

Iceland


337

Population (thousands)


—%

Population below international poverty line


83 YEARS

Average life expectancy at birth


2

Under 5 mortality rate (per 1,000 births)


\$25,878

Gross national product (millions)


—%

Literacy rate for male youth (15-24)

—%

Literacy rate for female youth (15-24)

Behaviors and Conditions Generally Viewed as Child Maltreatment

Age an individual is legally considered an adult ^{Q9}

- 18

Actions considered forms of child maltreatment:

Affecting children's safety, health, or development ^{Q12}

- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

In the following places ^{Q13}

- Foster care, group home or orphanage
- Day care center
- School or educational training center

- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Involving a parent or caregiver ^{Q14}

- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Failure to seek medical care for child based on religious beliefs
- Child is exposed to (witnesses) intimate partner (or domestic) violence
- Child exposed to parent's substance use

Official Documentation on Child Maltreatment

Government agency maintains official record/count of all suspected CM reported to authorities ^{Q15}

Yes

Agencies that maintain these records ^{Q16}

- Social services
- Government Agency for Child Protection

The level at which records are maintained ^{Q17}

- National
- Regional/State
- Local

Multiple agencies have interconnected recordkeeping systems ^{Q18}

Yes

How long this counting system has been in place ^{Q19}

10+ years

Types of CM and intimate partner violence used to classify reports ^{Q20}

- Physical abuse
- Sexual abuse
- Neglect

Yes

Yes

Yes

Emotional (psychological) maltreatment

Yes

Exposure to intimate partner violence (IPV)

Yes

Change in the past 4 years in the number of reports for the following types of CM ^{Q21}

Physical abuse

More cases

Sexual abuse

Fewer cases

Neglect

More cases

Emotional (psychological) maltreatment

More cases

Exposure to intimate partner violence (IPV)

More cases

Subgroups of children are systematically excluded from the reporting system ^{Q22}

No

Subgroups of children are included in this reporting system ^{Q24/Q25}

Yes

All children are included

Country or most states/provinces have a law mandating reporting of suspected CM ^{Q26}

Yes

 Year law took effect ^{Q27}

Before 1990

Law applies to ^{Q28}

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to/witnessing IPV
- Youth risk behavior and unborn children in risk

National Statistics

The rate of reported CM nationwide per 1,000 children per year ^{Q29}	127
Percentage of reports of suspected CM that are responded to/investigated by social services ^{Q30}	61-75%
Percentage of all reports investigated that are substantiated or "proven" ^{Q31}	31-45%
The rate of proven CM per 1,000 children ^{Q32}	1.5
Year and period this rate applies to ^{Q33}	2018
Official count represents number of children or number of responses ^{Q34}	Response
One child or household can be counted more than once ^{Q35}	Yes
Percentage of responses/investigations for each of the following types of CM ^{Q36}	
Physical abuse	0-15%
Sexual abuse	0-15%
Neglect	0-15%
Emotional (psychological) maltreatment	0-15%

Street children	0-15%
Abandoned children	0-15%
Exposure to IPV	0-15%

Percent of substantiated reports that result in ^{Q37}

Result in the perpetrator being removed from the home	0-15%
Lead to prosecution of the alleged perpetrator	0-15%
Result in the child being removed from the home	0-15%

Number of children removed from home living in: ^{Q38}

Kinship care (with a family member)?	1-45%
Non-relative family foster care	1-45%
Residential care/orphanages	0-15%

Child Fatalities**An autopsy is required by law when a child's death** ^{Q39}

Is unexpected	No
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My country has child death/fatality review teams ^{Q42}

	No
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An official annual count of deaths due to child abuse or neglect is maintained by a government agency ^{Q46}

	Yes
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The annual rate of child deaths attributed to CM ^{Q47}

Less than 1 in 100,000	
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Time period that this annual rate applies to ^{Q48}

2018	
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Percentage of child deaths that involves ^{Q49}

Physical abuse	76-90%
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In the past 10 years, the number of reported deaths due to CM ^{Q50}

Remained the same	
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Responses to Child Maltreatment

My country has an identified government agency (or agencies) at the national, state, or local levels that is mandated to respond to reports of CM ^{Q51}	Yes
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Primary investigations are conducted by ^{Q52}

