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# A Review of the State of HIV Nursing Science With Sexual Orientation, Gender Identity/Expression Peoples

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## Abstract

Throughout the HIV pandemic, nurses have contributed to or led approaches to understanding the effects of HIV disease at individual and societal levels. Nurses have advocated for socially just care for more than a century, and our efforts have created a foundation on which to further build the state of HIV nursing science with sexual orientation and gender identity/expression (SOGI) Peoples. Nurses have also participated in the development of approaches to manage HIV disease for and in collaboration with populations directly affected by the disease. Our inclusive approach was guided by an international human rights legal framework to review the state of nursing science in HIV with SOGI Peoples. We identified articles that provide practice guidance ( $n = 44$ ) and interventions ( $n = 26$ ) to address the health concerns of SOGI Peoples and our communities. Practice guidance articles were categorized by SOGI group: SOGI People collectively, bisexual, transgender, cisgender lesbian, women who have sex with women, cisgender gay men, and men who have sex with men. Interventions were categorized by societal level (i.e., individual, family, and structural). Our review revealed opportunities for future HIV nursing science and practices that are inclusive of SOGI Peoples. Through integrated collaborative efforts, nurses can help SOGI communities achieve optimal health outcomes that are based on dignity and respect for human rights.

**Key words:** human rights, LGBTQ+, nursing intervention, nursing practices, postexposure prophylaxis, pre-exposure prophylaxis

Throughout the HIV pandemic, nurses have contributed to or led approaches to understanding the effects of HIV disease at individual and societal levels. Nurses who identify as members of sexual orientation and gender identity/expression (SOGI) communities

have contributed to advancing the health and social care needs of SOGI people living with HIV as well as all people living with HIV. The efforts of these nurses were intended to address long-standing health disparities among Black, Hispanic, Indigenous, and other People of Color (BHIPOC) and SOGI Peoples. Nurses have advocated for socially just care for more than a century, and our efforts have created a foundation on which to further build the state of HIV nursing science with SOGI Peoples.

Nurses have also participated in the development of approaches to manage HIV disease for and in collaboration with populations directly affected by the disease. Since its emergence in the early 1980s, HIV disease has disproportionately affected SOGI People—primarily gay and bisexual men, Two-Spirit people, transgender women—and BHIPOC populations worldwide. Key SOGI terminology in a context of HIV nursing is defined in Table 1. Symptoms of the syndrome that became known as AIDS and its causative agent (HIV) were first identified among young gay men in San Francisco and New York City. AIDS was initially identified as a constellation of symptoms, atypical cancers, and opportunistic infections that affected populations in an atypical way. For example, before the emergence of HIV, Kaposi sarcoma was considered a disease of older men of Mediterranean descent. According to recent global data, there are more than 37.9 million persons living with HIV

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**Table 1. Sex, Sexual Behavior, and Gender Terminology**

Term	Definition
Ally	A person who supports members of the sexual orientation, gender identity/expression (SOGI) community and promotes equality (Aisner et al., 2020)
Asexual	A sexual orientation in which a person has no or limited sexual desire or attraction to other people (Aisner et al., 2020; Burton et al., 2021)
Barebacking	Engaging in anal intercourse without a condom (Burton et al., 2021)
Bigender	A gender identity identified in which a person has two fully functioning gender identities, whether experienced simultaneously or at varying times (Burton et al., 2021)
Biphobia; biphobic	Prejudice or discrimination toward people who are bisexual, which may include assuming that people who are bisexual are really another sexual orientation (Peate, 2008)
Bisexual	A person who is sexually, emotionally, and/or romantically attracted to more than one sex or gender identity and not necessarily simultaneously or to the same degree (Aisner et al., 2020)
Cisgender	A person whose gender identity matches their assigned or biological sex (Aisner et al., 2020; Burton et al., 2021)
Cisnormativity	The assumption that all people have a gender identity congruent with their assigned sex (Burton et al., 2021)
Gay	Traditionally, a man who is sexually, emotionally, and/or romantically attracted to other men; the term now refers to any person who is sexually, emotionally, and/or romantically attracted to people of the same sex (Aisner et al., 2020)
Gender	The roles, behaviors, activities, attributes, and opportunities that any society considers appropriate for people based on their identity as male or female; it interacts with, but is different from, biologically determined sex (Burton et al., 2021)
Gender dysphoria	Distress caused by an incongruence between one's gender identity and their primary and/or secondary sex characteristics (Aisner et al., 2020)
Gender expression	How people express their gender, usually through physical characteristics or behaviors (Aisner et al., 2020)
Gender-fluid	People who do not identify with a single fixed gender and whose gender ranges along the spectrum of masculine to feminine identity (Aisner et al., 2020; Burton et al., 2021)
Gender identity	A person's inner sense of their gender, which may or may not align with their biological sex (Aisner et al., 2020)
Gender nonconforming	People who do not align with traditional gender expectations or societal norms ascribed to men and women (Aisner et al., 2020; Burton et al., 2021)
Genderqueer	A person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders (Burton et al., 2021)
Heteronormativity	An exclusionary belief structure in which binary gender identity (i.e., male or female) and heterosexual orientation are the norm (Burton et al., 2021)
Homonegativity	Social force that deleteriously affects the lives and well-being of SOGI People (Jewell & Morrison, 2012)
Homophobia; homophobic	Prejudice or discrimination toward people who have sex with people who are the same gender as themselves (Peate, 2008)
Intersex	An umbrella term used to describe a wide range of varying primary or secondary sex characteristics (chromosomes, internal sex organs, external genitalia, etc.) that may or may not be visible (Aisner et al., 2020; Burton et al., 2021)

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**Table 1. (continued)**

Lesbian	A woman who is sexually, emotionally, and/or romantically attracted to other women (Aisner et al., 2020)
Lesbophobia; lesbophobic	Prejudice or discrimination toward lesbian people
Men who have sex with men (MSM)	An epidemiological category based on sexual behaviors that includes all men who engage in sexual acts with other men; historically and in some national contexts, transgender women have been or are categorized as MSM (Young & Meyer, 2005)
Nonbinary	A person who does not identify as exclusively male or female (Aisner et al., 2020)
Nonbinary genetics	Sex chromosome arrangements other than XX (female) and XY (male; Burton et al., 2021)
Pansexual	A person who is emotionally, romantically, or sexually attracted to people of all gender identities or gender expressions (Aisner et al., 2020; Burton et al., 2021)
Polyamory	The practice of engaging in multiple sexual relationships with the consent of all the people involved (Burton et al., 2021)
Queer	A term used by many to express any person with a sexual orientation or gender identity varying from traditional societal norms (Aisner et al., 2020); formerly a pejorative, now adopted as an empowering identity (Burton et al., 2021)
Questioning	A person who has not defined or is in the process of redefining their sexual orientation or gender identity (Burton et al., 2021)
Seroconcordant	Term used to describe when sexual partners share the same identified HIV serostatus (Blackwell, 2018)
Serodiscordant	Term used to describe when sexual partners share different identified HIV serostatuses (Blackwell, 2018)
Serosorting	A behavioral HIV prevention strategy in which an individual self-selects a sexual partner with the same identified HIV serostatus (Blackwell, 2015)
Sex	A label assigned to an individual at birth based on genital anatomy and/or chromosomal arrangement; sex does not necessarily align with gender identity (Burton et al., 2021)
Sex assigned at birth	The sex (male or female) assigned to an individual at birth, usually based on external genitalia (Aisner et al., 2020)
Sexual orientation	A person's identity state or enduring pattern in relation to emotional, romantic, or sexual attraction to other people (Aisner et al., 2020)
Transgender	An individual whose gender identity differs from their biological sex; trans is an acceptable form of the word; being transgender does not imply sexual orientation (Aisner et al., 2020; Burton et al., 2021)
Transphobia; transphobic	Prejudice or discrimination toward transgender people
Two-Spirit	A term used within some, primarily North American, Indigenous communities that reflects complex Indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures; specific terminology varies across Indigenous communities, cultures, and languages (Indian Health Service, 2020; Provincial Health Services Authority, 2020)
Women who have sex with women	An epidemiological category based on sexual behaviors that includes all women who engage in sexual acts with other women (Young & Meyer, 2005)

(PLWH); when compared with the general population, men who have sex with men (MSM) are 22 times more likely and transgender persons are 12 times more likely to develop HIV

infection (Joint United Nations Programme on HIV/AIDS, 2019). Among newly diagnosed PLWH globally, 17% are MSM and 1% are transgender women (Avert, 2018).

