Weapon Involvement in the Victimization of Children
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abstract

OBJECTIVE: To report the prevalence of weapons involved in the victimization of youth with particular emphasis on weapons with a “high lethality risk” and how such exposure fits into the broader victimization and life experiences of children and adolescents.

METHODS: Data were collected as part of the Second National Survey of Children’s Exposure to Violence, a nationally representative telephone survey of youth ages 2 to 17 years and caregivers (\(N = 4114\)) conducted in 2011.

RESULTS: Estimates from the Second National Survey of Children’s Exposure to Violence indicate that >17.5 million youth in the United States have been exposed to violence involving a weapon in their lifetimes as witnesses or victims, or >1 in 4 children. More than 2 million youth in the United States (1 in 33) have been directly assaulted in incidents where the high lethality risk weapons of guns and knives were used. Differences were noted between victimizations involving higher and lower lethality risk weapons as well as between any weapon involvement versus none. Poly-victims, youth with 7 or more victimization types, were particularly likely to experience victimization with any weapon, as well as victimization with a highly lethal weapon compared with nonpoly-victims.

CONCLUSIONS: Findings add to the field’s broadening conceptualization of youth victimization highlighting the potentially highly consequential risk factor of weapon exposure as a component of victimization experiences on the mental health of youth. Further work on improving gun safety practices and taking steps to reduce children’s exposure to weapon-involved violence is warranted to reduce this problem.

WHAT’S KNOWN ON THIS SUBJECT: Firearms are among the 10 leading causes of injury-related death for youth and continues throughout the life span. Annually youth homicides and assault-related injuries result in an estimated $16 million in combined medical and work loss costs.

WHAT THIS STUDY ADDS: Findings add to the field’s broadening conceptualization of youth victimization highlighting the potentially highly consequential risk factor of firearm and other weapon exposure as a component of victimization experiences on the mental health of youth.
Firearm violence is a prominent public health concern with homicide by firearm among the top 10 leading causes of injury death for youth as young as age 1 and continues throughout the life span. Each year, youth homicides and assault-related injuries result in an estimated $16 million in combined medical and work loss costs. Despite its relevance to public health, extant research on youth firearm exposure has focused on weapon carrying as the primary focus of exposure. However, youth are also exposed to firearms and other weapons through direct victimization and witnessing violence; understanding how often and in what ways this occurs is critical to the field’s broadening conceptualization of youth victimization.

Previous research reveals that cumulative exposures to victimization and other adversities lead to problematic developmental outcomes. In our research, a key concept that has emerged is that of the “poly-victim,” youth who suffer a disproportionate quantity of serious victimization and a much greater array and intensity of negative effects with a linear relationship between the accumulation of victimization types and the level of adverse outcomes. Victimization involving a weapon may make particularly salient or traumatizing contributions to the pattern; there is a need to better understand how weapon involvement may be linked to poly-victimization.

Using data from a national sample of youth, ages 2 to 17 in the United States, we examine the prevalence of weapons involved in the victimization of youth with particular emphasis on weapons with a “high lethality risk” and how such exposure may exacerbate the broader victimization and life experiences of children and adolescents. We use the term “lethality” to separate out weapons that have a higher likelihood of lethality (ie, guns, knives) from those with less likelihood of lethality (eg, sticks).

METHODS

Participants
The Second National Survey of Children’s Exposure to Violence (NatSCEV II) consists of a national sample of 4503 children and youth ages 1 month to 17 years of age in 2011. The current study focuses on the subsample of youth ages 2 to 17 years (N = 4114).

Procedure
A short interview was conducted over the telephone with an adult caregiver to obtain family demographic information. One child was then randomly selected from all eligible children living in a household by selecting the child with the most recent birthday. If the selected child was 10 to 17 years old, the main telephone interview was conducted with the child. If the selected child was younger than age 10, the interview was conducted with the caregiver who “is most familiar with the child’s daily routine and experiences.” Interviewers obtained verbal consent from the caregiver for the child as well as verbal assent from the child before beginning the interview. A number of steps were taken to make sure that respondents’ confidentiality was maintained. Respondents were paid $20 for their participation. The interviews, averaging 55 minutes in length, were conducted in either English or Spanish. The cooperation and response rates averaged across collection modalities were 60% and 40%, respectively. All procedures were authorized by the Institutional Review Board of the University of New Hampshire. Further details about aspects of the methodology are available from the authors or detailed elsewhere.