- Social services

Laws and Policies Responding to Child Maltreatment

My country has national laws or policies implemented at the state/provincial/territorial level regarding CM ^{Q53}	Yes	Requires the development of specific prevention services	Yes
These laws were established ^{Q54}	Before 1980	Requires that a separate attorney or advocate be assigned to represent the child's interests	Yes
The following elements are specified in laws or policies ^{Q55}		Penalties for professionals who fail to report CM	Yes
Mandated periodic training for professionals who may encounter maltreated children	Yes	Provision of immunity from liability when reports are made in good faith	Yes
Mandated reporting of suspected CM for specific groups of professionals or individuals	Yes	Provide a specific budget for preventing CM	Yes
Mandated reporting of suspected CM for all adults	Yes	Clear definition of child neglect	Yes
Provisions that allow for voluntary reporting of suspected CM by any professional or individual	No	Clear definition of child physical abuse	Yes
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Yes	Clear definition of child sexual abuse	Yes
Requirement that the investigation be a coordinated intersectoral response	Yes	Clear definition of child emotional/psychological abuse	Yes
Requirement that the child(ren)'s and family's needs be assessed	Yes	Clear definition of exposure to IPV	Yes
Provisions for removing child from his or her parents/caretakers to ensure the child's safety	Yes	The sectors that are required to be included in the response ^{Q56}	
Provisions for removing the alleged perpetrator from the home	No	• Child protection	
Requirement that background checks be conducted for employees who work with children (e.g., teachers, day care workers, etc.)	Yes	• Law enforcement (police)	
Specific criminal penalties for maltreating a child	Yes	• Health (e.g., forensic doctor or pediatrician)	
Requirement that all victims receive some form of service or intervention	Yes	• Legal (e.g., prosecutor or court appointed advocate)	
Requirement that all perpetrators receive some form of service or intervention	No	• Education (teachers)	
		The extent to which these laws or policies are being enforced ^{Q57}	
		Mandated periodic training for professionals who may encounter maltreated children	Inconsistently
		Mandated reporting of suspected CM for specific groups of professionals or individuals	Inconsistently
		Mandated reporting of suspected CM for all adults	Inconsistently
		Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Inconsistently

Requirement that the investigation be a coordinated intersectoral response	Inconsistently	Requirement that all victims receive some form of service or intervention	Inconsistently
Requirement that the child(ren)'s and family's needs be assessed	Inconsistently	Requirement that all perpetrators receive some form of service or intervention	Inconsistently
Provisions for removing child from his or her parents/ caretakers to ensure the child's safety	Inconsistently	Requirement that the development of specific prevention services	Inconsistently
Provisions for removing the alleged perpetrator from the home	Inconsistently	Requirement that a separate attorney or advocate be assigned to represent the child's interests	Inconsistently
Requirement that background checks be conducted for employees who work with children (e.g., teachers, daycare workers, etc.)	Inconsistently	Penalties for professionals who fail to report CM	Inconsistently
		Provision of immunity from liability when reports are made in good faith	Inconsistently

Services

Child abuse and neglect services available and to what extent ^{Q59}

Therapy for those who neglect a child	Usually
Therapy for neglected children	Usually
Therapy for those who physically abuse a child	Moderately
Therapy for physically abused children	Usually
Therapy for those who sexually abuse a child	Moderately
Therapy for sexually abused children	Usually
Case management support services to meet a family's basic needs	Usually
Home-based services to support parents and family	Usually
Foster care with official foster parents	Usually
Group homes for maltreated children	Occasionally
Public shelters for maltreated children	None

Public shelters for victims of domestic violence and their children	Usually
Financial and other material support	Usually
Hospitalization for mental illness for adults	Usually
Hospitalization for mental illness for children	Usually
Substance abuse treatment for parents	Usually
Substance abuse treatment for children	Usually
Centers for parents to share experiences/concerns	Usually
Universal home visits for all new parents	Usually
Targeted home visits for new parents at-risk	Usually
Free/highly subsidized child care	Usually
Universal health screening for children	Usually
Universal, mostly free medical care for children	Usually
Universal, mostly free medical care for all citizens	Usually

Prevention

The involvement of the following sectors in providing CM prevention services before CM has occurred ^{Q60}

