Suicide Bombing Terrorism – CORRIGENDUM

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In the original publication of this article,[1] the authors found errors in the data set analysis. Part of the Results section should be updated as follows:

"Conversely, SBA most commonly targeted police (21.9%), followed by private citizens and properties (20.6%), military (12.2%), and government (10.9%; Table 3). While police were most commonly targeted, the mean FI and NFI inflicted on private citizens and properties (13.47 and 26.53, respectively) were nearly twice as high in comparison (Table 3)."

Target Types in Non-Suicide Bombings	Number of Events	Non-Suicide Attack Fatalities	Non-Suicide Attack Non-Fatal Injuries	Mean Fatalities	Mean Non-Fatal Injuries
Private Citizens and Property	20581	35172	102114	1.71	4.96
Business	11605	8079	36596	0.70	3.15
Police	9413	10865	28506	1.15	3.03
Government (General)	7698	4515	15964	0.59	2.07
Unknown	5678	2279	2498	0.40	0.44
Utilities	5515	827	904	0.15	0.16
Transportation	4204	7111	24158	1.69	5.75
Military	2292	3994	8766	1.74	3.82
Educational Institution	2200	889	3986	0.40	1.81
Religious Figures/ Institutions	1828	3785	11696	2.07	6.40

Table 2. Top 10 Target Types in Non-Suicide Bombing Attacks

Target Types in Suicide Bombings	Number of Suicide Attacks	Suicide Attack Fatalities	Suicide Attack Non-Fatal Injuries	Mean Fatalities	Mean Non-Fatal Injuries
Police	1188	9252	17172	7.79	14.45
Private Citizens and Property	1117	15044	29637	13.47	26.53
Military	662	5723	8936	8.65	13.50
Government (General)	589	5540	13250	9.41	22.50
Unknown	485	937	352	1.93	0.73
Business	406	5287	10727	13.02	26.42
Religious Figures/ Institutions	317	4925	10287	15.54	32.45
Terrorists/Non-State Militia	199	1428	1764	7.18	8.86
Transportation	145	1289	4215	8.89	29.07
Government (Diplomatic)	113	1222	7421	10.81	65.67

Table 3. Top 10 Target Types in Suicide Bombing Attacks

Also noted, Table 2 and Table 3 should be updated as seen below.
The authors apologize for these errors.

References

1. Tin D, Galehan J, Markovic V, Ciottone GR. Suicide bombing terrorism. Prehosp Disaster Med. 2021;36(6):664–668.

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