

INACCESSIBLE BY DESIGN

A Disability-Centered Review of
State Prison Manuals In India



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This report is in tribute of Prof. G.N. Saibaba and Advocate L. Muruganantham, in their memory, and in recognition of their foundational contributions to iProbono India's early work on disability in carceral settings.

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FOREWORD

When I was asked to write this foreword, I was initially a bit hesitant. The National Platform for the Rights of the Disabled (NPRD) has indeed handled a few cases involving violations of the rights of persons with disabilities in police custody and prisons, but I was unsure whether that limited experience made me the right person to introduce this important report. Yet the iProbono India team felt otherwise, and perhaps they had their reasons. Over the years, our organisations have worked closely on several matters. In the early days of iProbono India's work in disability rights, Shrutika and Karuvaki had reached out to NPRD and its Delhi affiliate offering to take up pro bono litigation in the field of disability rights. Later, our paths crossed again while working on larger human rights issues. On one such occasion, we together visited Professor G.N. Saibaba after his acquittal and release from prison. Our intent was, among other things, to make him agree to become a petitioner in the PIL we were planning, seeking reforms in the prison system from the disability standpoint.

India's commitment to disability inclusion was concretised with the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007, and the subsequent enactment of the Rights of Persons with Disabilities Act, 2016, and the Mental Healthcare Act, 2017. These developments placed a clear duty on the State and all allied stakeholders, to look at governance through a disability lens — to identify the gaps, correct them, and move towards genuine inclusion and participation at every level of public life, including in our justice system.

In this context, the present report by iProbono India makes a unique and timely contribution. It scrutinises one of the least explored facets of governance — the prison system — through the prism of disability rights. By interrogating whether and to what extent disability concerns are acknowledged within this entrenched institutional structure, the report expands the ongoing discourse on disability justice. It fills a critical gap and adds a much-needed dimension to an area that has, until now, received scant scholarly or policy attention.

The importance of studying prison manuals - the very manuals that govern daily life inside prisons cannot be underestimated. What the iProbono India's team found is telling: even the inadequate provisions that mention disability are outdated and inconsistent with modern standards of human rights.

The report makes it clear that our prison framework has not kept pace with the country's legal obligations or evolving principles of justice. Therefore, this work marks an important starting point. It opens the door for deeper study, and hopefully, for reform.

While earlier efforts have examined the situation of disabled prisoners they have largely focussed on mental health. iProbono India's contribution lies in adopting a multi-disability perspective, encompassing issues of accessibility, reasonable accommodation and procedural fairness - the same pertinent issues that we had raised during the detention of Prof. G N Saibaba and Father Stan Swamy. The report's findings - ranging from the inadequacies of initial health assessments at entry to discriminatory denial of bail, parole etc. - highlight the pervasive exclusion faced by disabled prisoners.

It reminds us that the cases of Father Stan Swamy, Saibaba & L Muruganantham stand as stark reminders of the consequences of systemic neglect.

In Saibaba's case, the NPRD had repeatedly approached the National Human Rights Commission seeking reasonable accommodations as mandated by international instruments such as the International Covenant on Civil and Political Rights (ICCPR), the UNCRPD, and the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Each of these frameworks reaffirms the fundamental right to life and dignity of all prisoners, including those with disabilities. While these high profile cases received some attention, there are hundreds of other disabled prisoners languishing in jails in similar, if not worse, conditions.

The untold sufferings that these prisoners had to undergo cannot be forgotten. Their disabilities were weaponised against them, by the very system that was supposed to safeguard their rights. While the experiences of women prisoners have been poignantly documented by Sudha Bharadwaj in "From the Phansi Yard" during her incarceration at the Yerawada Jail, a similar first-hand account of disabled prisoners is absent. Saibaba had expressed his intent to chronicle his experiences as well as the others, but that was not to be, like the PIL.

The treatment meted out to prisoners with disabilities in Indian prisons stands in direct violation of the Indian Constitution and the country's international human rights commitments. Existing prisons, as Prof. Amita Dhanda rightly observes, are constructed for people with "standard bodies", thereby excluding and punishing those who do not fit that mould. Compliance with human rights obligations demands that the carceral environment be redesigned to provide persons with disabilities an equal environment and dignity as their non-disabled counterparts.

As a long-standing disability rights activist, I find this report by iProbono India both informative and challenging. It compels readers, particularly those within the legal and policy community—to confront uncomfortable realities and to engage in further inquiry. While the study appropriately delineates the scope of its investigation, it simultaneously illuminates multiple new avenues for research, reform, and advocacy. This, I believe, is its greatest strength.

I sincerely hope that this report reaches not only the disability rights community but also policymakers, members of the judiciary, correctional administrators, and legal practitioners. I and the NPRD are fully aware that we are not discussing things in a vacuum. We are also fully conscious of the circumstances under which Prof. Saibaba and Father Stan Swamy were jailed. Even while the larger question of upholding democratic rights needs to be addressed, this report dealing with the question of justice for disabled prisoners should serve as a call to action - to ensure that our legal and correctional systems truly uphold the rights and dignity of every individual.