**Table 2. Health-Related YP+10 Principles: A Guiding Framework for Nursing Actions Related to HIV With SOGI Peoples**

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
2. Rights to Equality and Non-discrimination	<p>Everyone is entitled to enjoy all human rights without discrimination on the basis of sexual orientation or gender identity. Everyone is entitled to equality before the law and the equal protection of the law without any such discrimination whether or not the enjoyment of another human right is also affected. The law shall prohibit any such discrimination and guarantee to all persons equal and effective protection against any such discrimination.</p> <p>Discrimination on the basis of sexual orientation or gender identity includes any distinction, exclusion, restriction, or preference based on sexual orientation or gender identity which has the purpose or effect of nullifying or impairing equality before the law or the equal protection of the law, or the recognition, enjoyment, or exercise, on an equal basis, of all human rights and fundamental freedoms. Discrimination based on sexual orientation or gender identity may be, and commonly is, compounded by discrimination on other grounds, including gender, race, age, religion, disability, health, and economic status.</p> <p><i>States shall:</i></p> <p>f) Take all appropriate action, including programmes of education and training, with a view to achieving the elimination of prejudicial or discriminatory attitudes or behaviours which are related to the idea of the inferiority or the superiority of any sexual orientation or gender identity or gender expression.</p> <p><i>YP+10 additional obligations</i></p> <p>H) Ensure that HIV status is not used as a pretext to isolate, marginalise, or exclude persons . . . , or prevent them from accessing goods, commodities, and services;</p> <p>L) Combat the practice of prenatal selection on the basis of sex characteristics, including by addressing the root causes of discrimination against persons on the basis of sex, gender, sexual orientation, gender identity, gender expression and sex characteristics, and by carrying out awareness-raising activities on the detrimental impact of prenatal selection on these grounds;</p> <p>M) Take measures to address discriminatory attitudes and practices on the basis of sex, gender, sexual orientation, gender identity, gender expression, and sex characteristics in relation to the application of prenatal treatments and genetic modification technologies.</p>	<ul style="list-style-type: none"> <li>• Advocate for equity in access to health care services. This includes specific advocacy efforts to prevent erosion of civil rights for SOGI Peoples by providing expert opinion in court cases such as the recent US Supreme Court case that afforded SOGI People equal workers' rights in the United States (<i>Bostock v. Clayton County</i>, 2020).</li> <li>• Provide nonjudgmental nursing and health care.</li> <li>• Work with SOGI communities to identify their priorities in the context of larger minority groups' health needs and priorities.</li> <li>• Integrate content specific to the challenges faced by SOGI Peoples into nursing curricula for preservice training programs and collaborate with nurse educators to develop and implement in-service training programs to improve nurses' knowledge base related to SOGI Peoples and their health needs.</li> </ul>
4. Right to Life	<p>Everyone has the right to life. No one shall be arbitrarily deprived of life, including by reference to</p>	<ul style="list-style-type: none"> <li>• Nurses are bound by the Hippocratic Oath to do no harm.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>considerations of sexual orientation or gender identity. The death penalty shall not be imposed on any person on the basis of consensual sexual activity among persons who are over the age of consent or on the basis of sexual orientation or gender identity.</p> <p><i>States shall:</i></p> <p>a) Repeal all forms of crime that have the purpose or effect of prohibiting consensual sexual activity among persons of the same sex who are over the age of consent and, until such provisions are repealed, never impose the death penalty on any person convicted under them;</p> <p>b) Remit sentences of death and release all those currently awaiting execution for crimes relating to consensual sexual activity among persons who are over the age of consent;</p> <p>c) Cease any State-sponsored or State-condoned attacks on the lives of persons based on sexual orientation or gender identity and ensure that all such attacks, whether by government officials or by any individual or group, are vigorously investigated, and that, where appropriate evidence is found, those responsible are prosecuted, tried, and duly punished.</p>	<ul style="list-style-type: none"> <li>• All nursing actions ought to be provided in a way that they protect life, attain optimal health, and achieve death with dignity.</li> <li>• Advocate for modernization of laws and policies that criminalize HIV and experience of being a lesbian or a gay man.</li> </ul>
6. Right to Privacy	<p>Everyone, regardless of sexual orientation or gender identity, is entitled to the enjoyment of privacy without arbitrary or unlawful interference, including with regard to their family, home, or correspondence as well as to protection from unlawful attacks on their honour and reputation. The right to privacy ordinarily includes the choice to disclose or not to disclose information relating to one's sexual orientation or gender identity, as well as decisions and choices regarding both one's own body and consensual sexual and other relations with others.</p> <p><i>States shall:</i></p> <p>f) Ensure the right of all persons ordinarily to choose when, to whom, and how to disclose information pertaining to their sexual orientation or gender identity, and protect all persons from arbitrary or unwanted disclosure, or threat of disclosure of such information by others.</p> <p><i>YP+ 10 additional obligations</i></p> <p>G) Ensure that requirements for individuals to provide information on their sex or gender are relevant, reasonable, and necessary as required by the law for a legitimate purpose in the circumstances where it is sought, and that such requirements respect all persons' right to self-determination of gender;</p> <p>H) Ensure that changes of the name or gender marker, as long as the latter exists, is not disclosed</p>	<ul style="list-style-type: none"> <li>• Address patients by their preferred name and provide assurances about confidentiality of medical record information.</li> <li>• Work with patients to ensure that gender identity, sexual orientation, and HIV status disclosure occurs with their knowledge and expressed consent.</li> <li>• Ensure that patient confidentiality is maintained throughout clinical interactions and as part of research processes.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	without the prior, free, and informed consent of the person concerned, unless ordered by a court.	
9. Right to Treatment with Humanity While in Detention	<p>Everyone deprived of liberty shall be treated with humanity and with respect for the inherent dignity of the human person. Sexual orientation and gender identity are integral to each person's dignity.</p> <p><i>States shall:</i></p> <p>a) Ensure that placement in detention avoids further marginalising persons on the basis of sexual orientation or gender identity or subjecting them to risk of violence, ill-treatment or physical, mental or sexual abuse;</p> <p>b) Provide adequate access to medical care and counselling appropriate to the needs of those in custody, recognising any particular needs of persons on the basis of their sexual orientation or gender identity, including with regard to reproductive health, access to HIV/AIDS information and therapy, and access to hormonal or other therapy as well as to gender-reassignment treatments where desired;</p> <p>c) Ensure, to the extent possible, that all prisoners participate in decisions regarding the place of detention appropriate to their sexual orientation and gender identity;</p> <p>d) Put protective measures in place for all prisoners vulnerable to violence or abuse on the basis of their sexual orientation, gender identity, or gender expression and ensure, so far as is reasonably practicable, that such protective measures involve no greater restriction of their rights than is experienced by the general prison population;</p> <p>e) Ensure that conjugal visits, where permitted, are granted on an equal basis to all prisoners and detainees, regardless of the gender of their partner;</p> <p><i>YP+10 additional obligations</i></p> <p>H) Adopt and implement policies to combat violence, discrimination and other harm on grounds of sexual orientation, gender identity, gender expression or sex characteristics faced by persons who are deprived of their liberty, including with respect to such issues as placement, body or other searches, items to express gender, access to and continuation of gender-affirming treatment and medical care, and "protective" solitary confinement;</p> <p>I) Adopt and implement policies on placement and treatment of persons who are deprived of their liberty that reflect the needs and rights of persons of all sexual orientations, gender identities, gender expressions, and sex characteristics ...;</p>	<p>Note: This principle applies to nurses in forensic settings or who are providing care to incarcerated patients. May also be relevant in settings where patients are held against their will such as psychiatric hospitals.</p> <ul style="list-style-type: none"> <li>• Nurses working with detained persons, including incarcerated patients and patients in facilities where their freedom to leave is limited, such as psychiatric hospitals, must be cognizant of their duties to ensure safe and effective care.</li> <li>• Use least restrictive measures when providing care and treatment.</li> <li>• Advocate for just treatment of patients in detention.</li> <li>• Educate themselves about the specific challenges faced by patient populations in the setting where they provide their nursing services.</li> </ul>
	Everyone has the right to be free from torture and from cruel, inhuman, or degrading treatment or	<ul style="list-style-type: none"> <li>• Advocate for the abolition of conversion therapy.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
<p>10. Right to Freedom from Torture and Cruel, Inhuman or Degrading Treatment or Punishment</p>	<p>punishment, including for reasons relating to sexual orientation or gender identity.</p> <p><i>States shall:</i></p> <p>a) Take all necessary legislative, administrative, and other measures to prevent and provide protection from torture and cruel, inhuman or degrading treatment or punishment, perpetrated for reasons relating to the sexual orientation or gender identity of the victim, as well as the incitement of such acts;</p> <p>b) Take all reasonable steps to identify victims of torture and cruel, inhuman or degrading treatment or punishment, perpetrated for reasons relating to sexual orientation or gender identity, and offer appropriate remedies including redress and reparation and, where appropriate, medical and psychological support;</p> <p>c) Undertake programmes of training and awareness-raising for police, prison personnel and all other officials in the public and private sector who are in a position to perpetrate or to prevent such acts.</p> <p><i>YP+ 10 additional obligations</i></p> <p>D) Recognise that forced, coercive, and otherwise involuntary modification of a person's sex characteristics may amount to torture, or other cruel, inhuman or degrading treatment;</p> <p>E) Prohibit any practice, and repeal any laws and policies, allowing intrusive and irreversible treatments on the basis of sexual orientation, gender identity, gender expression or sex characteristics, including forced genital-normalising surgery, involuntary sterilisation, unethical experimentation, medical display, "reparative" or "conversion" therapies, when enforced or administered without the free, prior and informed consent of the person concerned.</p>	<ul style="list-style-type: none"> <li>• Only perform genital examinations when required based on the patient's presenting health problem or chief complaint.</li> <li>• Integrate content into nursing curricula and professional development programs related to the prevention and treatment of torture and cruel, inhuman, or degrading treatment or punishments.</li> </ul>
<p>11. Right to Protection from all forms of exploitation, sale, and trafficking of human beings</p>	<p>Everyone is entitled to protection from trafficking, sale, and all forms of exploitation, including but not limited to sexual exploitation, on the grounds of actual or perceived sexual orientation or gender identity. Measures designed to prevent trafficking shall address the factors that increase vulnerability, including various forms of inequality and discrimination on the grounds of actual or perceived sexual orientation or gender identity, or the expression of these or other identities. Such measures must not be inconsistent with the human rights of persons at risk of being trafficked.</p> <p><i>States shall:</i></p> <p>a) Take all necessary legislative, administrative, and other measures of a preventive and protective nature regarding the trafficking, sale and all forms of exploitation of human beings, including but not limited to sexual exploitation, on the grounds of</p>	<ul style="list-style-type: none"> <li>• Report suspected cases of human trafficking.</li> <li>• Work with sex worker communities and other communities that are vulnerable to exploitation, sale, or trafficking to reduce the likelihood of members of those communities being exploited.</li> <li>• Integrate content related to exploitation, sale, and human trafficking in nursing curricula and professional development programs.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>actual or perceived sexual orientation or gender identity;</p> <p>b) Ensure that any such legislation or measures do not criminalise the behaviour of, stigmatise, or in any other way, exacerbate the disadvantage of those vulnerable to such practices;</p>	
16. Right to Education	<p>Everyone has the right to education, without discrimination on the basis of, and taking into account, their sexual orientation and gender identity.</p> <p><i>States shall:</i></p> <p>a) Take all necessary legislative, administrative and other measures to ensure equal access to education, and equal treatment of students, staff, and teachers within the education system, without discrimination on the basis of sexual orientation or gender identity;</p> <p>b) Ensure that education is directed to the development of each student's personality, talents, and mental and physical abilities to their fullest potential, and responds to the needs of students of all sexual orientations and gender identities;</p> <p>d) Ensure that education methods, curricula and resources serve to enhance understanding of and respect for, inter alia, diverse sexual orientations and gender identities, including the particular needs of students, their parents and family members related to these grounds.</p> <p><i>YP+10 additional obligations</i></p> <p>l) Ensure inclusion of comprehensive, affirmative and accurate material on sexual, biological, physical and psychological diversity, and the human rights of people of diverse sexual orientations, gender identities, gender expressions and sex characteristics, in curricula...</p>	<p>Although the majority of this principle is suggestive of primary and secondary education levels, there are aspects that are relevant to the development of nursing school curriculums and should be respected in the professional development of nursing students and nurses who identify as SOGI persons.</p> <ul style="list-style-type: none"> <li>• Advocate for inclusive approaches to nursing education that respect the diversity of SOGI Peoples.</li> <li>• Nursing faculty and schools of nursing ought to include SOGI-specific content in nursing curriculum in collaboration with SOGI community members.</li> </ul>