Measurement

Demographics
Demographic information was obtained in the initial caretaker interview, including the child’s gender, age, race/ethnicity, and socioeconomic status (SES). SES is a composite based on the sum of the standardized household income and standardized parental education (for the parent with the highest education) scores, which was then restandardized. Family structure, defined by the composition of the household, was categorized into 4 groups: children living with (a) 2 biological or adoptive parents, (b) 1 biological parent plus partner (spouse or nonspouse), (c) single biological parent, and (d) other nonparent caregiver.

Victimization
Victimization was measured by using the Juvenile Victimization Questionnaire a comprehensive inventory of childhood victimization described in detail elsewhere. Children who had been exposed to particularly large numbers of different kinds of victimizations were designated as poly-victims, comprising the 10% of children who had experienced the highest number of victimizations. Past year poly-victims were defined as having experienced 7 or more types of victimization in the past year.

Weapon Involvement
Using information from the Juvenile Victimization Questionnaire follow-up questions, victimization types were further classified by whether the incident involved a weapon (gun, knife, stick, rock, bottle, tool, or other item that could cause injury such as a piece of broken glass, piece of metal or brass knuckles).

Experience
Past year adversity due to nonviolent traumatic events and chronic stressors were measured by using 15
we queried about: injury ("Were you [your child] physically hurt when this happened?" Hurt means you could still feel pain in your body the next day); location of the victimization (coded as home [1 = yes, 0 = no] or school [1, 0]); relationship to the perpetrator (coded as juvenile peer [1, 0], juvenile sibling [1, 0], or parent [1, 0]); and impact: respondents were asked whether they missed school because of the incident or whether they felt afraid (not at all/a little afraid versus very afraid) when the incident occurred.

**Sample Weighting**

NatSCEV II used a multiframe design consisting of 4 overlapping frames: a landline random digit dial frame, a cell phone random digit dial frame, an address-based sample frame, and a list-assisted sample of prescreened households known to have children. To ensure that the estimates derived from the combined frames were representative of the target population of children in the United States aged 17 and younger, a 4-step process, detailed elsewhere, was used to construct the analysis weights.

**Data Analysis**

Most analyses in this study were conducted by using the child as the unit of analysis and examine the characteristics and associated outcomes of children’s victimization experience based on (a) any weapon versus none and (b) high lethality (gun or knife) versus low lethality (eg, sticks, rocks). Specifically, a series of cross-tabulations were conducted comparing youth demographic characteristics (eg, location of incident, relationship to perpetrator) by (a) any weapon involvement or not and (b) low versus high lethality risk weapon involvement.

**RESULTS**

**Characteristics of the Sample**

Fifty-one percent of youth were boys (Table 1). For approximately half of the youth, data were collected by proxy from a caregiver (28.5% ages 2–5, 23.5% ages 6–9). One-quarter (24.1%) of respondents were ages 10 to 13 and the remaining were ages 14 to 17. One in 5 youth lived in low SES households; 17.6% lived in high SES households. Slightly more than half (56.7%) of youth were white, non-Latino; 18.8% were Latino (any race); 15.1% were black, non-Latino; and
classified as a poly-victim in the past year; experience high amounts of life adversity in the past year; and high trauma symptoms in the past month (Table 2). They were also more likely to be exposed to a “weaponized environment”: they reported more past year gang exposure, peer weapon carrying, and more personal weapon carrying (for youth ages 10–17).

Victimization With a High Lethality Risk Weapon: Lifetime Prevalence and Youth Characteristics

3.1% of all youth reported a victimization with a highly lethal weapon (ie, gun or knife) in their lifetimes; 0.9% reported at least 1 direct victimization, and 2.4% at least 1 indirect victimization with such a weapon. Report of any victimization involving a high lethality risk weapon did not differ by gender but did increase by age (Table 2). Compared with all other youth, youth living in nontraditional families were more likely to report such victimization, particularly those with some other caregiver besides a parent (eg, other relatives, foster parents). Poly-victims, youth with high trauma symptoms, those who had peers who carried weapons, and who personally carried a weapon were more likely than all other youth to report a victimization involving a high lethality risk weapon.

