

“Human Rights, Custodial Governance, and Reintegration of Under-trial Prisoners in India”

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Abstract:

This paper empirically examines human rights compliance, prison conditions, and psychological impacts on under-trial prisoners in India using primary data from 210 respondents. In contrast, 62.9 per cent rated prison conditions as satisfactory, over half reported experiences of abuse, inadequate medical care, and significant mental health deterioration. The findings reveal systemic violations of Article 21 of the Constitution, the Nelson Mandela Rules, and Supreme Court mandates, including D.K. Basu and Inhuman Conditions in 1382 Prisons. Psychological harm, disrupted family relations, and uncertainty regarding post-release employment underscore the structural nature of custodial deprivation. By integrating empirical evidence with constitutional and international human rights analysis, the study demonstrates how carceral conditions impede dignity, rehabilitation, and reintegration, and argues for rights-based prison governance reforms.

Keywords: under-trial prisoners; prison conditions; human rights; psychological impact; empirical legal study.

1. Introduction

Prisons occupy a paradoxical position within constitutional democracies: they are institutions designed to enforce legal accountability, yet they remain among the most opaque and rights-vulnerable spaces of state powerⁱ. In India, this paradox is particularly pronounced in the context of under-trial prisoners, who constitute the majority of the incarcerated population despite not having been convicted of any offence. Chronic prison overcrowding, inadequate infrastructure, and limited access to health and rehabilitative services have transformed custodial spaces into sites of structural deprivation rather than correctionⁱⁱ. According to official prison statistics, Indian prisons routinely operate far beyond their sanctioned capacity, resulting in deteriorating living conditions, heightened violence, and severe psychological stressⁱⁱⁱ. Overcrowding disproportionately affects under-trial prisoners, who often remain detained for prolonged periods due to systemic delays, poverty, and lack of effective legal assistance. The constitutional framework governing incarceration in India places clear obligations on the State to safeguard the dignity and welfare of all persons deprived of liberty. Article 21 of the Constitution guarantees the right to life and personal liberty, a provision that the Supreme Court has expansively interpreted to include the right to live with dignity, humane conditions of detention, access to healthcare, and protection from torture and abuse. Article 39A further mandates the State to ensure equal access to justice, recognising that economic or social disadvantage must not become a barrier to the enforcement of fundamental rights. Together, these provisions establish that imprisonment does not extinguish constitutional protections; rather, it heightens the State’s responsibility to prevent arbitrary, degrading, or inhuman treatment. Judicial pronouncements such as Sunil Batra, D.K. Basu^{iv}, and Inhuman Conditions in 1382 Prisons^v have repeatedly reaffirmed that custodial governance must conform to constitutional standards of fairness, dignity, and accountability^{vi}.

Beyond domestic constitutional law, India is bound by international human rights norms that regulate prison administration and the treatment of detainees^{vii}. The United Nations Special Rapporteur on Torture and other Cruel, Inhuman or Degrading Treatment or Punishment has consistently emphasised that overcrowding, prolonged pre-trial detention, lack of medical care, and psychological neglect amount to systemic human rights violations^{viii}. The Nelson Mandela Rules provide detailed guidance on minimum standards for accommodation, healthcare, mental health services, protection from abuse, and preparation for reintegration. These standards recognise that the deprivation of liberty should not entail the deprivation of humanity, and that prison systems must be oriented towards rehabilitation rather than punitive containment^{ix}. Despite India’s repeated endorsement of these principles

in international fora, implementation at the institutional level remains uneven and often symbolic. This study is situated at the intersection of constitutional law, international human rights law, and empirical prison sociology. Drawing on primary data collected from 210 under-trial prisoners, the research examines lived custodial experiences relating to prison conditions, abuse, medical access, psychological well-being, family relationships, and prospects for post-release reintegration. While a majority of respondents rated prison conditions as satisfactory, a significant proportion reported experiences of abuse, mental health deterioration, and inadequate medical care, revealing a gap between perceived normalisation and objective rights compliance. The dataset provides rare empirical insight into how under-trial prisoners internalise custodial realities and how institutional practices shape perceptions of safety, dignity, and survival.