I conclude by quoting former Law Minister, Advocate Ashwini Kumar:

"The message of the Saibaba case is that a nation committed to the freedom of its citizens and the pursuit of human dignity cannot remain indifferent to a system in which justice is defeated and dignity is compromised. Indifference to the absence of even-handed justice questions the nation's aspiration for a just democracy driven by institutional constraints against the arbitrary exercise of state power".



Muralidharan Vishwanath
General Secretary
National Platform for the Rights of the Disabled (NPRD)



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BACKGROUND

Locating Disabilities within Indian Prisons

Among the many tenets of access to justice, prisons are a critical site to examine how rights are negotiated, denied or upheld within closed systems. These are institutions that hold a unique position in the rights discourse, for their disconnect from the outside world and strict governance. Globally, Persons with Disabilities (PwDs) face a heightened risk of adverse legal experiences, including disproportionate incarceration and compounded challenges once imprisoned. This is because prison infrastructure and policies are rooted in standardisation, and thus are fundamentally unresponsive to the diverse needs of PwDs. Consequently, when they are incarcerated, they enter a system fundamentally ill-equipped to recognise or fulfil their statutory rights and entitlements.

Both the revised substantive and procedural criminal codes engage with disability only in selective and circumscribed ways. The Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS)^[1] provides accommodations primarily for recording the statements of disabled victims of sexual offences only, thereby overlooking the barriers faced by disabled victims of other crimes. Similarly, the Bharatiya Nyaya Sanhita, 2023 (BNS)^[2] prescribes enhanced punishment for offences against persons with disabilities, but restricts this to narrowly defined contexts such as acid attacks, sexual offences, or assaults resulting in disability. Together, these provisions construct the figure of an “ideal disabled victim” who is not afforded accommodations as a matter of substantive equality, but rather granted limited adjustments framed as protective measures.

It excludes the diverse realities of disabled people who face violence and exclusion in other circumstances.

By contrast, the codes remain entirely silent when a disabled person is accused of a crime. At the critical early stages of arrest, interrogation, and first appearance before a magistrate, there are no provisions for identifying a person with disability or offering necessary accommodations. The disabled accused is not envisioned as a rights-bearing individual entitled to fair trial guarantees; their existence is absent from the legal imagination. This omission creates a fundamental gap in procedural safeguards and impedes reform efforts, as criminal justice data systems fail to capture disaggregated information on the participation of persons with disabilities (as victims, witnesses, or accused). This further results in a stark lack of research, documentation, and judicial engagement with the barriers faced by persons with disabilities across different stages of the justice process. Consequently, the framework for access to justice remains underdeveloped and disconnected from the lived realities of disabled individuals, particularly concerning policing and imprisonment.

In *L. Muruganatham v. State of Tamil Nadu & Ors.*^[3], the Supreme Court held that the state has a constitutional and moral obligation towards prisoners with disability vis-à-vis non discrimination, enabled through effective rehabilitation and reintegration into the society.

The Supreme Court issued comprehensive directives for prisons in Tamil Nadu, mandating the prompt identification of prisoners with disabilities, the provision of accessible infrastructure, necessary healthcare, and appropriate accommodations. The Court further instructed the training of prison staff, the maintenance of disaggregated data, and the implementation of regular audits, including consultations with civil society organisations.

There is no discernible rationale for confining the directives in Muruganantham’s judgement to Tamil Nadu; their uniform adoption across correctional facilities nationwide would be consistent with principles of equality, accessibility, and the rights of prisoners with disabilities.

