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BEYOND BULLETS AND BANDAGES: PSYCHOSOCIAL REHABILITATION AS A COMPONENT OF THE RIGHT TO REMEDY FOR CONFLICT VICTIMS IN INDIA

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ABSTRACT

Millions of people in India have suffered lasting damage - bodily, mental, emotional - due to wars, rebellions, and group-based violence since independence. Though the United Nations Basic Principles and Guidelines on the Right to a Remedy and Reparation (2005) clearly state victims deserve full justice through five paths like returning lost property, financial support, healing care, public acknowledgment, plus systemic reforms to prevent repeat harm - the last one focusing on psychosocial rehabilitation is almost always ignored by Indian laws and policies. Sometimes silence speaks louder than laws.

From a legal and social standpoint, this study looks at how psychosocial rehabilitation connects with the right to remedy in war zones, global rights systems, plus India's constitution and laws. Examining court-driven payouts through Sections 357 and 357A of the CrPC - now mirrored in the Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS) - it questions whether current rules truly support healing. The Supreme Court's broadening view of Article 21, tying life with dignity, mental well-being, and restoration, becomes central here. Through case rulings and policy gaps, attention shifts toward lived experience over rigid procedure. Not every remedy fixes what harm has broken.

From real-world cases in Jammu & Kashmir, Northeast India, and areas hit by communal conflict, the study shows how systems fail people emotionally and socially - even when laws say conflict victims' rights matter. Though official rules exist, inner wounds go unseen, communities fray. Built on duties set by the Constitution, *Mental Healthcare Act 2017* and

International Humanitarian Law, a new path unfolds: one with six linked parts aiming to mend minds and bonds alike.

Keywords: *Psychosocial Rehabilitation; Right to Remedy; Conflict Victims; Article 21; BNSS 2023; Victim Compensation; International Humanitarian Law; Mental Healthcare Act 2017; Transitional Justice.*

1. INTRODUCTION

Wounds linger long after gunfire fades. Across villages and cities alike, stories of loss echo without reply. Not just bodies count among the toll - minds carry silent loads too. Beginning with the chaos of 1947, when borders split lives overnight, pain took root early. Later came unrest in the northeast hills, simmering through decades without pause. Then bloodshed struck Gujarat one spring morning, uninvited and brutal. Kashmir bears its own rhythm of grief, month after heavy month. Even recent winter nights in Delhi held shadows few expected. Each event distinct, yet linked by how memory refuses to settle. Families speak in fragments; children inherit what was never told. Healing does not follow a straight line here. Time passes, certainly. Yet certain sounds still pull people back - a shout, a siren, smoke on wind. Such moments reopen more than recollection. The past stays active, moving beneath daily life like fault lines under stone.

Money payments stand as India's main fix for people harmed in conflicts. Still, justice often stops there. Punishment follows only when it must. Necessary as these steps are, they fall short. Human damage runs deeper than wallets show. Pain lives in minds, bonds, trust - places cash cannot reach. Lives break in ways numbers fail to capture.

Over time, countries have started to see more clearly what real justice needs. Backed by nations worldwide, the 2005 UN rules on helping victims of major human rights abuses lay out five ways remedies should work. These include getting things back, paying damages, offering care, providing acknowledgment, yet also ensuring harm does not return. Care - covering health support, counseling, legal aid, along with help fitting into society - rarely shows up when India handles past violence. While some steps are taken, this part often gets left behind.

Ignoring this could mean breaking laws, not just policies. A deeper look at Article 21 by India's highest court has affirmed mental well-being as a fundamental right. Dignity in life stands

upheld through those rulings too. When state actions harm individuals, compensation becomes a duty under public law. Can such past decisions now support claims for psychosocial rehabilitation among war-affected people? That question shapes the core of this study.

1.1 Research Objectives

This paper pursues the following objectives:

1. To examine the legal basis for the right to remedy under international humanitarian law, international human rights law, and India's constitutional and statutory frameworks.
2. To critically analyse existing victim compensation mechanisms — including the BNSS 2023 — identifying structural gaps and constitutional deficiencies.
3. To assess the psychological and social consequences of conflict victimisation and their implications for rehabilitation framework design.
4. To evaluate psychosocial rehabilitation models from international post-conflict contexts and assess their adaptability to India.
5. To propose a comprehensive, rights-based framework for incorporating psychosocial rehabilitation as a core component of victim remedy in India.

