



HHS Public Access

Author manuscript

Child Psychiatry Hum Dev. Author manuscript; available in PMC 2016 April 01.

Published in final edited form as:

Child Psychiatry Hum Dev. 2015 April ; 46(2): 237–244. doi:10.1007/s10578-014-0463-5.

Pet Ownership among Homeless Youth: Associations with Mental Health, Service Utilization and Housing Status

Harmony Rhoades, PhD¹, Hailey Winetrobe, MPH, CHES¹, and Eric Rice, PhD¹

¹School of Social Work University of Southern California Los Angeles, CA

Abstract

As many as 25% of homeless persons have pets. To our knowledge, pet ownership has not been studied quantitatively with homeless youth. This study examined pet ownership among 398 homeless youth utilizing two Los Angeles drop-in centers. Twenty-three percent of homeless youth had a pet. The majority of pet owners reported that their pets kept them company and made them feel loved; nearly half reported that their pets made it more difficult to stay in a shelter. Pet owners reported fewer symptoms of depression and loneliness than their non-pet owning peers. Pet ownership was associated with decreased utilization of housing and job-finding services, and decreased likelihood of currently staying in a shelter. These findings elucidate many of the positive benefits of pet ownership for homeless youth, but importantly highlight that pet ownership may negatively impact housing options. Housing and other services must be sensitive to the needs of homeless youth with pets.

Keywords

homeless youth; pets; mental health; service utilization

Summary Introduction

National estimates suggest that nearly 2 million youth experience homelessness each year [1-3], and there is a large body of research demonstrating the increased health risks associated with homelessness for these youth [4-6]. Research suggests that pet ownership in the general population may confer a wide range of benefits for health and well-being [7-12]. An estimated 6-24% of homeless persons own pets [13, 14]. Among homeless persons, pet ownership can be a contentious issue, and the visibility of pet ownership in this population often results in homeless pet owners receiving negative comments about their ability and/or right to care for an animal [14].

A limited number of research studies have published findings about pet ownership among homeless persons, and the majority of these studies are qualitative interviews with small samples. As such, there is little conclusive evidence about the role that pet ownership may play in the lives of homeless persons. Existing published research suggests that while pets provide essential emotional support for their homeless owners, pet ownership may also serve

as a barrier to the receipt of services. This study presents an analysis of pet ownership, mental health symptoms, service utilization, and housing status among homeless youth. To our knowledge, this is the first quantitative study to examine dimensions of pet ownership and its consequences among homeless youth.

Background

Owning and caring for pets may increase barriers to service utilization for homeless persons because most healthcare facilities, public transportation, and shelter and other housing services do not permit pets [13, 15-18]. A study of 51 homeless persons in the United Kingdom found that dog-owning homeless respondents were less likely to use medical care facilities than those without dogs [19]. In Canada, qualitative interviews with female shelter residents revealed that most pet owners reported that they had to relinquish a pet because of the inability of most shelters to accommodate animals [20]. More than 93% of 66 homeless pet owners seeking veterinary care in Northern California reported that they would never accept a housing situation if their pets were not allowed [21]. Qualitative interviews with 59 homeless persons with pets living in Boulder, CO, and Sacramento and San Francisco, CA, reported that many homeless dog owners would rather sleep outside than be separated from their dog [14].

While legitimate health and safety reasons may prevent pets from being allowed in healthcare and shelter/housing services, such barriers may also result in homeless persons choosing their pet over receiving services, particularly as homeless persons usually have no secure location in which to leave a pet even for a short period of time. Pets may take priority over service utilization, as many homeless pet owners assert that their pets are important sources of emotional support, including friendship, companionship, “unconditional acceptance,” comfort, reduced loneliness, decreased social isolation, and love [14-17, 19-25]. In a qualitative study of 105 adult homeless persons in the San Francisco area, more than half of dog owners said their pet was their sole source of companionship and love [16]. Homeless pet owners report that their pets serve as protectors [16, 17, 19-21, 23], motivators [20], and provide a sense of responsibility [20]. Homeless persons also state that others treat them better [16] or are more likely to talk to them because of their pets, with pets acting as “social facilitators” [14-17].

Despite devoted and loving relationships, the limited financial resources available to homeless persons may make caring for a pet difficult. Many homeless persons report problems feeding their pets and finding veterinary care [16]. However, some homeless persons emphasize that they feed their animals first, before they themselves eat [14, 16].