LIMITATIONS

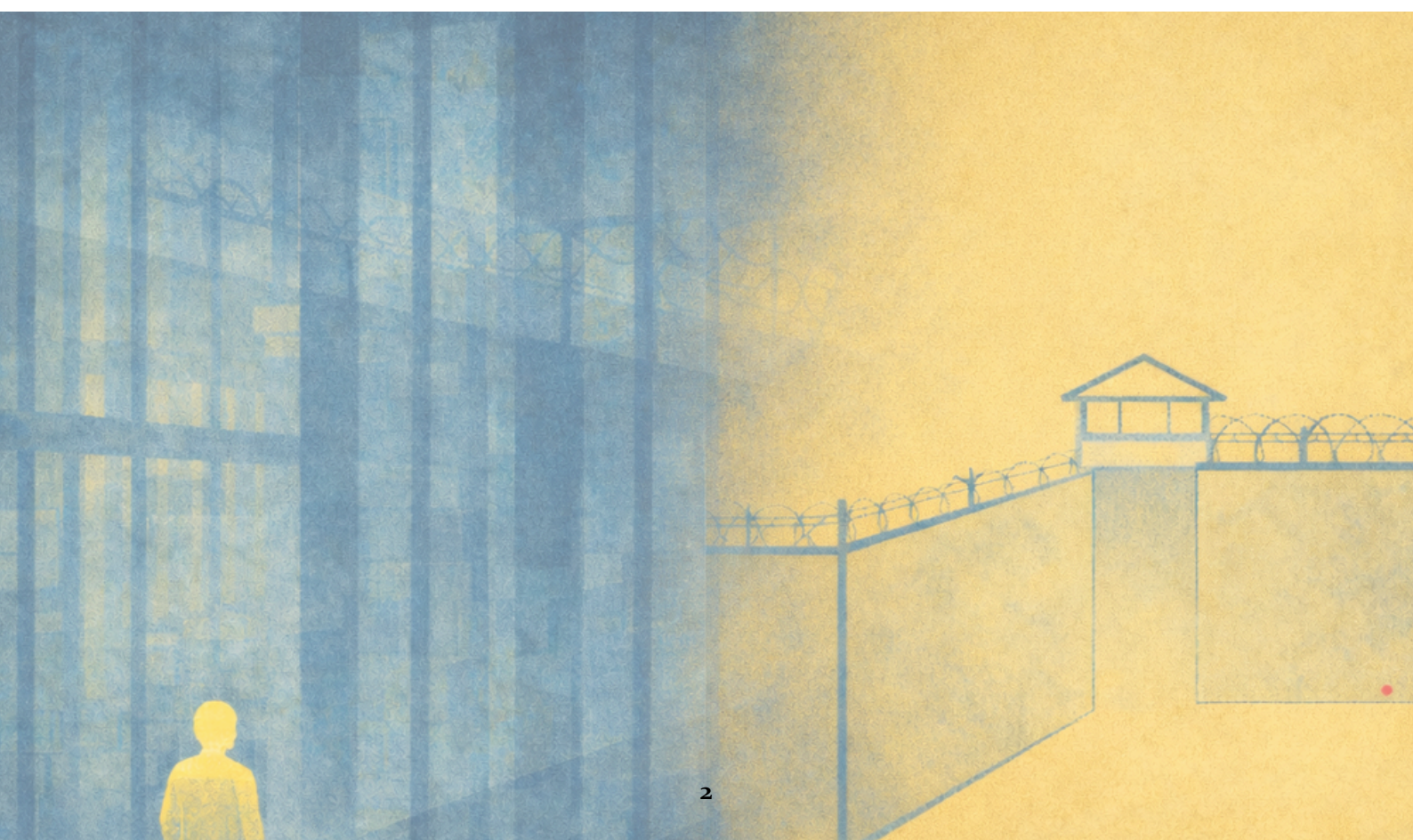
This analysis is based exclusively on state prison manuals and related documents that are publicly available at the time of writing. It is possible that certain states or prison administrations may have issued revisions, circulars, or internal guidelines that have not been placed in the public domain. Such non-public updates could not be accessed for the purposes of this study. Accordingly, the analysis reflects the regulatory framework as captured in publicly available materials and may not account for unpublished amendments or administrative practices that are not reflected in these sources.



L. Muruganantham v. State of Tamil Nadu

“Prisons are often regarded as the “tail-end” of the criminal justice system – historically designed for rigid discipline, harsh conditions, and minimal liberties. While modern penological principles advocate rehabilitation over retribution, the current prison infrastructure and operational systems in India remain grossly inadequate – especially when it comes to meeting the needs of prisoners with disabilities.”

(para 23)



Access to Justice for Persons with Disabilities

Safeguarding During Arrest &

Incarceration: The process leading to incarceration is strictly governed by established criminal procedures. The stages of arrest, first production before a judicial authority, and remand to judicial custody are critical to safeguarding fair trial rights.

For persons with disabilities, these rights are only meaningfully realised if necessary accommodations are provided from the initial stage of investigation, ensuring their equal participation.

During judicial custody: The crisis is made more acute by states' failure to develop mechanisms for offering adequate mental health treatment and meaningful psychiatric services for persons with disabilities once they are taken in judicial custody.

There remains a complete lack of:

- on-site psychiatric care;
- regular assessments;
- counseling and psychosocial support;
- structured rehabilitation programs;
- medication under supervised, non-restrictive conditions.

Access to Justice under the Rights of Persons with Disabilities Act, 2016 (RPD Act, 2016): The Act places a binding duty upon all state and justice actors to uphold the principles of full and effective participation and inclusion through their daily policies and practices.

Scope of Section 12: Section 12 includes the entire ecosystem of access to justice, and not just the courtroom. It extends the obligation to:

- consumer forums,
- commissions of inquiry,
- administrative tribunals,
- investigative bodies (police)
- oversight agencies such as human rights commissions.

Section 12(4) further operationalises the right to access to justice, and recognises that barriers are not only infrastructural, or physical but also procedural.



L. Muruganatham v. State of Tamil Nadu

Unlike the minimal safeguards afforded to women prisoners, there is currently no specific legal or policy framework that guarantees dignity, accessibility, and protection for persons with disabilities or for members of the transgender community in prisons. From the stage of arrest through trial and incarceration, persons with disabilities face systemic disadvantage due to the lack of training and sensitivity among police and prison personnel.”

