

# Social Eugenics Practices With Children in Hitler's Nazi Germany and the Role of Social Work: Lessons for Current Practice

Stephanie Johnson, MSW, MAASW, EMDRIM  
Charles Sturt University  
Wagga Wagga, New South Wales, Australia  
[stjohnson@csu.edu.au](mailto:stjohnson@csu.edu.au)

Bernadette Moorhead, BSW  
Wagga Wagga, New South Wales, Australia

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## Abstract

This paper will explore the role of social work in Nazi Germany, as well as the ideas of social eugenics that underpinned government policies. This paper is written from the perspective of a Western Gentile, reviewing the implications for social work of the profession's involvement in the Nazi social policies of the day, and the lessons learned for contemporary practice.

**Key Words:** Social work, Nazi social policy, Human rights, Ethics.

## 1. Introduction

The underpinning values of social work clearly align with human rights discourse, particularly in relation to upholding the importance of individual worth and dignity (Healy, 2008). In fact, today social work can be considered a human-rights-based profession, as indicated by our commitment to International Human Rights Declarations and Conventions. The Universal Declaration of Human Rights is one such example (Ife, 2001; International Federation of Social Workers, 2005). Our actions have stood in stark contrast to this at different times in history, however. The profession of social work has been and continues to be entwined within the context of caring/control roles. As

described by Ife (1997), since its inception social work has been a contradictory and perplexing profession – operating within societies that want both to help and to control the disadvantaged. It is in such contexts that social workers have often operated at opposite ends of the caring/control spectrum, and even engaged in roles that have led to the oppression of the most disadvantaged. This is supported by Abramovitz (1998), who discusses the history of social work as including progressive activism, but also producing “handmaidens” who have served the interests of the status quo. As such, this history has created an ongoing struggle and contradiction in our profession. For the social worker operating in current practice, we are faced with this contradiction and have the

task of navigating through the caring/control dichotomy in our everyday interactions with clients. Therefore, in such a context, what is our mandate?

This perplexing reality can be clearly highlighted through consideration of the 19<sup>th</sup>- and 20<sup>th</sup>-century social eugenics movement that took hold on an international scale in Westernized countries, and was implemented through various social policies (Berenbaum & Peck, 1998). This movement was taken to extreme levels in Nazi Germany during World War II, as social policies based on ideas of “social hygiene” led to the genocide of millions. It is within this historical period that the contradiction and perplexing nature of social work can be clearly shown – as there were both those who actively operated within Nazi policy, and those who stood against it. This paper discusses the killing of children and adolescents in National Socialist (Nazi) Germany. Rogow (1998) argues that children with disabilities, orphans, juvenile delinquents and non-conformist young people were Adolf Hitler’s “unwanted children,” and subsequently Hitler ordered the killing of thousands of children who did not fit his “super race” ideal. This paper will explore the role of social work in carrying out Hitler’s social eugenics policies. Consideration of this period and the social work role provides lessons for contemporary practice regarding our values and mandate to advocate for the most vulnerable, through upholding human rights.

## **2. Social Eugenics Movement: a Path to the Holocaust**

The social eugenics movement was an international phenomenon that took hold in developed Western countries (Berenbaum & Peck, 1998). The movement was an extension of social Darwinism, and developed in the 19<sup>th</sup> Century (Kennedy, 2008). Its underlying belief was that human inequality was based on hereditary factors. As such, in order to improve mankind, it was

held that “inferior” people must not procreate, while those considered “superior” must be actively encouraged to do so (Browning, 2004; Kennedy, 2008). Those determined inferior and superior were done so based on subjective value judgments around intelligence, diligence and sobriety, for example. This led to such judgments being grouped with racial and class groups that were accordingly stratified in society. For the most part, the poor and non-white groups were targeted as inferior (Browning, 2004).

