to address such problems and help children in this situation.

#### HOW CHILD ABUSE IN ICELAND IS HANDLED BY THE AUTHORITIES

Suspected child abuse should be reported to one of the 27 child protection committees in different municipalities across the country or reported to the national 112 emergency telephone number. Notifications have gradually increased every year, from 3310 in 2000 to 9969 in 2017. In 2017, 3828 (38%) of notified cases concerned child neglect and 2761 (28%) children suspected to have suffered from physical, emotional or sexual abuse (34). There have been no indications that the 2008 economic meltdown in Iceland resulted in more reported cases of child maltreatment compared to the period before the crisis (35).

A study that evaluated the 329 physical abuse cases relating to children aged 0–17 that were notified to the authorities in 2006 found that the perpetrator could be identified in 269 (82%) of cases (36). In 189 cases relating to 154 children, the perpetrator was the father, mother or another caretaker. In an attempt to improve the registration of suspected cases of child abuse and the procurees that take place after a report is filed, definitions of the various forms of child abuse have been formulated and revised to help parents, professionals and staff working in child protection services to recognise child abuse (37).

Children's House was established in Reykjavík in 1998 and has inspired similar establishments in neighbouring countries (38). The overall aim is to give suspected victims of child sexual abuse and other violence a secure place to talk about their experiences with the help of a multi-disciplinary team of professionals. This system means that children who are less than 15 years of age do not have to repeat their testimony in court. More than 2000 children have been admitted to the Children's House since its establishment: from January 2001 to June 2012, 1355 children (1169 girls) were admitted for investigative interviews (24). In 2001–2010, 245 clinical examinations were conducted on 237 children (220 girls) suspected to have suffered sexual abuse, with an average age of 8.1 years (range: one year to 17 years), and most of the findings were considered normal (39).

Cases of sexual abuse that come to the attention of the judiciary have often received considerable media attention, but it is also well-known that they are notoriously difficult for the criminal system to handle. With increased

knowledge and understanding of the enduring consequences for the victims, the seriousness of these crimes is gradually being reflected in legislative reforms and case law (40). At the same time, it is important to consider children's special needs in these criminal cases and the multiagency collaboration needed in each case during the judicial process (41).

#### CHILD HOMICIDES

The most severe outcome of child abuse is child homicide. Since the year 2000, four homicides of children have been brought to court in Iceland. These included two males who were found guilty of deaths attributed to shaking baby syndrome. One was a father and his five-month-old son, and the second was child minder who was looking after a nine-month-old boy. Two mothers were also found guilty of killing their children: one suffocated her newborn baby and another who killed her 11-year-old daughter with a knife. During the period 2000–2014, these incidents resulted in a child homicide rate of 0.40 per 100 000 population in children aged 0–14, which was similar to the rate (0.37) in the Nordic countries overall, according to the World Health Organization Mortality Database.

#### DISCUSSION

International research shows that child physical health in Iceland, as measured by the infant mortality rate, is ranked as the best in the world (42), and childhood conditions are one of the best for positive growth and development (43). This review reports the prevalence of child abuse in Iceland, and these reveal that many children have experienced diverse forms of child abuse in their homes, state institutions and schools, as in other countries (44,45). Since the late 1970s, the debate in Iceland has moved from discussions on whether child abuse exists to discussions on how to prevent it and remedy its consequences.

Child-rearing practices change with time and legislation has a role to play. Icelandic parents who formerly were legally obliged to physically punish their children in the mid-18th century are now legally forbidden to do the same or face prosecution (1). This is in contrast to the situation in some countries, where corporal punishment is legal and parents still believe that it is part of child rearing (46). However, people's views on how to bring up and punish children differ between societies and countries and change over time (16,47). At the same time, the harm caused by all types and forms of child abuse is well-documented (44) and calls for preventive actions.

Reported figures on the prevalence of physical abuse vary widely (44). A meta-analysis of 111 studies of child physical abuse with just under 10 million participants provided an overall prevalence of 22.6% in studies that used self-report measures, regardless of gender (48). It concluded that the observed differences rested on the definition of physical abuse, the time period when the prevalence was measured, the number of questions in the survey and the year of

publication, in addition to other sample characteristics. Sweden and Finland were the first two countries that prohibited physical punishment of children in 1979 and 1983, respectively, and parental attitudes have changed over time. In 1965, 53% of Swedish parents supported physical punishment of children, compared to 8% in 2011 (49). In Finland, the trend has been similar, but somewhat slower. In 1981, 44% of Finnish women and 52% of Finnish men felt that physically punishing their children was acceptable, while the comparative figures in 2006 were 23% and 45%, respectively (50). Similar trends have been noted in other Nordic countries that have banned the physical punishment of children, namely Norway in 1987, Denmark in 1997 and Iceland in 2003 (5). In the case of Iceland, the law needed to be revised in 2009 to leave no legal doubt regarding the prohibition.