(para 25)



Procedural Accommodations

S. 12 of RPD Act, 2016 requires access to justice actors to adjust their institutional design and processes.

Such accommodations encompass measures at all stages of proceedings, including documentation, the collection and evaluation of evidence, the recording of testimonies, and communication through preferred and accessible means.



Accessibility Guidelines for MHA Specific Built Infrastructures & Associated Services for Police Stations, Prisons & Disaster Mitigation Centres under Accessible India Campaign (AIC) 2021

Ministry of Home Affairs (MHA) issued the “Accessibility Guidelines for MHA Specific Built Infrastructures & Associated Services for Police Stations, Prisons & Disaster Mitigation Centres under Accessible India Campaign (AIC) 2021” to ensure that these facilities meet the requirement of the RPD Act, 2016 for inclusive and accessible design.

It requires prisons to ensure accessibility and reasonable accommodation for persons with disabilities, including wheelchair access, sign language, accessible sanitation, and materials in accessible formats. It further states that the prison staff should be trained and sensitised to the rights, needs, and dignity of prisoners with disabilities and that the appointment of a designated officer should oversee disability inclusion and promote a positive, non-prejudicial environment.



Framing the Case for Disability-Inclusive Prison Reform

In continuation of iProbono India's study *Lived Realities: Navigating Police Interactions as Persons with Disabilities*, which documented how persons with disabilities engage with the police, this research brief turns the inquiry towards the prison system, another critical but neglected site in the access to justice continuum. Prisons and detention facilities, in particular, routinely fall short of meeting the accessibility and non-discrimination standards mandated by the RPD Act, 2016. ^[12]

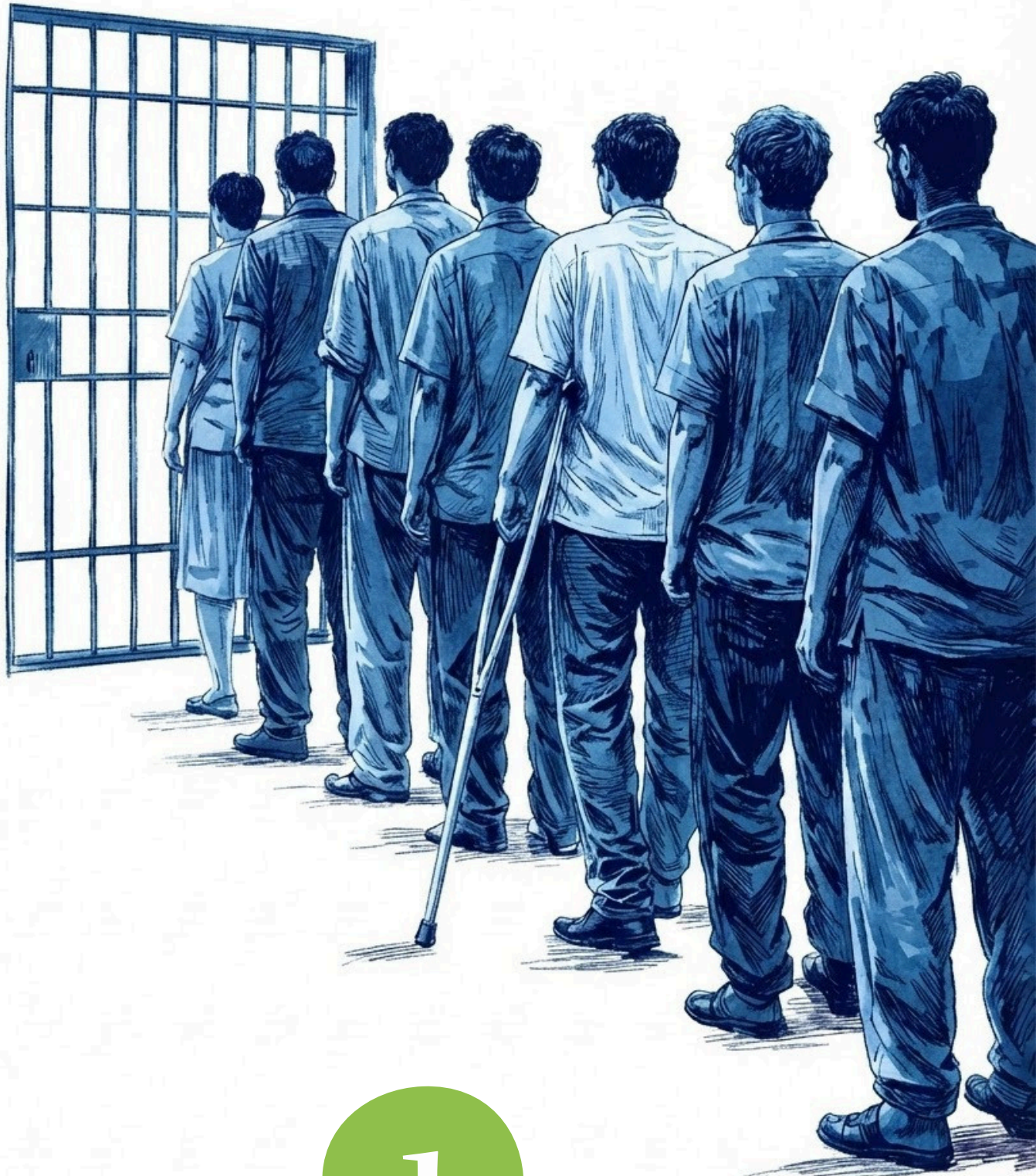
In carceral settings, persons with disabilities are often overlooked and disproportionately punished, as the accommodations required by them are viewed as deviations rather than entitlements, leading to systemic rights violations. While the distinct needs of other incarcerated populations, such as women and transgender persons are increasingly recognised, leading to reforms, the needs of persons with disabilities are still largely ignored ^[13]. Despite legal mandates, their specific needs remain unaddressed in policy and practice, undermining the very principles of correction, care, and inclusion that prisons are meant to uphold.

