would be needed to delineate the costs, options, and benefits of this data collection effort.

We firmly agree with Drs Cook and Sills that the secondary psychological and health impacts of witnessing or being near firearm violence are important and are likely far greater than what is currently quantified. For example, in one study, 87% of 10- to 16-year-olds in Philadelphia reported witnessing violence in their communities, with downstream consequences including poor school performance, posttraumatic stress disorder syndrome, future firearm victimization, and handgun carriage. We concur that national health surveys such as the BRFSS should include exposure to community violence in their data collection and should also make explicit efforts to include the populations at highest risk of such exposure, such as young people living in marginalized and disenfranchised neighborhoods. In keeping with the tenets of trauma-informed care, clinicians should maintain awareness of the potential effects of exposure to violence and should collect these data in routine clinical care.

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