The ideas of eugenics became incredibly popular and influential, shaping the work of many professions including politicians, social scientists, and even social workers (Kennedy, 2008). For example, among other countries, it became enshrined in policy in the United States, leading to the sterilization of individuals believed to carry genetic defects termed “mental retardation” (Giles, 1992; Kennedy, 2008). In an extensive exploration, Kennedy (2008) explores the ideas of eugenics and its influence on the beliefs and practices of social workers during the 19<sup>th</sup> Century in the United States. During this time and into the 20<sup>th</sup> Century, the belief in eugenics motivated various social work practices. These practices became embedded in the scientific, medical approach, emphasizing mental and social hygiene. As a result, this approach led to the social control of many populations, in particular the poor. Therefore, eugenics language and subsequent practice was adopted by many leading social work practitioners (Kennedy, 2008). Another international example of eugenics ideas in practice is the Stolen Generation of Australia. Between 1910 and the 1970s, under various policies Indigenous children were systematically removed from their families in order to be integrated and “civilized” into western society, and thus to annihilate the Aboriginal culture that was considered inferior and a burden on the settlers (Gigliotti, 2003; Krieken, 1999; Short, 2008). These practices came under the

banner of “protection and segregation” and as such were considered logical steps for improving society, as the Indigenous people would be civilized into mainstream Western values (Short, 2008). Other examples have included the First Nations peoples of Canada, and the Maoris of New Zealand, to name just a few (Armitage, 1995; Haigh-Brown, 1988). Again, the ideas underpinning these practices can be traced back to social Darwinism with an emphasis on the survival of the fittest (Short, 2008).

Social workers have actively assisted with the implementation of such policies, which is evident by our history of placing the demands of the state ahead of the rights of an individual requiring assistance (Williams, Soydan, & Johnson, 1998). This is supported by Lorenz (1994), who goes on to state that the most dramatic example of this is the situation of Nazi Germany, where many of the population, including social workers, have been implicated in assisting the government’s “genocidal preoccupations.” According to Browning (2004), the eugenics movement was international, but it took on a particularly horrifying form in Nazi Germany during World War II. This was due to three main factors. First, the belief in eugenics was widely accepted and taught in educational institutions, particularly universities. Second, eugenics strongly aligned and supported nationalistic values of promoting “Aryan” superiority and anti-Semitism. Finally, respectable individuals advocated for laws that went beyond sterilization and control to killing those judged to be “unworthy of life.” Thus, the path to eliminating those considered “unfit” was incredibly straight (Browning, 2004). The main initiators of the policy were physicians (Browning, 2004; Giles, 1992), but ultimately they were supported through the actions and non-actions of Germans from all backgrounds, including social workers.

### **3. Social Eugenics Practices with Children in Hitler’s Nazi Germany**

The killing of men, women and children more than 60 years ago continues to haunt humanity. The Holocaust is still a thorn in our side, and never far away is our sense of questioning of how humans can commit such acts, and whether these events could be played out again.

The reign of the Nazi government has been described as one of propaganda and terror for those who came under its control. As shown by countless individual narratives from this era, no one was safe: children turned against parents, friends against friends, citizen against citizen (Rogow, 1998). Safety was ensured only for those who toed the Nazi party line. Mind control, secrecy, fear, and lies ruled the tyrannical system of the Nazi movement. The climate in Nazi Germany from 1939 onwards, if not earlier, was dangerous for those who did not fit the ideal of the Aryan race, and those who did not conform to Nazi beliefs were under threat of work camps or even death. By the end of 1941 no one was safe from Hitler. If one did not have correct social genetics, or did not conform to the Nazi ideals and values, one was at risk. Few were safe, least of all members of the Jewish race. Within this climate of mistrust, insecurity, and total dependence on the Nazi state was the policy of social eugenics, also known as social hygiene (Kunstreich, 2003). The ideas of social eugenics were wholly embraced by Hitler and the party to keep the “Aryan race” pure from defect and unwanted foreigners. As such, the government determined who was fit to live and fit to reproduce, and those who did not suit the criteria were forced into a sterilization procedure, as well as being killed off (Giles, 1992; Rogow, 1998).

It was a fable that only children with severe disabilities were killed under Hitler. In fact, no child was safe. Children of foreign/inferior breeding (Jewish, Gypsy and non-white children), and those with hearing or sight impairments, physical disabilities,

emotional or behavioural disorders, mental health problems, intellectual disabilities, and speech difficulties were all liable to be removed from caring institutions or from their families to brutal institutions which, in the most part, led to death (Rogow, 1998). Orphans, as well as teenage non-conformists and delinquents, were also subject to horrific measures under Hitler's social eugenic/social hygiene policies. For example, children with mental disabilities were sterilized without consent; boys were kept alive until they were ten, then becoming cheap slave labor for the Nazi Motherland. Those not selected for these jobs were killed in the gas chambers (Ziemer, 1941).