This research brief identifies and analyses prison manuals of 35 states and union territories, across four critical thematic areas that contravene the principles of the RPD Act ^[14], namely:

- failure to identify persons with disabilities at key stages across the justice process;
- exclusion from participation in prison programmes on an equal basis with others through denial of reasonable accommodation;
- default reliance on segregation and isolation as custodial practices for managing disability; and
- use of ableist language in prison policies, which reinforces harmful stereotypes.

A review of prison manuals across states on these tenets reveals that, despite the enactment of the RPD Act, 2016, ^[15] significant gaps persist in aligning custodial policies and practices with its mandates. Much remains to be done to ensure that prison systems meaningfully incorporate accessibility, reasonable accommodations, and non-discrimination as core principles of governance.





1

Failure to Identify or Record Disabilities Before & During Prison Admissions

A critical and recurring gap in the criminal justice process lies in the systemic failure to identify persons with disabilities at key pre-trial stages, namely, at the time of arrest, first production before a magistrate, remand proceedings, or recording of statements under the BNSS, 2023^[13].

While some physical disabilities are visible, many others, such as psychosocial disabilities, neurodivergent conditions, and chronic mental health disorders are invisible, making them more likely to be overlooked, dismissed, or incorrectly associated with criminality.

Lack of disability safeguards in pre-trial procedures: The procedural framework that governs the early stages of the criminal process systematically fails to account for disability^[14]. There are no statutory requirements or operational mechanisms to identify or record the disability of an accused person at the pre-trial stage.

Prescribed formats like:

- First Information Reports (FIRs);
- Arrest memos; and
- Remand applications.

lack any columns for disability, rendering the right to reasonable accommodation invisible. This structural omission places state actors under no legal duty to identify disability, erasing the possibility of critical early accommodations.

Building on the procedural gaps evident from the stage of arrest and remand, this systemic neglect continues at the point of prison admission.

Despite the Model Prisons and Correctional Services Act, 2023^[15], the Model Prison Manual and state prison manuals mandating admission health screenings, these provisions operate within a framework that structurally invisibilises disability.

Limited Scope of Health Screening at the time of Admission

28 prison manuals of states & union territories require medical examination at the time of admission

11 explicitly reference the screening of mental health conditions at the point of prison admission.

ONLY KARNATAKA
provides for the use of a standardised screening tool or allow for self-declaration by the individual being admitted.

ONLY TAMIL NADU
makes a mention of including trained personnel such as psychologists, social workers, or welfare officers in the admission process.

Across 22 state prison manuals, and 6 Union Territory rules, every jurisdiction provides for some form of health screening upon admission^[16]. However, the scope and phrasing is limited to physical and mental status and requires no enquiry into the disability identity of the person, either through certification such as the Unique Disability ID Card (UDID), self-disclosure or observation.

Persons with disabilities remain invisible at the time of prison entry: While the RPD Act marks a shift from a purely medical model of disability to a social and rights-based framework^[17], prison policies continue to reflect an archaic, medicalised approach, privileging visible, clinically obvious markers and ignoring functional limitations, psychosocial impairments, and invisible or episodic conditions.

This failure to adopt a holistic, rights-informed approach effectively renders persons with disabilities invisible at the point of entry, denying them recognition, support, and the accommodations to which they are legally entitled under the RPD Act, 2016^[18].

Only physical markers and general condition recorded: Across five states, namely Assam, Bihar, Madhya Pradesh, Odisha, and West Bengal, jail manuals mention the details of health recording at admission. The language consistently privileges observable, physical markers, such as injuries, wounds, bruises, or general condition.

Even where additional details like age, past illness, or class of labour fitness are noted (e.g., Madhya Pradesh, Assam), there is no structured requirement to identify or document the disability status that may extend to 21 categories of specified disabilities under the RPD Act, 2016.

Invisible disabilities, psychosocial impairments, and conditions with delayed symptoms remain unexamined and unrecorded, effectively rendering them invisible at the point of entry.