Does Weapon-Involved Victimization Intensify Harm Beyond Poly-Victim Status?

Past year poly-victim status was a significant contributor to mental health symptomatology for all symptoms except anxiety among the younger children (Table 3). Reports of any lifetime weapon-involved victimization was significantly related to all mental health symptoms over and above the contribution of poly-victimization. This was true for each age group. All findings adjust for the following youth demographic characteristics: age, gender, race and ethnicity, SES, and family structure.

Incident-Level Characteristics and Outcomes

In Table 4, we report incident level characteristics for all youth (analyses were run separately for younger [ages 2–9] and older [ages 10–17] youth with similar findings—not shown in Table): Weapon-involved incidents were more likely to be part of an indirect only victimization or an incident that involved both direct and indirect forms of victimization (rather than direct only). Weapon-involved victimizations were more likely to be perpetrated by a peer, and result in injury. A few differences were noted when comparing low versus high lethality weapon involvement: More indirect only weapon-involved victimizations involved a high lethality weapon. Fewer of the incidents perpetrated by siblings involved guns or knives; more of those victimizations perpetrated by a caregiver involved such weapons.

EXPERIENCING VICTIMIZATION WITH A WEAPON: LIFETIME PREVALENCE AND YOUTH CHARACTERISTICS

More than 1 in 4 youth (26.5%) reported at least 1 victimization that involved a weapon in their lifetime, such as a knife, gun, stick, or rock; 12.5% reported at least 1 direct victimization with a weapon, and 13.1% at least 1 indirect (or witnessed) victimization with a weapon. Any victimization with a weapon was more common among boys (23.9%) than girls (18.4%), increased with age, and was reported more frequently by youth living in low socioeconomic households, black or Latino youth, as well as those who lived in nontraditional families (eg, other adult caregiver, parent, and step-parent; Table 2).

In terms of youth experience, youth reporting a weapon-involved victimization were more likely to be classified as a poly-victim in the past year; experience high amounts of life adversity in the past year; and high trauma symptoms in the past month (Table 2). They were also more likely to be exposed to a “weaponized environment”: they reported more past year gang exposure, peer weapon carrying, and more personal weapon carrying (for youth ages 10–17).

VICTIMIZATION WITH A HIGH LETHALITY RISK WEAPON: LIFETIME PREVALENCE AND YOUTH CHARACTERISTICS

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DISCUSSION

NatSCEV II estimates indicate that >17.5 million youth in the United States have been exposed to violence involving a weapon in their lifetimes as witnesses or direct victims, or >1 in 4 children. More than 2 million youth in the United States have been directly assaulted in incidents where the high lethality risk weapons of guns or knives were used. Weapon-based violence is 1 of the largest public health crises affecting children in the United States, far exceeding the numbers of children with illnesses such as diabetes or cancer. Despite its relevance to public health, however, there is still much we do not know about youth weapon exposure and firearm exposure in particular. For example, firearm factors may play into the victimization accumulation cycle in various, yet undetermined, ways. Negative firearm exposures, for example, may make particularly salient or traumatizing
Firearm fascination, acquisition, and carrying may be a response among highly exposed children and youth, which may in turn aggravate the cycle. Positive firearm experiences, on the other hand, for some youth may moderate or buffer the effects of victimization exposure. Findings from the current study suggest the need for a more comprehensive understanding of the range of firearm exposures for youth and the contexts that increase risk of harm and victimization.