Children as young as twelve were working long hours for no pay. Furthermore, it was common practice to kill mental patients in order to free up hospital beds for wounded soldiers, or simply to keep the welfare costs down (Rogow, 1998). Under Hitler's regime parents were cajoled, coerced, or ultimately forced to give up their disabled children to institutions (Burleigh, 1994). Another tactic to place pressure on families to give up their children to the state was to refuse hospital care to any child with a disability. In the institutions, abuse, violence, hunger, and starvation were common, and the possibility of death always lingered (Burleigh, 1994). Moreover, atrocities were carried out by members of the SS, SA, Hitler Youth and League of German Maidens, who for fun took tours of children's institutions. These "visitors" saw the institutions as a "freak show," and participated in brutal behaviour against the children (Aly, Chroust, & Pross, 1993). Violence and degradation were the core values of Nazi Germany, where life was cheap if you did not conform to the "superior Aryan race" model.

The measurement instrument used to deem a child not fit for the Aryan race was based on pseudo-scientific measures, supported by faulty scientific rationales. At the time, however, the ideas of social eugenics were

considered to be based on appropriate rational science, and were thus seen as logical and necessary for the improvement of the human race. Among these factors, coupled with the nationalist desires of the Nazi government, the path to genocide was smooth (Browning, 2004).

The removal of "defective" children from the community in Germany was developed for two reasons: firstly, as a result of the social eugenic policy of the day; and secondly, to send a message to the community that the Nazi government was in control of the public and private lives of German citizens (Peukert, 1987). Tactics of fear and control in maintaining power and authority were for the most part effective (Rogow, 1998).

Hitler and the Nazi party were experts in power and control. Opposition to their policies or criticism was not tolerated and a visit from the SS was commonplace. The belief that German parents approved of the killing of their children is challenged by hundreds of cases that were brought to the courts during that time, accusing the hospitals of negligence and causing the deaths of their children (Rogow, 1998). Pre-Nazi Germany had a progressive system of rehabilitative education and an integrated approach for children with disabilities. Children with learning and developmental needs had been integrated into community schools long before other Western countries implemented this approach (Rogow, 1998). All this was reversed when Hitler came into power. In Hitler's Germany, Nazi bioscience and racism were common in all aspects of social, health and educational policies. Social Darwinism and eugenics claimed that social problems could be solved by preventing people with mental health problems or intellectual disabilities from having children (Browning, 2004). Laws were implemented so that only people of genetic value (determined by the state) could marry and produce children (Peukert, 1987). Criteria such as suspected intellectual delay, poor

work habits, and delinquency were used as a system of social selection. This served as a powerful message to the citizens of Germany: conform or suffer the consequences.

#### **4. Social Eugenics and Social Work: Campaign Against the Vulnerable**

As early as 1943, genetic health courts were created for the sole purpose of enforcing Nazi health laws and decrees (Peukert, 1987). Documents from this era reveal that public health officials, doctors, teachers, and social workers were also required to report children who were deemed to have a disability or emotional problem (Rogow, 1998). According to Giles (1992), social workers and nurses had the responsibility to submit official documentation in regards to individuals they considered unfit. At times these submissions were based on the most slender of grounds. The hunt for Hitler's unwanted children was intense and exhaustive. Hitler was personally involved in the plan to kill children and adults with disabilities, as he went so far as to make propaganda films. *Victims of the Past* was a film made to persuade the public of the necessity of eliminating children and adults with genetic defects for the good of Germany; this film was shown across Germany.

It is well documented that doctors, nurses, and to a lesser extent social workers were involved in Germany's social eugenics policy (Kunstreich, 2003). Social workers worked in institutions where the children with disabilities resided. They were also given the task of seeking out children in the smaller communities and determining whether they were fit or unfit to live. Stories of mothers hiding their children from the authorities, including both nurses and social workers, were common.

In the 20<sup>th</sup> Century, there is a recurring theme of the state controlling particular minority

groups' lives and determining whether, in effect, they should live or die. As stated, social work has a stormy past in carrying out the bidding of the government, for example the "Stolen Generation" of Australia. Up until 1973, it was Australian government policy to remove certain children from Indigenous families, and to relocate those children with white families or to brutal institutions; as in Nazi Germany, these practices were founded on the ideas of social eugenics (Short, 2008).