By maintaining a narrow, medically reductive focus, these manuals fail to align with the rights-based, social model of disability envisioned by the RPD Act, undermining both recognition and access to legally mandated accommodations for prisoners with disabilities.

Table 1.2 : States with gaps in recording mental health & disability during prison admissions.

Assam Prisons Act, 2013 clause 27

“27. Every newly admitted inmate shall, as soon as possible after admission, be examined by the Medical Officer, who shall enter in the prescribed register a record of the inmate’s health and of any wounds or marks on his person, the class of labour he is fit for if sentenced to rigorous imprisonment, and any observations which the Medical Officer thinks fit to add.”



Madhya Pradesh Jail Manual, 2022 clause 305

“305. All newly admitted prisoners shall be brought before the Medical Officer on the morning following their admission, and he shall then make, or cause to be made, in the appropriate registers and prisoner’s history ticket, a record in respect of each prisoner, of his or her age, health on admission with such particulars or previous illness as may be known to him, weight on admission, any marks of wounds on the person, and (in case of prisoners sentenced to rigorous imprisonment) the class of labour for which the prisoner is fit, with any other observation necessary.”



West Bengal Jail Manual, 2022 clause 122

122. He shall carefully examine all new admissions to the jail, and under the Medical Officer’s supervision record in the Admission Register their state of health, weight, personal marks, including marks of wounds, vaccination or inoculation. Undertrial prisoners should be specially examined for marks of wounds, bruises, etc., and any other thing which may be useful to the Courts, the result being reported to the Medical Officer and duly recorded.



Bihar Jail Manual, 2012 clause 42

“42. All prisoners shall be seen immediately after admission by the compounder/pharmacist, and if any is found sick or suffering from injuries, wounds or other marks of violence, a note of his/her general condition, prominent symptoms or in case of injury, the number, situation, size, character and nature of the injury, wounds or bruises shall at once be made in the Medical Record.”



Odisha Jail Manual, 2022 clause 221

“211. All prisoners shall be seen immediately after admission by the medical subordinate and if any one is found sick or suffering from injuries, wounds or other marks of violence, a note of his general condition, prominent symptoms or in case of injury, the number, situation, size, character and nature of the injury, wounds or bruises shall at once be made in the Admission Register.”

By maintaining a narrow, medically reductive focus, these manuals fail to align with the rights-based, social model of disability envisioned by the RPD Act, undermining both recognition and access to legally mandated accommodations for prisoners with disabilities.

Lack of Standardised Screening & Mental Health Expertise:

Only 11 states^[19] explicitly reference the screening of mental health conditions at the point of prison admission. Even among these, none except Karnataka^[20] provide for the use of a standardised screening tool or allow for self-declaration by the individual being admitted.

In most states, the onus of mental health screening rests entirely on the prison medical officer, who frequently lacks specialised training in psychiatry or clinical psychology.

As a result, mental health assessments at admission are frequently conducted through ad hoc and unverified methods, leaving recording officers without the necessary guidance, clinical framework, or contextual understanding to make accurate determinations.

No Mental Health Specialist Involved:

Moreover, these stages do not require the involvement of a mental health professional. Tamil Nadu is the only state to make any mention of including trained personnel such as psychologists, social workers, or welfare officers in the admission process^[21]. The near-total absence of mental health professionals in intake procedures across most states constitutes a critical fault line, effectively rendering statutory mandates for the protection of prisoners with mental illnesses, such as those under the Mental Healthcare Act, 2017^[22] ineffectual.