1.2 Research Methodology and Scope

One way this study works is through close reading of laws and court rulings, along with new legal texts like the BNSS, BNS, and BSA. Because it looks at constitutions and treaties too, the analysis builds from official sources interpreted over time. Then again, facts matter just as much - findings appear when real-world outcomes are measured against those rules. Studies done by trusted researchers help show what actually happens on the ground. So do records released by governments and groups focused on freedom and fairness. Where these systems fall short becomes visible only when multiple places face the same scrutiny. Places such as Kashmir or areas affected by ethnic conflict in northeast India carry similar patterns. Not random breakdowns, but deep-rooted issues keep repeating across different settings. What seems occasional turns out to be woven into how things operate.

This work makes no claim about who carried out any violent act. Starting instead from a principle found in India's legal traditions along with global human rights standards, it holds that governments must support those harmed by conflict even when officials aren't at fault. The focus lies on checking if such duties are actually fulfilled.

2. Conceptual Framework & Definitions

2.1 Conflict Victims

The concept of 'victim' in international law has evolved significantly. The United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power defines victims as 'persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or substantial impairment of their fundamental rights, through acts or omissions that are in violation of criminal laws.' The UN Reparation Principles (2005) extend this to encompass 'the immediate family or dependants of the direct victim' and 'persons who have suffered harm in intervening to assist victims in distress.'¹

For the purposes of this paper, 'conflict victim' encompasses: (i) direct victims suffering physical or psychological harm; (ii) family members and dependants; (iii) witnesses; (iv) internally displaced persons; and (v) communities experiencing collective trauma.

The Supreme court said in *Laxmi v. Union of India*² that being a victim isn't only about personal injury - it reaches further. That idea fits how we see harm in conflicts now.

2.2 Psychosocial Rehabilitation

At the bottom sit basics like safety and shelter, forming the foundation of care when crisis hits. Moving up, families and communities offer comfort in ways that feel familiar during hard times. Above those layers, certain help arrives without needing expert training - support shaped by context, delivered locally. At the very top live medical-level responses, reserved for intense psychological needs. This structure comes from the 2007 emergency guidelines by IASC³. Their definition includes any aid, near or far, meant to guard emotional health or address mental distress.

For purposes of this paper, psychosocial rehabilitation encompasses six interconnected dimensions:

¹UN Reparation Principles, supra note 2, princ. 8.

² *Laxmi v. Union of India*, 4 S.C.C. 427 (2014)

³ Inter-Agency Standing Committee, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings 1 (2007)

- Mental health services — clinical treatment for PTSD, depression, anxiety, and complex trauma;
- Psychological support — counselling in non-clinical community settings;
- Social reintegration — restoration of family relationships and community participation;
- Livelihood rehabilitation — economic support, vocational training, and income restoration;
- Dignity restoration — acknowledgment of suffering and processes restoring social standing; and
- Justice and accountability — truth-seeking and public acknowledgment as components of psychological healing.

2.3 The Right to Remedy

A key idea in legal systems worldwide is having a way to fix wrongs. When basic rights are broken, people should get help from courts inside their own country, says Article 8 of the Universal Declaration of Human Rights.⁴ Countries that joined the ICCPR must provide real solutions when rights are harmed - India agreed to this in 1979 - and make sure those fixes actually work.⁵

Full repair means getting back what was lost, receiving payment, healing support, acknowledgment, plus promises things won't happen again, says the 2005 UN guide.⁶ Healing isn't optional charity. It must be provided by law when rights are broken. Seen alongside India's duty to protect life under Article 21 and international pledges, this changes how responsibilities should be understood.

3. INTERNATIONAL LEGAL FRAMEWORK

3.1 The UN Reparation Principles (2005)

One December day in 2005, the UN General Assembly passed Resolution 60/147 without dissent. These guidelines on reparation came into being through that vote. Even though countries aren't forced to follow them like a contract, courts around the world have turned to them when making decisions. They carry weight because they mirror how global legal norms are shifting over time. Judges in international cases have used these principles as reference

⁴ Universal Declaration of Human Rights art. 8

⁵ International Covenant on Civil and Political Rights art. 2(3)

⁶ UN Reparation Principles, supra note 2, princs. 19–23.

points. Their authority grows from repeated recognition across different settings.⁷

The five components of reparation under Principles 19–23 are as follows:

- Restitution (Princ. 19): Restoring the victim to the situation before the violation — including restoration of liberty, legal rights, social status, family life, and return to place of residence.
- Compensation (Princ. 20): Financial award for physically and mentally assessable harm, lost opportunities, material losses, and moral damage.
- Rehabilitation (Princ. 21): Medical and psychological care, legal and social services, and livelihood support — the component most neglected in India.
- Satisfaction (Princ. 22): Truth-seeking, public acknowledgment, apologies, memorialisation, and judicial decisions.
- Guarantees of Non-Repetition (Princ. 23): Legislative, judicial, administrative, and educational reforms preventing recurrence.