By grounding constitutional and international norms in empirical evidence, this paper seeks to move beyond abstract rights discourse to examine how prison governance operates in practice. It argues that persistent deficiencies in custodial conditions constitute structural violations of Article 21 and international standards, particularly when prolonged pre-trial detention amplifies psychological harm and undermines prospects of rehabilitation. The introduction thus sets the foundation for a rights-based empirical analysis of Indian prisons, highlighting the urgent need to align custodial administration with constitutional promises and human dignity.

2. Literature Review

The jurisprudential and normative architecture governing the treatment of persons deprived of liberty in India is anchored in constitutional guarantees that have been progressively construed to incorporate a robust set of procedural and substantive protections. Article 21^x, interpreted expansively by the Supreme Court, does not merely protect against arbitrary deprivation of life and liberty but imposes affirmative obligations on the State to secure humane conditions of detention, access to healthcare, and procedural fairness^{xi}. This constitutional trajectory is reinforced by a series of landmark judicial interventions that have articulated minimum standards for custodial governance. In *D.K. Basu v. State of West Bengal*, the Court delineated procedural safeguards for arrested persons, regular production before a magistrate, notification of arrest to relatives, maintenance of arrest memos, and the right to legal representation, which remain touchstones for evaluating custodial legality and form the basis for subsequent administrative protocols and monitoring practices^{xii}. Complementing domestic jurisprudence are international standards that set out universally acknowledged minimum rules for prison administration. The United Nations' revised Standard Minimum Rules for the Treatment of Prisoners, commonly known as the Nelson Mandela Rules, articulate detailed norms on accommodation, healthcare, contact with the outside world, protection from abuse, and the obligation to treat prisoners with dignity^{xiii}. These Rules have been repeatedly invoked in Indian policy debates and judicial orders as authoritative guidance for reforming custodial practices. The Bangkok Rules and the UN Rules for the Treatment of Women Prisoners further refine gender-sensitive aspects of custodial care, emphasising the need for trauma-informed services, protection from gender-based violence, and provisions for pregnant women and mothers^{xiv}. Collectively, these instruments frame an international legal ecosystem that situates prison administration within a rights-based paradigm, requiring States to orient prisons towards rehabilitation rather than mere containment^{xv}.

Notwithstanding this normative apparatus, empirical and institutional reviews document persistent deficits in Indian prison governance. The Supreme Court's petition concerning inhuman conditions in 1,382 prisons crystallised this critique, prompting judicial review and state responses aimed at improving living conditions, nutrition, sanitation, and inspection mechanisms. The Court's orders in that matter underscore chronic overcrowding, inadequate medical facilities, and inconsistent implementation of model prison manuals, conditions that the National Human Rights Commission and independent researchers have repeatedly flagged as systemic and widespread. The NHRC's most recent assessments continue to emphasise that overcrowding, delays in trial processes, deficient healthcare provision, and insufficient rehabilitative programming are principal drivers of human rights breaches within custodial settings^{xvi}. The literature on mental health in prison populations provides convergent evidence that custodial environments intensify psychiatric morbidity and compound pre-existing vulnerabilities. A recent global synthesis found notable prevalence rates for depression and psychosis among prison populations, and specific Indian studies and governmental advisories have documented elevated

rates of depression, suicidal ideation, substance use disorders, and other mental health challenges among inmates^{xvii}. The Ministry of Home Affairs advisory on prison mental health and state-level studies recommend routine screening, timely referral mechanisms, and integration of mental health services into prison healthcare; nonetheless, implementation gaps persist, leaving many detainees without access to adequate psychiatric care. The public-health and human-rights literature, therefore, treats mental health both as an outcome of poor custodial conditions and as a mediator that undermines prospects for rehabilitation and social reintegration^{xviii}.