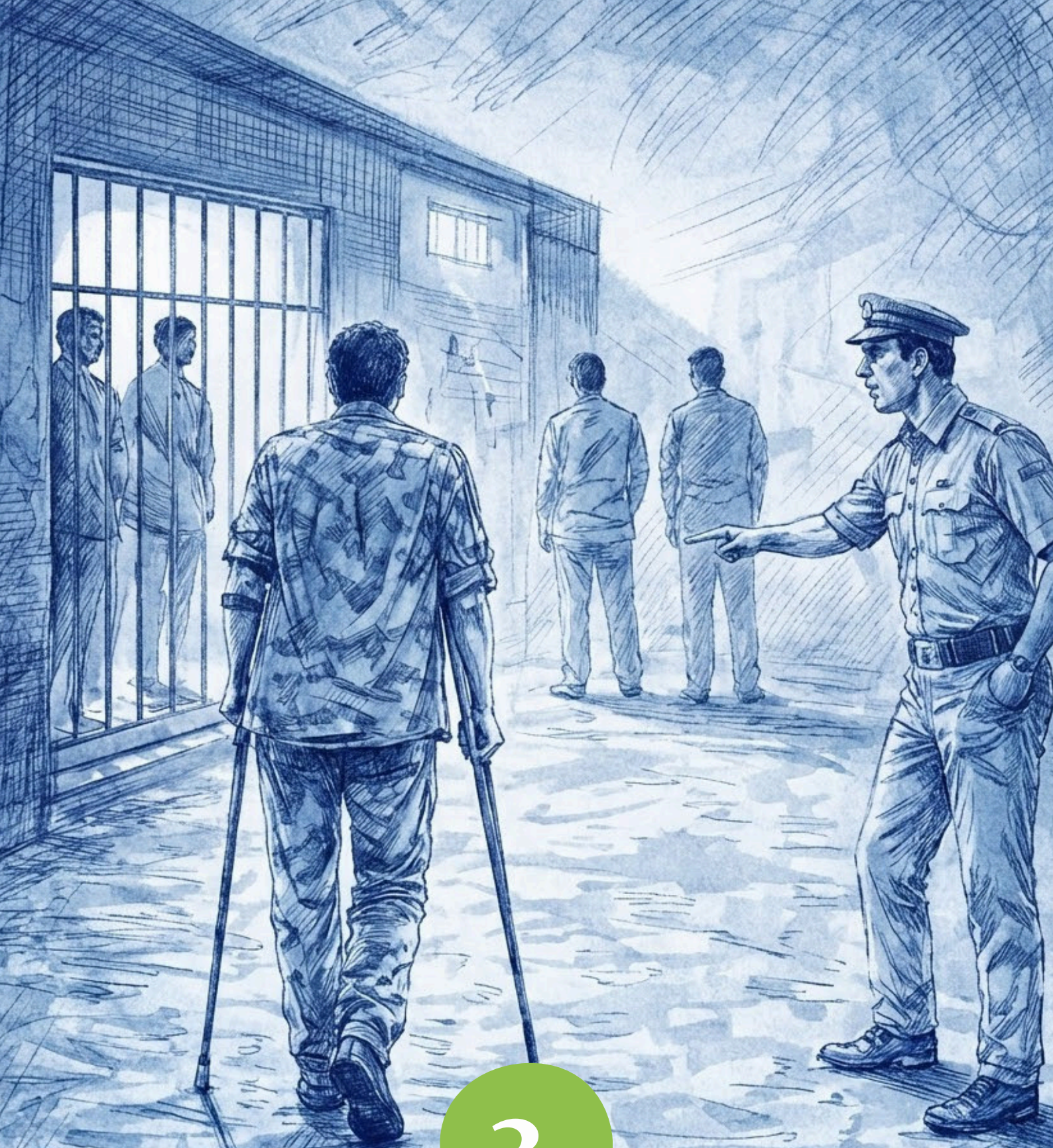
The said practices stand in a stark contravention of Section 103 of the Mental Healthcare Act, 2017 read with the schedule of the Mental Healthcare Rules, 2018 on minimum standards and procedures for mental health care services in prisons, which requires screening of all inmates during the time of entry to prison including the following:

- mandatory physical and mental status examination;
- questionnaire screening for substance abuse; and
- urine testing for common drugs of abuse, followed by periodic random testing.

However, even the Schedule to the MHCA falls short as it does not specify how such conditions are to be identified, nor does it mandate the use of trained mental health professionals and standardised diagnostic tools.

The lack of early identification and intervention for prisoners with psychosocial impairments, neurodivergent conditions, and psychiatric disorders heightens their risk of symptom deterioration, self-harm, and functional decline.

This omission also exposes them to increased vulnerability, neglect, and punitive responses, while denying them legally mandated accommodations and support.



2

Exclusion from Participation in Rehabilitative Programmes

Denial of Reasonable Accommodation amounts to discrimination under RPD Act, 2016:

The RPD Act, 2016 defines 'discrimination' to include any distinction, exclusion, or restriction that impairs or nullifies the recognition, enjoyment, or exercise of human rights on an equal basis with others, explicitly including the denial of reasonable accommodation^[23].

In the prison context, equal treatment requires not just the absence of overt denial but also providing reasonable accommodation for prisoners with disabilities to ensure their meaningful participation. Any policy or practice that prevents persons with disabilities from accessing services available to others is discriminatory under the Act.

Failing to provide accommodations, such as adapted materials or accessible infrastructure, creates structural barriers that nullify equal access. Moreover, this failure constitutes discrimination based on disability, violating Section 3(3) of the RPD Act, 2016^[24], which prohibits any form of exclusion or denial of rights on the grounds of disability.

This section highlights manuals that remain entirely silent on accessibility needs, and existing provisions that actively impose exclusions against persons with disabilities.

Most prison manuals do not provide for reasonable accommodation for persons with disabilities, leading to their exclusion from equal access to facilities, healthcare, education, vocational training, and other essential services.

2.1. Exclusion from Education or Learning Programmes: Prison manuals in several states categorically exclude prisoners who are loosely declared as "mentally or physically unfit" from participation in mandatory educational programs. For instance, the Model Prison Rules, 2016 (Clause 19.07(v)(d).), the Karnataka Prisons and Correctional Services Manual, 2021 (Clause 223(iv)), and the West Bengal Jail

Code, 1992 (Clause 654(c)) explicitly disqualifies prisoners on the basis of mental or physical incapacity. Such blanket exclusions are in the teeth of discrimination under the RPD Act, 2016^[25] which includes any restriction that impairs the enjoyment of rights on an equal basis.