Several research studies that did not focus on pet ownership nevertheless have identified pets as a self-reported barrier to service utilization among homeless persons. In San Francisco, homeless persons with pets reported that if no one was available to watch their animal, they were unable to obtain healthcare [18], and another study found that homeless youth report intentionally seeking services that are pet-friendly [24]. Research specifically with homeless youth has identified taking care of pets as a source of pride and accomplishment [22], and that pets serve as security and protection [22, 24, 25].

Previous research has identified the important role that pets may play as sources of support and love in the lives of homeless persons, while at the same time identifying pet ownership as a barrier to needed services. However, this research has been primarily exploratory and qualitative. This paper presents an overview of the prevalence of pet ownership and dimensions of pet ownership that are important to a relatively large population of homeless youth with pets utilizing drop-in centers in Los Angeles, CA. Given previous research about the benefits of pet ownership in both homeless and non-homeless populations, this paper will also examine whether there are statistically significant differences in mental health symptoms, service utilization, and housing status among homeless youth with and without pets. To our knowledge, this is the first quantitative study to examine dimensions of pet ownership among homeless youth.

Study Methods

As part of a longitudinal trend study of homeless youth utilizing drop-in centers in Los Angeles, CA [26-29], a series of questions about pet ownership were administered to a single panel of 398 youth interviewed in May-June (Venice, CA) and July-August (Hollywood, CA) 2012. During each data collection period, all youth utilizing services at the two drop-in centers were approached and invited to participate. In Hollywood, 83.4% of youth agreed to participate, and in Venice, 79.6% agreed. Each agency has one main entrance where youth sign-in for services for the day, ensuring that all youth were approached. Signed informed consent (for youth 18+ years of age) or assent (for youth 13-17 years of age) was obtained from all participants. Measures analyzed in the present paper were collected as part of a computer-assisted self interview (CASI); all information was self-reported, and available as an audio computer-assisted self interview (ACASI) for those with low literacy. A social network interview was interviewer-administered utilizing an iPad application designed by the study team. Participants received \$20 in cash or gift cards as compensation for their time. This study was approved by the University of Southern California's Institutional Review Board.

Measures

Dimensions of Pet Ownership

The authors created a set of questions to measure dimensions of pet ownership. Statements were developed based on previous literature described in the introduction to this paper, and from personal experiences working with homeless youth. Specifically, several themes appeared in the literature—protection, safety, feeling loved, difficulty in accessing/staying in housing and healthcare services, problematic interactions with the public (i.e., having a pet and panhandling, being homeless), companionship, social interactions, and pet care (i.e., veterinarian care, food)— which were turned into fifteen statements assessing these issues. Question wording is presented in Table 1. Each question was accompanied by a 5-option Likert-type scale (strongly agree to strongly disagree). These items were tested for their unidimensionality, and the fifteen items demonstrated a high level of reliability (Cronbach's $\alpha=0.84$; Eigenvalue=4.49). A single, dichotomous item assessed pet ownership by asking respondents, “Do you have a pet?”

Demographic Characteristics

Participants reported their age (coded as a continuous variable), and identified their gender as male, female, or transgender. Respondents identified their race(s) as: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, or Latino/Hispanic. For the purposes of these analyses, categories were collapsed to White, Black, Latino, and mixed/other race. Education was dichotomized into high school diploma/GED versus less education. Homeless youth were asked if they were currently a traveler, which was defined as “someone who moves by themselves or with friends from city to city after a short period of time.” Responses were dichotomized into an indicator of being a current traveler (yes or no).

Service Utilization

Nine items assessed youths’ service utilization for acquiring food, clothes, housing, healthcare, contraception and condoms, therapy, and assistance with school, job searches, and legal help. Specific services were drawn from previous research with homeless youth [30, 31]. Respondents reported past month utilization frequency of each service, which was dichotomized as any use versus no use for each specific service.

Mental Health

Symptoms of Post-Traumatic Stress Disorder (PTSD) were assessed with the Primary Care PTSD (PC-PTSD) screen [32]. Depressive symptoms were measured by the 10-item Center for Epidemiological Studies Depression Scale (CES-D) [33]. Symptoms of depression were measured on a scale of 0 to 30, with higher scores indicating more depressive symptomology. The three-item short form of the UCLA Loneliness Scale was utilized to assess youth's overall feelings of loneliness [34]. Loneliness symptoms were measured on a scale of 0-6, with higher scores indicating more loneliness.

