

REVIEW

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# Reflections on Western orphan care, humanitarian ethics, and family separation

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## Abstract

This commentary reflects how well-intentioned Western interventions in global orphan care often perpetuate cycles of trauma, family separation, and systemic harm. Drawing on personal experience as a former foster youth and on field observations abroad, these reflections are grounded in dialogue with research on neuroscience, child development, and social policy. The discussion critiques donor-driven aid models, institutional care practices, and rescue-centered theologies that, despite sincere intentions, disrupt children's development and sever vital family bonds.

Particular attention is given to how institutionalization and voluntourism contribute to an entrenched "orphan economy" that privileges donor narratives over child welfare and sustains poverty-based family separation. In response, this commentary calls on both faith-based and secular humanitarian actors to adopt trauma-informed, family-preserving, and economically empowering approaches. Grounded in ethical imperatives from human rights and theological reflection, it argues for a systemic shift away from rescue-oriented frameworks toward collaborative, culturally respectful strategies that uphold the dignity and relational needs of vulnerable children. The contribution aims to advance scholarly and practitioner dialogue on reforming global orphan care to align humanitarian action with long-term healing and justice.

**Keywords** Child welfare, Institutional care, Family separation, Voluntourism, Orphan care

## Introduction

I toured an orphanage, but few were actually "orphans". During one of my many visits to the Philippines, I walked through facilities that, at first glance, looked carefully arranged: bunk beds in neat rows, cribs aligned, children ushered into orderly group activities. Yet it soon became clear that these displays were staged for visitors. The daily routines had been interrupted so that outsiders could play, pray, and pose for photos. Some children were thrust into the arms of strangers; others stood dazed. Few were actually "orphans".

In one home, I met a mother who regularly visited her daughter. Poverty had forced her to place the child there temporarily, but she was working toward being able to take the child home. An American woman in our group approached her, offering adoption and a life in the United States. The mother, through tears, replied firmly, "*No. This is my child.*" That moment stopped me cold. It revealed both a mother's determination to protect her bond and the Western conviction that "rescue" was always the better option. Drawing on long-standing critiques of humanitarian saviorism and orphan rescue frameworks, scholars have described this as a "rescue narrative" that frames children's hardship as requiring external salvation rather than structural support for families and communities (Cole 2012; Kapoor 2013; Cheney & Rotabi, 2015).

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Rather than presenting this concept as my own, I use the term as it is established in the literature.

Across many visits, I saw similar patterns: donor funds going to buildings rather than children, high staff turnover, foreign mission teams cycling in and out, and children growing up in environments more like institutions than homes. As someone who spent part of my own childhood in U.S. foster care, I recognized the same fractures: systems that appear child-centered but leave children's needs unmet. The contexts may differ between foster care in the United States and orphanages abroad, but the damage crosses borders.

In this commentary, I use the term “orphan care” not only for children without living parents but also for the broader system of institutional care where, in fact, most children have at least one parent or extended family member. I use the word “rupture” to describe the breaking of these vital familial bonds and attachments. These distinctions matter because much of the Western rescue narrative assumes that children in institutions are wholly abandoned, when in reality, poverty and structural inequities are the core drivers of separation.

What I came to understand was the power of the Western rescue narrative, framing children's hardship as personal tragedy instead of the consequences of poverty, conflict, or systemic failures. It assumes that children lack parents, families, or futures unless outside benefactors intervene. In reality, however, the majority of children in institutions worldwide are not “orphans” at all; they have at least one living parent or extended family member who, given the right support, could care for them. Our giving, storytelling, and moral packaging of “saving orphans” too often centers the donor rather than the child. This contributes to what scholars have described as an “orphan economy,” in which children are positioned as objects of pity rather than individuals with families, histories, and rights (e.g., Cheney & Rotabi, 2017).

This commentary reflects on what happens when Western good intentions in global orphan care collide with the lived realities of children and families. Drawing upon my own experience as a former foster youth and on years of professional involvement in humanitarian and child welfare settings, I examine how aid models, donor dependency, and a rescue-centered framework can perpetuate harm even under the banner of compassion.

## Background

What I witnessed inside the orphanages I visited in Southeast Asia and East Africa was not an anomaly. Advocates, researchers, and frontline practitioners across the globe have documented similar patterns in institutions that appear orderly and sanitized to outside observers, yet are marked by emotional fragility and systemic harm within (Zeanah et al. 2012). The stories I

encountered, including rehearsed cultural performances, meticulously clean floors, the children neatly poised and waiting for attention, are not isolated or anecdotal. They reflect a troubling consistency across global “orphan care” settings. These experiences are symptomatic of a broader structural dynamics that have been examined across neuroscience, developmental psychology, anthropology, child welfare, and tourism studies, (Guiney and Mostafanezhad 2015). What many practitioners, care takers, and researchers have observed in practice is now well established in the literature: institutional care, even when well funded and framed as compassionate, inflicts developmental, emotional, and relational harm on children.