Although legislation and parental attitudes are important, parental practice is what matters most. In 1995, 35% of Swedish children aged 14–17 reported having experienced physical abuse by an adult during their lifetime, but by 2016 this had fallen to 24%, of which 14% was by their parents (51). A similar declining trend was observed in Denmark: in 2010, 20% of children aged 14–15 reported experience of physical abuse by at least one of their parents in the last 12 months, but this had fallen to 17% by 2015 (52). In 2007, 18% of Norwegian graduating high-school students aged 18–19 reported to have life-time experience of physical violence in their homes (53). In Iceland, recall data gathered in 2010 showed that 48% of adults reported having experienced one or more forms of physical abuse in their childhood (Table 1) and the rate was 36% for those born in 1980–1992 (17). The data were indicative of a decline in physical abuse after 1980, in line with similar recall data from Finland (50), and this decline is likely to have continued. Thus, taking trends, time and different methodologies into account, the prevalence of physical child abuse in Iceland was in line with global estimate, but somewhat higher than those reported in the other Nordic countries.

There are limited data on the global prevalence of emotional abuse (44). A meta-analysis of 29 studies, covering some seven million participants, concluded that emotional abuse was a global problem with a prevalence of 36.3% in studies using self-report measures. The authors also reported that there were no gender differences (54). Data from Sweden and Denmark, based on different sample characteristics, showed lower prevalence figures. In Sweden, 16% of children aged 14–17 reported that they had been subjected to emotional abuse by an adult and in 11% of cases the perpetrator was a parent (51). In 2015, the prevalence of at least two episodes of emotional abuse was similar (8%) for Danish children aged 14–17 (52). Despite a low response rate of 43 245 subjects (27%), a Norwegian survey reported that 11% of adults recalled emotional abuse as children, with higher figures among males and the Sami population (55). In Iceland, 43% of 966 randomly selected adults reported that they had experience of at least two forms of emotional abuse as children (18) (Table 1), which

was close to the global prevalence figures. The odds were significantly higher among younger respondents (18), and this may reflect changed disciplinary practices and perceptions of what accounts as emotional abuse. This area needs further research.

Child sexual abuse is a worldwide problem. One meta-analysis of 217 self-report studies on child sexual violence, with close to 10 million participants in the period 1980–2008, provided a global prevalence rate of 12.7%, with higher rates for girls (18.0%) than boys (7.6%) (56). In 2016, 26% of Swedish children aged 14–17 reported one or more episodes of sexual violence by an adult or a peer of the same age, with higher rates in girls (40%) than boys (10%) (51). The most common experience was unwanted kissing or touching (16%) while 7.3% of girls and 0.9% of boys reported an unwanted experience of at least one of the most severe forms of sexual abuse. A 2007 Norwegian study of graduating high-school students aged 18–19 found that 23% of the girls and 8% of the boys reported unwanted touching, while 12% of the girls and 6% of the boys reported unwanted intercourse (53). In 2015, a Danish study found that 12% of children aged 14–15 reported unwanted experiences of exposure by an adult or a peer of the same age: 12% reported touching and 6% reported intercourse, with the rates for girls being about twice the rates for boys (52). Icelandic data from 2004 indicated that 27.3% of individuals aged 16–19 had experienced any form of sexual violence during their lifetime by an adult or a peer of the same age, namely exposure, touching and intercourse (Table 2) (19). These results were similar to those from Sweden and Denmark, but higher than global estimates. The results from the 2015 Health Behaviour of School-Aged Children study in Iceland gave somewhat lower prevalence figures of 14.6% for any form of sexual violence, but the participants were younger, at 14–15 years, and the questions did not include exposure (21).

Intra-familial conflict is one form of child maltreatment that is closely related to verbal abuse, domestic violence and intimate partner violence. There have been a lack of studies, but the global prevalence is estimated to be 10–25% (44). A 2016 Swedish study of students aged 14–15 years old found that 6% reported experience of physical violence among adults in the family, compared to 12% in 2006 (51). In Norway, 10% of high-school students aged 18–19 had observed physical violence at least once against one of their parents (53). An Icelandic study in 2003 found that 7.5% of students aged 14–15 had witnessed physical violence between adults in their home and 6% had become directly involved (Table 3). Individuals with those experiences reported more symptoms of depression, anger, anxiety and lower self-esteem than those who reported no such experience. The most significant symptom was anger (23). The comparable figures in 2012 were 4.7% of girls and 4.2% of boys (24).