Hospitals/medical centers	Very
Mental health agencies	Very
Businesses/factories	None
Schools	Very
Public social service agencies	Very
Community-based NGOs	Moderate
Religious institutions	None
Voluntary civic organizations	None
Courts/law enforcement	Moderate
Universities	Moderate

The level of involvement for the following sectors in providing CM treatment services after CM has occurred ^{Q61}

Hospitals/medical centers	Very
Mental health agencies	Very
Businesses/factories	None
Schools	Very
Public social service agencies	Very
Community-based NGOs	None
Religious institutions	None
Voluntary civic organizations	None
Courts/law enforcement	None
Universities	None

The extent to which government and non-governmental agencies fund CM prevention services ^{Q62}

Government	Major
Non-government	None

The extent to which government and non-governmental agencies fund CM treatment services ^{Q63}

Government	Major
Non-government	None

The effectiveness of these strategies in preventing CM ^{Q64}

Home-based services and support for parents at risk	Seems effective
Media campaigns to raise public awareness	Seems effective
Risk assessment methods	Seems effective
Increasing individual responsibility for child protection	Seems effective
Prosecution of child abuse offenders	Seems effective
A system of universal health care and access to preventive medical care	Seems effective
Professional training	Seems effective
University programs for students	Seems effective
Improving the basic living conditions of families (e.g., housing, access to clean water).	Seems effective
Mental health services	Seems effective
Substance abuse services	Seems effective
Services for victims of domestic violence	Seems effective
Child death review teams	Not Used
Trauma-Focused Cognitive Behavioral Therapy	Seems effective
Multi-Systemic Therapy	Seems effective
Triple P Positive Parenting Program	Not Used
Safe Care parenting program	Not Used

The importance of the following barriers in limiting efforts to prevent CM ^{Q65}

Limited resources for improving the government's response to CM	Somewhat
Lack of specific laws related to CM	None

Lack of system to investigate reports of CM	None	Lack of commitment or support for children's rights	None
Lack of trained professionals	Somewhat	Overwhelming number of children living on their own	None
Public resistance to supporting prevention efforts	None	Generally inadequate and poorly developed systems of basic health care or social services	None
Extreme poverty	None	Political or religious conflict and instability	None
Decline in family life and informal support systems for parents	Somewhat	Lack of access to mental health services	Somewhat
Strong sense of family privacy and parental rights to raise children as they choose	None	Lack of substance abuse treatment	None
General support for the use of corporal punishment/physical discipline of children	None	Lack of laws allowing sharing of information among professionals	None

Child Sexual Exploitation

The following questions pertain to child sex exploitation (CSE), defined as: the recruitment, harboring, transportation, trafficking, provision, or obtaining of a person under 18 for the purpose of a commercial sex act -- by force, fraud, or coercion.

The extent to which my country has laws concerning CSE ^{Q66}	Greatly	The extent to which my country prosecutes citizens who engage in CSE ^{Q74}	Mostly
The extent to which my country has programs to combat CSE ^{Q67}	Greatly	The extent to which my country prosecutes citizens who engage in CSE abroad ^{Q75}	Rarely
The extent to which agencies collaborate to stop CSE ^{Q68}	Greatly	The extent to which my country prosecutes foreigners who engage in CSE within my country ^{Q76}	Mostly
The extent to which clear policies exist for reporting CSE to a public agency or NGO ^{Q69}	Greatly	The extent to which my country arrests children who are exploited sexually ^{Q77}	Rarely
My country keeps official records on CSE ^{Q70}	Yes	There have been arrests in my country in the past year of persons who sexually exploit children ^{Q78}	Yes
Commercial sex work is legal in my country ^{Q71}	No	There have been arrests in my country in the past year of persons for the possession or production of child pornography ^{Q79}	Yes
The extent to which CSE victims receive mental health care ^{Q73}	Mostly		

Resources

The extent to which the UNCRC has helped improve CM policies and programs ^{Q80}	Somewhat
Reputable agencies or organizations in my country able to provide reliable information, with contact information, especially websites. ^{Q84}	
Barnaverndarstofa (the Government Agency for Child Protection)	
Address: Borgartún 21, Reykjavík 105	
Email: bvs@bvs.is	
Website: bvs.is	