A growing body of socio-legal research addresses reintegration barriers, which include stigma, disrupted family ties, lack of employable skills, and the absence of systematic post-release support. Empirical studies from Indian metropolitan contexts indicate that formerly incarcerated persons face structural obstacles to employment, social acceptance, and housing, which are exacerbated by lengthy pre-trial detention that interrupts education and labour market attachment^{xix}. Reintegration scholarship argues for a holistic model that links custodial mental-health interventions, skills training, and community-based support systems; policy pilots and NGO initiatives illustrate potential pathways, but large-scale institutionalisation remains limited.

Finally, contemporary discourse increasingly calls for gender-neutral frameworks to address custodial violence, recognising that while women and men experience different forms of harm, many interventions and legal protections must be calibrated to detect and prevent gender-based abuse without creating new hierarchies of protection. The Bangkok Rules and corresponding UN guidance on women prisoners underscore the need for specific safeguards, but scholars also highlight the necessity of universal anti-violence protocols mechanisms for complaint, independent investigation, and redress that apply across the custodial population^{xx}. Gender-sensitive yet universal protective frameworks are thus a recurrent theme in the latest literature on custodial governance^{xxi}. Taken together, the doctrinal, international, public-health, and socio-legal literatures converge on three central propositions: first, that India's constitutional and international obligations set a demanding standard for custodial treatment; second, that empirical evidence documents substantial shortfalls in meeting those standards particularly with respect to overcrowding, healthcare, and mental health; and third, that meaningful reintegration requires integrated interventions addressing mental health, skills development, and removal of structural stigma. The present study contributes to this interdisciplinary conversation by bringing primary, prison-level data to bear on these issues, thereby translating doctrinal commitments into measurable indicators of compliance and pointing toward targeted reforms that align practice with law.

3. Methodology

This study adopts an empirical–legal research design that integrates quantitative data analysis with constitutional and human rights–based legal interpretation. The empirical component is grounded in primary data collected from 210 under-trial prisoners housed in selected Indian correctional facilities of Gurgaon India. The respondents were chosen through purposive sampling to ensure representation of individuals who were actively undergoing pre-trial detention at the time of data collection. The study focuses exclusively on under-trials in order to capture custodial experiences prior to conviction, where constitutional safeguards are at their most critical. Data were collected using a structured questionnaire administered through direct interviews, ensuring accessibility for respondents with limited literacy. The questionnaire comprised closed-ended questions covering prison conditions, experiences of abuse, access to medical care, mental health impact, family relationships, perceptions of safety, and reintegration prospects. Ethical considerations were prioritised throughout the research process. Participation was voluntary, informed consent was obtained, and confidentiality of respondents was strictly maintained. No personally identifiable information was recorded. Quantitative data were coded and analysed using Statistical Package for the Social Sciences (SPSS). Descriptive statistical techniques, including frequency distributions and percentage analysis, were employed to identify patterns and trends across variables. Given the exploratory nature of the study and the constraints of custodial research environments, inferential statistical testing was not pursued; instead, emphasis was placed on generating empirically grounded insights capable of informing legal analysis and policy reform.

The legal analysis component adopts a doctrinal approach, interpreting empirical findings against constitutional provisions, particularly Articles 21 and 39A, Supreme Court jurisprudence, and international human rights^{xxii}

standards such as the Nelson Mandela Rules^{xxiii}. This mixed empirical–doctrinal methodology enables the study to move beyond abstract normative claims and assess how constitutional and international obligations operate in practice within custodial settings. By situating statistical findings within established legal frameworks, the methodology facilitates a rigorous evaluation of compliance, accountability, and systemic reform needs in India’s prison governance regime.