17. Right to the Highest Attainable Standard of Health	<p>Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.</p> <p><i>States shall:</i></p> <p>a) Take all necessary legislative, administrative and other measures to ensure enjoyment of the right to the highest attainable standard of health, without discrimination on the basis of sexual orientation or gender identity;</p> <p>b) Take all necessary legislative, administrative and other measures to ensure that all persons have access to health care facilities, goods, and services, including in relation to sexual and reproductive health, and to their own medical records, without discrimination on the basis of sexual orientation or gender identity;</p>	<ul style="list-style-type: none"> <li>• Provide ethical nursing care that is respectful of the needs and wishes of SOGI minority persons, their families, and communities.</li> <li>• Work with communities to identify health priorities.</li> <li>• Provide space and access for and advocate with communities to ensure allocation of resources that address the health needs of those communities. For example, Indigenous SOGI Peoples experience health disparities because of their indigeneity as well as because they are SOGI minorities.</li> <li>• Integrate "affirmative material on sexual, biological, physical, and psychological diversity and the human</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>c) Ensure that health care facilities, goods and services are designed to improve the health status of, and respond to the needs of, all persons without discrimination on the basis of, and taking into account, sexual orientation and gender identity, and that medical records in this respect are treated with confidentiality;</p> <p>d) Develop and implement programmes to address discrimination, prejudice, and other social factors which undermine the health of persons because of their sexual orientation or gender identity;</p> <p>e) Ensure that all persons are informed and empowered to make their own decisions regarding medical treatment and care, on the basis of genuinely informed consent, without discrimination on the basis of sexual orientation or gender identity;</p> <p>f) Ensure that all sexual and reproductive health, education, prevention, care, and treatment programmes and services respect the diversity of sexual orientations and gender identities, and are equally available to all without discrimination;</p> <p>g) Facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care, and support;</p> <p>h) Ensure that all health service providers treat clients and their partners without discrimination on the basis of sexual orientation or gender identity, including with regard to recognition as next of kin;</p> <p>i) Adopt the policies, and programmes of education and training, necessary to enable persons working in the health care sector to deliver the highest attainable standard of health care to all persons, with full respect for each person's sexual orientation and gender identity.</p> <p><i>YP+ 10 additional obligations</i></p> <p>J) Protect all persons from discrimination, violence and other harm ... in health care settings;</p> <p>K) Ensure access to the highest attainable standard of gender affirming health care, on the basis of an individual's free, prior and informed consent;</p> <p>L) Ensure that gender affirming health care is provided by the public health system or, if not so provided, that the costs are covered or reimbursable under private and public health insurance schemes;</p> <p>M) Take all necessary measures to eliminate all forms of sexual and reproductive violence ..., including forced marriage, rape and forced pregnancy;</p> <p>N) Ensure access, without discrimination ..., to pre and post-exposure prophylaxis;</p> <p>O) Ensure access to a range of safe, affordable and effective contraceptives, including emergency</p>	<p>rights of people of diverse sexual orientations, gender identities, gender expressions and sex characteristics in ...[nursing] curricula and continuing professional development” (International Commission of Jurists, 2017).</p> <ul style="list-style-type: none"> <li>• Facilitate visitation rights of SOGI Peoples in health care settings.</li> <li>• Work with patients and their partners to determine issues of surrogate medical decision making, establishing power of attorney, and end-of-life decision making respecting the wishes of the patient and their partner.</li> <li>• Integrate content related to achieving the highest standard of health in nursing curricula and professional development programs, including, but not limited to, policies and laws that influence the health and health outcomes of SOGI Peoples, informed and empowered decision making, reproductive health, family and kinship issues, and body modification treatments.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>contraception, and to information and education on family planning and sexual and reproductive health, without discrimination ...;</p> <p>P) Take all necessary legislative and other measures to ensure access to quality post abortion care, and remove any barriers that may hinder timely access to affordable and quality abortion services, without discrimination ...;</p> <p>Q) Prevent the disclosure of HIV status, as well as personal health and medical information ..., such as gender affirming treatment, without the free, prior and informed consent of the person;</p> <p>R) Ensure that legal provisions, regulations or any other administrative measures on the donation of blood, gametes, embryos, organs, cells or other tissues do not discriminate ...;</p> <p>S) Ensure inclusion of affirmative material on sexual, biological, physical and psychological diversity and the human rights of people of diverse sexual orientations, gender identities, gender expressions and sex characteristics in medical [and nursing] curricula and continuing professional development programmes.</p>	
18. Protection From Medical Abuses	<p>No person may be forced to undergo any form of medical or psychological treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity. Notwithstanding any classifications to the contrary, a person's sexual orientation and gender identity are not, in and of themselves, medical conditions and are not to be treated, cured or suppressed. <i>States shall:</i></p> <p>a) Take all necessary legislative, administrative and other measures to ensure full protection against harmful medical practices based on sexual orientation or gender identity, including on the basis of stereotypes, whether derived from culture or otherwise, regarding conduct, physical appearance or perceived gender norms;</p> <p>b) Take all necessary legislative, administrative and other measures to ensure that no child's body is irreversibly altered by medical procedures in an attempt to impose a gender identity without the full, free and informed consent of the child in accordance with the age and maturity of the child and guided by the principle that in all actions concerning children, the best interests of the child shall be a primary consideration;</p> <p>c) Establish child protection mechanisms whereby no child is at risk of, or subjected to, medical abuse;</p> <p>d) Ensure protection of persons of diverse sexual orientations and gender identities against unethical or involuntary medical procedures or research,</p>	<ul style="list-style-type: none"> <li>• Advocate for abolition of care and treatment approaches that seek to treat sexual orientation and gender identity as medical conditions to be treated, cured, or suppressed.</li> <li>• Avoid inappropriate and unnecessary examinations and procedures, such as performing genital examinations on transgender patients who do not present with conditions requiring genital examination.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>including in relation to vaccines, treatments or microbicides for HIV/AIDS or other diseases;</p> <p>e) Review and amend any health funding provisions or programmes, including those of a development-assistance nature, which may promote, facilitate or in any other way render possible such abuses;</p> <p>f) Ensure that any medical or psychological treatment or counselling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical conditions to be treated, cured or suppressed.</p>	
24. Right to Found a Family	<p>Everyone has the right to found a family, regardless of sexual orientation or gender identity. Families exist in diverse forms. No family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members.</p> <p><i>States shall:</i></p> <p>a) Take all necessary legislative, administrative and other measures to ensure the right to found a family, including through access to adoption or assisted procreation (including donor insemination), without discrimination on the basis of sexual orientation or gender identity;</p> <p>b) Ensure that laws and policies recognise the diversity of family forms, including those not defined by descent or marriage, and take all necessary legislative, administrative and other measures to ensure that no family may be subjected to discrimination on the basis of the sexual orientation or gender identity of any of its members, including with regard to family-related social welfare and other public benefits, employment, and immigration;</p> <p>e) Take all necessary legislative, administrative and other measures to ensure that in States that recognise same-sex marriages or registered partnerships, any entitlement, privilege, obligation or benefit available to different-sex married or registered partners is equally available to same-sex married or registered partners;</p> <p>f) Take all necessary legislative, administrative and other measures to ensure that any obligation, entitlement, privilege or benefit available to different-sex unmarried partners is equally available to same-sex unmarried partners;</p> <p><i>YP+ 10 additional obligations</i></p> <p>I) Issue birth certificates for children upon birth that reflect the self-defined gender identity of the parents;</p> <p>J) Enable access to methods to preserve fertility, such as the preservation of gametes and tissues for any person without discrimination on grounds of sexual orientation, gender identity, gender</p>	<ul style="list-style-type: none"> <li>• Work with patients to determine what constitutes family from their perspective.</li> <li>• Provide family planning information and services to patients who express the desire to procreate.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
32. Right to Bodily and Mental Integrity	<p>expression, or sex characteristics, including before hormonal treatment or surgeries;</p> <p>K) Ensure that surrogacy, where legal, is provided without discrimination based on sexual orientation, gender identity, gender expression or sex characteristics.</p> <hr/> <p>No one shall be subjected to invasive or irreversible medical procedures that modify sex characteristics without their free, prior and informed consent, unless necessary to avoid serious, urgent and irreparable harm to the concerned person.</p> <p><i>States shall:</i></p> <p>B) Ensure that legislation protects everyone, including all children, from all forms of forced, coercive or otherwise involuntary modification of their sex characteristics;</p> <p>C) Take measures to address stigma, discrimination and stereotypes based on sex and gender, and combat the use of such stereotypes, as well as marriage prospects and other social, religious and cultural rationales, to justify modifications to sex characteristics, including of children;</p> <p>D) Bearing in mind the child's right to life, non-discrimination, the best interests of the child, and respect for the child's views, ensure that children are fully consulted and informed regarding any modifications to their sex characteristics necessary to avoid or remedy proven, serious physical harm, and ensure that any such modifications are consented to by the child concerned in a manner consistent with the child's evolving capacity;</p> <p>E) Ensure that the concept of the best interest of the child is not manipulated to justify practices that conflict with the child's right to bodily integrity;</p> <p>F) Provide adequate, independent counselling and support to victims of violations, their families and communities, to enable victims to exercise and affirm rights to bodily and mental integrity, autonomy and self-determination;</p> <p>G) Prohibit the use of anal and genital examinations in legal and administrative proceedings and criminal prosecutions unless required by law, as relevant, reasonable, and necessary for a legitimate purpose.</p>	<ul style="list-style-type: none"> <li>• Advocate for the provision of care that is consistent with the patient's wishes;</li> <li>• Use informed consent and assent appropriately for procedures;</li> <li>• Provide age appropriate and culturally safe care to patients that have or are receiving modifications of their sex characteristics;</li> <li>• Provide care that is nondiscriminatory.</li> </ul>
33. Right to Freedom From Criminalisation and Sanction	<p>Everyone has the right to be free from criminalisation and any form of sanction arising directly or indirectly from that person's actual or perceived sexual orientation, gender identity, gender expression or sex characteristics.</p> <p><i>States shall:</i></p> <p>B) Repeal other forms of criminalisation and sanction impacting on rights and freedoms on the</p>	<ul style="list-style-type: none"> <li>• Advocate for modernization of laws that discriminate against persons based on their actual or perceived sexual orientation, gender identity, gender expression, or sex characteristics;</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>basis of sexual orientation, gender identity, gender expression or sex characteristics, including the criminalisation of sex work, abortion, unintentional transmission of HIV, adultery, nuisance, loitering and begging;</p> <p>C) Pending repeal, cease to apply discriminatory laws criminalising or applying general punitive sanctions on the basis of sexual orientation, gender identity, gender expression or sex characteristics;</p> <p>D) Expunge any convictions and erase any criminal records for past offences associated with laws arbitrarily criminalising persons on the basis of sexual orientation, gender identity, gender expression and sex characteristics;</p> <p>E) Ensure training for the judiciary, law enforcement officers and health care providers in relation to their human rights obligations regarding sexual orientation, gender identity, gender expression and sex characteristics;</p> <p>F) Ensure that law enforcement officers and other individuals and groups are held accountable for any act of violence, intimidation or abuse based on the criminalisation of sexual orientation, gender identity, gender expression and sex characteristics;</p> <p>G) Ensure effective access to legal support systems, justice and remedies for those who are affected by criminalisation and penalisation on grounds of sexual orientation, gender identity, gender expression and sex characteristics;</p> <p>H) Decriminalise body modification procedures and treatments that are carried out with prior, free and informed consent of the person.</p>	<ul style="list-style-type: none"> <li>• Inform patients about their rights under the law in relation to potential for HIV-related prosecution;</li> <li>• Refer patients to legal counsel if there is potential for HIV-related prosecution;</li> <li>• Seek education and training on human rights obligations regarding sexual orientation, gender identity, gender expression, and sex characteristics;</li> <li>• Report violations of patient's human rights under this principle.</li> </ul>
35. Right to Sanitation	<p>Everyone has the right to equitable, adequate, safe and secure sanitation and hygiene, in circumstances that are consistent with human dignity, without discrimination, including on the basis of sexual orientation, gender identity, gender expression or sex characteristics.</p> <p><i>States shall:</i></p> <p>A) Ensure that there are adequate public sanitation facilities which can be accessed safely and with dignity by all persons regardless of their sexual orientation, gender identity, gender expression or sex characteristics;</p> <p>B) Ensure that all schools and other institutional settings provide safe access to sanitation facilities to staff, students, and visitors without discrimination;</p> <p>C) Ensure that both public and private employers provide safe access to sanitation without discrimination ...;</p>	<ul style="list-style-type: none"> <li>• Advocate for gender-neutral toileting facilities in public spaces, including clinical settings.</li> </ul>