Current Place of Stay

Living situation was assessed by asking youth to indicate where they were currently staying, with response options adapted from Tsemberis et al. [35]. Response options were: 1. Family home, 2. Foster family home, 3. Relative's home, 4. Friend's home, 5. Home of my boyfriend/girlfriend, 6. Home of a person I'm having sex with, but NOT my boyfriend or girlfriend, 7. Group home, 8. Shelter (emergency, temporary), 9. Hotel, motel, 10. Sober living facility, 11. Jail, prison, or juvenile detention center, 12. Hospital or mental healthcare facility, 13. Transitional living program, 14. Own apartment, 15. Street, 16. Beach, 17. Tent or campsite, 18. Abandoned building, 19. Car, 20. Bus. Youth who indicated currently staying on the street, on the beach, in a tent/campsite, in an abandoned building, or in a car or bus were collapsed into the category “street.” A shelter/housing program variable was created to include youth who reported staying in an emergency or temporary shelter, or in a transitional living program.

Trauma and Violence

Lifetime experiences of trauma were assessed by using statements from the UCLA PTSD Index for the DSM-IV [36]. Respondents were asked whether each type of trauma occurred while they were homeless. This analysis specifically looks at witnessing and experiencing physical abuse in the home, and being beaten, shot at, or threatened to be hurt, and variables were dichotomized indicators of experiencing each traumatic event. Items adopted from the CDC's 2011 Youth Risk Behavior Survey measured participants' recent violent experiences, including on how many occasions in the past month they carried a weapon, and how many times in the past year they were seriously hurt from a physical fight; items were dichotomized as the presence or absence of these violent experiences.

Social Network Characteristics

Youth were asked to name those people that had contact with, in-person or by phone, email or other digital communication, in the past 30 days (in network parlance, these nominated persons are termed 'alters'). Network size was operationalized as the number of alters a youth nominated. Respondents were asked to identify those alters they communicated with at least on a weekly basis, those they would consider a 'friend,' and those they had seen in person in the past 30 days. We calculated proportions of the respondent's network comprised of alters who met each criterion.

Analytic Methods

Of 398 youth interviewed, 337 reported their current place of stay and whether they currently had a pet. Five respondents who reported stable housing (staying in your own place, with family, or with a romantic partner for at least the past year) were dropped from the present analyses, leaving an N of 332 for the current analysis. Univariable associations were examined between pet ownership and: (1) demographic characteristics, (2) service utilization, (3) mental health, (4) current place of stay, (5) experiences of trauma and violence, and (6) social network characteristics. Pearson's chi-square tests were used to test for statistically significant relationships between pet ownership and categorical variables, while two-tailed, independent group t-tests were used to examine statistical significance with continuous measures. All analyses were completed in STATA 12.0 (StataCorp, College Station, TX).

Results

Twenty-three percent of youth reported currently having a pet. Of those, 53% had a dog and 22% had a cat (other types of pets reported were: hamster, rat, chinchilla, fish, and iguana). As shown in Table 1, the most commonly endorsed aspects of pet ownership were agreement that "my pet keeps me company" (84.5%), "makes me feel loved" (79.3%), "helps me feel safe" (72.9%), "gives me someone to love" (70.7%), and "protects me" (64.3%). When asked about barriers that their pets might pose for service utilization, 49.2% reported that their pets made it harder to stay in a shelter, 15.8% reported that their pets made it more difficult to get housing, and 11.3% reported that having a pet made it harder to go to the doctor. Two-thirds of pet owning youth did not report that it was easy for them to

see a vet, but less than 11% reported it being difficult to get pet food, and 60% reported that their pets ate before they did. About 23% reported being given a “hard time” by strangers for having a pet.

Univariable comparisons of pet and non-pet owners are presented in Table 2, and statistically significant results are presented here. Pet owners, compared to non-pet-owning youth, were disproportionately female (39.5% versus 23.8%) and white (40.8% versus 27.7%), and less likely to have completed high school or received a GED (57.3% versus 68.1%). Pet owners were more likely to be transient homeless youth (known as “travelers”) at 51%, compared to only 29% of non-pet owners.

