

Table One: Stereotypes and their Historical Purposes

Elements of identity	A few common stereotypes about people with these identities and circumstances	Historical origins of stereotypes, the ideas behind them, and a few of the decisions and actions they have supported
An African American	Primitive, lazy, stupid, “shiftless,” uneducated, poor, “low-class,” ridiculous, subservient but cunning, criminal, dangerous, hypersexual, doesn’t feel pain anywhere near as strongly as a White person would	These and other myths and stereotypes arose with colonization, the slave trade, commercial use of convict labor, medical experimentation, etc., used to justify and support those industries by influencing public policy and opinion.
An African American woman	Everything listed above, PLUS: angry, loud, boisterous, “ghetto,” promiscuous, sexually available, animalistic in her sexuality, using sex for gain, often falling into one of the caricatures (e.g., Jezebel, Sapphire)	The rape of Black women by their enslavers was a common way of seeking pleasure and seeding a new enslaved generation. These stereotypes were used to rob them of their voices and justify rape, torture, and other atrocities.
A Black Woman with an SUD	Everything listed above, PLUS: weak willed, morally deficient, cannot be trusted, cannot truly recover, trading sex for money and/or drugs, destined to become a sex worker	Criminalizing and moralizing against African Americans with substance use disorders has been used successfully as a political tool and as incentive to support, fund, and deregulate the for-profit prison industry
A pregnant Black woman with an SUD...	Everything listed above, PLUS: selfish, not able to control her sexual appetites, single mother whose partner is out of the picture, needing public assistance, using pregnancy to get more public assistance, unwilling or unable to care for her children	The confluence of stereotypes listed above is not easily reconciled with our hopes and ideals for pregnancy and motherhood. Stereotypes can be powerful even if they are not consciously held, further confusing the already perilous decisions of medical, treatment, child welfare, and justice staff.
...who is seeking or receiving opioid agonist treatment	Everything listed above, PLUS: drug-seeking, looking for a “high” from the meds, selling the meds, putting her baby at risk, lying about her pain, doesn’t need much (or any) pain meds because the agonists should kill the pain	At this intersection, there may be too many myths and stereotypes for rational thought. Loving family members and well-meaning practitioners might make painful and harmful decisions—hazardous to the mother, the fetus, the newborn child, and the whole family—based on a lack of current knowledge.
Sources of Content: Rosenthal & Lobel, 2016; Kendi, 2017; Yu et al., 2022; and Pilgrim, 2023.		