Principle 21 says rehab must cover health and mental support along with legal help and community aid.⁸ That wording makes emotional and social care part of what's required - something India's own systems haven't put into practice.

3.2 International Humanitarian Law

When nations fight, rules exist to shield non-combatants - these come from four treaties made in 1949, later expanded in 1977. Far beyond mere survival, people caught in war zones have deeper needs rooted in identity and belonging. One key article, found in the fourth treaty, insists individuals must be treated with dignity, regardless of situation. Honour, faith, personal beliefs, ties to family - none of these vanish even amid violence. Respect does not stop at physical safety; it stretches into emotional and mental well-being. Because of this, helping someone heal emotionally can be seen not as optional aid but required regard. Dignity survives only when inner life is also acknowledged under law. Silence around trauma contradicts what those rules demand. Legal duty hides within everyday acts of listening, recognizing, supporting. The words written decades ago quietly insist on more than shelter and food.⁹

Most of the time, rules about war between nations only kick in during official battles abroad.

⁷ (Bosn. & Herz. v. Serbia & Montenegro), 2007 I.C.J. 43, ¶¶ 460–462

⁸ UN Reparation Principles, princ. 21

⁹ Geneva Convention IV, supra note 15, art. 27.

Sometimes those rules stretch to civil wars too, thanks to something called Common Article 3. In India's case, past struggles within its borders have been seen more like police work than warfare. That framing changes how global conflict laws are used there. Still, basic human rights duties remain unchanged regardless.

3.3 The Convention against Torture and Other Instruments

One rule stands clear: those hurt by torture deserve complete recovery, says Article 14 of the Convention Against Torture (CAT). Yet India stays outside that treaty, leaving a hole in its commitments. Even so, many see this part of the agreement as binding on everyone, no matter their signature status. What counts now is whether such standards apply regardless of formal approval.

Though India signed it, the Rome Statute of the International Criminal Court remains unratified¹⁰, yet its Article 75 sets out reparation rules - restitution, compensation, rehabilitation - as global expectations. These standards highlight gaps in India's national laws when measured alongside such norms.

4. The Right to Remedy under Indian Law

4.1 Constitutional Foundations

4.1.1 Article 21 — Right to Life, Dignity, and Mental Health

A person cannot lose their life or freedom unless a legal process says so, under India's Constitution, Article 21. Starting with a landmark case - Maneka Gandhi versus the Union of India¹¹ - the nation's highest court began expanding that idea slowly. From it emerged several unspoken protections woven directly into that clause. Dignity matters now, recognized as part of being alive fully. Health is seen not just as absence of illness but as a basic entitlement. Taking care of minds became just as valid a concern as physical well-being. When rights get breached, authorities must act; silence isn't allowed anymore.

Wrongful jail time led to cash payment in Rudal Shah v. State of Bihar¹², where judges said life means more than just breathing - it includes living with some dignity. Not long after, in

¹⁰ Rome Statute of the International Criminal Court art. 75

¹¹ Maneka Gandhi v. Union of India, A.I.R. 1978 S.C. 597

¹² Rudal Shah v. State of Bihar, A.I.R. 1983 S.C. 1086 (India).

Nilabati Behera v. State of Orissa¹³, the top court stressed that paying damages under the Constitution isn't optional when rights are crushed by state power. Though these rulings began around lost freedom, their reasoning fits those caught in violence who never got mental or community healing later on.

4.1.2 Article 14 — Equality and Non-Discrimination

One rule stands clear under Article 14: help for those harmed must reach everyone, no exceptions. Too often in places torn by conflict, aid flows only to certain groups while others get left behind - especially minorities who face quiet refusals when seeking justice. From the bench came a firm word in State of Karnataka v. Umadevi (No. 3)¹⁴, where judges said fairness means treating every person the same way under the law. When it comes to rebuilding lives after harm, picking favorites breaks that promise flat.