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**Table 2. (continued)**

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>D) Ensure that entities offering services to the public provide adequate sanitation without discrimination...;</p> <p>E) Ensure that places of detention have adequate sanitation facilities which can be accessed safely and with dignity by all detainees, staff and visitors without discrimination...</p>	
<p>36. Right to the Enjoyment of Human Rights in Relation to Information and Communication Technologies</p>	<p>Everyone is entitled to the same protection of rights online as they are offline. Everyone has the right to access and use information and communication technologies, including the internet, without violence, discrimination or other harm based on sexual orientation, gender identity, gender expression or sex characteristics. Secure digital communications, including the use of encryption, anonymity and pseudonymity tools are essential for the full realisation of human rights, in particular the rights to life, bodily and mental integrity, health, privacy, due process, freedom of opinion and expression, peaceful assembly and association.</p> <p><i>States shall:</i></p> <p>D) Respect and protect the privacy and security of digital communications, including the use by individuals of encryption, pseudonyms and anonymity technology;</p> <p>E) Ensure that any restrictions on the right to privacy, including through mass or targeted surveillance, requests for access to personal data, or through limitations on the use of encryption, pseudonymity and anonymity tools, are on a case specific basis, and are reasonable, necessary and proportionate as required by the law for a legitimate purpose and ordered by a court;</p> <p>F) Take measures to ensure that the processing of personal data for individual profiling is consistent with relevant human rights standards including personal data protection and does not lead to discrimination...;</p> <p>G) Take all necessary legislative, administrative, technical and other measures, including ensuring private sector accountability, as outlined by relevant international standards, in consultation with relevant stakeholders, to seek to prevent, remedy and eliminate online hate speech, harassment and technology-related violence against persons on the basis of sexual orientation, gender identity, gender expression or sex characteristics under the framework of international human rights law.</p>	<ul style="list-style-type: none"> <li>• Comply with privacy of medical records and personal information shared between patients and providers.</li> <li>• Advocate for expansion of technologies to overcome the digital divide to facilitate health communications in rural and remote communities.</li> </ul>
<p>37. Right to Truth</p>	<p>Every victim of a human rights violation on the basis of sexual orientation, gender identity, gender expression or sex characteristics has the right to know the truth about the facts, circumstances and reasons why the violation</p>	<ul style="list-style-type: none"> <li>• Advocate for provision of medical record information to persons whose gender was altered at birth such as intersex patients.</li> </ul>

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Table 2. (continued)

Principle	Health-Related Content	Nursing Actions to Promote Realization of Principle
	<p>occurred. The right to truth includes effective, independent and impartial investigation to establish the facts, and includes all forms of reparation recognised by international law. The right to truth is not subject to statute of limitations and its application must bear in mind its dual nature as an individual right and the right of the society at large to know the truth about past events.</p> <p><i>States shall:</i></p> <p>A) Adopt legal provisions to provide redress to victims of violations on the basis of sexual orientation, gender identity, gender expression and sex characteristics, including public apology, expungement of relevant criminal convictions and records, rehabilitation and recovery services, adequate compensation and guarantees of non-recurrence;</p> <p>B) Ensure, in cases of violations of the right to mental and bodily integrity, effective access to remedies, redress, reparation and, where appropriate, psychological support and restorative treatments;</p> <p>C) Protect individuals' right to know the truth about their medical histories, including through full access to accurate medical records.</p>	<ul style="list-style-type: none"> <li>• Be truthful with patients in the provision of nursing care.</li> <li>• When working in research that requires deception, such as placebo-controlled randomized controlled trials, ensure that all research participants' protections and procedures for the ethical conduct of research are adhered to.</li> </ul>

Note. SOGI = sexual orientation, gender identity/expression; YP+10 = Yogyakarta Principles plus 10.

## Positionality Statement

We open our critique and synthesis in a spirit of truth and reconciliation by adopting a traditional Indigenous approach of sharing who we are collectively. Our team includes lesbian, gay, Two-Spirit, and allied people. We also represent diverse ancestry (race and ethnicity) living in Asia and across North America. We strive to demonstrate the diversity and inclusivity that is critical to addressing the health challenges faced by SOGI communities globally. We have chosen to use an international legal framework to guide our critique and synthesis. We have, therefore, chosen to use the international legal terminology, SOGI, because it is intended to be inclusive and less dynamic than other terms used to represent SOGI Peoples. In our approach, we intend, but do not limit, our discussion to be inclusive of people who identify as Two-Spirit, transgender, lesbian, bisexual, intersex, queer, and gay. This more inclusive approach creates opportunities and challenges for nurses to reconcile nursing's truths and practices with the emotional, psychological, physical, spiritual, and sexual health needs of SOGI People and our communities as their truths in a way that is respectful of human

dignity. One challenge we encountered was full inclusion of transgender voices on our research team.

## Guiding Framework

The emergence of HIV disease revealed underlying social justice and equity issues that have contributed to the persistence of the HIV pandemic globally. The Yogyakarta Principles and Yogyakarta Principles plus 10 (YP+10) offer SOGI populations globally a human rights-based framework that nurses can use to advance initiatives with SOGI communities that are consistent with UNAIDS initiatives to end HIV disease (Joint United Nations Programme on HIV/AIDS, 2015). The 29 Yogyakarta Principles were created in 2006 and articulated States' obligations in response to well-documented patterns of abuse experienced by SOGI People globally and were expanded in 2017 to 38 (International Commission of Jurists, 2007, 2017). The YP+10 includes 15 health-related principles that guided our work to articulate the state of HIV nursing science with SOGI Peoples (Table 2). Nurses' codes of ethics and professional standards clarify how nurses contribute to

states achieving obligations under international law. Our intent in using this human rights framework situated within the context of nursing codes of ethics was to highlight how nurses have and can continue to contribute to the HIV prevention and the HIV care cascade and have responsibilities and opportunities to contribute to ending HIV (Pan American Health Organization, 2019).

## Evidence Synthesis and Critique: Application/Implications for HIV Nursing

### Methods

The purpose of this article was to describe the state of HIV nursing science with SOGI Peoples since the HIV pandemic began using a human rights framework. We used a modified scoping review approach to highlight nursing interventions for the prevention and treatment of HIV disease among SOGI communities (Arksey & O'Malley, 2005). This focus allowed us to review nursing contributions in a manner that was manageable given the substantial literature in the field of HIV nursing. We broadly conceptualized nursing interventions as nursing actions that could improve the health of PLWH through prevention initiatives or treatment approaches that were empirically studied.

Our search was conducted in collaboration with a health sciences librarian and completed on April 24, 2020 (Supplementary Table 1, Supplemental Digital Content 1, <http://links.lww.com/JNC/A11>). The search was limited to articles published after 1980, the year before the first reports of HIV-related symptoms emerged. Titles and abstracts were entered into Covidence systematic review management software for title and abstract and full-text screening (Veritas Health Innovation, 2019). Each article was screened by at least two authors during each screening stage. One of the authors of this article (C.D.-R.) served as adjudicator to resolve conflicts at each stage. Inclusion and exclusion criteria are described in Supplementary Table 2 (Supplemental Digital Content 2, <http://links.lww.com/JNC/A12>). We completed a two-stage full-text screening process to limit included articles to those with substantive contributions by nurses. Published articles were considered to have substantive contributions by nurses if a nurse led the research or co-authored the publication. Articles included and reasons for article exclusion at full-text screening are presented in Figure 1 and presented in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses format (Moher et al., 2009).