**TABLE 2**  Victimization With Any Weapon Involvement and High Lethality Risk Weapons Among All Youth, Ages 2 to 17

<table>
<thead>
<tr>
<th>Youth Characteristic</th>
<th>Any Victimization With Weapon, n = 859, no. (%)</th>
<th>Design-based F or OR (95% CI)</th>
<th>High Lethality Risk Weapon, n = 137, no. (%)</th>
<th>Design-based F or OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic characteristic</td>
<td></td>
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<tr>
<td>Child gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy</td>
<td>2137</td>
<td>516 (23.9)</td>
<td>8.5**</td>
<td>85 (3.4)</td>
</tr>
<tr>
<td>Girl</td>
<td>1977</td>
<td>343 (18.4)</td>
<td>52 (2.8)</td>
<td></td>
</tr>
<tr>
<td>Child age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2–5</td>
<td>949</td>
<td>79 (8.7)</td>
<td>34.9***</td>
<td>7 (0.5)</td>
</tr>
<tr>
<td>6–9</td>
<td>853</td>
<td>131 (15.9)</td>
<td>15 (2.0)</td>
<td></td>
</tr>
<tr>
<td>10–13</td>
<td>1035</td>
<td>237 (25.0)</td>
<td>32 (3.4)</td>
<td></td>
</tr>
<tr>
<td>14–17</td>
<td>1277</td>
<td>412 (34.7)</td>
<td>83 (6.3)</td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>858</td>
<td>202 (26.4)</td>
<td>4.3*</td>
<td>32 (3.5)</td>
</tr>
<tr>
<td>Middle</td>
<td>2447</td>
<td>495 (20.1)</td>
<td>77 (2.8)</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>829</td>
<td>162 (19.2)</td>
<td>26 (3.7)</td>
<td></td>
</tr>
<tr>
<td>Race and ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Latino</td>
<td>2769</td>
<td>537 (19.3)</td>
<td>5.4***</td>
<td>85 (3.0)</td>
</tr>
<tr>
<td>Black, non-Latino</td>
<td>487</td>
<td>128 (26.5)</td>
<td>20 (3.3)</td>
<td></td>
</tr>
<tr>
<td>Other race, non-Latino</td>
<td>258</td>
<td>48 (14.5)</td>
<td>8 (2.1)</td>
<td></td>
</tr>
<tr>
<td>Latino, any race</td>
<td>577</td>
<td>143 (26.4)</td>
<td>24 (3.7)</td>
<td></td>
</tr>
<tr>
<td>Family structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two biological/adoptive parents</td>
<td>2758</td>
<td>487 (16.3)</td>
<td>11.4***</td>
<td>73 (2.3)</td>
</tr>
<tr>
<td>Parent and step-parent</td>
<td>320</td>
<td>88 (26.2)</td>
<td>19 (3.4)</td>
<td></td>
</tr>
<tr>
<td>Single parent</td>
<td>834</td>
<td>226 (27.1)</td>
<td>33 (3.6)</td>
<td></td>
</tr>
<tr>
<td>Other adult caregiver</td>
<td>202</td>
<td>58 (31.7)</td>
<td>12 (7.9)</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past year poly-victim status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes (+ PY screeners)</td>
<td>441</td>
<td>271 (61.7)</td>
<td>42 (8.4)</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3673</td>
<td>588 (16.1)</td>
<td>95 (2.4)</td>
<td></td>
</tr>
<tr>
<td>High adversity (PY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>885</td>
<td>298 (35.4)</td>
<td>2.0 (1.5–2.8)***</td>
<td>49 (4.6)</td>
</tr>
<tr>
<td>No</td>
<td>3229</td>
<td>581 (17.0)</td>
<td>88 (2.6)</td>
<td></td>
</tr>
<tr>
<td>High trauma symptoms (PM)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>579</td>
<td>250 (42.0)</td>
<td>3.1 (2.2–4.2)***</td>
<td>35 (5.3)</td>
</tr>
<tr>
<td>No</td>
<td>3528</td>
<td>609 (17.8)</td>
<td>102 (2.7)</td>
<td></td>
</tr>
<tr>
<td>Weaponized environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gang exposure (PY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>530</td>
<td>198 (39.4)</td>
<td>2.0 (1.3–2.9)***</td>
<td>31 (4.4)</td>
</tr>
<tr>
<td>No</td>
<td>3584</td>
<td>661 (18.0)</td>
<td>106 (2.9)</td>
<td></td>
</tr>
<tr>
<td>Peer weapon carrying (PY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>389</td>
<td>193 (52.1)</td>
<td>2.6 (1.7–3.7)***</td>
<td>48 (12.3)</td>
</tr>
<tr>
<td>No</td>
<td>3725</td>
<td>666 (18.3)</td>
<td>89 (2.2)</td>
<td></td>
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<tr>
<td>Personal weapon carrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>108</td>
<td>63 (68.2)</td>
<td>4.9 (2.7–8.7)***</td>
<td>16 (13.2)</td>
</tr>
<tr>
<td>No</td>
<td>2204</td>
<td>586 (28.5)</td>
<td>99 (4.5)</td>
<td></td>
</tr>
</tbody>
</table>

Percentages are weighted. Ns are unweighted. Numbers and percentages reflect row totals. Comparison group is all other youth for all analyses. CI, confidence interval; OR, odds ratio; PM, past month; PY, past year. *** P ≤ .001; ** P ≤ .01; * P ≤ .05.