## Institutional harm to children

Institutional care and development in children, especially those under five years, have been thoroughly described in neurodevelopmental and trauma literature regarding their long-term effects. The empirical evidence presented by Bick et al. (2015) and Nelson et al. (2016) strongly supports the finding that early institutionalization is associated with structural brain development impairments. In Bick's study, results indicated significant deficits in white matter development among children raised in institutional settings, deficits that affect cognitive processing, attention, and emotional control.

Similarly, Nelson et al. showed that longer exposure to adversity in care is linked to cortical thinning in regions tied to executive function and emotion. Decades of developmental work echo this pattern. Van IJzendoorn et al. (2011) describe institutional rearing as structural neglect” (a term widely used in the developmental and child welfare literature), with unstable staffing and limited responsive interaction, and document broad developmental costs.

Across 75 studies, children from institutions score about 0.75 SD lower on IQ/DQ (~84 vs. 104 for family-reared peers) and show very high rates of disorganized attachment (~73%) with few secure bonds. They also note dose-response effects—longer stays predict larger delays—and detail conditions (large groups, high turnover, dozens of different caregivers early in life) that undercut healthy development. Taken together, this literature supports the core claim: institutionalization produces enduring cognitive and socio-emotional harm, even when facilities look clean or well-resourced on the surface. (Van IJzendoorn et al. 2011).

## Family separation: causal structural factors

Most children living in institutions are not “orphans,” as is commonly portrayed in Western donor culture. Research by Better Care Network and Save the Children reveals that more than 80% of children who reside in orphanages

worldwide have at least one living parent (Williamson and Greenberg 2010). UNICEF and the Lumos Foundation have repeatedly emphasized that children are not placed in care because they are unloved but because families are trapped in poverty (UNICEF 2009; Lumos Foundation 2017). Still, the image of the “abandoned child” remains a powerful tool for international fundraising. This narrative draws in donations but distorts reality, and when donor messaging is built around that image, funding often flows to orphanages instead of family preservation. Resources can be poured into systems that look good in photos but fail children in real life.

In this sense, family separation is not an accidental byproduct of aid—it is often the structural outcome of donor-driven models that reward visibility and sentiment over long-term stability.

One of the driving forces sustaining the international orphan care system is the child sponsorship model, which often unintentionally incentivizes family separation. I have encountered numerous accounts of sponsorship programs that focus solely on the individual child, offering little to no support to the rest of the family. In such cases, resources such as school fees, clothing, and meals are allocated exclusively to the sponsored child, leaving siblings without comparable assistance. These disparities can sow seeds of resentment within families and deepen existing fractures. Moreover, this structure can signal to donors that the issue lies within an individual child rather than the broader systemic injustice or chronic under-resourcing of entire communities.

The sponsorship model illustrates how Western compassion, when filtered through economic and marketing systems, can morph into a mechanism that divides rather than restores families.

There is also a dangerous blurring of lines between poverty and neglect. In child welfare scholarship and practice, poverty-related conditions are repeatedly documented as being interpreted through neglect frameworks, even when caregivers’ intent is not harmful. In many settings—domestically and internationally—families may turn to institutions as a survival strategy when they lack access to schooling, healthcare, safe housing, or income. In other contexts, state or professional systems may treat poverty-related hardship as “neglect” in ways that increase the risk of separation. These pathways differ across countries and legal systems, but they can produce a similar outcome: separation driven more by structural scarcity than by lack of love.

This is not just happening overseas. In the United States, low-income families, especially families of color, are disproportionately subject to investigations, removals, and oversight. For example, Black children account for around 24% of abuse/neglect reports despite comprising only ~14% of the child population (ACLU 2023).

These blurred lines reveal the moral tension at the heart of humanitarian practice: the impulse to protect children can, when misapplied, become the very tool that destroys the family unit meant to sustain them.

### **Voluntourism, donor dependency, and the evils of good intentions**

The cycle of disruption tied to voluntourism is not anecdotal. Tourism and development scholars have documented how voluntourism sustains harmful practices and institutions, commodifying children and reinforcing global hierarchies in which those who give are cast as righteous while those who receive are framed as lacking (Wearing et al. 2020). Similarly, Lyneham and Facchini (2019) identified that orphanage voluntourism exposes children to increased risks of abuse, particularly in Southeast Asia, where the promise of foreign funding can incentivize the expansion or maintenance of institutional care.