4.2 Statutory Framework

4.2.1 C.r.P.C. sec. 357 and 357A / BNSS sec.396

Instead of jail alone, judges may order payment to those harmed by crime under one legal rule. A change made in 2008 told local authorities to set up plans that give support money to people hurt by offenses, including family members left struggling afterward.¹⁵

Though the BNSS 2023 keeps section 357A intact under § 396, it skips any move toward including psychosocial recovery - leaving reform unfinished. Where the law mentions victims needing rehabilitation, states have done little; mental health aid, emotional support, or job reintegration stay absent. Money alone still makes up every form of redress offered so far.¹⁶

A framework shaped by three flaws stands on shaky ground. One after another, state-run systems apply rules differently, making outcomes unpredictable depending on location. Instead of offering real help, support stops at paying bills - no actual care gets provided when minds need mending. Where violence lingers, claims crawl through bureaucracy, taking one and a half to two years just to finish, leaving wounds open far too long.¹⁷

¹³ Nilabati Behera v. State of Orissa, 2 S.C.C. 746 (1993)

¹⁴ State of Karnataka v. Umadevi (No. 3), 4 S.C.C. 1 (2006)

¹⁵ Code of Criminal Procedure (Amendment) Act, No. 5 of 2009.

¹⁶ Nat'l Legal Servs. Auth., Victim Compensation Scheme: Annual Performance Report 2021–22

¹⁷ NALSA Annual Report, supra note 29, at 8.

4.2.2 The Mental Healthcare Act, 2017

One big step came in 2017 with India's Mental Healthcare Act. Because of Section 18, each individual can get mental health care through government-run or funded services. Rights like staying in communities, avoiding harsh treatment, along with fair conditions appear in Sections 19 to 21. When seen alongside Article 21, the law clearly points to duties on the state - especially toward trauma survivors. Yet somehow it remains separate from systems meant for compensating or rebuilding lives of those harmed.

4.2.3 Writ Jurisdiction Under Articles 32 and 226

The writ jurisdiction of the Supreme Court and High Courts has produced important — if ad hoc — remedies. In *Extra-Judicial Execution Victim Families Ass'n (EEVFAM) v. Union of India*,¹⁸ the Supreme Court held that the Armed Forces (Special Powers) Act, 1958 does not provide absolute immunity and that all alleged extra-judicial killings must be independently inquired into. In *Suresh v. State of Haryana*,¹⁹ the Court directed that compensation under Section 357A must be 'liberal, not miserly' and recognised psychological harm as a compensable head of injury.

5. PSYCHOSOCIAL DIMENSIONS OF CONFLICT VICTIMISATION

A solid legal setup for mental health recovery needs real-world insights into how trauma actually shows up. When laws ignore the layered ways war damages people, they fall short by design.

5.1 Individual Psychological Consequences

When people live through war, one common result is Post-Traumatic Stress Disorder, known as PTSD. This condition shows up as unwanted memories, staying away from reminders, shifts in thinking and emotion, along with constant alertness. According to medical guidelines like the DSM-5, these are key signs. In places hit by violence, about thirty out of every hundred individuals show symptoms. That number stands far above the roughly four percent seen across average global groups over a lifetime. Studies combining data from many sources point to similar numbers. One look at 161 separate reports showed just over thirty percent had either PTSD or depression after conflicts. These figures repeat across research, making clear how

¹⁸Extra-Judicial Execution Victim Families Ass'n (EEVFAM) v. Union of India, 14 S.C.C. 536 (2016)

¹⁹Suresh v. State of Haryana, 2 S.C.C. 227 (2015) (India)

deeply such events affect mental health.

A study across the Kashmir Valley showed nearly two out of every five adults carry signs of PTSD. Though help is scarce, with less than fifty psychiatrists serving an area where roughly 1.8 million may need care, according to Médecins Sans Frontières.²⁰ When kids exposed to violence were looked at, more than half showed deep emotional strain.²¹

5.2 Social and Structural Consequences

When it comes to harm after war, women and girls hit hardest by sexual violence deal with many layered struggles at once - bodily wounds, deep emotional pain, being pushed away by communities, losing family support, left without stable income²². These combined burdens demand tailored responses. Yet India's systems meant to help survivors lack rules that directly address such unique challenges tied to gender. Support structures stay blind to differences in experience.

