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**Misguided Altruism: The Risks of Orphanage Volunteering**

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Orphanage volunteering (orphan tourism) describes an activity in which short-term volunteers engage in day-to-day caregiving activities with vulnerable children and youth living in residential care<sup>1</sup>. Volunteers (mostly from high-income countries) work as temporary caregivers for the children (mostly in low- or middle-income countries), typically interacting with the children several hours each day during their visit. Each year, thousands of well-meaning religious institutions, universities, and non-profit organizations sponsor such volunteer trips<sup>2</sup>. Much of the published literature on orphanage volunteering has focused on the effects of the practice on volunteers. We argue that there is also substantial reason for concern about the harm this practice may inflict on the children—especially young children—being raised in these settings.

Although no research has specifically examined the long-term impact of orphanage volunteering on vulnerable children living in residential care, derivative evidence suggests that this practice is potentially damaging to these children. Decades of research on parent-child attachment in early childhood, and a more recent, but compelling body of research on the impact of attachment disruptions has demonstrated that disrupted attachment relationships in young children substantially increase the risk for short and long-term harm. This raises alarms about the effects of short-term volunteer caregiving.

Young children are biologically predisposed to form attachments to adults who regularly care for them. The attachment system has evolved to ensure that young children seek closeness to caregivers when they are frightened, hungry, sick, or in need of reassurance or nurturance. Children develop attachments to caregivers to whom they trust to take care of them – adults who become “attachment figures” because of their consistent responsiveness.

Because of caregiving deficiencies in residential settings -- rotating caregiver shifts, low caregiver-child ratios and instability of caregivers -- children often lack stable and emotionally available attachment figures, and many young children will have no or weakly formed attachments to these caregivers<sup>3</sup>. Thus, children who are being raised in orphanages are especially likely to attempt to form attachments to volunteers who care for them, even if the caregiving relationships have existed only for relatively short periods of time. Indeed, we know from studying children in new foster placements that children begin to develop attachments to new foster parents within days to weeks after placement<sup>4</sup>.

When children develop attachments to caregivers, disrupting these attachment relationships increases risks for negative consequences. Research has documented the harmful effects of disruptions of attachment relationships for children in foster care<sup>5,6</sup>, as well as for children who have experienced early deprivation associated with institutional rearing<sup>7,8</sup>. The harms of disruptions include symptoms of emotional disorders, behavioral disorders, and problems with inhibitory control. These serious sequelae are known to be associated with significant societal costs<sup>9</sup>. Frequent changes in caregivers has been implicated, for example, in the etiology of indiscriminate social behavior, in which children display poor social boundaries with unfamiliar adults, and which is not uncommon among children being raised in group care settings<sup>3</sup>. Increasing numbers of disrupted attachment relationships are associated with increased risks of

many types of psychopathology, in both the short-term and long-term<sup>5-8</sup>. Conversely, reducing caregiving disruptions for young children in foster care has been shown to reduce the incidence of more problematic outcomes for children<sup>10</sup>. Although consequences may be especially deleterious in the early years, disruptions of attachment relationships through middle childhood are also associated with increased risk of serious psychiatric disorders<sup>7,8</sup>. Taken together, these findings indicate that disruptions clearly increase the risk for maladaptation and should be avoided whenever possible.

Based on the available evidence, the repeated experiences of establishing and disrupting attachments resulting from orphanage volunteering poses significant and unnecessary risks of psychological harm, especially to young children. We, therefore, agree with Richters and Norman<sup>1</sup> that the practice of volunteer caregiving is incompatible with the well-being of children.

There are alternatives to becoming a temporary caregiver that may be rewarding to the volunteer and beneficial to children, families and communities. Opportunities to improve the care and safety of children include volunteering in after-school centres to help vulnerable children with homework, art activities and sports, walking children to and from school to enhance their safety ([www.saferspaces.org.za/be-inspired/entry/walking-bus-initiative](http://www.saferspaces.org.za/be-inspired/entry/walking-bus-initiative)), playing and reading with hospitalized children (<https://www.nelsonmandelachildrenshospital.org/nmch-volunteer-program>), or volunteering in early child development centres (e.g., [www.tree-ecd.co.za/volunteer](http://www.tree-ecd.co.za/volunteer)). Many of these activities are under-resourced, and volunteers could make productive contributions without assuming transient primary caregiving roles.

We encourage volunteers and organizations to develop models of engagement that do not involve volunteers providing direct care to children and the consequent risks of long-term emotional and developmental harm.

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