#### **5. Exclusion Economics and the Children**

Under Hitler, special schools, residential facilities and asylums were run down, and little capital was invested. Money was often siphoned off for "healthy children," for whom Hitler had free summer camps, allowances and public health care. From 1941, families with children with disabilities were denied family allowances. However, if the state a family healthy, they were then entitled to a family allowance (Rogow, 1998). This economic disadvantage served two purposes: firstly, to place pressure on the non-compliant family via withdrawing money, and secondly, to send a message that the government would not support unfit children.

Schools were taken over by Hitler's regime and in some locations if teachers wanted to keep their jobs they had to join the Nazi party. The state controlled how and what teachers taught students. The teaching profession, once highly regarded, received little status in Hitler's Germany (Rogow, 1998). Schools began to have a shortage of qualified teachers, so the number of untrained teachers increased.

#### **6. The Euthanasia Programs in Hospitals and Institutions**

Killing certain groups of children was an important priority on Hitler's agenda. In

1939, just a few days after the war began, Hitler passed a decree giving permission to doctors to eliminate children (Kogon, Langbein, & Rueckerl, 1993). It was referred to as the “Mercy deaths” or the “Program,” where children were planned as the first to go, followed by adults with disabilities (Aly, 1993). Doctors were rewarded handsomely for their involvement in these “special programs.” Despite some belief that the German public supported these killings, secrecy surrounded the euthanasia programs. The myth that children had a quick painless death is debunked by Burleigh (1994), as he argues that for many children death was long, drawn out, and painful. Experiments on children with cerebral palsy or other neurological conditions were common in Germany during this period. It was customary practice for children to be conscious and without any pain relief; and once research was completed the children were “disinfected” (killed). Many doctoral students gained their degrees via such experiments on children under Hitler’s regime (Friedlander, 1995; Burleigh, 1994).

## **7. “Mercy Killings” and Secrecy**

Killing disabled children extended to all of the Nazi-controlled countries, including Austria and Poland. The killing of children and adolescents did not stop until the Allied occupation, 21 days after Germany lost the war, May 29, 1945. Among the 250,000 to 350,000 people who were murdered in Nazi euthanasia programs, at least one fourth were children and adolescents (Rogow, 1998).

Silence surrounded this slaughter of unwanted children after the end of the war. There were very few published accounts of the child murders. In fact, doctors and nurses often continued in the same roles and hospitals where the killing had occurred (Rogow, 1998). Although, according to Rogow (1998), the Nazi victimization of vulnerable children was unique in its organization and in its perversion of science

for political gain, it remains a lasting reminder of the dangers of making value judgments on human life, and of separating science from humanity. The one thing that social work opposes now, it colluded with then. At the very hour when the vulnerable needed an advocate, many social workers were silent. In Hitler’s Germany, the prevailing attitude was that children with disabilities were valueless and devalued by the general population. This attitude, along with the pseudoscience of social eugenics, sowed the seeds of discrimination, abuse, and death of the most vulnerable.

## **8. Social Workers Taking a Stand**

Despite the reality that some social workers supported the Nazi regime and its various social policies (Kunstreich 2003), it is vital to highlight that there were practitioners who refused to live and act by the ideology of the day. These individuals took a stance that placed them on the opposite spectrum of caring/control roles, and actively did what they could to help the oppressed. First, Alice Salomon, who was considered a founder of German professional social work and social work education, continually advocated for peace and disarmament, and for women’s rights. These actions put her in direct conflict with the Nazi party’s goals of military expansion and clearly defined roles of women. As such, she was ultimately expelled from Germany (Kuhlmann, 2008). Another social worker, Irena Sendler, played a vital role during 1942-43, rescuing 2,500 Jewish babies and young children from a ghetto in Warsaw, Poland (Wieler, 2008). These women are but two exemplary examples of being a part of social work’s history to advocate for the vulnerable and work towards social change embedded in a discourse of rights – most importantly, the right to life (Abramovitz, 1998).

## **9. Social Work and Social Eugenics**

Nazi bio-genetic theory and pervading ideologies, supported by the pseudoscience of the eugenics movement, encouraged all Germans, including social workers and social welfare workers, to attribute everything that went wrong in their programs to the genetic faults of the children in their care (Browning, 2004; Peukert, 1987). In most cases, it was a “blame the victim” mentality. In reviewing the literature it is difficult to obtain a clear picture of the social work profession during this time. As identified by Kunstreich (2003), though, there is documented evidence that some social workers actively supported the Nazi regime, and as such assisted with implementing social policies that were based on “Social Hygiene.” Moreover, their practice occurred in an environment of control and compliance. If one failed to follow instructions, then punishment, loss of career and possible persecution might follow – Alice Salomon being one such example.