Kids carry pain they never lived through, when parents shaped by war struggle to connect. Hurt echoes forward, because broken care today shapes young minds tomorrow. Peace stays out of reach, if healing skips a generation. Memories not their own settle into children's lives, quietly passed like breath between rooms.

6. Current Status of Victim Compensation in India

6.1 Structural Limitations

Money given to victims in India comes from courts using Section 357 of the C.r.P.C., soon replaced by Section 396 of the BNSS. Another route flows through state-run funds defined by Section 357A, now transitioning into BNSS's updated version. Occasionally, one-time aid appears outside rules - called *ex gratia* - and lands without strict conditions. Yet each path focuses only on cash, ignoring emotional or mental health support completely. Not a single channel links money with counseling or care networks that survivors often need.²³

²⁰ Médecins Sans Frontières, Kashmir: A Generation Scarred 3 (2006).

²¹ M.A. Margoob, Community Prevalence of Trauma in Kashmir: PTSD in Mass Casualty Situations, in Proceedings of World Psychiatric Association Regional Meeting 2006, at 14 (2006).

²² Kai T. Erikson, A New Species of Trouble: Explorations in Disaster, Trauma, and Community 233 (1994).

²³ NALSA Annual Report, *supra* note 29; Nat'l Comm'n for Women, *supra* note 29.

Though the Supreme Court in *Suresh v. State of Haryana* ²⁴ stressed compensation under Section 357A should be generous rather than stingy, including for emotional suffering, most states still lack systems turning such payments into real access to mental healthcare services.

6.2 Comparative State Schemes

Table 1: Comparative State Victim Compensation Schemes (Selected States, 2024)

State / Scheme	Maximum Compensation	Psychological Harm Listed?	Rehab Services?
Delhi VCS (2018)	₹10,00,000	Listed; rarely applied	None
Maharashtra VCS (2014)	₹3,00,000	Not listed	None
Kerala VCS (2017)	₹5,00,000	Included	Referral only
Uttar Pradesh VCS (2014)	₹2,00,000	Not listed	None
J&K VCS (2019)	₹4,00,000	Listed; under-resourced	None
Manipur VCS (2018)	₹3,00,000	Not listed	None

It stands out how little support exists. The highest payout figures fall short when it comes to real recovery. Instead of offering therapy directly, some programs only repay costs later - assuming people already have doctors they can pay, which many caught in violence do not. Where harm runs deepest, like in Jammu & Kashmir or Manipur, help barely reaches at all. Less aid shows up where suffering is worst, turning logic upside down.²⁵

7. Case Studies: Conflict-Affected Regions

7.1 Jammu & Kashmir: Armed Conflict and Mass Trauma

Since 1989, violence has continued across Jammu & Kashmir. One major study showed nearly

²⁴ *Suresh v. State of Haryana*, 2 S.C.C. 227 (2015) (India).

²⁵ John Darby & Roger Mac Ginty, *The Management of Peace Processes* 47 (2000).

two out of five adults in the Kashmir Valley living with PTSD.²⁶ Meanwhile, Médecins Sans Frontières calculated around 1.8 million needing psychological care - yet less than fifty psychiatrists are available there.²⁷ In Srinagar, the sole specialized center for such needs - the Institute of Mental Health and Neurosciences (IMHANS) - runs far under its potential.

One rule stands in the way - section 6 of the Armed Forces (Special Powers) Act, 1958, where prosecuting soldiers needs approval from the central government. That green light? It has never come through, at least not once in any case tied to Jammu & Kashmir, as per files kept by the Ministry of Defence. Because of this gap, there is no real penalty for crimes committed - wiping out what the UN calls the need for victim satisfaction under Principle 22 on reparations. Then came the Supreme Court decision in *EEVFAM v. Union of India*²⁸, saying AFSPA doesn't hand officers total cover. Still, little has changed since then, despite the verdict's clarity.²⁹

7.2 Northeast India: Insurgency and State Violence

Years of unrest in the northeast have brought suffering to people across Assam, Manipur, and Nagaland - caught between militants and state troops. Since 1958, Manipur has lived under AFSPA; sections of Assam joined that reality starting in 1990.³⁰

Grief doesn't fade the same way when answers never come. Families shattered by the killings at Malom in 2000 and the death of Thangjam Manorama in 2004 carry pain deepened by silence - no trials, no explanations, nothing signed into recognition. That kind of sorrow often ties itself tightly to thoughts of ending life. In villages across Manipur where gunfire once echoed daily, people show signs of mental strain at rates far beyond most of India. Twice as high, one count found³¹. Despite all this, neither Manipur nor Nagaland runs any program designed just for those broken by years of unrest.