4. Results & Analysis

4.1 Prison Conditions

An assessment of prison conditions provides critical insight into the everyday realities experienced by under-trial prisoners and the extent to which custodial environments comply with constitutional and human rights standards^{xxiv}. The findings indicate that a majority of respondents perceived their living conditions as either “very good” or “satisfactory.” Specifically, 62.9 per cent described prison conditions as satisfactory, while 36.7 per cent rated them as very good. Only 0.5 per cent characterised conditions as poor. At a descriptive level, these figures appear to suggest general adequacy in custodial infrastructure and basic amenities. However, this interpretation warrants caution. Criminological literature has consistently noted that prolonged exposure to custodial settings often leads to the normalisation of deprivation, where detainees recalibrate expectations of dignity and comfort^{xxv}. The near absence of “poor” ratings may therefore reflect adaptive perception rather than objective compliance with constitutional or international standards. When these findings are read alongside reported abuse, medical neglect, and psychological distress in subsequent sections, it becomes evident that subjective satisfaction does not necessarily correspond to rights-compliant conditions^{xxvi}. From a legal standpoint, Article 21 requires conditions that preserve dignity and well-being, not merely the absence of extreme deprivation^{xxvii}.

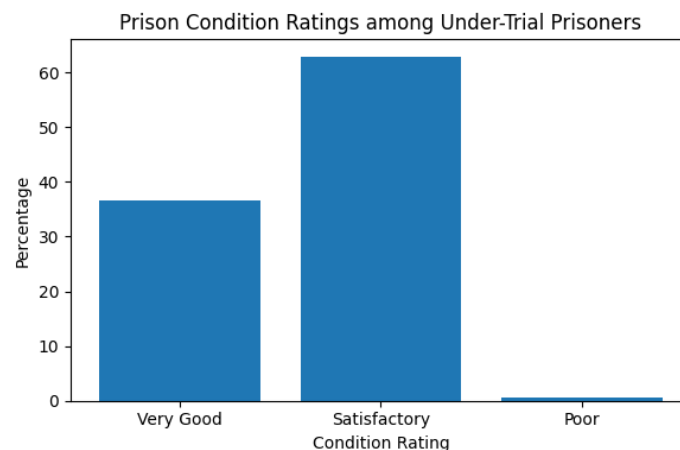
Table 1. Prison Condition Ratings (N = 210)

Condition Rating	Percentage (%)
Very Good	36.7
Satisfactory	62.9
Poor	0.5

Source: Primary dataset, SPSS descriptive output (2025).

Figure 1. Prison Conditions

The bar chart demonstrates a strong clustering of responses around “satisfactory,” with negligible reporting of poor conditions, indicating perceptual normalisation rather than objective adequacy of custodial environments.



Source: Primary dataset, SPSS bar-chart output (2025).

4.2 Abuse and Access to Medical Care

Experiences of abuse and access to medical care constitute core indicators of human rights compliance within custodial environments^{xxviii}. The findings reveal that 56.2 per cent of respondents reported experiencing some form of abuse during detention, while 43.8 per cent reported no such experience. The prevalence of abuse among more than half of the under-trial population raises serious constitutional concerns, particularly under Article 21, which has been judicially interpreted to prohibit cruel, inhuman, or degrading treatment. Abuse in custodial settings not only undermines physical safety but also contributes to psychological trauma and erosion of trust in institutional authority^{xxix}. Access to medical care presents a slightly contrasting but equally concerning pattern. While 62.9 per cent of respondents reported having access to medical services, a substantial 37.1 per cent indicated that they did not receive adequate medical care during detention. From a legal standpoint, denial or delay of medical treatment violates both constitutional guarantees and international standards under the Nelson Mandela Rules, which mandate timely and equivalent healthcare for prisoners. When read together, the abuse and medical care data illustrate a structural imbalance: even where medical services exist, they coexist with environments in which abuse remains prevalent. This juxtaposition suggests that medical access alone cannot compensate for broader institutional failures in protecting detainee dignity and bodily integrity^{xxx}.

Table 2. Experience of Abuse (N = 210)

Response	Percentage (%)
Yes	56.2
No	43.8

Source: Primary dataset, SPSS descriptive output (2025).