There are several forms of neglect, for example, physical, emotional and educational neglect and inadequate supervision by caretakers. It has been estimated that about one child in 10 is neglected worldwide (44). In a meta-analysis



of 16 studies on physical and emotional neglect with almost 120 000 participants, the prevalence for physical neglect was 16.3% and it was 18.4% for emotional neglect (57). In 2016, 6% of Swedish students aged 14–17 reported experience of physical (1%) or emotional neglect (5%) (51). In Iceland, in a random sample of adults, 11% reported that they had been neglected in childhood (Table 1), which was somewhat lower than global figures.

Evidence has been accumulating on the negative impact that diverse types of child abuse have on childhood and later adult health and well-being. The effects are dose dependent and the more varied the experience, the more severe the consequences for a child's long-term health (58). The qualitative and quantitative data from Iceland presented here indicate that many Icelandic children, including unborn babies, experience severe violence with risks for their later health and well-being. This impacts on their physical and mental health and how they evaluate their upbringing and the justification for the abuse they suffered (17,18,20–23).

In Iceland, the severe 2008 economic crisis has not, so far, had a negative impact on most of the commonly used child health indicators (35). In particular, there has not been any increase in notifications to child protection committees that could be related to the crisis. From the outset, the Icelandic Government aimed to protect the welfare and social security system already in place. For example, in 2009, it established a multi-disciplinary body, whose name translates as Welfare Watch to advise it on the potential impact of the economic crisis on the health and well-being of the population, with particular reference to children and families (35,59). From 2012 to 2015, an inter-ministerial platform, whose name translates as Awareness Awakening, raised awareness of child abuse, its consequences and the need for prevention among children, professionals working with children, the judiciary and the general public (60). Based on its work, and that of others (24,30), various preventive actions await elaboration and implementation. The viral Me Too movement, which highlights sexual assaults and harassment, adds a new dimension and urgency to such efforts, in Iceland as elsewhere.

## CONCLUSION

We found that the prevalence of child abuse and neglect in Iceland was similar to, or slightly higher, than for the Nordic countries, and similar to, or lower, than global figures. The diverse preventive actions that have already been put in place in Iceland, and are being discussed, underline the increased general understanding of the problem at hand and the urgent need to act. The Convention on the Rights of the Child states that all children should be protected from violence. They have the right to enjoy a childhood that is free of abuse and fosters their growth, development and the well-being. Icelandic children are no exception, but the steps that are needed to protect them are, ultimately, a question of political will.

## FINANCE

This study did not receive any specific funding.

## CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

## References

1. Einarsdóttir J, Ólafsdóttir ST, Gunnlaugsson G. *Heimilisofbeldi gegn börnum á Íslandi: Höggva-hýða-hirta-hæða-hóta-hafna-hrista-hræða* (Domestic violence against children in Iceland: strike-rebuke-belittle-threaten-reject-shake-scare). Reykjavík: Miðstöð heilsuverndar barna og Umboðsmaður barna, 2004. Available at: [https://barn.is/media/19098/bok-heimilisofbeldi\\_gegn\\_bornum\\_a\\_islandi.pdf](https://barn.is/media/19098/bok-heimilisofbeldi_gegn_bornum_a_islandi.pdf) (accessed on December 27, 2017).
2. Karlsson Á. The battered child syndrome in Iceland. *Nord Psykiatr Tidsskr* 1971; 25: 112–8.
3. Gunnell T. Grýla, grýlur, “grøleks” and skeklers: Medieval disguise traditions in the North Atlantic. *Arv: Nordic Yearbook of Folklore* 2001; 57: 33–54.
4. United Nations Children's Fund. *Hidden in plain sight. A statistical analysis of violence against children* (Internet). New York: UNICEF, 2014. Available at: [http://files.unicef.org/publications/files/Hidden\\_in\\_plain\\_sight\\_statistical\\_analysis\\_EN\\_3\\_Sept\\_2014.pdf](http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf) (accessed on October 26, 2017).
5. Global Initiative to End All Corporal Punishment of Children. States which have prohibited all corporal punishment (Internet). Available at: <http://www.endcorporalpunishment.org/> (accessed on March 15, 2018).
6. Björgvinsson DP. Alþjóðaskuldbindingar um vernd barna gegn kynferðisofbeldi (International obligations to protect children against sexual abuse). In: SÍ Ólafsdóttir, editor. *Hinn launhelgi glæpur. Kynferðisbrot gegn börnum* (The Hidden Crime. Sexual abuse of children). Reykjavík: Háskólaútgáfan, 2011: 23–56.
7. Haugen A. Barnavernd – hvað er það? Störf barnaverndarnefnda og tilkynningarskyldan (Child protection – what is that?). *Uppeldi* 2002; 3: 22–4.
8. Júlíusdóttir S. *Den kapabla familjen i det isländska samhället: en studie om lojalitet, äktenskapsdynamik och psykosocial anpassning* (The capable family in Icelandic society: a study on loyalties, marital dynamics and adaptation) (doctoral dissertation). Gothenburg and Reykjavík: University of Gothenburg, 1993.
9. Gunnlaugsson G, Einarsdóttir J. Að hemja hundrað flær á hörðu skinni... Ofbeldi og refsingar barna (Mastering hundred flies on a hard skin... Violence and punishment of children) (Internet). In: *Rannsóknir í félagsvísindum XI: Félags- og mannvísindadeild*, University of Iceland, 2010, p. 52–9. Available at: <http://skemman.is/en/item/view/1946/6757> (accessed on December 27, 2017).
10. Spanó R, Sigurdsson JF, Bjarnadóttir R, Júlíusdóttir S. *Könnun á starfsemi Breiðavíkurreimilísins 1952–1979. Skýrsla nefndar samkvæmt lögum nr. 26/2007*. (Evaluation on Breiðavík Institutional Home Care 1952–1979. Committee report following Act no. 26/2007) (Internet). Reykjavík: Forsætisráðuneytið, 2008. Available at: [https://www.stjorna.radid.is/media/forsaetisraduneyti-media/media/Skyrslur/Breiðavík\\_skyrsla\\_2.pdf](https://www.stjorna.radid.is/media/forsaetisraduneyti-media/media/Skyrslur/Breiðavík_skyrsla_2.pdf) (accessed on July 18, 2017).
11. Spanó R, Sigurdsson JF, Bjarnadóttir R, Júlíusdóttir S. *Skýrsla nefndar samkvæmt lögum nr. 26/2007. Áfangaskýrsla nr. 1. Könnun á starfsemi Heyrnleysingjaskólans 1947–1992, vistheimilísins Kumbaravogs 1965–1984 og skólaheimilísins Bjargs 1965–1967* (Committee report following Act no. 26/2007. Report no. 1. Investigation on the School of Deaf