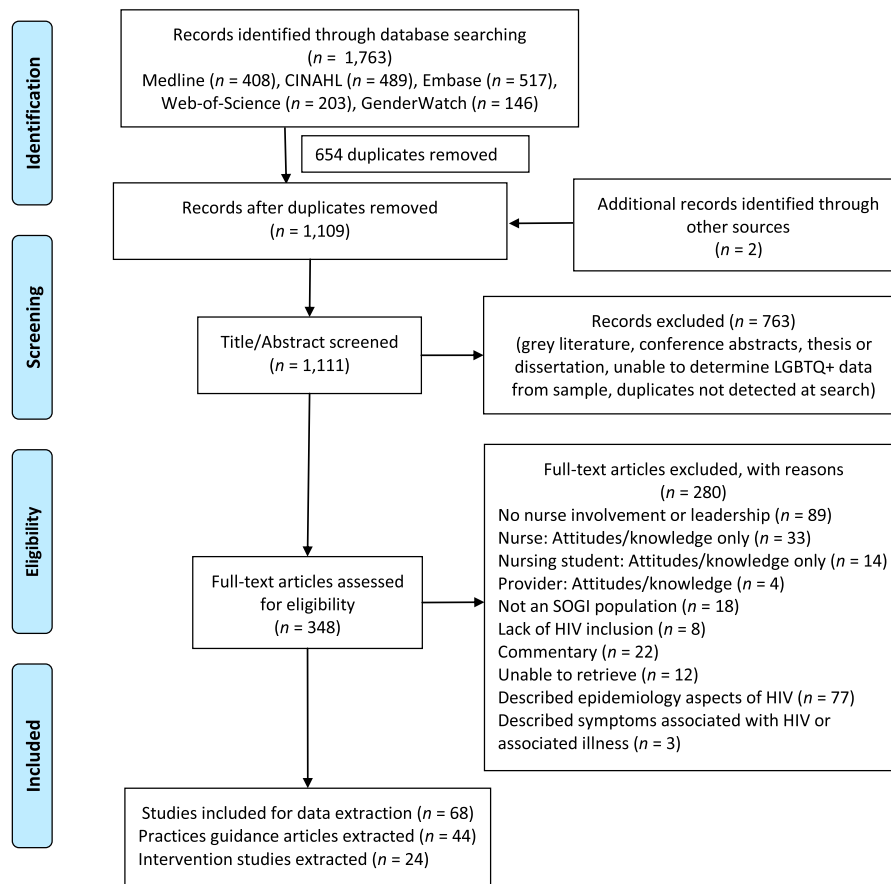
Our search strategy captured articles ( $n = 44$ ) that offer guidance to improve nursing practices with SOGI

People (Supplementary Table 3, Supplemental Digital Content 3, <http://links.lww.com/JNC/A13>). Additionally, we identified articles ( $n = 24$ ) that described interventions for HIV prevention, nursing care provision, physical and emotional/psychological symptom management, and HIV treatment approaches for SOGI People (Supplementary Table 4, Supplemental Digital Content 4, <http://links.lww.com/JNC/A14>). We also captured articles that described and addressed nurses' and nursing students' knowledge, attitudes, and intentions related to caring for SOGI People living with HIV. Although we did not synthesize that literature, those studies provide important knowledge for how to support nurses as they provide care to PLWH. Supplementary Table 5 (Supplemental Digital Content 5, <http://links.lww.com/JNC/A15>) is a bibliography of those articles. We included two articles in our review that were not identified based on our search terms. One systematic review of mHealth (i.e., mobile health) interventions with MSM was identified because the lead and senior authors of this article are familiar with the researchers' work, and that article met our inclusion criteria (Schnall et al., 2014). The second article described integration of SOGI content into nursing curriculum but was published after our search was completed. We present this article in Supplementary Table 5 (Supplemental Digital Content 5, <http://links.lww.com/JNC/A14>) because it should help address knowledge gaps for providing care to SOGI People (Burton et al., 2021).

Articles reviewed were grouped into the broad categories of epidemiology, symptomatology, practice guidance, and specific interventions. The epidemiology ( $n = 77$ ) and symptomatology ( $n = 3$ ) articles were excluded from data extraction at full-text screening and used to set the context for and substantiate the literature that described nursing practice guidance and interventions to address HIV with SOGI People. The limitations of our approach included a lack of full inclusion of transgender voices on the research team. Our literature review methods were further limited because the variety of literature published and ultimately reviewed did not allow for a more robust approach to quality appraisal and evidence synthesis.

### Results and Integrated Discussion

Nurses have contributed substantially to the care of SOGI PLWH. One of the earliest articles to describe nursing practice guidance for this population called for all homosexual HIV-infected patients (terminology of the day), when hospitalized, to be placed in strict isolation (Griffin, 1983). The author called for nurses to



**Figure 1.** Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram. *Note.* CINAHL = Cumulative Index to Nursing and Allied Health Literature; LGBTQ+ = lesbian, gay, bisexual, transgender, queer; SOGI = sexual orientation, gender identity/expression.

educate the homosexual community about the epidemic, stating that members of the homosexual community “should be cautioned to avoid nitrites and limit sexual activity until scientific research documents the specific etiologic factors in the AIDS syndrome” (Griffin, 1983, p. 44). These drastic calls to action seem stark 40 years later but illustrate the urgency at the start of the pandemic and the progress made, including transitioning to less stigmatizing terminology, such as PLWH, instead of “homosexual HIV-infected patients.” That progress is evident in the body of knowledge that can be expressed in the HIV nursing levels of evidence with SOGI persons that currently spans several of the 6S levels of evidence pyramid (DiCenso et al., 2009). The 6S levels of evidence pyramid builds on a base that includes expert opinions, commentaries, and case studies. Levels of the pyramid from lowest to highest level of evidence are single studies (e.g., primary research), synopses of single studies, syntheses (e.g., systematic review), synopses of syntheses, summaries (e.g., evidence-based clinical guidelines), and systems (e.g., computerized decision support systems that integrate lower forms of evidence with patient

records). Literature included in our review includes primary research (e.g., randomized controlled trials), expert opinions and commentaries, case studies, and systematic reviews. Currently, there do not seem to be any cohort studies and few, if any, computerized decision support systems, evidence-based clinical practice guidelines or textbooks (summaries), synopses or syntheses (e.g., evidence-based abstraction journals). To our knowledge, the book chapter by Phillips and Saewyc (2010) remains the only HIV and/or AIDS textbook chapter specific to HIV nursing with lesbian, gay, bisexual, transgender, queer (LGBTQ+) people. However, their chapter was not developed using a rigorous evidence-informed process and should be considered an expert commentary on the state of HIV nursing science at that time (Phillips & Saewyc, 2010).

### **Practice Guidance for HIV Nursing**

Nursing expertise relevant to the care of PLWH has been identified in the following nursing specialties: oncology, pediatrics, psychiatric, neuroscience, hospice/home care,

and infection control (Gee, 1989). We identified 44 articles that provided recommendations or guidance to improve nurses' clinical practices with SOGI People, thereby promoting the realization of YP+10 health-related principles (Supplementary Table 3, Supplemental Digital Content 3, <http://links.lww.com/JNC/A13>). These articles included guidance for SOGI Peoples collectively ( $n = 6$ ) and specific guidance for bisexual people ( $n = 1$ ), lesbian and women who have sex with women (WSW;  $n = 3$ ), transgender people ( $n = 9$ ), and gay men and MSM ( $n = 25$ ). These studies included recommendations for nurses to engage with SOGI Peoples in a nonjudgmental way that respects the patient as a person and to avoid using heteronormative language during interactions. Additional complexity can be introduced into the nurse–patient relationship based on the sociocultural background and lifeways of nurses and persons to whom they provide care. The sociopolitical conditions regarding human rights protections for SOGI Peoples in the country where they live and receive nursing care and services create can further complicate the nurse–patient relationship. Key recommendations from that literature are summarized in Table 3. Most of the clinical practice articles reviewed would be classified as expert opinions or commentaries and may not have been developed using a systematic or rigorous approach to evidence synthesis in accordance with the 6S levels of evidence (DiCenso et al., 2009).

During data extraction, we excluded 10 articles initially categorized as practice guidance. One excluded article reported challenges experienced by a researcher accessing an MSM population in South Florida (De Santis, 2006). One excluded article identified social and political marginalization specific to MSM in Ghana and called for further research into targeted interventions with these men (Maina et al., 2018). Seven articles excluded at data extraction were not specific to SOGI Peoples. One excluded article described efforts to measure inclusion of LGBTQ+ content into specialty nursing certification exams (e.g., Certified Medical-Surgical Registered Nurse) in the United States (Woodall, 2017).

**Sexual orientation and gender identity/expression peoples collectively.** All persons want and deserve excellent, respectful, and dignified care (Skerle & Lawler, 2015). “Addressing the needs of [SOGI] subgroups such as the elderly, adolescents, and racial or ethnic minorities is ... essential to the implementation of outcomes-based patient care” (Lim et al., 2014, p. 26). SOGI People represent a diverse group, with this diversity based on multiple different characteristics, including ancestry (i.e., race, ethnicity), sex, gender identity, gender expression, spiritual beliefs, mental capacity, physical

ability, and socioeconomic group (Lim et al., 2014; Skerle & Lawler, 2015). SOGI People experience minority stress and stigma in their everyday lives, including health care encounters that contribute to their experiences with health disparities (Dibble et al., 2007). Nurses can act to improve overall health and alleviate health disparities by using the awareness, sensitivity, and knowledge framework to obtain and apply essential information needed to provide competent nursing care for SOGI persons (Dibble et al., 2007). When working with SOGI persons, nurses must be *aware* of beliefs and biases about SOGI persons, *sensitive* in their approach to care, and need *knowledge* and evidence to inform their practices with SOGI persons (Dibble et al., 2007).

Early recognition of signs and symptoms of comorbid conditions, such as hepatitis C, substance use disorder, or mental illness, must also be considered in the provision of person-centered care (Aisner et al., 2020). A nurse who may not possess full knowledge of SOGI behaviors and relationships, and who is honest about their lack of knowledge and respectful, can still build trust between the person, partner, and provider while obtaining the sexual health history (Aisner et al., 2020). Nurses' heteronormative perspectives or assumptions toward SOGI People and their relationships or behaviors can be harmful and must be avoided (Dibble et al., 2007).

“Gay, lesbian, bisexual, and transgender adolescents (as well as adolescents who are questioning their sexual identity) exist in every community of teenagers, and while they might not be readily visible or identified, it is important to explicitly recognize their presence” (Kelly et al., 2005, p. 239). Nurses working with SOGI youth and their families may encounter challenges in balancing their responsibility to maintain patient confidence and confidentiality with their desire to involve families or chosen families in prevention and health promotion programs. Some SOGI adolescents experience family difficulties that range from parents and siblings expressing disappointment and grief about gender identity and expression to being forced from the home or disowned by the family. Lack of familial acceptance of SOGI adolescents contributes to psychopathology and suicide (Flores et al., 2020).