7.3 Communal Violence: Gujarat 2002

About 1,044 people died when religious conflict hit Gujarat in 2002. More than 150,000 were

²⁶ Margoob et al., *supra* note 37, at 11.

²⁷ Médecins Sans Frontières, *supra* note 38, at 3.

²⁸ *EEVFAM v. Union of India*, 14 S.C.C. 536 (2016)

²⁹ Nat'l Hum. Rts. Comm'n, Annual Report 2020–21, at 67–89 (2021)

³⁰ Nandita Haksar & Sebastian Hongray, *The Sangai Cries: Manipur 1891–2007*, at 89–112 (2007).

³¹ Sandhyarani Devi et al., Prevalence of Mental Health Disorders in Conflict-Affected Populations in Manipur: A Community-Based Survey, 23 *Indian J. Psychiatry* 341, 342 (2019).

forced to leave their homes³². Over time, courts managed to secure convictions in major instances. Still, efforts to rebuild lives fell far short.

Eleven years on, researchers checked back with people affected by past violence. Two out of nine still carried signs of PTSD, while more than a quarter showed serious depression. Getting money didn't seem to help emotional healing much³³. Those joined in group support efforts? Far fewer struggled - just one in seven had PTSD. Meanwhile, nearly three in ten who got only payments were still unwell. Healing circles made a visible difference where cash fell short. Numbers like these show talking, sharing, being heard - that kind of care lifts burdens in ways bank transfers cannot.

Facts laid out by the Nanavati-Shah Commission mattered, yet they skipped any look at emotional healing or social recovery - something Indian approaches to justice during change simply ignore.³⁴

8. Gaps and Limitations in Current Framework

8.1 Legal and Constitutional Gaps

Nowhere does the law clearly state that psychosocial rehab must be given to victims by right. Though updated, the BNSS 2023 at section 396 simply copies what was already there under C.r.P.C. section 357A - no real improvement made. That chance to turn support into a required part of justice slipped away unnoticed.³⁵

No national plan for handling past injustices marks another key shortcoming. While countries like South Africa created truth bodies after violence ended - think of their Truth and Reconciliation Commission³⁶- along with Rwanda's Gacaca courts³⁷, and Sierra Leone's special tribunal, India never set up similar mechanisms for its own internal strife. Instead of linking these events through a common thread of responsibility and healing, every outbreak gets boxed off as if isolated. What unfolds feels less like learning from history, more like

³² Nat'l Hum. Rts. Comm'n, Proceedings Relating to the Gujarat Riots of 2002 (2002); Concerned Citizens Tribunal, Crime Against Humanity: An Inquiry into the Carnage in Gujarat (2002).

³³ Ayesha Khan et al., Residual Psychosocial Distress Among Gujarat Riot Survivors: A Decade-Long Assessment, 55 Indian J. Psychiatry 134, 136 (2013).

³⁴ Nanavati-Mehta Comm'n of Inquiry, Final Report on the 2002 Communal Riots (Gov't of Gujarat 2014).

³⁵ BNSS § 396 (India 2023).

³⁶ Promotion of National Unity and Reconciliation Act 34 of 1995 (S. Afr.).

³⁷ Rwanda Organic Law No. 40/2000 (Jan. 26, 2001)

repeating patterns without naming them.

8.2 Institutional and Service Delivery Gaps

Short on mental health resources, India struggles to meet basic care needs. With just 2.2 psychiatric beds per 100,000 people, its capacity pales next to the UK's 36.5 and Germany's 24.2, according to the 2020 WHO Mental Health Atlas³⁸. Instead of specialists, most communities rely on general doctors - only 0.3 psychiatrists serve every 100,000 citizens nationwide. Meanwhile, the US counts 16.5 per 100,000, Norway even more at 18.3. Nowhere is the gap wider than in Manipur's troubled regions, where a single psychiatrist might support nearly 290,000 individuals.