Social eugenics was the current theory in Nazi Germany, a theory held to be scientific and therefore good for the whole of humanity. Professionals believed in this science and thus accepted some of the consequences of decisions made on the basis of social eugenics theories. Failures of the social welfare system were blamed on the un-treatability of the child clients, which further endorsed belief in social eugenics. One could possibly argue that these social workers were the product of their time, and caught up in a powerful ideology held as scientific and good for Germany. There is a good argument that the German social workers who implemented Nazi policy, however, were unethical and in breach of recognized universal social work ethics and values. Contemporary social work today grapples with the issue of ensuring global social work practices are ethical and value human worth, while faced with the demands of government policies that in many cases have the potential to control and oppress the disadvantaged (Ife, 1997).

## **10. Lessons from the Past: Values for the Future**

Ultimately the Nazi government utilized social work in achieving its own goals, which including assisting the “worthy strong” at the expense of the “unworthy underclass” who were of no value under their ideology (Barney & Dalton, 2006). As such, too many social workers became parts in the Nazi machine that killed millions (Barney & Dalton, 2006). This is a difficult reality to face, as described by Kunstreich (2003), since few professions embrace criticism. This is supported by Williams, Soydan, and Johnson (1998), who state that this past has left a legacy that includes a reluctance to examine and learn from it. The lessons that can be learned from this historical situation, however, are vital and thus require magnification.

In our social work pursuit to improve human and individual well-being, we can become caught in a tangle of ideologies (as highlighted in the Nazi German situation) that can in fact do the opposite at times, and lead to the abuses of many vulnerable groups. Therefore, one can argue that social work operates on a fine ethical line that can be skewed, and thus requires an appropriate guiding framework that can prevent such atrocities being repeated. As identified by Barney and Dalton (2006) the Nazi experience highlights the need for a deeper understanding of contemporary moral dilemmas, and an evaluation of social work’s response to these issues. Furthermore, our profession must be vigilant in examining possible socio-political oppression and discrimination, in order to avoid succumbing to the pressures of conforming out of fear or ambition. Furthermore, any denial of civil liberties in society should alert social workers to the possible misuse of power, and such realities should be motivators both for professional advocacy, and for individual and collective responses (Barney & Dalton, 2006). Such responses can be founded out of

a human rights framework, constructed by the discourses of relevant universal declarations and conventions. This is a timely discourse, considering its vast development that arose from the experience of World War II.

In his book *Human Rights and Social Work: Towards Rights-Based Practice*, Ife (2001) details such a framework. According to him, incorporating a human rights perspective in social work can strengthen our profession and provide a strong basis for practice that seeks to realize goals of social justice, in whatever setting. Furthermore, a human rights view can inform our everyday practice, across all levels of social work interventions (Ife, 2001). Where human rights discourse covers all sections of society, from individuals to communities, so, too, does social work practice (Healy, 2008; Ife, 2001). Therefore, our profession can align appropriately with a human rights framework founded on values of human worth and dignity, liberty, and the opportunity to live to your potential. As identified earlier, the social work legacy is based on a contradictory and perplexing identity, involving controlling positions, being instruments for carrying out unjust policies, and also standing against them. A human rights framework that is international in nature provides clarity to our profession, by clarifying our mandate to advocate for and with the most vulnerable.

In conclusion, the Nazi experience provides valuable lessons for contemporary social workers, by showing where we have come from and what can go horribly wrong. Therefore, in looking to the past, we can go forward and renew our dedication to the values and ethics of our profession that are based on a commitment to human rights.

## 11. Conclusion

The reality of Nazi Germany and the role that social workers played are an extreme

example, but it highlights the potential for our profession to be caught in ideological frameworks and practices that can lead to devastating outcomes – namely the abuse of human rights. Consideration of these realities is vital for current social work practice, as we are able to learn from the past. This background highlights that to whatever context we practice, we bring ourselves – our history as a profession, as well as our values and beliefs. Our worldview is formed by this history and these values, and it influences our actions with clients. As such we must be clear about what those values are and the mandate of our practice – a mandate based on human rights discourse. When in a position of asking people to change or conform, what is it exactly that we want them to be? More importantly, is it consistent with our values and human rights ideals, and considered in the context of potential structural oppression? Such questions place us in a position to identify potential oppression, and act according to our social work mandate.

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