Pet owners reported significantly fewer symptoms of loneliness and depression than their non-pet-owning peers. Pet owners had lower average scores on the CES-D 10 measure of depression symptomology, at 7.8, compared to 10.2 among non-pet owners. Pet owners also reported lower average scores on the UCLA Loneliness Scale, at 1.8, compared to 2.3 among non-pet owners. Pet ownership was not associated with differences in PTSD symptoms. Homeless youth with pets were more likely to report having carried a weapon in the past month (47.4% compared to 34.9% of non-pet owners), but reported no differences in having been hurt in a fight in the past year or having been hurt badly or threatened while homeless.

Rates of housing and job service utilization were lower among homeless youth with pets. Only 36.5% of pet owners had utilized housing services in the past month, compared to 52.4% of non-pet owners; the disparity was similar for utilizing services to help with finding a job, at 37.3% among pet owners, and 56.3% of non-pet owners. There were no differences in social network characteristics between pet owning and non-pet owning homeless youth.

Homeless youth with pets were much less likely than those without pets to be currently staying in a shelter or housing program (4% compared to 16.8%), and more likely to be staying in another temporary housing location (rates of staying on the street did not differ). The most commonly reported other housing location among homeless youth was their family home or the home of another relative.

While not statistically significant (likely due to the small Ns at this level of analysis), homeless youth with pets who reported currently staying with family were nearly twice as likely to report having been hit at home or having seen someone hit at home, when compared to nonpet owners in the same living situation. Overall rates of being hit or seeing violence at home were not different between pet and non-pet owners.

Discussion

Pets represent an important caring relationship in the lives of nearly one-quarter of homeless youth in the present study, with the majority of pet-owners reporting that their pets keep them company, and make them feel loved and safe. These findings reiterate previous research with homeless persons [15-17, 19-25]. Most homeless youth did not report that it was easy to see a vet, and about a quarter reported being given a hard time by a stranger for

having a pet, but very few youth reported having a hard time getting pet food, unlike a study with homeless adults in San Francisco [16].

A large proportion of pet owners reported that their pet(s) helps them to “feel safe” and “protects” them, akin to previous findings [16, 22-25]. Homelessness places persons in vulnerable circumstances, especially female youth; as such, pets may serve as guards for their owners and reduce the dangers associated street life [17, 20], as dogs do when they accompany housed persons at home or in public [10].

Companion animal relationships may have significant consequences for the mental health and wellbeing of homeless youth, as pet owners in this study experienced fewer symptoms of depression and loneliness than their non-pet-owning counterparts. These findings add to prior work discussing housed pet owners’ reduced loneliness attributed to their pets serving as “social lubricants” [10]. Additionally, homeless women have described pets as sources of comfort when they feel alone [20]. Other prior research with homeless persons has identified pets as “social facilitators” [14-17]. Pets may be especially important in this vulnerable population, as homeless youth experience extremely high rates of mental disorder [37, 38]. These findings support assertions by Rew [23] and Thompson et al. [24, 25] that caring for a pet may help some homeless youth develop healthier coping mechanisms, and strive to “take better care of themselves and stay out of trouble” [24; p. 40].

Unfortunately, pet ownership presents a barrier to staying in shelters and other short-term housing facilities for homeless youth. Similarly, the majority of homeless adults with pets reported that they did not want to be housed if pets were not permitted [21]. These findings support prior research and suggestions that agencies serving homeless persons should explore how pets can be accommodated by their programs [20]. It is important that service agencies recognize the strong bonds between homeless pet owners and their companion animals. Ideally, agencies serving homeless pet owners would consider the homeless person and his/her pet to be a unit and strive to house and serve the unit [21], including at healthcare facilities [19].

Finally, while strong conclusions should not be drawn from such a small sample size, exploratory analysis looking at history of abuse at home among pet owners currently staying at home/with a relative suggested that homeless youth with pets may be more likely than non-pet owners to be staying in violent home environments. It is possible that these youth are choosing to stay in these environments because they are able to keep their pets with them, or are otherwise afraid to leave their pets in the abusive environment out of fear for the well-being of the animal [13]. Pet owning homeless youth may therefore be putting themselves at risk of further victimization in order to maintain contact with their companion animals.

Providing shelter for homeless persons with animals is possible. One Canadian homeless shelter has an outdoor kennel for the residents’ dogs; the kennel was set up as an incentive for homeless youth and abused women to use their services. Another Canadian shelter permits pets inside of the residents’ rooms and the freedom to wander designated floors to mingle with other residents. One floor is pet-free for the residents who are allergic and/or

afraid of the animals. Moreover, this shelter assists the homeless residents in acquiring pet food and veterinary care [20]. These innovative approaches to accommodating pet ownership among homeless persons seeking shelter should be applauded, and provide exemplary models for agencies seeking to provide housing to homeless persons with pets.