The weapon follow-up question was asked about both direct victimizations (e.g., assault), as well as indirect victimizations (e.g., witnessing domestic violence). The weapon question was asked only once per incident even when more than 1 victimization type was part of a single incident, and it was always asked about the first item reported for that incident. In the survey order, direct victimization questions were asked before indirect ones. Thus, if an incident involved both direct and indirect victimization types, the weapon follow-up would refer to the direct victimization involved. Only a very small proportion of incidents (3%) involved both direct and indirect victimization types. Among direct victimizations, assault questions with the weapon follow-up mostly preceded nonassault ones for which the weapon question was not asked. However, it is possible that weapon use could be slightly understated in rare combinations of victimization types. For example, if a nonassault victimization such as vandalism was the first 1 reported in an incident during which an assault also occurred, the weapon victimization question would not have been asked about the assault victimization because it is not asked after the vandalism question.

Adjust for youth age, gender, race and ethnicity, SES, and family structure.

Only asked for youth ages 5–17 (n = 3391).

Only asked for youth ages 10–17 (n = 2312).
Differences were noted between victimizations involving higher lethality risk weapons but also whether any type of weapon was involved (versus none). Indeed, elevated rates of poly-victimization, trauma symptoms, peer weapon carrying, and personal weapon carrying are noted with weapon-involved victimization regardless of the type of weapon. It could be that the use or threat of a weapon is such a startling and troubling event that the specific type does not matter as much. More information is needed about the contexts within which the victimization occurs before we can fully understand any nuances associated with specific weapon types at the incident level.

Although more weapon-involved victimization, both generally and those with high lethality risk are indirect in nature, fear data reveal that witnessing is often more frightening to children and that witnessing is often more indirect in nature, fear data reveal those with high lethality risk are victimization, both generally and although more weapon-involved types at the incident level.

Findings add to the understanding of the need to do more to identify those youth who experience the greatest burden of victimization; poly-victims were particularly likely to experience victimization with any weapon, as well as victimization with a highly lethal weapon compared with nonpoly-victims. Further, weapon involvement increases trauma over and above poly-victimization. Findings add to the field’s broadening conceptualization of youth victimization highlighting the potentially highly consequential risk factor of weapon exposure as a component of victimization experiences on the mental health of youth.

Beyond victimization, youth living in what we are calling weaponized environments are more likely to report victimization with a weapon: Youth exposed to gangs are twice as likely as those who are not to report weapon-involved victimization. Peer weapon carrying was a salient factor related to any weapon and high lethality risk weapon-involved victimizations. The same was true for personal weapon carrying. Findings suggest some direction for promoting youth safety. Youth who stay away from gangs and peers who carry weapons are less likely to experience a weapon-involved victimization. Yet, at the individual level, youth in some high-crime communities may have difficulty avoiding such individuals pointing to the importance of a public health approach to this problem and looking for community-level and policy solutions to reduce exposure to weapons and highly weaponized environments.

We recognize that some findings may be influenced by unmeasured dimensions, such as a greater willingness among some respondents to disclose personal experiences. We take multiple steps to reduce these issues through survey design and through interviewer training to make sure youth are in a private, safe place while answering questions. Concern is also often expressed about the degree to which caregivers know about or are willing to disclose victimizations concerning their children, especially child maltreatment. But comparison of the caregiver and youth reports in a similar survey using the same measures did not suggest

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a differential underreporting by caregivers, even maltreatment.17

CONCLUSIONS

These data indicate that children are exposed to weapon-involved victimization at disturbingly high rates, affecting 1 in 4 children when a full range of weapons is included. In comparison with some other serious concerns in our data, the rates of exposure to weapon violence is higher than the rates of suicidal ideation, sexual victimization, and caregiver maltreatment, for example. Further, high lethality risk weapon violence has a unique contribution to current trauma symptoms over that of poly-victim status, indicating that it should be a focus of particular concern. This is all the more noteworthy because our past research with this and 2 previous national samples indicates that many other victimization characteristics do not make a unique contribution to trauma symptoms above and beyond the very large effect for poly-victimization. Any child who is known to have experienced victimization should be screened for exposure to weapon violence. Further work on improving gun safety practices and taking steps to reduce children’s exposure to weapon-involved violence is warranted to reduce this prevalent problem.