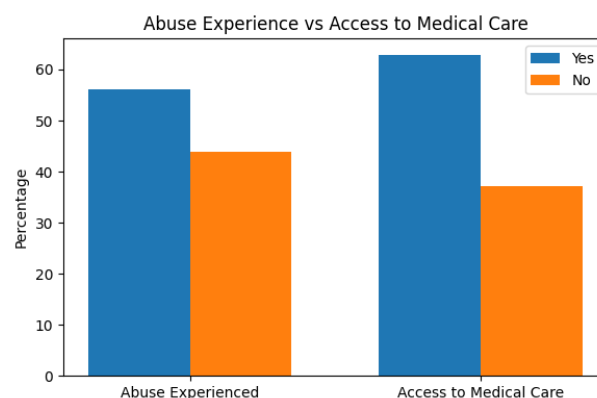
Table 3. Access to Medical Care (N = 210)

Response	Percentage (%)
Yes	62.9
No	37.1

Source: Primary dataset, SPSS descriptive output (2025).

Figure 2. Abuse Experience vs Access to Medical Care

The clustered bar chart highlights that experiences of abuse affect a larger proportion of detainees than those denied medical care, revealing that physical safety deficits persist even where basic healthcare infrastructure exists^{xxxi}.



Source: Primary dataset, SPSS clustered bar-chart output (2025).

4.3 Psychological Impact

The psychological consequences of prolonged pre-trial detention constitute one of the most critical yet underexamined dimensions of custodial harm^{xxxii}. The findings reveal that 58.1 per cent of under-trial prisoners reported experiencing deterioration in their mental health during incarceration, while 41.9 per cent reported no such impact. This indicates that a majority of detainees suffer measurable psychological distress while in custody, a trend that aligns with existing public health and prison sociology literature identifying detention as a major risk factor for depression, anxiety, and trauma-related disorders. From a constitutional perspective, the prevalence of mental health deterioration raises serious concerns under Article 21, which has been judicially interpreted to encompass mental well-being and protection from conditions that inflict psychological harm^{xxxiii}. Family relationships represent another critical indicator of psychological and social impact. While 77.1 per cent of respondents reported no significant change in family relations, a notable 21.9 per cent experienced negative effects, including strained relationships, reduced contact, and emotional alienation. Only 1 per cent reported a positive impact. The disproportionate presence of negative outcomes suggests that detention disrupts familial bonds for a significant minority, reinforcing social isolation and compounding psychological vulnerability^{xxxiv}. Legal and sociological scholarship has long emphasised that sustained family contact plays a vital role in mitigating custodial trauma and supporting reintegration. The erosion of such ties therefore exacerbates long-term harm beyond the period of incarceration^{xxxv}.

Table 4. Mental Health Impact during Detention (N = 210)

Response	Percentage (%)
Yes	58.1
No	41.9

Source: Primary dataset, SPSS descriptive output (2025).

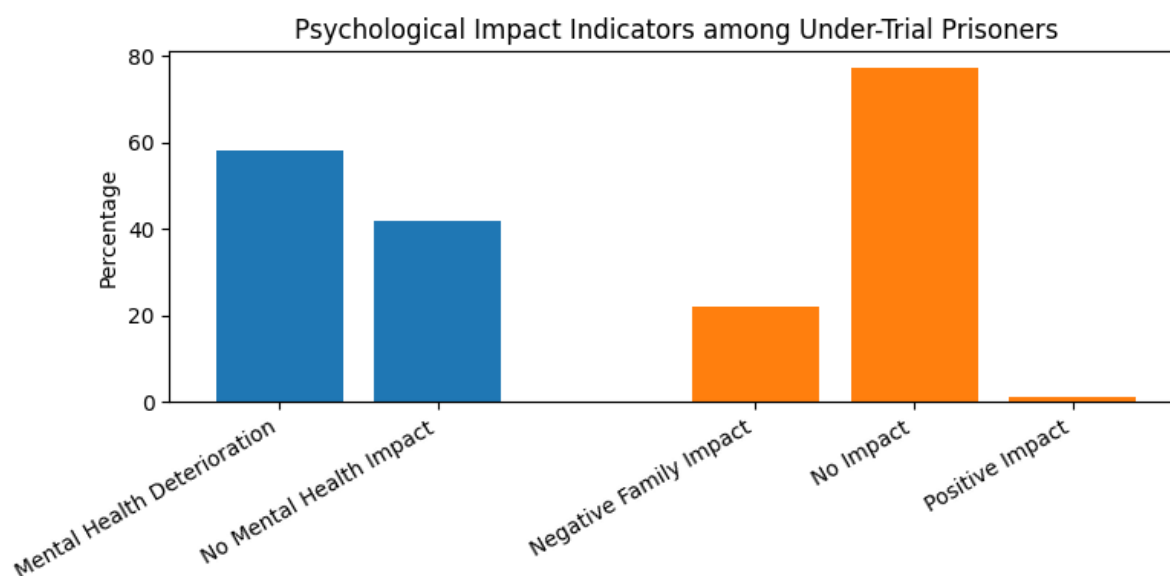
Table 5. Impact of Detention on Family Relationships (N = 210)