Limitations

These results confirm and support prior qualitative research [14-17, 20, 23], but to our knowledge, this is the first study to examine pet ownership in a quantitative survey of homeless youth. While we believe this fact strengthens the importance of these findings, this study is not without limitations. These data are cross-sectional, so we cannot draw conclusions about the causal nature of posited relationships between pet ownership, service utilization, mental health symptoms, housing, trauma and violence. Our sample may be biased in that only youth accessing drop in centers were interviewed. Both drop in centers allowed youth to bring their pets safely on site, yet we may be under-sampling the number of homeless youth who have pets, as some pet owners may not be aware that these centers allow pets on site or may not be comfortable having their pets come into contact with the pets of other youth. Hence the number of youth on the streets with pets may be slightly higher than we report.

Conclusions and Implications

Companion animals provide emotional support and represent important, loving relationships in the lives of many homeless youth. Unfortunately, pet ownership may pose a barrier to service utilization and shelter stays in this population, and exploratory analysis suggests that homeless youth with pets may be staying in family environments where there is physical violence. Homeless youth are in need of pet-friendly service provision and housing options that enable them to maintain the benefits of pet ownership and avoid potentially dangerous living environments. In general, service providers can assist homeless youth in maintaining these positive pet relationships by recognizing the importance of pets for safety and mental/emotional well-being, and being aware of the barriers pets may pose to service utilization. Simply acknowledging the importance of a pet may be a first step in helping youth to feel comfortable in service environments. Further, drop-in service providers should ensure pets are welcome at drop-in centers, and, when possible, provide pet food and linkages/access to veterinary care. While clearly a more difficult proposition, it is of utmost importance that housing services be expanded to include pet-friendly options. The existence of pet-friendly housing options, once achieved, will need to be widely advertised to homeless youth to ensure that youth do not remain in unsafe environments in the erroneous belief that pet-friendly housing options do not exist.

Summary

Limited research is available concerning the prevalence of pet ownership among homeless youth, and the association of pet ownership with homeless youths' mental health and service utilization. This is the first quantitative study to conduct such an assessment. As part of a panel study investigating the social networks of homeless youth seeking services at two drop-in centers in Los Angeles, we analyzed a subsample (N=398) of the data, which was

collected in May through August 2012. We found that 23% of homeless youth reported owning a pet. Youth who were currently traveling (i.e., moving from city to city after a short period of time by themselves or with friends) were more likely to report having a pet than non-travelers. There were significant differences in current place of stay for pet-owning homeless youth compared to non-pet-owning homeless youth; homeless youth with pets were significantly less likely to be staying in a shelter or other housing program. Those with pets were also significantly less likely to be accessing housing services. Pets were positively associated with homeless youths' mental wellbeing, as those with pets experienced fewer depressive symptoms and fewer feelings of loneliness. This is supported by the finding that 85% of pet-owning homeless youth reported that their pets kept them company and 80% agreed with the statement, "My pet makes me feel loved." Overall, these findings confirm the importance of pet relationships for many homeless youth, while highlighting the barriers that pet-owning homeless youth face in accessing and maintaining housing. It is vital that shelter and other housing programs explore ways to be pet-friendly, allowing homeless youth with pets to maintain pet ownership while utilizing housing services. As pets have a positive impact on homeless youths' mental wellbeing, we recommend that service providers do all they can to support pet-owning relationships in this extremely vulnerable population.