The National Mental Health Programme and the District Mental Health Programme function separately from justice and compensation systems without referral routes for conflict victims.³⁹

9. Psychosocial Rehabilitation Models & Best Practices

9.1 Trauma-Focused Cognitive Behavioural Therapy (TF-CBT)

Beginning with what we know, TF-CBT stands out because studies back it up more than other methods for young people dealing with trauma. Instead of just listing tools, it brings together education about mental health, ways to calm the body, managing emotions, shifting unhelpful thoughts, telling the story of what happened, then gradually facing reminders safely⁴⁰. What makes this fit well in India? It can shift shape - locals trained as helpers deliver it while experts guide them from behind. That means help spreads further even when doctors who specialize aren't around⁴¹

9.2 Community-Based Psychosocial Support

Starting with shared pain, whole communities begin to mend where clinics alone fall short. Through survivor-led gatherings, talking circles bring people together, weaving stories into recovery using local traditions⁴². Rwanda's efforts show combining outside help with

³⁸ World Health Org., Mental Health Atlas 2020, Country Profile: India (2021)

³⁹ Nat'l Inst. of Mental Health & Neurosciences, District Mental Health Programme: Implementation Manual 12 (2018).

⁴⁰ Judith A. Cohen, Anthony P. Mannarino & Esther Deblinger, *Treating Trauma and Traumatic Grief in Children and Adolescents* 23–45 (2d ed. 2017);

⁴¹ Lawrence K. Murray et al., *A Common Elements Treatment Approach for Adult Mental Health Problems in Low- and Middle-Income Countries*, 21 *Cognitive & Behav. Prac.* 111, 115 (2014).

⁴² IASC Guidelines, *supra* note 11, at 11–14.

homegrown methods works better than one path alone⁴³

9.3 Transitional Justice and Psychosocial Rehabilitation

Truth telling helps people feel seen, studies show. Healing often begins when survivors are heard. In India, one size fits all won't work. Ongoing violence changes how justice takes shape. Democracy allows space for dialogue. Cultural variety demands local answers. Each region may need its own path. Past models miss current realities. Recognition matters more than rulings. People matter most.

10. Proposed Comprehensive Framework

This section introduces a six-part model for psychosocial recovery, built into how victims are supported across India. Rooted in constitutional rights under Article 21, backed by the Mental Healthcare Act of 2017, international duties from the ICCPR, and United Nations reparation standards, it treats healing not as charity but as a legal right. What follows rests on that foundation.

10.1 Component 1: Victim Rights and Rehabilitation Act (VRRRA)

The foundational requirement is comprehensive legislation establishing psychosocial rehabilitation as a justiciable right. The proposed VRRRA should provide:

- A statutory definition of 'conflict victim' aligned with UN Reparation Principle 8 — encompassing direct victims, family members, witnesses, displaced persons, and affected communities;
- An explicit right to psychosocial rehabilitation enforceable through designated tribunals with power to order specific performance by the State;
- Minimum service standards periodically revised by a National Victim Rehabilitation Authority (NVRA);
- Integration mandates requiring coordination between compensation authorities, mental health services, law enforcement, and social welfare agencies; and
- A dedicated rehabilitation fund insulated from annual budgetary cycles, administered by the NVRA.

The VRRRA falls within Parliament's legislative competence under Entries 1, 2, and 14 of the

⁴³ Phuong N. Pham, Patrick Vinck & Eric Stover, Returning Home: Forced Displacement, Psychosocial Trauma and Reconciliation in Post-Conflict Rwanda, 20 J. Refugee Stud. 339, 348 (2007).

Concurrent List (Seventh Schedule).⁴⁴ Its constitutional grounding in Article 21 is supported by the existing judicial precedents reviewed in Part IV, supra.

10.2 Component 2: Mental Health Service Infrastructure

Getting close to WHO goals - one psychiatrist for every 10,000 people - matters most in war-hit areas. Special clinics that treat deep emotional wounds should open up in each troubled region. With time, ways of handling trauma could become part of everyday mental health work under the DMHP. Instead of waiting, local health helpers might start learning how to offer early support and specific therapy techniques across the country.

10.3 Component 3: Community-Based Psychosocial Support

One way to start might be placing local support hubs in troubled areas - spaces shaped by survivors themselves. Healing comes easier when programs respect cultural roots, so traditions matter here. Think kids need different help than adults, right? Same goes for women versus men. Peace grows locally, through small steps people take together every day. When someone applies for aid via NALSA, they just get connected - no extra forms, no delays. Support follows them, quietly, without fuss.