- 1947–1992, Kumbaravogur Institutional Home Care 1965–1984 and Bjarg Institutional School 1965–1967) (Internet). Reykjavík: Forsætisráðuneytið, 2009. Available at: <https://www.stjornarradid.is/media/forsaetisraduneyti-media/media/skырslur/2009-09-afangaskyrsla1-konnun-barnaheimila.pdf> (accessed on July 18, 2017).
12. Spanó R, Sigurdsson JF, Bjarnadóttir R, Júlíusdóttir S. *Skýrsla nefndar samkvæmt lögum nr. 26/2007. Áfangaskýrsla nr. 2. Könnun á starfsemi vistheimilisins Silungapolls 1950–1969, vistheimilisins Reykjahlíðar 1956–1972 og heimavistarskólans að Jaðri 1946–1973* (Committee report following Act no. 26/2007. Report no. 2. Evaluation of Silungapollur Institutional Home Care 1950–1969, Reykjahlíð Institutional Home Care 1956–1972 and Jaðar Institutional School 1946–1973) (Internet). Reykjavík: Forsætisráðuneytið, 2010. Available at: <https://www.stjornarradid.is/media/forsaetisraduneyti-media/media/Skырslur/afangaskyrsla2.pdf> (accessed on July 18, 2017).
  13. Spanó R, Sigurdsson JF, Bjarnadóttir R, Júlíusdóttir S. *Skýrsla nefndar samkvæmt lögum nr. 26/2007. Áfangaskýrsla nr. 3. Könnun á starfsemi Upptökuheimilis ríkisins 1945–1971, Unglingaheimilis ríkisins 1971–1994 og meðferðarheimilisins í Smáratúni og á Torfastöðum 1979–1994* (Committee report following Act no. 26/2007. Report no. 3. Evaluation of the State Juvenile Home 1945–1971, State Adolescent Home 1971–1994 and the Treatment Home Smáratún and Torfastaðir 1979–1994) (Internet). Reykjavík: Forsætisráðuneytið, 2011. Available at: <https://www.stjornarradid.is/media/innanrikisraduneyti-media/media/utgefifedfni/afangaskyrsla-vistheimilaneferndar-3.pdf> (accessed on July 18, 2017).
  14. Friðriksdóttir H, Traustadóttir R, Stefánsdóttir GV, Einarsson I, Mariósson GL. *Skýrsla nefndar samkvæmt lögum nr. 26/2007. Könnun á vistun barna á Kópavogshæli 1952–1993* (Committee report following Act no. 26/2007. Evaluation of care of children in Kópavogshæli 1952–1993) (Internet). Reykjavík: Forsætisráðuneytið, 2016. Available at: <https://www.stjornarradid.is/media/innanrikisraduneyti-media/media/frettir-2017/Skырsla-nefndar-vistheimilaneferndar—Kopavogshaeli.pdf> (accessed on July 18, 2017).
  15. Hákonardóttir H, Friðriksdóttir H, Sigurdsson JF. *Rannsóknarnefnd kaþólsku kirkjunnar á Íslandi. Skýrsla um viðbrögð og starfshætti kaþólsku kirkjunnar á Íslandi vegna ásakana um kynferðisbrot eða önnur ofbeldisbrot vígðra þjóna og annarra starfsmanna kirkjunnar* (The Icelandic Catholic church research committee. Report on the reaction and procedures of the Catholic church in Iceland towards accusations of sexual abuse or other violence of its priests and staff) (Internet). Reykjavík: Kaþólska kirkjan, 2012. Available at: <https://rafhladan.is/bitstream/handle/10802/2717/Skырsla.pdf?sequence=1> (accessed on July 23, 2017).
  16. Lilleston PS, Goldmann L, Verma RK, McCleary-Sills J. Understanding social norms and violence in childhood: theoretical underpinnings and strategies for intervention. *Psychol Health Med* 2017; 22(Suppl 1): 122–34.
  17. Gunnlaugsson G, Einarisdóttir J. Reynsla fullorðinna Íslendinga af líkamlegum refsingum og ofbeldi í æsku (Experience of Icelandic adults of corporal punishment and abuse in childhood). *Laeknabladid* 2013; 99: 235–9.
  18. Einarisdóttir J, Gunnlaugsson G. Algengi og margbreytileiki andlegs ofbeldis og reynsla af vanrækslu í æsku á Íslandi (Prevalence and diversity of emotional abuse and neglect in childhood in Iceland). *Laeknabladid* 2015; 101: 145–50.
  19. Ásgeirsdóttir BB. Kynferðislegt ofbeldi gegn börnum sem áhættuþáttur tilfinninga- og hegðunarvandamála. Rannsókn meðal framhaldsskólanema á Íslandi (Sexual abuse of children as a risk factor for emotional and behavioural problems. Research among upper secondary school children in Iceland). In: SÍ Ólafsdóttir, editor. *Hinn launhelgi glæpur. Kynferðisbrot gegn börnum* (The Hidden Crime. Sexual abuse of children). Reykjavík: Háskólaútgáfan, 2011: 269–95.