References

1. Rotheram-Borus MJ, Koopman C, Ehrhardt AA. Homeless youths and HIV infection. *Am Psychol.* 1991; 46(11):1188–97. [PubMed: 1772156]
2. Greene JM, Ringwalt CL. Pregnancy among three national samples of runaway and homeless youth. *J Adolesc Health.* 1998; 23(6):370–7. [PubMed: 9870331]
3. Toro, P.; Lesperance, TM.; Braciszewski, JM. National Alliance to End Homelessness. Washington, DC.: 2011. The heterogeneity of homeless youth in America: Examining typologies..
4. Hudson AL, Nyamathi A, Greengold B, Slagle A, Koniak-Griffin D, Khalilifard F, et al. Health-seeking challenges among homeless youth. *Nurs Res.* 2010; 59(3):212–8. [PubMed: 20404776]
5. Milburn NG, Rotheram-Borus MJ, Rice E, Mallet S, Rosenthal D. Cross-national variations in behavioral profiles among homeless youth. *Am J Community Psychol.* 2006; 37(1-2):63–76. [PubMed: 16680537]
6. Tyler KA, Whitbeck LB, Chen X, Johnson K. Sexual health of homeless youth: prevalence and correlates of sexually transmissible infections. *Sex Health.* 2007; 4(1):57–61. [PubMed: 17382040]
7. Walsh F. Human-animal bonds I: the relational significance of companion animals. *Fam Process.* 2009; 48(4):462–80. [PubMed: 19930433]
8. Wells DL. The effects of animals on human health and well-being. *Journal of J Soc Issues.* 2009; 65(3):523–543.
9. Wood L, Giles-Corti B, Bulsara M. The pet connection: pets as a conduit for social capital? *Soc Sci Med.* 2005; 61(6):1159–73. [PubMed: 15970228]
10. Wood L, Giles-Corti B, Bulsara M, Bosch DA. More than a furry companion: the ripple effect of companion animals on neighborhood interactions and sense of community. *Society and Animals.* 2007; 15(1):43–56.
11. McNicholas J, Gilbey A, Rennie A, Ahmedzai S, Dono JA, Ormerod E. Pet ownership and human health: a brief review of evidence and issues. *BMJ.* 2005; 331(7527):1252–4. [PubMed: 16308387]
12. Peacock J, Chur-Hansen A, Winefield H. Mental health implications of human attachment to companion animals. *J Clin Psychol.* 2012; 68(3):292–303. [PubMed: 22307948]
13. Cronley C, Strand EB, Patterson DA, Gwaltney S. Homeless people who are animal caretakers: a comparative study. *Psychol Rep.* 2009; 105(2):481–99. [PubMed: 19928610]

14. Irvine L, Kahl KN, Smith JM. Confrontations and donations: encounters between homeless pet owners and the public. *Sociol Q.* 2012; 53(1):25–43. [PubMed: 22329059]
15. Irvine L. Animals as lifechangers and lifesavers: pets in the redemption narratives of homeless people. *J Contemp Ethnogr.* 2013; 42(1):3–30.
16. Kidd AH, Kidd RM. Benefits and liabilities of pets for the homeless. *Psychol Rep.* 1994; 74(3 Pt 1):715–22. [PubMed: 8058851]
17. Slatter J, Lloyd C, King R. Homelessness and companion animals: more than just a pet? *Br J Occup Ther.* 2012; 75(8):377–383.
18. Wojtusik L, White MC. Health status, needs, and health care barriers among the homeless. *J Health Care Poor Underserved.* 1998; 9(2):140–52. [PubMed: 10073199]
19. Taylor H, Williams P, Gray D. Homelessness and dog ownership: an investigation into animal empathy, attachment, crime, drug use, health and public opinion. *Anthrozoos.* 2004; 17(4):353–368.
20. Labrecque J, Walsh CA. Homeless women's voices on incorporating companion animals into shelter services. *Anthrozoos.* 2011; 24(1):79–95.
21. Singer RS, Hart LA, Zasloff RL. Dilemmas associated with rehousing homeless people who have companion animals. *Psychol Rep.* 1995; 77(3 Pt 1):851–857. [PubMed: 8559923]
22. Bender K, Thompson SJ, McManus H, Lantry J, Flynn PM. Capacity for survival: exploring strengths of homeless street youth. *Child Youth Care Forum.* 2007; 36(1):25–42. [PubMed: 19915687]
23. Rew L. Friends and pets as companions: strategies for coping with loneliness among homeless youth. *J Child Adolesc Psychiatr Nurs.* 2000; 13(3):125–32. [PubMed: 11111505]
24. Thompson SJ, McManus H, Lantry J, Windsor L, Flynn P. Insights from the street: perceptions of services and providers by homeless young adults. *Eval Program Plann.* 2006; 29(1):34–43.
25. Thompson SJ, Ryan TN, Montgomery KL, Lippman ADP, Bender K, Ferguson K. Perceptions of resiliency and coping: homeless young adults speak out. *Youth & Society.* 2013
26. Al-Tayyib AA, Rice E, Rhoades H, Riggs P. Association between prescription drug misuse and injection among runaway and homeless youth. *Drug Alcohol Depend.* 2014; 134:406–9. [PubMed: 24300900]
27. Petering R, Rice E, Rhoades H, Winetrobe H. The social networks of homeless youth experiencing intimate partner violence. *J Interpers Violence.* 2014 [Epub ahead of print] PMID: 24421071.
28. Rhoades H, Winetrobe H, Rice E. Prescription drug misuse among homeless youth. *Drug Alcohol Depend.* 2014 [Epub ahead of print] PMID: 24613220.
29. Winetrobe H, Rhoades H, Barman-Adhikari A, Cederbaum J, Rice E, Milburn N. Pregnancy attitudes, contraceptive service utilization, and other factors associated with Los Angeles homeless youths' use of effective contraception and withdrawal. *J Pediatr Adolesc Gynecol.* 2013; 26(6): 314–22. [PubMed: 24238265]
30. Pollio DE, North CS, Thompson S, Paquin JW, Spitznagel EL. Predictors of achieving stable housing in a mentally ill homeless population. *Psychiatr Serv.* 1997; 48(4):528–30. [PubMed: 9090739]
31. Pollio DE, Thompson SJ, Tobias L, Reid D, Spitznagel EL. Longitudinal outcomes for youth receiving runaway/homeless shelter services. *J Youth Adolescence.* 2006; 35:859–866.
32. Prins A, Ouimette P, Kimerling R, Cameron RP, Hugelshofer DS, Shaw-Hegwer J, et al. The primary care PTSD (PC-PTSD): development and operating characteristics. *Primary Care Psychiatry.* 2003; 9(1):9–14.
33. Kohout FJ, Berkman LF, Evans DA, Cornoni-Huntley J. Two shorter forms of the CES-D (Center for Epidemiological Studies Depression) depression symptoms index. *J Aging Health.* 1993; 5(2): 179–93. [PubMed: 10125443]
34. Hughes ME, Waite LJ, Hawkey LC, Cacioppo JT. A short scale for measuring loneliness in large surveys: results from two population-based studies. *Res Aging.* 2004; 26(6):655–672. [PubMed: 18504506]
35. Tsemberis S, McHugo G, Williams V, Hanrahan P, Stefancic A. Measuring homelessness and residential stability: the residential time-line follow-back inventory. *J Community Psychol.* 2007; 35(1):29–42.