These economic and emotional harms are reinforced by the donor-driven structures that shape global care systems. When financial support is tied to individual sponsorship rather than family or community-based investment, one child may be elevated while siblings and caregivers remain under-resourced, a pattern that has been critiqued in both development and tourism scholarship. This dynamic echoes what Sin (2010) condemns in her analysis of voluntourism: “volunteer tourism tends to perpetuate unequal power relationships and is more interested in the usually opulent needs of volunteers rather than the empowerment of local people.”

Ultimately, this pattern reveals a deeper failure in how aid is approached. When systems prioritize individual narratives that appeal to donors over family- and community-centered support, they risk perpetuating harm rather than facilitating sustainable care.

The following reflections illustrate how these patterns play out in lived experience both in the U.S. foster care system and in international orphan care contexts demonstrating how rescue-oriented models, despite benevolent intent, can reproduce structural harms rather than alleviate them.

### **Reflection**

#### **Reflections on institutional harm**

These developmental wounds are not abstract ideas to me; I have carried them since childhood, first as a foster youth in the United States and later as someone who has spent years working directly in child welfare—adjacent humanitarian and training contexts within institutional care settings, rather than as a visitor alone. I have seen what institutional life does to a child not in theory, but up close.

In one foster home, there wasn't enough space at the dining table, so we ate on the floor. The dogs ate out of our bowls. Sexual abuse became normal because the house was overcrowded, and no one knew what to do with so much unhealed trauma in one place. Later, in orphanages abroad, I saw babies left in cribs for hours behind mesh screens told to "cry it out." Some rooms smelled of waste, while others had no working bathrooms. Children were rarely rocked, spoken to by name, or physically comforted. They were managed through routines, not parented.

It is striking how similar these scenes appeared across countries. Clean floors, lined-up beds, quiet children waiting for attention. From the outside, such environments could appear orderly even impressive. Yet beneath this order was neglect. What researchers describe through data and longitudinal studies, I have recognized in faces and prolonged silence. The effects are visible in the way a child flinches at touch or withdraws when spoken to.

Neuroscience describes this as "structural impairment." From lived experience, it registers as heartbreak. What is damaged is not only the brain but a child's developing sense of safety, worth, and relational permanence. Institutional care does not merely delay development; it conditions mistrust. It teaches children to anticipate loss rather than continuity.

### **Reflections on family separation**

Earlier in this article, I described a mother who refused to relinquish her child to adoption. I return to that moment not to repeat the story, but because of what it clarified. It illustrated how poverty is often misinterpreted as abandonment, and how quickly outsiders may assume that a "new life" elsewhere is inherently better than preserving the life already connected to kinship, community, and culture.

I recognize aspects of that mother's experience in my own. For much of my life, I believed my birth family had simply let me go. Only later did I learn that they had attempted to regain custody but were denied. That knowledge did not resolve the loss; rather, it complicated it. It required holding two truths at once: that I was deeply loved and also profoundly separated. Many individuals who have experienced foster care or institutionalization learn to live within this duality. Belonging is not a simple or linear outcome.

When entering institutional care today, whether in the United States or abroad, I do not see children without families. I see families without resources, without policy support, and without viable alternatives. I see systems that make separation appear necessary for survival. These systems leave marks that extend beyond childhood and beyond legal documentation.

The research names these harms in clinical terms.

Lived experience gives language to their emotional depth.

Family separation does more than change a child's physical environment; it alters their developing sense of identity, security, and relational trust. These are wounds that cannot be repaired through sponsorship models, charitable donations, or narratives of rescue. They require structural change, not sentiment.

### **Reflections on voluntourism and donor dependency**

A friend of mine who grew up in an overseas orphanage once told me what it felt like when mission teams arrived. "We were told to be perfect," she said. "To smile, dance, and act grateful, especially if adoption might be possible." For her, that wasn't a suggestion. It was survival.

In my work accompanying local caregivers and observing donor-funded programs in multiple countries, I have seen that same performance across the world. For example, In Rwanda, parents caring for children from orphanages rehearsed songs when foreign visitors came. Community members involved in church-based programs performed extra prayers and testimonies when Western guests arrived. What appeared as hospitality was, in practice, a form of economic and relational negotiation. Caregivers understood that visible gratitude could influence continued support, and that a smile might mean another month of funding.