  20. Ásgeirsdóttir BB, Guðjónsson GH, Sigurðsson JF, Sigfúsdóttir ID. Protective processes for depressed mood and anger among sexually abused adolescents: The importance of self-esteem. *Pers Individ Dif* 2010; 49: 402–7.
  21. Arnarsson ÁM, Gísladóttir KH, Jónsson SH. Algengi kynferðislegrar áreitni og ofbeldis gegn íslensku unglungum (The prevalence of sexual abuse and sexual assault against Icelandic adolescents). *Laeknabladid* 2016; 102: 289–95.
  22. Sigurdardóttir S, Halldorsdóttir S, Bender SS. Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scand J Soc Med* 2014; 42: 278–86.
  23. Gunnlaugsson G, Kristjánsson AL, Einarisdóttir J, Sigfúsdóttir ID. Intrafamilial conflict and emotional well-being: a population based study among Icelandic adolescents. *Child Abuse Negl* 2011; 35: 372–81.
  24. Arnardóttir L. *Réttindi barna á Íslandi: Ofbeldi og forvarnir* (Children's rights in Iceland: abuse and prevention) (Internet). Reykjavík: Unicef, 2013. Available at: [https://unicef.is/sites/unicef.is/files/atoms/files/unicef\\_rettindi\\_barna\\_ofbeldi\\_og\\_forvarnir\\_0.pdf](https://unicef.is/sites/unicef.is/files/atoms/files/unicef_rettindi_barna_ofbeldi_og_forvarnir_0.pdf) (accessed on February 10, 2018).
  25. Gíslason IV. *Ofbeldi í nánum samböndum. Orsakir–Afleiðingar–Úrræði. Starfsfólk heilbrigðiskerfisins* (Intimate partner violence. Causes–Consequences–Remedies. Health system staff). Reykjavík: Félags- og tryggingamálaráðuneytið, 2008. Available at: <https://www.stjornarradid.is/media/velferddarraduneyti-media/media/Ofbeldisbaekur/OfbeldiAdalbokin.pdf> (accessed on December 28, 2017).
  26. Svavarsdóttir EK. Birtingarmynd í nánum samböndum. Áhrif á heilsufar kvenna (Expression in intimate partnerships. Impact on the health of women). In: EK Svavarsdóttir, editor. *Ofbeldi. Margvísleg birtingarmynd* (Violence. Diverse forms of expression). Háskólaútgáfan: Reykjavík, 2010: 15–37.
  27. Jónsdóttir SS. Ekki bara eftirvænting og gleði: líðan barnshafandi kvenna og reynsla þeirra af ofbeldi (Not only expectation and happiness: wellbeing of pregnant women and experience of violence). In: EK Svavarsdóttir, editor. *Ofbeldi. Margbreytileg birtingarmynd* (Violence. Diverse forms of expression). Háskólaútgáfan: Reykjavík, 2010: 83–116.
  28. Kristiansen K. Í erli dagsins: Polendur ofbeldis sem leita til Slys- og bráðadeildar Landspítalans (During everyday chores: victims of abuse who attend the University Hospital's Emergency Room). In: EK Svavarsdóttir, editor. *Ofbeldi. Margvísleg birtingarmynd* (Violence. Diverse forms of expression). Háskólaútgáfan: Reykjavík, 2010: 61–82.
  29. Tomasdóttir MO, Kristjansdóttir H, Bjornsdóttir A, Getz L, Steingrimsdóttir T, Ólafsdóttir OA, et al. History of violence and subjective health of mother and child. *Scand J Prim Health Care* 2016; 34: 394–400.
  30. Thorlacius Ö. *Börn sem eru vitni að heimilisofbeldi. Rannsókn Barnaheilla - Save the Children á Íslandi á félagslegum stuðningi og úrræðum* (Children who witness domestic violence. Save the Children Iceland research on social support and remedies) (Internet). Reykjavík: Barnaheill - Save the Children Iceland, 2011. Available at: <http://www.barnaheill.is/media/PDF/ranastudningi.pdf> (accessed on July 25, 2017).
  31. Kristinsdóttir G, Harðardóttir IH. Mörg íslensk börn hafa vitneskjuna: um þekkingu barna á ofbeldi á heimilum (Children's knowledge and understanding of violence at home). *Icelandic Journal of Nursing* 2008; 84: 46–54.
  32. Kristinsdóttir G, Ólafsdóttir M, Harðardóttir IH. Frásagnir barna og mæðra af ofbeldi á heimili (Children's and mothers' narratives of violence at home). In: G Kristinsdóttir, editor. *Ofbeldi á heimilum. Með augum barna* (Domestic violence. In