10.4 Component 4: Livelihood and Economic Rehabilitation

Starting fresh after loss means more than healing minds - it builds purpose through work. One path forward opens with learning trades, gaining abilities that fit real jobs. Another step comes by backing small businesses, giving tools to grow income safely. Some find footing when young people receive chances to study, especially those whose schools vanished. In villages where farming feeds families, help replanting fields brings stability back. For those living with injuries from violence, adapting tasks to new physical limits restores dignity slowly.

10.5 Component 5: Transitional Justice Mechanisms

Facing long-running unrest, Kashmir along with parts of Northeast India might see clearer paths forward through region-based panels built to record civilian harm. Such groups could carry legal weight, gathering personal accounts where conflict left marks on lives. One role involves proposing how fairness can follow after damage done by state actions. They may also point out which systems need change so old patterns do not return. Official recognition of

⁴⁴India Const. sched. VII, List III, entries 1, 2, 14.

wrongdoing could come from these bodies, giving closure some victims seek. Their work lines up with global standards meant to repair wrongs when governments fail their people.

10.6 Component 6: National Victim Rehabilitation Authority (NVRA)

A fresh NVRA, created through the VRRRA, needs its own legal standing to track how states apply rules. While checking service denials, it could gather public grievances. It might study whether programs actually work, then hand results to researchers. Each year, findings would flow into reports sent straight to Parliament. Changes in law or strategy may come from its advice. If nobody checks progress, new laws stay on paper only.

11. Conclusion and Recommendations

11.1 Conclusion

This study shows how psychosocial rehabilitation must be part of justice for survivors of violence in India. Rooted in constitutional rights under Article 21 - shaped by court rulings on human dignity and mental well-being - it also draws from international commitments like the ICCPR and the 2005 UN Reparations guidelines. Yet current laws, agencies, and government plans do not meet these requirements. Gaps remain deep across systems meant to support healing.

Looking back, something stands out. Not money but how people heal matters most when violence ends. Eleven years on, those who only got cash still carried heavy mental scars. Those joining group recovery efforts felt better, much sooner. Gujarat tells this story clearly. Cash helps, yes. Yet courts treat it like enough - they should not. Healing needs more than banknotes. Minds need space, time, others.⁴⁵

A country like India already holds what it needs - its constitution, past court decisions, and working institutions - to build strong support systems for mental and emotional recovery. Backed by the six-part plan described earlier, a new law focused on victims' rights could turn promises into practice. This approach would fulfill duties India agreed to, both at home and abroad.

⁴⁵ Khan et al., supra note 56, at 137.

11.2 Recommendations

Legislative Reforms

1. Enact a Victim Rights and Rehabilitation Act establishing psychosocial rehabilitation as a justiciable entitlement, with enforcement through designated tribunals.
2. Amend BNSS Section 396 to include minimum service standards for psychosocial rehabilitation as a mandatory component of state victim compensation schemes.
3. Ratify the Convention against Torture, whose Article 14 provides the most explicit international mandate for rehabilitation as a mandatory remedy.

Institutional Reforms

1. Establish a National Victim Rehabilitation Authority with statutory powers to monitor, evaluate, and enforce rehabilitation obligations across states.
2. Integrate the District Mental Health Programme with NALSA's victim compensation system through mandatory referral pathways.
3. Review AFSPA to ensure comprehensive implementation of the EEVFAM ruling, removing structural barriers to accountability for conflict victims in Jammu & Kashmir and Northeast India.

Service Development

1. Achieve WHO psychiatric staffing standards in conflict-affected districts within five years.
2. Develop a national training programme for community health workers in psychological first aid and basic trauma-informed counselling.
3. Establish gender-specific and child-specific rehabilitation programming in all conflict-affected districts.

Transitional Justice

1. Establish regional truth and documentation commissions for Kashmir and Northeast India, with statutory authority to recommend reparations and institutional reforms.
2. Develop a national memorialisation policy recognising the suffering of conflict victims and the State's obligations toward them.

Research and Evaluation

1. Commission a national survey of conflict-related mental health burden, disaggregated by region, conflict type, gender, and age, to inform evidence-based programme design.
2. Establish rigorous evaluation frameworks for all victim rehabilitation programmes, with results published in NALSA's annual report to Parliament.

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