Nurses require a broader education that includes evidence-based knowledge about SOGI health issues and instruction in cultural sensitivity, cultural relevance, and cultural humility in nursing curricula (Burton et al., 2021; Danso, 2018). Practice guidance considerations for specific SOGI subgroups are described below, with recommendations presented in Table 3.

**Bisexual people.** Providing nursing care to bisexual people was specifically described in one article from the

**Table 3. Clinical Practice Recommendations to Improve SOGI Peoples' Health**

To improve nursing care and health outcomes with SOGI Peoples, nurses ought to:

*SOGI Peoples collectively*

- Maintain patient confidentiality.
- Avoid assumptions of heterosexuality and ask open-ended questions that do not assume sexual orientation.
- Avoid automatically ascribing gender to people and their partners in discussions.
- Learn language and concepts of sex, sexual behavior, and gender (Table 1), including pronoun usage relevant to SOGI Peoples and communities.
- Be comfortable and unembarrassed when discussing sexual orientation, sexual health practices (e.g., safer sex), and issues.
- Provide an open and welcoming environment that facilitates affirming care and includes information on SOGI organizations.
- Complete comprehensive and culturally appropriate sexual histories.
- Be inclusive of partners (if the person and partner agree) when obtaining a SOGI person's sexual health history and assess behaviors, desires, family planning, and relationship function/dysfunction, while respecting privacy and confidentiality.
- Be aware of the intersecting factors that influence HIV risk and can impede HIV prevention and treatment efforts among BHIPOC.
- Be aware of the familial support structures and networks of SOGI Peoples and advocate for inclusion of preferred family and loved ones in care decisions.
- Afford same-sex partners the same visitation granted to spouses in acute, rehabilitation, hospice, and long-term care settings, even in the absence of formal laws recognizing same-sex marriage.
- Include family planning and service provision when SOGI People desire to have children.
- Allow SOGI People to designate a surrogate decision maker and be provided with information on power-of-attorney options if needed.
- Obtain preservice and in-service training to address barriers that contribute to and perpetuate stigma and discrimination toward SOGI People and HIV, including education on affirming care, health disparities, and social determinants of health (e.g., history of child abuse, poverty, and risk for intimate partner violence) specific to SOGI Peoples.
- Be aware of and engage in effective strategies to address death and dying among SOGI Peoples and their communities.
- Work with SOGI People to understand concerns related to death and dying and discuss end-of-life care plans and wishes and how they may have changed with advances in HIV prevention and treatment interventions.
- Include SOGI People in all aspects of the development and implementation of research.

*SOGI adolescents*

- Be nonjudgmental in verbal or nonverbal communication with SOGI adolescents and emphasize sexual health rather than sexual exclusivity because it is more effective to empower youth to change their sexual risk behaviors.
- Facilitate dialogue between SOGI adolescents and family members to enhance family functioning that can include hosting support groups or collaborating with youth, family members, and providers to develop online or other resources.

*Lesbians and WSW*

- Gain knowledge about the range and diversity of sexual behaviors that lesbians, bisexual women, and heterosexual women may engage in during their lifetimes to provide competent care based on facts, not stereotypes and misconceptions.
- Include fertility testing, insemination referrals, and prenatal and well-child care in care planning and service provision.
- Screen for breast and female reproductive cancers and other chronic illnesses.
- Do not assume that all cisgender women are at risk of pregnancy and/or need contraception.
- Offer cervical screening to lesbians and WSW; it is a myth that cervical screening is not needed if there has been no male partner.

*Transgender people*

- Partner and work strategically with members of transgender communities to prevent the perpetuation of health disparities experienced by transgender people.
- Obtain knowledge about and understanding of the diversity of sexual orientations and gender expressions among transgender people and how they should be addressed in health care settings and HIV risk reduction efforts.
- Provide ample emotional and information support, ensuring confidentiality, avoiding stigmatizing practices, and providing direct personal referrals as opposed to standard referral lists to facilitate early entry to and sustained care for transgender people.
- Become aware of how homelessness, substance abuse, mental health problems, and incarceration have influenced the HIV care experiences for some transgender people.
- Become competent and comfortable in assessing needs for hormone replacement therapy, its indications, and long-term management to provide safe care to transgender people.
- Work collaboratively with transgender people to understand and address their health concerns and health needs.

*Gay and MSM*

- Be aware of and overcome their own homophobia and prejudices to provide safe and effective care to gay and other MSM.
- Be competent to complete an assessment of sexual risk behaviors, determine vaccination needs, and obtain histories of past and current substance use and misuse that may have increased risk of exposure to HIV and other sexually transmitted diseases.
- Have the confidence and competence to counsel patients about safer sex practices, discuss condom use, and other prevention technologies (e.g., PEP, PrEP).
- Be aware that gay and other MSM may experience safer sex fatigue that can influence their sexual practices.

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**Table 3. (continued)**

- Become aware about the anal health care needs of gay and other MSM.
- Empower gay and other MSM to engage with their sexual partners in health-promoting behaviors.
- Respect the dignity of older gay men who may have experienced internalized homophobia, deny risk behaviors, misuse alcohol and other substances, and engage in anonymous sexual encounters, all of which are HIV risk factors for older gay men.

*Note.* Findings that informed these clinical practice recommendations are in Supplementary Table 3 (Supplemental Digital Content 3, <http://links.lww.com/JNC/A13>). BHIPOC = Black, Hispanic, Indigenous, and other People of Color; MSM = men who have sex with men; PEP = postexposure prophylaxis; PrEP = pre-exposure prophylaxis; SOGI = sexual orientation, gender identity/expression; WSW = women who have sex with women.

United Kingdom that provided key points (Peate, 2008). In this article, Peate (2008) identified that health care needs of bisexual people may differ from those of lesbian or gay people, requiring nurses to engage with bisexual people in ways that facilitate the exchange of information necessary to provide safe and effective care based on the person's behavioral, emotional, physical, social, and spiritual needs. Grouping bisexual people into the epidemiological categories of MSM and WSW limits our ability to provide tailored interventions and the most effective and inclusive care (Young & Meyer, 2005). Research that groups bisexual people as WSW or MSM and does not specifically identify bisexual people erases them within the health care system and in society.

#### **Lesbians and women who have sex with women.**

Although the risk of HIV transmission among cisgender lesbian women is low, behaviors such as injection drug use and sexual behaviors with men increase their risk of developing HIV (Bernhard, 2001; Stevens & Hall, 2001). The physical, emotional, social, and spiritual needs of low-income WSW of color living with HIV and their methods of coping with HIV have been documented (Arend, 2003). Additionally, lesbians and WSW may fear discrimination by nurses and other health care providers if they disclose their sexual behaviors in clinical settings (Arend, 2003; Dibble et al., 2007). Research by nurses related to HIV and lesbians is dated and most likely has not been continued because of the low prevalence of HIV attributed to sex between women. More recent frameworks that link social determinants to HIV risk and acquisition may shift the way we see HIV and WSW globally (Poteat et al., 2015). To our knowledge, nurse scholars do not seem to be engaged in this area of inquiry.

**Transgender people.** Transgender people continue to face health disparities in much of the world. They often face stigma and discrimination when seeking health care services, which impedes obtaining health care and the realization of their human rights (Dibble et al., 2007). Nurses have opportunities to advocate for the development of best practices

and policies that can reduce these disparities in health care access (Thornhill & Klein, 2010). Clinical training and education on the health needs of transgender people needs to be improved (Burton et al., 2021; Hines et al., 2019). Transgender peoples' experiences in health care are marked by stigmatizing and discriminatory practices, including not addressing and referring to individuals by their preferred name and pronouns. There is an urgent need to strive to normalize health care for transgender people, treating them with dignity and respect, and transition to gender-affirming clinical environments with gender-neutral restrooms and breast examination education for transgender women (Hines et al., 2019; Munro et al., 2017). Nurses have the opportunity to align with the YP+10 principles through policy advocacy work to establish systemic policies and in many instances national policies and laws to protect the right to health and other human rights of transgender people (Munro et al., 2017). None of the articles reviewed specifically described approaches to address the intersectional challenges faced by BHIPOC transgender people. However, guidance on how nurses can address the cultural needs of transgender people in acute care settings in the United States has been described (Keiswetter & Brotemarkle, 2010).

**Gay and men who have sex with men.** Guidance for improving nursing practices with gay cisgender men and other MSM focuses on strategies to engage with these men more effectively in their care and requires nurses to gain a better understanding of the unique sociocultural experiences and health and sexual health needs of gay and other MSM. It is critical that nurses gain knowledge about the different experiences of gay and other MSM and recognize that not all gay and other MSM participate in behaviors that put them at risk for acquiring or transmitting HIV (Blackwell, 2015; O'Byrne, 2018). Nurse education and training needs to address issues of homophobia, including attitudinal change, as a prerequisite to equity in care provision (Aisner et al., 2020; Burton et al., 2021).

Antiretroviral medications have demonstrated efficacy as postexposure prophylaxis (PEP) and pre-exposure



prophylaxis (PrEP; Aisner et al., 2020; Blackwell, 2015; Nelson et al., 2019; Remy & Enriquez, 2019). Nurse practitioners and nurses with advanced training or under medical protocols can manage PEP and PrEP programs that increase access to these HIV prevention strategies (Aisner et al., 2020; Nelson et al., 2019; O'Byrne, Orser, et al., 2019; Remy & Enriquez, 2019). The HIV Incidence Risk Index for MSM is a tool nurses and nurse practitioners can use to screen for PrEP indications before prescribing (Aisner et al., 2020).

Gay and other MSM, especially gay and other MSM who are also PLWH, experience psychosocial challenges that may require modifications to nurses' practices. Financial considerations may affect on whether these men may access care. Assessment of psychological distress and the presence of mental illness are essential aspects of care with gay and other MSM (Pongtriang et al., 2017). Throughout the HIV pandemic, issues of grief and bereavement have influenced health outcomes for gay and other MSM (Andersen & MacElveen-Hoehn, 1988; Govoni, 1988; Ungvarski & Grossman, 1999).