- the eyes of children). Háskólaútgáfan: Reykjavík, 2014: 89–167.
33. Andrésdóttir NP. Griðastaður frá ofbeldinu. Líðan unglinga í skóla (Teenagers' wellbeing. School a place of refuge from violence). In: G Kristinsdóttir, editor. *Ofbeldi á heimili. Með augum barna* (Domestic violence. In the eyes of children). Reykjavík: Háskólaútgáfan, 2014: 169–89.
  34. Barnaverndarstofa. *Samanburður á fjölda tilkynninga til barnaverndarnefnda og fjölda umsókna um þjónustu til Barnaverndarstofu á árunum 2015–2017* (Comparison of the number of notifications to child protection committees and number of applications for the service of the Government Agency for Child Protection 2015–2017) (Internet). Reykjavík: Government Agency for Child Protection, 2018. Available at: <http://www.bvs.is/media/samanburdarskyrslur-tolulegar-uppl/Skyrsla-um-samanburd-aranna-2015,-2016-og-2017.pdf> (accessed on March 20, 2018).
  35. Gunnlaugsson G. Child health in Iceland before and after the economic collapse in 2008. *Arch Dis Child* 2016; 101: 489–96, published Online First 15 October 2015.
  36. Bergmann S. *Börnum straffað með hendi og vendi. Barnaverndartilkynningar er varða líkamlegt ofbeldi gagnvart börnum* (Child punishment with whip and stick. Child protection notifications on physical violence against children). Reykjavík: Barnaverndarstofa, 2010.
  37. Freysteinsdóttir FJ. *Skilgreiningar- og flokkunarkerfi í barnavernd. SOF* (Definition and classification system for child protection. SOF), 2nd ed. Reykjavík: Barnaverndarstofa, 2012. Available at: <http://www.bvs.is/files/file468.pdf> (accessed on July 19, 2017).
  38. Johansson S, Stefansen K, Bakketeig E, Kaldal A. Implementing the Nordic Barnahus model: characteristics and local adaptations. In: S Johansson, K Stefansen, E Bakketeig, A Kaldal, editors. *Collaborating against child abuse exploring the Nordic Barnahus model*. Cham, Switzerland: Palgrave Macmillan, 2017: 1–31. Available at: <http://link.springer.com/10.1007/978-3-319-58388-4> (accessed on December 27, 2017).
  39. Örnólfsdóttir ME, Magnúsdóttir EM, Kristinsson JR, Geirsson RT. Læknisfræðilegt mat vegna gruns um kynferðisofbeldi gegn stúlkum (Medical examination for suspected sexual violence against girls). *Laeknabladid* 2017; 103: 325–30.
  40. Ólafsdóttir SÍ. Refsiákvæði sem varða kynferðisbrot gegn börnum (Penal code for sexual crimes against children). In: SÍ Ólafsdóttir, editor. *Hinn launhelgi glæpur. Kynferðisbrot gegn börnum* (The Hidden Crime Sexual abuse of children). Háskólaútgáfan: Reykjavík, 2011: 57–107.
  41. Friðriksdóttir H, Haugen AG. Child friendly justice: international obligations and the challenges of interagency collaboration. In: S Johansson, K Stefansen, E Bakketeig, A Kaldal, editors. *Collaborating against child abuse exploring the Nordic Barnahus model*. Cham, Switzerland: Palgrave Macmillan, 2017: 187–206. Available at: [https://link.springer.com/chapter/10.1007/978-3-319-58388-4\\_9](https://link.springer.com/chapter/10.1007/978-3-319-58388-4_9) (accessed on December 26, 2017).
  42. Liu L, Oza S, Hogan D, Perin J, Rudan I, Lawn JE, et al. Global, regional, and national causes of child mortality in 2000–13, with projections to inform post-2015 priorities: an updated systematic analysis. *Lancet* 2015; 385: 430–40.
  43. Save the Children. *Stolen childhoods. End of childhood report 2017*. London: Save the Children, 2017. Available at: [https://campaigns.savethechildren.net/sites/campaigns.savethechildren.net/files/report/EndofChildhood\\_Report\\_2017\\_ENGLISH.pdf](https://campaigns.savethechildren.net/sites/campaigns.savethechildren.net/files/report/EndofChildhood_Report_2017_ENGLISH.pdf) (accessed on October 28, 2017).
  44. Gilbert R, Widom CS, Browne K, Fergusson D, Webb E, Janson S. Burden and consequences of child maltreatment in high-income countries. *Lancet* 2009; 373: 68–81.
  45. Sköld J. Historical abuse—a contemporary issue: compiling inquiries into abuse and neglect of children in out-of-home care worldwide. *J Scand Stud Criminol Crime Prev* 2013; 14 (Suppl 1): 5–23.
  46. Akmatov MK. Child abuse in 28 developing and transitional countries—results from the Multiple Indicator Cluster Surveys. *Int J Epidemiol* 2011; 40: 219–27.
