

Understanding and responding to Hepatitis C reinfection and retreatment among Aboriginal Peoples in custody: A culturally informed co-design approach

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Background: Aboriginal and Torres Strait Islander Peoples experience a disproportionate burden of hepatitis C virus (HCV) infection in Australian prisons. Surveillance data within the New South Wales (NSW) custodial system indicates that, despite high levels of testing and treatment, some Aboriginal Peoples receive multiple episodes of HCV treatment, most of them for reinfection, with up to seven treatments recorded. This study was conducted to better understand structural, cultural, and service-level factors influencing HCV care in custody from the perspective of Aboriginal Peoples.

Methods: A qualitative co-design study using decolonising methodologies was conducted across three rural prisons in NSW. Six yarning circles were held with Aboriginal participants, using purposive sampling to explore experiences of HCV care, knowledge gaps, barriers to engagement in care, harm reduction practices, and healing needs. Data were analysed thematically to identify key drivers of reinfection and retreatment and inform intervention development.

Results: Aboriginal project staff facilitated Yarning Circles with 49 participants (23 women, 26 men). Six key interconnected themes were identified:

- 1) Trust, continuity, and cultural safety;
- 2) Shame, stigma, and healing;
- 3) Peer education and learning pathways;
- 4) Health literacy and system navigation;
- 5) Drug use and harm reduction;
- 6) Trauma, healing, and intergenerational connection.

Participants highlighted the influence of trauma, stigma, and disrupted continuity of care contributed to reinfection risk. Findings emphasised the importance of trust-based relationships, peer-led education, and practical, culturally relevant information were identified as protective factors.

Conclusion: HCV reinfection and retreatment among Aboriginal Peoples in custody is shaped by structural, cultural, and relational factors rather than individual behaviour alone. This co-design process centred lived experience and informed the development of peer-driven education, culturally grounded health promotion strategies, and enhanced discharged planning. These findings contribute to the limited evidence on culturally safe HCV responses in prisons and provide a model for Aboriginal-led programs.

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