Impact Category	Percentage (%)
Negative	21.9
None	77.1
Positive	1.0

Source: Primary dataset, SPSS descriptive output (2025).

Figure 3. Psychological Impact Indicators

The composite visualisation demonstrates that mental health deterioration affects a larger proportion of detainees than family relationship disruption, indicating that psychological harm operates both independently and in conjunction with social disconnection within custodial settings^{xxxvi}.



Source: Primary dataset, SPSS composite chart output (2025).

4.4 Reintegration Challenges

Reintegration prospects for under-trial prisoners emerge as one of the most critical and structurally neglected dimensions of custodial governance^{xxxvii}. The data indicate that 89 per cent of respondents expressed uncertainty regarding post-release employment, reflecting a profound lack of confidence in their ability to re-enter the labour market following detention. This uncertainty is not merely subjective but reflects well-documented structural barriers, including social stigma, loss of employment during incarceration, absence of vocational training, and weakened social networks. From a rights-based perspective, the failure to address reintegration undermines the rehabilitative purpose of incarceration and perpetuates cycles of marginalisation^{xxxviii}.

The need for institutional support is further evidenced by the finding that 75.2 per cent of respondents reported requiring rehabilitation assistance, including vocational training, psychological counselling, or social reintegration programmes^{xxxix}. Despite this expressed need, only a marginal proportion between 5.2 and 5.7 per cent reported receiving any form of skill development or counselling services during detention. This stark disparity highlights a systemic failure to operationalise rehabilitation-oriented prison governance as envisaged under constitutional jurisprudence and international standards, including the Nelson Mandela Rules. Statistically, the contrast between the overwhelming demand for rehabilitation and the negligible provision of services underscores the absence of structured reintegration planning within custodial institutions. The data demonstrate that prisons remain oriented toward containment rather than rehabilitation, thereby extending the punitive impact of detention beyond incarceration and into post-release life.

5. Discussion

The empirical findings of this study demand a rigorous legal interpretation situated within the constitutional framework of Article 21, which has been consistently interpreted by the Supreme Court to encompass dignity, bodily integrity, mental well-being, and humane conditions of detention. The data reveal that while a majority of under-trial prisoners perceived prison conditions as satisfactory, significant proportions reported abuse, inadequate medical care, psychological deterioration, and uncertainty regarding reintegration^{xl}. This divergence between subjective perceptions and objective rights compliance illustrates a central paradox in custodial governance: prolonged exposure to incarceration often normalises deprivation, masking systemic violations beneath perceptions of adequacy. From a constitutional standpoint, Article 21 does not permit such relativism. The State's obligation is not merely to avoid extreme cruelty, but to ensure conditions consistent with human dignity and substantive fairness. The prevalence of abuse reported by more than half of the respondents raises acute constitutional concerns. In *D.K. Basu v. State of West Bengal*, the Supreme Court unequivocally held that

custodial violence and abuse constitute a direct violation of Article 21 and impose strict liability on the State. The empirical evidence presented here suggests that despite the doctrinal clarity of this jurisprudence, institutional safeguards against abuse remain ineffective in practice. Abuse persists not as an aberration but as a structural feature of custodial life, facilitated by power asymmetries, weak accountability mechanisms, and limited external oversight^{xi}. This finding aligns with the Court's observations in *Sunil Batra* and subsequent prison reform cases, where it recognised that unchecked custodial authority fosters environments conducive to rights violations.