  47. Einarsdóttir J. *Tired of weeping: mother love, child death, and poverty in Guinea-Bissau*, 2nd ed. Madison, Wisconsin: University of Wisconsin Press, 2004.
  48. Stoltenborgh M, Bakermans-Kranenburg MJ, van IJzendoorn MH, Alink LRA. Cultural-geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *Int J Psychol* 2013; 48: 81–94.
  49. Janson S, Jernbro C, Långberg B. *Kroppslig bestraffning och annan kränkning av barn i Sverige—en nationell kartläggning 2011* (Corporal punishment and other humiliating behavior towards children in Sweden—Nationally representative studies in 2011) (Internet). Stockholm: Stiftelsen Allmänna Barnhuset, 2011. Available at: [http://plus.lj.se/info\\_files/infosida32761/Kroppslig\\_bestrafning.pdf](http://plus.lj.se/info_files/infosida32761/Kroppslig_bestrafning.pdf) (accessed on October 26, 2017).
  50. Österman K, Björkqvist K, Wahlbeck K. Twenty-eight years after the complete ban on the physical punishment of children in Finland: Trends and psychosocial concomitants. *Aggress Behav* 2014; 40: 568–81.
  51. Jernbro C, Jansson S. *Väld mot barn 2016. En nationell kartläggning* (Violence against children 2016. Nationally representative study) (Internet). Stockholm: Stiftelsen Allmänna Barnhuset, 2017. Available at: [http://www.allmannabarnhuset.se/wp-content/uploads/2017/08/Vald\\_mot\\_barn\\_2016-en\\_nationell\\_kartlaggning.pdf](http://www.allmannabarnhuset.se/wp-content/uploads/2017/08/Vald_mot_barn_2016-en_nationell_kartlaggning.pdf) (accessed on October 26, 2017).
  52. Oldrup H, Nygaard Christoffersen M, Kristiansen IL, Vernstrøm Østergaard S. *Vold og seksuelle overgrep mod børn og unge i Danmark 2016* (Violence and sexual abuse of children and youth in Denmark 2016) (Internet). Copenhagen: SFI - Det Nationale Forskningscenter for Velfærd, 2016. Report No.: 16:16. Available at: [https://pure.sfi.dk/ws/files/748603/1616\\_Vold\\_og\\_seksuelle\\_overgrep\\_mod\\_boern\\_og\\_unge.pdf](https://pure.sfi.dk/ws/files/748603/1616_Vold_og_seksuelle_overgrep_mod_boern_og_unge.pdf) (accessed on October 26, 2017).
  53. Mossige S, Stefansen K. *Vold og overgrep mot barn og unge. En selvrapporteringsstudie blant avgangselever i videregående skole* (Violence and abuse of children and youth. Self-report study among students leaving high-school) (Internet). Oslo: Norsk institutt for forskning om oppvekst, velferd og aldring (NOVA), 2007. Report No.: 20/07. Available at: [http://www.nova.no/asset/3059/1/3059\\_1.pdf](http://www.nova.no/asset/3059/1/3059_1.pdf) (accessed on December 21, 2017).
  54. Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LRA, van IJzendoorn MH. The universality of childhood emotional abuse: a meta-analysis of worldwide prevalence. *J Aggress Maltreat Trauma* 2012; 21: 870–90.
  55. Eriksen AM, Hansen KL, Javo C, Schei B. Emotional, physical and sexual violence among Sami and non-Sami populations in Norway: The SAMINOR 2 questionnaire study. *Scand J Public Health* 2015; 43: 588–96.
  56. Stoltenborgh M, van IJzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreat* 2011; 16: 79–101.
  57. Stoltenborgh M, Bakermans-Kranenburg MJ, van IJzendoorn MH. The neglect of child neglect: a meta-analytic review of the prevalence of neglect. *Soc Psychiatry Psychiatr Epidemiol* 2012; 48: 345–55.
  58. Chartier MJ, Walker JR, Naimark B. Separate and cumulative effects of adverse childhood experiences in predicting adult

- health and health care utilization. *Child Abuse Negl* 2010; 34: 454–64.
59. Gunnlaugsson G, Einarsdóttir J. ‘All’s well in Iceland?’ Austerity measures, labour market initiatives, and health and well-being of children. *Nord Welf Res* 2016; 1: 30–42.
60. Kristjánsdóttir KÁ. *Skýrsla Vitundarvakningar um kynferðislegt, andlegt og líkamlegt ofbeldi gegn börnum. Starfsemi á vegum Vitundarvakningar 2012–2014 í forvörnum fyrir börn gegn kynferðislegu, andlegu og líkamlegu ofbeldi* (Report of Awareness Awakening against sexual, emotional and physical abuse of children. Activities of the Awareness Awakening in 2012–2014 for prevention of child sexual, emotional and physical abuse) (Internet). Innanríkisráðuneyti, mennta- og menningarmálaráðuneyti og velferðarráðuneyti 2012–2014, 2014. Available at: <https://www.stjornarradid.is/verkefni/felags-og-fjolskyldumal/malefni-barna/ofbeldi-gegn-bornum-fraedsluefni/awareness-awakening/> (accessed on July 23, 2017).