I didn't need research to tell me what I was witnessing. The strain was visible in the children's and caregivers' affect and behavior. The same pattern repeated itself across contexts: children performing for attention, caregivers performing for donations. After the visitors left, the rooms fell silent. Children unraveled crying, fighting, or sitting in stunned stillness. For a few days, they had been the "good kids," performing for affection that would not last. Then came the collapse.

I return to this pattern often because it reveals how aid structures can condition children to equate worth with performance. This is not gratitude; it is grief rehearsed for survival. These cycles of performance and collapse do not heal trauma; they compound it. Long after visitors return home, children are left carrying the emotional weight of being the story someone else needed to tell.

When these experiences are considered together the neglect concealed behind orderly environments, caregivers misread as deficient, and children positioned as objects of donor approval—they point to a systemic problem rather than isolated failures. The harm does not reside in a single institution or country; it is rooted in a worldview that frames rescue as redemption. Institutional care teaches children that relationships are temporary and conditional. Meaningful reform begins by centering the voices of those with lived experience and by

resisting care models that substitute charity-driven performance for relational stability.

## Discussion

The reflections above are not isolated stories but part of a larger pattern that reveals how humanitarian care, though often motivated by compassion, has strayed from its ethical and relational roots. Donor-funded aid, institutional care, and the emotional needs of foreigners often take precedence over the lived realities of children. Scholars have described this configuration as part of the global orphan care system which is not truly centered on the child; it is shaped by the so-called “savior” or rescue narrative (Cole 2012; Kapoor 2013), built more around what donors wish to see, feel, or invest in than what children actually need.

Having spent my early years in U.S. foster care and later working in international child welfare and humanitarian support roles, I have seen what happens when a child measures their worth through gratitude or performance. Abroad, I have witnessed the same pattern: children rehearsing songs, posing for photos, or performing cultural dances to earn affection or support. Inspiration is not the same as impact. A staged photograph is not care.

These observations mirror what research confirms: children do not thrive in institutions built on high turnover, donor dependency, and short-term aid cycles. Decades of evidence show that institutional care disrupts attachment, development, and trust. Yet contemporary funding priorities continue to favor physical infrastructure and emotionally compelling narratives over family-based solutions.

This contradiction is particularly visible in faith-based and humanitarian organizations, where calls to “care” have at times translated into control, coercive intervention, or family separation rather than family strengthening. Care practices that remove children without necessity, consent, or long-term relational stability undermine the very well-being they claim to protect. When children become props for validation spiritual, moral, or emotional—care work becomes harm disguised as compassion.

I have spoken on these issues in academic, policy, and practitioner settings, often to mixed reception. The model persists because it is familiar, fundable, and emotionally rewarding. Yet it remains deeply flawed especially when children are removed due to poverty, when donors shape their care trajectories, or when children are required to perform gratitude to secure continued support.

Change is possible. Evidence from family reunification programs, household-based sponsorship models, vocational training initiatives, and community-led care approaches demonstrates that alternatives to

institutionalization can restore dignity and stability. Systemic reform requires naming these failures directly. Models that prioritize donors over families, performance over protection, and rescue over sustainability must be critically examined and restructured.

Reform requires honesty and humility, not moral certainty or branding. It begins by listening to those who have lived inside the systems under critique and asking hard questions: Who benefits from this model? Who bears the cost? If care is truly centered on children, then institutional design, funding structures, and accountability mechanisms must reflect that commitment.

These reflections point toward a re-imagining of humanitarian care—one grounded in family preservation, accountability, and relational dignity. The following section outlines practical implications for reshaping global orphan care toward approaches that align evidence, ethics, and lived experience.

## Implications for policy and practice

The reflections presented here carry important implications for policymakers, practitioners, faith-based organizations, and donors engaged in child welfare and humanitarian work. Compassion without accountability can cause as much harm as neglect. To build systems that truly protect children, reforms must be grounded in both evidence and empathy.

First, the persistent prioritization of buildings and physical infrastructure over family-centered care must be reconsidered. Policy efforts should begin to shift funding away from residential institutions and toward programs that help families stay together through reunification services, preventive care, and community-based supports that honor the child’s need for stability and belonging. Governments and international agencies must enforce standards that limit the growth of residential care institutions and promote evidence-based family care models instead.

At the practice level, training for caregivers, social workers, and short-term international volunteers should emphasize trauma-informed care. These models acknowledge the long-term harm caused by high staff turnover and short-term aid interventions. Caregivers must be adequately compensated, supported, and trained to build consistent, trusting relationships—the foundation of healthy attachment and healing for children.