Nurses have documented the needs of BHIPOC MSM and made recommendations for improving their HIV-related health and sexual health outcomes (Coleman, 2016; De Santis et al., 2017; Nelson et al., 2019). Nurses working with BHIPOC gay and other MSM ought to complete comprehensive and culturally appropriate sexual histories. For example, Hispanic men may identify as heterosexual but engage in sexual acts with other men (De Santis et al., 2017). The use of nurse practitioners to facilitate access to PrEP with Black and African American MSM may be essential to ending the HIV epidemic (Nelson et al., 2019).

The unique health needs of Black and African American youth and men over 50 years of age have been documented as important considerations for nurses (Coleman, 2003, 2016). Providing older Black and African American gay men referrals to community support groups to instill a sense of belonging to community has been advocated (Coleman, 2016). Engaging these men in their treatment planning processes and including them as experts in the construction of intervention strategies can create a sense of empowerment. Nurses can reinforce coping strategies to combat depression, which is important given the relationship of depression to not using condoms among older Black and African American gay and other MSM (Coleman, 2016). Older gay and other MSM may face unique challenges as they age and seek residential care (Peate, 2013). In a residential care setting, the same policies as those for heterosexual couples should apply for same-sex couples wanting to live together, and there need to be clear policies on what is acceptable and unacceptable behavior for residents (Peate, 2013).

### ***HIV Nursing Interventions With Sexual Orientation and Gender Identity/Expression People***

We identified and reviewed 26 articles that present findings of nursing interventions with SOGI People. Characteristics of these interventions included individual level and structural interventions that could improve health outcomes through nursing actions (Supplementary Table 4, Supplemental Digital Content 4, <http://links.lww.com/JNC/A14>). Most intervention studies were conducted with predominantly MSM ( $n = 16$ ) or among general ( $n = 10$ ) samples with SOGI Peoples identifiable as part of the study sample. We also identified one systematic review that described short-term effectiveness of eHealth HIV prevention interventions for high-risk MSM for reducing HIV risk behaviors and increasing testing rates (Schnall et al., 2014).

**Individual-level interventions.** Many intervention studies ( $n = 21$ ) focused on the individual level. The effectiveness of sexual health screening and health education at outreach clinics and physical venues (e.g., gay bars, Pride events, and university campuses) frequented by MSM and transgender people have been documented (Fenkl et al., 2017; Lian et al., 2018; Saxton et al., 2019). The experiences of gay men receiving venue-based (i.e., bathhouses) point-of-care HIV testing in Edmonton, Canada, highlighted the complexities and challenges these men face in accessing care after they received preliminary positive HIV test results (Genoway et al., 2016). An intervention tailored to the specific cultural needs of homeless gay and bisexual men was effective in reducing drug use and risky sexual behavior (Nyamathi et al., 2017). Outreach interventions that engage young MSM of color (YMSMC) in online and virtual venues have documented reasons why YMSMC used these venues and highlighted the need to target computer-mediated (e.g., internet, smartphone) HIV prevention initiatives to YMSMC at risk for HIV infection (Fields et al., 2006). Smartphone apps used among MSM have documented effectiveness with significantly higher mean scores for safe behavior knowledge, motivation, and skills; more condom use during anal intercourse; and more frequently searching for testing resources and getting HIV and syphilis tests (Chiou et al., 2020). Individual-level interventions designed to address aspects of the health education needs of MSM and transgender women have also demonstrated effectiveness (Fenkl et al., 2015).

The successful introduction of specialized sexual health nurses into clinics has been documented to enhance prevention outcomes (Snow et al., 2013). Nurse-led sexual health clinics have emerged as effective venues for provision of sexual health-related and HIV-related nursing care and services (Forbes et al., 2009). One



intervention, a nurse-led community-based PEP program, was described in a clinical concept article (O'Byrne et al., 2015). Various aspects of that PEP program that ran for 2 years between 2013 and 2015 were evaluated through four studies (O'Byrne et al., 2017; O'Byrne, MacPherson, et al., 2018; O'Byrne, Orser, et al., 2018; O'Byrne, Orser, & Jacob, 2019). The study sample in which that program was evaluated included 112 persons at risk of HIV infection, 59 (52.7%) of whom identified as MSM (O'Byrne et al., 2017; O'Byrne, MacPherson, et al., 2018).

The effectiveness of the nurse-led community-based PEP program described by O'Byrne et al. (2015) was demonstrated with six people diagnosed with HIV at baseline HIV testing. No one was diagnosed with HIV at the 4-month follow-up visit, and four people were diagnosed with HIV during routine HIV testing 1 year after completing PEP. In total, nine people were diagnosed with HIV during the study period, which accounted for 9.4% ( $n = 10$  of 106) of all reported HIV diagnoses in Ottawa during the study timeframe. Those findings suggest the effectiveness of nurse-initiated HIV PEP to prevent HIV among people at high risk of developing HIV (O'Byrne et al., 2017). Five MSM (8.5%) who completed PEP as part of that program later seroconverted, suggesting that MSM eligible for PEP remained at risk of developing HIV infection (O'Byrne, MacPherson, et al., 2018). This finding brings about the question about whether these people would be eligible for PrEP, which was not yet available in Canada when the program was administered. However, the effectiveness of the program served as a precursor to the establishment of a PrEP program in Ottawa (O'Byrne, Orser, et al., 2019).

Two qualitative studies were carried out to determine experiences of MSM related to the nurse-led PEP program in Ottawa. One study explored the rationale why MSM sought PEP, and the other study documented “side effects” of PEP experienced by MSM (O'Byrne, Orser, et al., 2018; O'Byrne, Orser, et al., 2019). Rationales for MSM seeking PEP were identified under three themes: assessing risk, euphoria and distress, and reducing distress (O'Byrne, Orser, et al., 2018). MSM reported condomless sex rarely occurred and was unplanned, based on contextual factors that included consent, a desire to explore, and sexual chemistry or sexual desire (O'Byrne, Orser, et al., 2018). MSM reported experiencing a state of temporary euphoria that gave way to distress, expressed by one MSM as “feel[ing] stupid” (O'Byrne, Orser, et al., 2018, p. 391). PEP was used by MSM to address their emotional state, not only for HIV prevention but with PEP being used primarily to address

situations of atypical sexual contact with partners they did not “know” or “trust” (O'Byrne, Orser, et al., 2018). These findings suggest opportunities for sexual health teaching by nurses. It was not reported whether or what type of teaching occurred with the PEP program.

Determination of side effects experienced by patients are important for nurses, especially when providing PEP and PrEP to MSM. Physical side effects of PEP were reported by MSM and were consistent with those listed on pharmaceutical package inserts and in other studies (O'Byrne, Orser, et al., 2018). The researchers reported emotional “side effects” derived from common experiences of PEP as a daily reminder about a sexual activity, which ultimately incited introspection and reflection, and then emotional stress. Notably, the participants did not describe this regret regarding potential HIV exposure but about “poor” life decisions, relationship dysfunctions, and, in some cases, general personal failings. The outcome, for our participants, was psychological distress (O'Byrne, Orser, et al., 2019, p. 204). This finding may be symptomatic of internalized stigma and internalized homophobia. To understand these side effects of PEP more fully may require lines of inquiry that include gay men as part of the team researching the phenomenon. There may be nuanced cultural aspects that nurses or researchers without lived experiences of being a gay man would misunderstand or misinterpret. Reporting this finding without exploring or understanding the experiences of desire and sexual decision making among gay and other MSM misses opportunities for sexual health teaching about practices such as serosorting—selecting sexual partners based on serological status (Blackwell, 2015). Serosorting is not an ideal prevention approach but has been documented as part of the armamentarium of options for reducing HIV transmission within the gay community (Blackwell, 2015). Additionally, O'Byrne, Orser, et al. (2019) overlooked the nuanced cultural aspects embedded in the sexual desires of gay and other MSM that have been documented in the literature (Holmes & Warner, 2005). Perhaps their oversight could be remedied through the thoughtful inclusion of gay men as part of their analytical and research processes, which would help gay men achieve their rights articulated in the YP+10 principles.

Nurses have contributed to PrEP programs that hold promise for further reductions in HIV transmission among SOGI People. For example, preliminary findings from a PrEP program in Ottawa included a transgender person and may have included MSM, although these men are not specifically discernable in the published article (O'Byrne, Orser, et al., 2019). In a study that included a nurse on the research team, more than 80%

PrEP adherence was documented in the MSM sample ( $n = 50$ ; Mayer et al., 2017). Nurses may have a critical role to play in PrEP clinics and programs, a factor supported by the findings of Nelson et al. (2019), who advocate the use of nurse practitioners in the scale-up of PrEP programs (Nelson et al., 2019), using the Participatory, Evidence-Based Patient-Focused Process for Advanced Practice framework (Bryant-Lukosius & DiCenso, 2004).

**Family-level interventions.** HIV nurses often engage in family-centered approaches to care that include loved ones chosen by the PLWH in addition to, or instead of, biological or adoptive family members. We identified two studies focused on the family level. One such study is of a promising intervention in development, Parents Advancing Supportive and Sexuality-Inclusive Sex Talks, which includes a series of 12 animated videos and a website co-created with community members, focused on inclusive sex communication education and skills for parents of gay, bisexual, and queer adolescent males to reduce sexually transmitted infection/HIV risk (Flores et al., 2020). This intervention was co-created in consultation with two advisory groups. One group included parents of adolescent gay, bisexual, and queer men; cisgender sons; and gay educators. The other was an interdisciplinary group of nurses and health educators. The intervention has yet to be tested and therefore its effectiveness is unknown (Flores et al., 2020).

A qualitative study with gay men ( $n = 6$ ) whose partner had died from HIV provided an opportunity for bereaved partners to talk about the experience of their partners death (McGaffic & Longman, 1993). HIV nurses throughout the epidemic have faced the challenge of integrating loved ones into the care of PLWH who may be estranged from their biological family and prefer to share their end-of-life experiences with their chosen loved ones, which aligns with YP+10 principles 6 (Right to Privacy) and 24 (Right to Found a Family). Nurses are uniquely positioned within the health care system and generally trusted to engage with SOGI People and communities to address bereavement concerns.