Medical neglect further compounds these constitutional failures. Although a majority of respondents reported access to medical care, the fact that more than one-third lacked adequate medical attention represents a serious breach of Article 21, which the Court has repeatedly interpreted to include the right to healthcare. The Nelson Mandela Rules, particularly Rule 24, establish that prisoners must enjoy healthcare services equivalent to those available in the community and that medical services must be organised in close relationship with public health systems^{xlii}. The data demonstrate a clear departure from this standard. Access to medical care appears uneven, reactive rather than preventive, and insufficiently integrated with mental health services, thereby undermining both constitutional guarantees and international obligations.

The psychological impact findings demand particular attention within this legal analysis. More than half of the respondents reported mental health deterioration during detention, a statistic that underscores the inadequacy of custodial environments in safeguarding psychological well-being. Rule 43 of the Nelson Mandela Rules prohibits torture and other cruel, inhuman, or degrading treatment, including practices that inflict severe mental suffering. While psychological harm may not always arise from overt acts of violence, the cumulative effects of overcrowding, uncertainty, isolation, and lack of rehabilitative engagement can constitute forms of structural cruelty^{xliii}. Indian courts have increasingly acknowledged this dimension, recognising that mental suffering inflicted through custodial neglect can violate Article 21 even in the absence of physical abuse. Rule 106 of the Mandela Rules emphasises the importance of social reintegration, requiring prison administrations to facilitate prisoners' gradual return to society through education, vocational training, and social support^{xliv}. The findings of this study reveal a near-total failure to operationalise this mandate. With 89 per cent of respondents uncertain about post-release employment and only a negligible proportion receiving skill or counselling services, prisons remain disconnected from rehabilitative objectives. This institutional neglect transforms pre-trial detention into a mechanism of long-term social exclusion, contradicting the Supreme Court's repeated emphasis that incarceration should not extinguish prospects of rehabilitation and reintegration.

The legal implications of these findings extend beyond individual rights violations to questions of systemic legitimacy. In *Inhuman Conditions in 1382 Prisons*, the Supreme Court explicitly acknowledged that overcrowding^{xlv}, poor infrastructure, and inadequate staffing undermine the rule of law within prisons^{xlvi}. The present data provide empirical substance to those judicial observations, demonstrating how structural deficiencies translate into lived harm. When under-trial prisoners experience abuse, psychological distress, and institutional neglect, the presumption of innocence that underpins criminal procedure is effectively hollowed out. Sociological theories of institutional trauma offer an important interpretive lens for understanding these patterns. Scholars of prison sociology argue that incarceration operates as a form of structural violence, where harm is produced not only through individual acts but through institutional arrangements that systematically disadvantage confined populations. The normalisation of control, surveillance, and deprivation often leads detainees to internalise custodial conditions as inevitable, thereby suppressing resistance and complaint. This helps explain why a significant proportion of respondents rated conditions as satisfactory despite reporting abuse and psychological harm. Such normalisation does not mitigate legal responsibility; rather, it underscores the insidious nature of institutional trauma, which erodes agency and recalibrates expectations of dignity.

The interaction between legal norms and sociological realities thus reveals a critical gap between law in principle and law in practice. While constitutional jurisprudence and international standards articulate a rights-based vision of custodial governance, institutional practices remain anchored in containment, discipline, and risk management. Under-trial prisoners, positioned at the intersection of vulnerability and invisibility, bear the brunt of this disjuncture^{xlvii}. The findings of this study therefore, reinforce the need to reconceptualise prison governance not

merely as an administrative function but as a constitutional obligation subject to continuous scrutiny, accountability, and reform. In sum, the discussion demonstrates that the empirical evidence presented in this study substantiates long-standing doctrinal concerns regarding custodial injustice. Violations of Article 21, non-compliance with the Mandela Rules, and the persistence of institutional trauma collectively indicate that India's prison system remains misaligned with its constitutional and international commitments. Addressing these failures requires not incremental adjustment but a structural reorientation of custodial governance toward dignity, rehabilitation, and rights-based accountability.