Organizations with historical involvement in institutional care, including faith-based and donor-funded agencies, must critically examine their motivations and methods. The “savior complex,” a term widely used in humanitarian and development scholarship, that drives many fundraising campaigns, should give way to approaches that center on family dignity and community leadership. This requires humility, transparency, and



a willingness to listen to the lived experiences of those most affected. Churches and nonprofits must engage in theological reflection that redefines care not as rescue but as accompaniment, standing beside families rather than standing over them.

International aid policies must also target the root causes of family separation: poverty, unemployment, and lack of access to education and healthcare. Economic empowerment initiatives, vocational training, and microfinance programs for caregivers create sustainable alternatives to institutionalization. Legal and policy frameworks must also protect against the exploitation that often accompanies orphanage voluntourism and unregulated international adoption.

Finally, real transformation will depend on collaboration and inclusion. Researchers, practitioners, and policymakers must work together to design reforms that are both evidence-based and ethically grounded. The perspectives of individuals with lived experience former foster youth, adoptees, and care leavers should be formally integrated into policy design and decision-making processes. Their insights bridge the gap between what is known and what is felt, ensuring that future reforms are led not by pity or performance, but by justice and relationship.

If protecting children is the stated goal, then generosity must be matched by humility. The future of global orphan care depends on sustained attention to evidence, accountability, and the voices of those most directly impacted by these systems.

## Conclusion

I no longer believe that the rescue narrative, however well-intended, is the answer. Vulnerable children do not need saviors with passports and good intentions; they need their families, their communities, and their cultures restored. They need long-term, sustainable support that upholds their dignity, strengthens relationships, and enables their parents to thrive. Having lived through the foster care system myself, I understand the deep longing to be chosen, to be seen as worthy. But after witnessing the global orphan care system up close, through my professional roles supporting child welfare programs and observing institutional care practices, I know that this longing should never be satisfied at the cost of family separation or the continued institutionalization of children.

The evidence is clear. Decades of developmental research confirm what children have lived for generations: even the most well-funded, sanitized institutions cause deep harm. Studies such as Bick et al. (2015) and Nelson et al. (2016) have shown how institutional care can disrupt healthy brain development, undermining cognitive growth and emotional regulation. These findings are not mere data points; they reflect the lived reality

of millions of children, a reality consistently documented across disciplines including developmental psychology, anthropology, and social policy.

At a moral level, this reality represents a profound failure of care systems. To promise children stability while surrounding them with adults who come and go, who are overwhelmed or simply not present, erodes not only their trust in others but their sense of safety in the world itself. Too often, the international orphan care sector reinforces a harmful story that children are labeled as “orphans” in need of rescue, rather than individuals from families separated by war, poverty, or systemic injustice.

That narrative may be compelling to donors; it simplifies a complex reality into a story that tugs at the heart but erases the truth. More than 80% of children in institutional care have living parents or extended family members doing everything they can under impossible conditions to care for them. When orphanages continue to receive funding while family-preservation efforts remain under-resourced, systems implicitly endorse separation as a solution. This reflects a misalignment between humanitarian intent and child-centered justice.

This moment calls for institutional accountability. Care practices cannot fracture families, commodify children, or prioritize donor satisfaction over child well-being and still claim legitimacy. Organizations that have historically supported institutional care systems must engage in critical self-examination. Listening to those with lived experience—adoptees, former foster youth, and families affected by separation is not optional; it is necessary for building systems grounded in justice, empathy, and human dignity.

Policy and practice must prioritize family-based care, caregiver support, and enforceable accountability mechanisms for institutional settings. Where institutions continue to exist, sponsorship models must be redesigned to support entire families and communities rather than isolating individual children for external attention. Donor agencies and humanitarian organizations must ask difficult questions: Who benefits from these models? Who bears the long-term cost? Are current practices strengthening families or unintentionally sustaining the very harms they seek to address?

Change will not be quick or simple. The global orphan care system is sustained by cultural, financial, and political structures that resist reform. Yet evidence from community-based programs, economic empowerment initiatives, and family reunification efforts demonstrates that alternatives are possible. I have observed local leaders reclaiming agency, caregivers supported to keep their children, and organizations shifting away from short-term emotional appeals toward long-term, family-centered approaches. These efforts are not isolated; they represent viable pathways forward.

Ultimately, reimagining orphan care requires sustained commitment, humility, and structural change. Progress begins by centering the voices of children, families, and communities most affected by these systems and by replacing rescue-based models with partnerships rooted in dignity, accountability, and care that does not require separation to function.

#### Abbreviations

ACLU American Civil Liberties Union  
UN United Nations

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