**Structural-level interventions.** Structural-level interventions change the context in which HIV nursing care or practices occur or are delivered. We reviewed three studies that fit this criterion. The first study was designed to elucidate facilitators and barriers that HIV nurses experience when discussing sexual behavior with an MSM living with HIV (de Munnik et al., 2017). Nurses reported high intentions to discuss sexual risk behavior, and 38% of the observed variance was explained by attitude, sexual preference, knowing ways to introduce the topic, and experiencing enough time or

prioritizing discussing sexual behavior with an MSM living with HIV (de Munnik et al., 2017). That study's findings align with YP+10 principles 17 (Right to the Highest Attainable Standard of Health) and 32 (Right to Bodily and Mental Integrity) and highlight the need to integrate SOGI content into nursing curriculum (Burton et al., 2021). The second study was designed to educate agencies and community-based organizations (CBOs) about transgender community HIV prevention needs and issues. The study created networking opportunities between transgender women and agencies and CBOs that provided them with health and social care services (De Santis et al., 2010). The third study reported a multicomponent evaluation of PrEP programs in New York State (Parisi et al., 2018). Overall, participants found the PrEP programs helpful, were adherent, and attended quarterly medical visits without difficulty. Challenges and opportunities for improvement of PrEP programs in New York were reported and may be applicable in other locations. The importance of health care providers working collaboratively with other service providers in the community such as CBOs to improve access to PrEP for at-risk populations were highlighted. Recommendations for improving policies that govern PrEP programs were made (Parisi et al., 2018).

## Future Considerations for Nursing Science and Practice

### Research Priorities

Current research demonstrates areas where nurses have contributed to prevention and treatment initiatives designed to achieve the goal of ending the HIV epidemic. However, there are several areas where further research is needed. Further research is needed to document how nurses and nurse practitioners can increase access to HIV prevention technologies such as PEP and PrEP. Nurses' role in the clinical management of HIV has been documented, and the influence nurses have on improving the lives of SOGI People needs to be better understood. There are efforts underway to increase nurses' knowledge base in relation to the physical, mental, emotional, cultural, social, and spiritual needs of SOGI People by integrating content in nursing curricula so nurses can practice culturally safe care from a place of cultural humility (Burton et al., 2021). As this content is integrated in curricula, there is a need to evaluate the efficacy of efforts to improve care through these curriculum innovations. Integrating members of SOGI communities as part of advisory groups for curriculum development may be beneficial to ensure that knowledge shared is current and relevant to the SOGI community served by graduates of schools of nursing. The

need for collection of rigorous data measures to understand outcomes of eHealth interventions and for long-term follow-up after intervention completion has been identified. Future research should focus on establishing long-term effectiveness and comparing effectiveness of different eHealth interventions (Schnall et al., 2014). Contemporary research into bereavement experiences of SOGI PLWH and their loved ones is needed. Additionally, it would be important to integrate knowledge of these bereavement experiences of SOGI Peoples into nursing curriculum (Burton et al., 2021).

Future research should adopt approaches that allow for the determination of a wider range of sexual orientation, gender identity, and gender expression to provide for better understanding of the nuanced differences experienced by SOGI PLWH. There is a dearth of research into the health and sexual health needs of people who identify as nonbinary/genderqueer and Two-Spirit. Any research initiative with Two-Spirit Peoples needs to be conducted by and with Indigenous Peoples.

The evidence base for lesbian health overall is small and in relation to HIV remains even more limited; however, fear of clinicians and structural discrimination, not lesbian identity or sex between women, are the determinants that drive well-being and illness (Bernhard, 2001; Dibble et al., 2007). Further research is needed to determine best approaches for working with lesbians and, in particular, BHIPOC lesbians with HIV to determine strategies nurses can use to help lesbians achieve optimal states of health and well-being. Additionally, evaluation of the effectiveness of initiatives to include lesbian-specific content in nursing curricula about HIV is warranted.

Further research is needed to understand how nurses can best support BHIPOC transgender persons seeking health services. Research to better understand the role of nurses to address factors that influence uptake of HIV testing, access to care, and retention in HIV care and treatment with transgender populations needs to include larger and more geographically and socioeconomically diverse transgender samples (Hines et al., 2017; Munro et al., 2017). Longitudinal studies to obtain contemporaneous rather than retrospective accounts of the experiences of transgender persons in nursing settings are needed (Hines et al., 2017).

We did not review articles that addressed nurses' and nursing students' knowledge, attitudes, and intentions related to caring for SOGI PLWH (Supplementary Table 5, Supplemental Digital Content 5, <http://links.lww.com/JNC/A15>). That literature includes studies that explored nurses' perspectives on the health challenges of SOGI People in rural communities. This is an area that

needs further exploration and more efforts to address concerns of both nurses and SOGI Peoples.

The research priorities we have outlined will require political will, research resources, and investments in research and human capital to erase long-standing health disparities experienced by SOGI communities globally. To that end, we advocate for and encourage all nurses to advocate for the allocation of research funding to address the challenges SOGI communities face in the context of HIV. HIV nurses and SOGI communities jointly possess the knowledge and capabilities to address many of the challenges encountered by SOGI communities and they must work collectively to achieve the goal of health for all SOGI Peoples.

### ***Policy Implications***

An historical perspective on nurses' initiatives to influence policies that contribute to the health disparities experienced by SOGI Peoples in the United States has been documented in the literature. Key initiatives have included efforts to raise awareness of the health disparities experienced by LGBTQ+ groups in the early 1970s, advocacy efforts to amend civil rights legislation to end discrimination based on sexual orientation, advocacy to end discrimination against military service members based on sexual orientation, advocacy for safe and effective treatment and prevention of HIV for SOGI People who are disproportionately affected, and advocacy for marriage equality for SOGI Peoples (Keepnews, 2011). Nurses have long advocated for socially just care with scholars, more recently advocating for the development of an agenda for nursing in relation to SOGI Peoples and the health disparities they experience (Keepnews, 2011). Currently, several nursing organizations have developed subgroups or introduced position statements to advocate for policies to address these health disparities (American Academy of Nursing, n.d.; Registered Nurses Association of Ontario, n.d.). Although these examples are limited to North America, other nursing organizations around the globe have initiatives to address health disparities and the stigma and discrimination experienced by SOGI Peoples. These efforts address broader health concerns among SOGI People and are not specific to HIV but help to alleviate many of the factors that put SOGI People at greater risk of acquiring HIV disease.

Current challenges faced by SOGI Peoples in many parts of the world entail efforts by governments to erode their rights, including efforts in the United States, Australia, Russia, and several former Soviet nations that have increased the levels of violence and discrimination experienced by SOGI Peoples (Johnson, 2015; Keith, 2020; Kerf, 2017; Reid, 2016). Additionally, the former Trump

administration made efforts to define sex based on observed external genitalia, which would limit access to health care under the Affordable Care Act (Keith, 2020). Efforts to limit workers' rights for SOGI People have been challenged in the US Supreme Court. In *Bostock v. Clayton County* (2020), the Supreme Court ruled that LGBTQ+ persons were protected against discrimination in employment under Title VII of the 1964 Civil Rights Act *Bostock v. Clayton County*, 2020). Although this ruling protects workers' rights for SOGI People, it may not extend to health care services. There may be additional legal battles to allow for the realization of the right to health for SOGI Peoples in the United States. We used the health-related YP+10 principles as a guiding framework for this article. This human rights–based framework may help nurses articulate how their actions contribute to achieving optimal health outcomes with SOGI Peoples and their communities and contribute to changes in laws and policies globally.

A final policy aspect that needs to be addressed is related to funding research and other initiatives to improve the health of SOGI communities. Although SOGI Peoples may represent smaller groups in national census data, or may not even be counted in census data, they do exist and have disparate health needs in relation to the general population. Distinguishing transgender persons within HIV surveillance data is important for understanding health disparities. Therefore, it is essential that governments and other funding agencies make resources available to address the health needs of SOGI Peoples and our communities.

## Conclusion

In conclusion, we have provided an overview of the literature that describes guidance to inform nurses practices when working with SOGI Peoples and specific interventions that have been used to improve the health outcomes of PLWH. The literature reviewed highlights that nurses have fought alongside SOGI Peoples throughout the HIV pandemic. Remaining challenges include overcoming discriminatory laws and policies that oppress SOGI Peoples or erode human and civil rights afforded to them and determining how to use technology ethically and effectively for the betterment of health among SOGI communities, for example, the use of data-driven algorithms and smartphone applications in HIV prevention.

There are many opportunities for nurses to advance the HIV nursing state of science through further intervention research as well as evaluation of the efficacy of practice guidance. There is a need to integrate SOGI community concerns and approaches to improving health outcomes with them in nursing curricula (Burton et al., 2021).

Literature reviewed highlights opportunities for integrating biomedical and information technology such as PEP and PrEP and mHealth interventions with SOGI communities. The literature reviewed revealed knowledge gaps that are amenable to nursing actions in relation to HIV among SOGI Peoples and our communities. Through integrated collaborative efforts, nurses can help SOGI communities achieve optimal health outcomes that are based on dignity and respect for human rights.

## Disclosures

The authors report no real or perceived vested interests related to this article that could be construed as a conflict of interest.

## Author Contributions

Consistent with the ICMJE criteria, all authors have made (a) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (b) participated in drafting the manuscript or revising it critically for important intellectual content; (c) given final approval of the version to be published; and (d) agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Specific author contributions include: J. Craig Phillips: Conceptualization, methodology, formal analysis, investigation, and writing—original draft, visualization, supervision, and project administration. J. Hidayat: Conceptualization, methodology, formal analysis, data curation, formal analysis, investigation, and writing—review and editing. K. D. Clark: Conceptualization, methodology, formal analysis, investigation, and writing—original draft, visualization. J. Melisek: Conceptualization, methodology, formal analysis, and writing—review and editing. M. S. Balthazar: Formal analysis, investigation, and writing—review and editing. A. G. D. Beck: Conceptualization, formal analysis, investigation, and writing—review and editing. S. E. Moore: Formal analysis, investigation, methodology, and writing—review and editing. C. Dawson-Rose: Conceptualization, methodology, formal analysis, and writing—original draft, supervision.

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## Key Considerations

- SOGI Peoples and our communities are disproportionately affected by HIV disease.
- HIV rates are highest among transgender people, cisgender gay men, and other MSM.
- The literature on HIV risk behaviors of cisgender lesbians and other WSW are outdated and may be insufficient to inform nursing practices with these women.
- Nurses who identify as SOGI People have contributed to advancing the state of HIV nursing science; however, there are additional opportunities to engage them and all SOGI Peoples in efforts to address HIV in our communities.
- The Yogyakarta Principles and Yogyakarta + 10 Principles offer nurses a human rights framework to engage with and provide care to SOGI Peoples and our communities that respects human dignity and helps achieve the human rights goal of health for all.

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