ABBREVIATIONS

NatSCEV II: Second National Survey of Children’s Exposure to Violence
SES: socioeconomic status

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Pediatrics (2015;135(3):469–474; doi:10.1542/peds.2014-2329). On page 473, under Discussion, the decrease in the readmission rate from 18.4 to 15.7 per 1000 among those who had an early well-child visit should be described as a 15% relative risk reduction (2.7/18.4), not a 15% absolute risk reduction. The absolute risk reduction was 18.4 minus 15.7, or 2.7 per 1000 readmissions. The calculation of the number of early well-child visits associated with a reduction of a single readmission should have been calculated based on the absolute risk reduction (1000/2.7) and was 371 rather than 7 as stated in the article. The authors thank medical student Wade Harrison from the Geisel School of Medicine, Hanover, NH, for pointing out these errors. The corrections have been made to the online edition of the published article. doi:10.1542/peds.2015-2067


An error occurred in the article by Rana et al, titled “Hydroxyurea and Growth in Young Children With Sickle Cell Disease” published in the September 2014 issue of Pediatrics (2014;134(3):465–472; doi:10.1542/peds.2014-0917). On page 467, under the heading Results, on line 2, this reads: “See Table 1 for demographic information.” This should have read: “See Table 1 in the main BABY HUG paper.”

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Errors occurred in the article by Mitchell et al, titled “Weapon Involvement in the Victimization of Children” published in the July 2015 issue of Pediatrics (2015;136(1):10–17; doi:10.1542/peds.2014-3966). On page 13, under the heading ‘Experiencing Victimization With a Weapon: Lifetime Prevalence and Youth Characteristics,’ this reads: “More than 1 in 4 youth (26.5%) reported at least 1 victimization that involved a weapon in their lifetime, such as a knife, gun, stick, or rock; 12.5% reported at least 1 direct victimization with a weapon, and 13.1% at least 1 indirect (or witnessed) victimization with a weapon.” This should have read: “More than 1 in 4 school-age youth (ages 6–17, 26%) reported at least 1 victimization that involved a weapon in their lifetime; more than 1 in 5 youth when including younger children (ages 2–17 years, 21.2%). Among 2–17 year olds, 12.5% reported at least 1 direct victimization with a weapon, and 13.1% at least 1 indirect (or witnessed) victimization with a weapon.”

This change also impacts the Abstract and Discussion as follows:

On page 10, in the Abstract, it reads: “Results: Estimates from the Second National Survey of Children’s Exposure to Violence indicate that >17.5 million youth in the United States have been exposed to violence involving a weapon in their lifetime as witnesses or victims, or >1 in 4 children.” This should have read: “Results: Estimates from the Second National Survey of Children’s Exposure to Violence indicate that almost 14 million youth, ages 2–17, in the United States have been exposed to violence involving a weapon in their lifetimes as witnesses or victims, or >1 in 5 children in this age group.”

On page 13, in the Discussion section, it reads: “NatSCEV II estimates that >17.5 million youth in the United States have been exposed to violence involving
a weapon in their lifetime as witnesses or victims, or >1 in 4 children.” This should have read: “NatSCEV II estimates indicate that almost 14 million youth, ages 2–17, in the United States have been exposed to violence involving a weapon in their lifetimes, as witnesses or direct victims, or >1 in 5 children in this age group.”

On page 16, in the Conclusions section, it reads: “These data indicate that children are exposed to weapon-involved victimization at disturbingly high rates, affecting 1 in 4 children when a full range of weapons is included.” This should have read: “These data indicate that children are exposed to weapon-involved victimization at disturbingly high rates, affecting 1 in 4 school-age children (ages 6–17) and 1 in 5 children, ages 2–17, when a full range of weapons is included.”

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The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2015/06/03/peds.2014-3966

An erratum has been published regarding this article. Please see the attached page for:
http://pediatrics.aappublications.org/content/136/3/584.2.full.pdf