36. Steinberg A, Brymer M, Decker K, Pynoos RS. The UCLA PTSD Reaction Index. *Curr Psychiatry Rep.* 2004; 6(1):96–100. [PubMed: 15038911]
37. Edidin JP, Ganim Z, Hunter SJ, Karnik NS. The mental and physical health of homeless youth: a literature review. *Child Psychiatry Hum Dev.* 2012; 43(3):354–75. [PubMed: 22120422]
38. Hodgson KJ, Shelton KH, van den Bree MB, Los FJ. Psychopathology in young people experiencing homelessness: a systematic review. *Am J Public Health.* 2013; 103(6):e24–37. [PubMed: 23597340]

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 1

Dimensions of Pet Ownership Among Homeless Youth Utilizing Drop-In Centers in Los Angeles (N=332).

Dimension	% Agreeing
My pet keeps me company	84.48
My pet makes me feel loved	79.31
My pet helps me feel safe	72.88
My pet gives me someone to love	70.69
My pet protects me	64.29
My pet eats before I do	59.82
My pet makes it harder for me to stay in a shelter	49.15
My pet makes it easier to ask for money	45.76
My pet makes it easier to make friends	42.37
It is easy to see a vet	33.34
Strangers give me a hard time for having a pet	22.81
I prefer to hang out with people who have pets	18.18
My pet makes it harder to get housing	15.79
My pet makes it harder to go to the doctor	11.32
It is hard to get pet food	10.52

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Table 2

Demographic and Behavioral Characteristics of Homeless Youth Utilizing Drop-In Centers in Los Angeles, by Pet Ownership (N=332).