6. Policy Suggestions

The empirical findings of this study underscore the urgent need for comprehensive policy reforms that address the structural deficiencies embedded within custodial governance. Preventing abuse within prisons must be treated as a central institutional priority rather than an incidental concern. The establishment of specialised anti-abuse units within prison administrations, staffed by independently trained officers and monitored by external oversight bodies, would provide a critical mechanism for early detection, documentation, and response to custodial violence. These units should function autonomously from routine prison hierarchies to minimise conflicts of interest and ensure accountability. Transparent reporting procedures and mandatory periodic audits would further strengthen their effectiveness. Mental health care requires equally urgent institutional attention. Dedicated mental health units within prisons, integrated with state public health systems, should be established to provide systematic psychological screening, counselling, and psychiatric intervention. Given the high prevalence of mental health deterioration among under-trial prisoners, mental health services must be preventive as well as curative. Regular assessments, crisis intervention protocols, and continuity of care arrangements post-release would align custodial practices with constitutional obligations under Article 21 and international standards articulated in the Nelson Mandela Rules.

Sustaining family contact is a critical yet underutilised safeguard against custodial trauma and social alienation. Mandatory family visitation protocols, supported by clear administrative guidelines, would help ensure regular, meaningful interaction between detainees and their families. Where physical visitation is constrained, digital communication platforms should be institutionalised to maintain relational continuity. Such measures not only protect the psychological well-being of detainees but also facilitate smoother reintegration upon release by preserving social support networks.

Legal reforms aimed at reducing unnecessary pre-trial detention must also form a core component of policy response. Statutory presumptions in favour of bail for non-violent offences, stricter judicial scrutiny of prolonged detention, and time-bound review mechanisms for under-trial cases would significantly reduce overcrowding and rights violations. Expanding the use of non-custodial alternatives, including supervised release and community-based monitoring, would further realign criminal procedure with constitutional principles of proportionality and fairness. Taken together, these reforms reflect a shift from punitive containment toward rights-based custodial governance. Implementing such measures would not only mitigate immediate harms but also strengthen institutional legitimacy by ensuring that prisons function in accordance with constitutional values, human dignity, and rehabilitative objectives.

7. Conclusion

This study has provided an empirical examination of prison conditions, human rights compliance, and psychological impacts experienced by under-trial prisoners in India, revealing a persistent gap between constitutional guarantees and custodial realities. Drawing on primary data from 210 respondents, the analysis demonstrates that despite the existence of an extensive legal framework under Articles 21 and 39A of the Constitution, international standards such as the Nelson Mandela Rules, and authoritative Supreme Court jurisprudence, under-trial prisoners continue to experience systemic deprivation. Reports of abuse, inadequate medical care, psychological deterioration, and minimal rehabilitative support illustrate that incarceration operates less as a rehabilitative mechanism and more as a site of structural harm. The findings underscore that rights violations within prisons are not isolated incidents but institutional outcomes shaped by overcrowding, administrative neglect, and weak accountability mechanisms. The prevalence of mental health deterioration and

uncertainty surrounding post-release reintegration further indicates that custodial practices impose long-term social and psychological costs extending beyond the period of detention. These outcomes undermine the presumption of innocence that underlies pre-trial detention and erode the legitimacy of criminal justice institutions. By integrating empirical evidence with constitutional and international human rights analysis, this study contributes to the growing body of socio-legal scholarship that calls for a rights-based reorientation of prison governance. Ensuring compliance with constitutional mandates requires more than doctrinal clarity; it demands institutional reform, continuous oversight, and a commitment to dignity as a governing principle of incarceration. Addressing custodial harm, strengthening mental health and rehabilitative services, and reducing unnecessary pre-trial detention are essential steps toward aligning prison administration with constitutional promises. Ultimately, the protection of under-trial prisoners' rights serves not only individual justice but the integrity of the rule of law itself.

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