	% (N)/Mean (S.D.)			chi ² /t (p)
	Overall	Pet Owners	Non-Pet Owners	
Has a pet	22.89 (76)	---	---	---
Age	21.32 (2.09)	21.17 (1.89)	21.36 (2.15)	0.70 (0.48)
<i>Gender</i>				
Male	70.48 (234)	60.53 (46)	73.44 (188)	8.70 (0.01)
Female	27.41 (91)	39.47 (30)	23.83 (61)	
Transgender	2.11 (7)	0.00 (0)	2.73 (7)	
<i>Race</i>				
White	30.72 (102)	40.79 (31)	27.73 (71)	13.35 (<0.01)
Black	28.01 (93)	11.84 (9)	32.81 (84)	
Latino	16.27 (54)	18.42 (14)	15.62 (40)	
Mixed or other	25.00 (83)	28.95 (22)	23.83 (61)	
High school or more education	65.65 (216)	57.33 (43)	68.11 (173)	2.98 (0.08)
Currently a traveler	34.15 (111)	50.68 (37)	29.37 (74)	11.44 (<0.01)
<i>Service Utilization (Past 30 Days)</i>				
Food	87.84 (289)	88.00 (66)	87.80 (223)	0.00 (0.96)
Clothes	69.00 (227)	66.22 (49)	69.80 (178)	0.35 (0.56)
Housing	48.78 (160)	36.49 (27)	52.36 (133)	5.78 (0.02)
Health services	46.83 (155)	41.33 (31)	48.44 (124)	1.18 (0.28)
Condoms/contraception	33.74 (110)	35.14 (26)	33.33 (84)	0.08 (0.77)
Job help	51.98 (171)	37.33 (28)	56.30 (143)	8.34 (<0.01)
Therapy	36.36 (120)	34.67 (26)	36.86 (94)	0.12 (0.73)
School help	29.48 (97)	28.38 (21)	29.80 (76)	0.06 (0.81)
Legal help	26.97 (89)	25.33 (19)	27.45 (70)	0.13 (0.72)
<i>Mental Health</i>				
PTSD symptoms	23.75 (76)	24.32 (18)	23.58 (58)	0.02 (0.90)
Depression scale (0-30)	9.61 (0.44)	7.78 (0.85)	10.16 (0.50)	2.34 (0.02)
Loneliness scale (0-6)	2.19 (1.89)	1.77 (1.81)	2.32 (1.90)	2.13 (0.03)
<i>Where Currently Staying</i>				
Street	49.10 (163)	50.00 (38)	48.83 (125)	8.7 (0.01)
Shelter/housing program	13.86 (46)	3.95 (3)	16.80 (42)	
Other housing location	37.05 (123)	46.1 (35)	34.8 (89)	
<i>Other Housing Locations</i>				2.33 (0.80)
Family/relative home	26.83 (33)	34.29 (12)	23.86 (21)	
Friend's home	21.95 (27)	17.14 (6)	23.86 (21)	
Own place	21.95 (27)	20.00 (7)	22.73 (20)	
Motel	10.57 (13)	8.57 (3)	11.36 (10)	

	% (N)/Mean (S.D.)			chi2/t (p)
	Overall	Pet Owners	Non-Pet Owners	
Romantic partner's home	11.38 (14)	14.29 (5)	10.23 (9)	
Other (foster family, jail and unspecified)	7.32 (9)	5.71 (2)	7.95 (7)	
<i>Trauma & Violence</i>				
Hit at home	45.85 (149)	49.33 (37)	44.80 (112)	0.48 (0.49)
Hit at home and currently staying at home	42.42 (14)	58.33 (7)	33.33 (7)	1.95 (0.16)
Saw family member hit at home	41.23 (134)	46.67 (35)	39.60 (99)	1.19 (0.28)
Saw family member hit at home and currently staying at home	33.33 (11)	50.00 (6)	23.81 (5)	2.36 (0.125)
Carried a weapon (past 30 days)	37.76 (125)	47.37 (36)	34.90 (89)	3.87 (0.05)
Hurt seriously in a fight (past year)	54.98 (182)	55.26 (42)	54.90 (140)	0.003 (0.97)
Hurt badly or threatened while homeless	33.12 (106)	31.08 (23)	33.74 (83)	0.18 (0.67)
<i>Social Network Characteristics (Past 30 Days)</i>				
Network size	9.84 (6.33)	10.80 (7.30)	9.55 (5.99)	-1.5 (0.14)
Proportion talk to weekly+	0.58 (0.30)	0.60 (0.28)	0.58 (0.30)	-0.52 (0.61)
Proportion who are friends	0.65 (0.33)	0.66 (0.33)	0.65 (0.33)	-0.29 (0.77)
Proportion seen in person	0.73 (0.27)	0.70 (0.26)	0.74 (0.27)	1.25 (0.21)