Literacy and skills training are core rehabilitative programs, but many prison provisions categorically exclude individuals based on perceived mental or physical unfitness, rather than fulfilling the statutory duty to provide reasonable accommodation and ensure inclusion under the RPD Act, 2016^[26]. The Act mandates the provision of reasonable accommodations to ensure that persons with disabilities can meaningfully access such opportunities. Statutory and legal rights beyond liberty do not vanish upon entering prison; just as they remain intact, at least in principle for able-bodied persons, they must equally be upheld for persons with disabilities. By reimagining these provisions to include adapted materials, assistive devices, flexible schedules, or the support of special educators, prisoners with disabilities could fully participate in educational programs. The following state-wise provisions highlight how prison education and rehabilitative programs currently lock out the needs of prisoners with disabilities.



L. Muruganatham v. State of Tamil Nadu

“Lawful incarceration does not suspend the right to human dignity. The punishment lies only in the restriction of liberty – not in the denial of humane treatment or reasonable accommodations. Failure to meet these obligations inflicts disproportionate suffering on disabled prisoners and betrays the constitutional role of the State as a custodian – not a tormentor – of those it detains”
(para 30)

Table 2.1: States with provisions excluding prisoners with mental illness from mandatory educational programs.

Karnataka Prisons and Correctional Services Manual, 2021 clause 223



“305. All newly admitted prisoners shall be brought before the Medical Officer on the morning following their admission, and he shall then make, or cause to be made, in the appropriate registers and prisoner’s history ticket, a record in respect of each prisoner, of his or her age, health on admission with such particulars or previous illness as may be known to him, weight on admission, any marks of wounds on the person, and (in case of prisoners sentenced to rigorous imprisonment) the class of labour for which the prisoner is fit, with any other observation necessary.”

2.2. Exclusion from Temporary Releases:

Temporary releases, such as parole and furlough, are critical mechanisms that connect prisoners to society, enabling them to maintain social, familial, and economic ties.

However, these provisions are often inaccessible or selectively applied to persons with disabilities, effectively excluding them from reintegration opportunities. Excluding disabled prisoners heightens their isolation, worsens health outcomes, and denies them an essential tool for social reintegration and mental well-being.

Uttar Pradesh Jail Manual, 2022 clause 693(2)(a)



Every convict male or female, sentenced to three months imprisonment or more who is under the age of 50 years shall be liable to undergo instructions in reading, writing and arithmetic up to the lower primary standard, unless he or she has been declared by the Medical Officer to be mentally or physically unfit to receive such instructions. Instructions may also be given to undertrial prisoners and prisoners sentenced to imprisonment for less than three months if they so desire.

7 STATES

mention explicit exclusions of prisoners with mental illnesses or those deemed “sick” from parole and furlough.

[Andaman & Nicobar Islands; Goa; Haryana; Himachal Pradesh; Jharkhand; Mizoram; and Uttarakhand]

Analysis of the state prison manuals reveals that 7 states, namely Andaman & Nicobar Islands, Goa, Haryana, Himachal Pradesh, Jharkhand, Mizoram, and Uttarakhand, mention explicit exclusions of prisoners with mental illnesses or those deemed “sick” from parole and furlough.

West Bengal Jail Manual, 2022 clause 654(c)



Prisoners physically or mentally incapacitated are excluded from classroom lessons.”

This reflects a broader gap in prison policy that prioritises institutionalisation over inclusive rehabilitation. The following state prison manuals explicitly restrict prisoners with mental illnesses or sickness from accessing parole and furlough:

Table 2.2: State manuals with provisions restricting mentally ill prisoners from temporary releases.

Model Prison Manual, 2016 clause 19.07(v)

“19.07. The following categories of prisoners may not be eligible for release on parole or furlough:
(v) Prisoners suffering from mental illness, if not certified by the Medical Officer to have recovered.”



The same provision has been adopted verbatim in the following prison manuals:

- Andaman & Nicobar Islands, Model Prison Manual, 2016;
- Himachal Pradesh Jail Manual, 2021;
- Mizoram Prison Manual, 2017;
- Uttarakhand Jail Manual, 2023

Jharkhand Jail Manual, 2025 clause 542(3)

“Eligibility with regard to the physical and mental fitness of convicts

- Convicts who are under treatment for severe ailments are not eligible to avail enlargement for parole.
- Convicts who are mentally unsound are not eligible for enlarging for parole.”

Clause/Rule/Section: 654

“Prison shall be mapped in terms of secure, less secure and insecure areas which may be assisted with the deployment of CCTV Camera for video surveillance and following type of prisoners shall be restricted to move through those areas as marked as less secure or insecure or vulnerable areas.

1. High risk prisoners
2. Groups of prisoners
3. Vulnerable prisoners
4. Mentally or physically ill prisoners.”



2.3. Exclusion from Transfer to Semi-Open and Open Prisons

Open Prisons as a means to reintegration: A significant reform in India's correctional system is the establishment of semi-open and open prisons, which aim to facilitate the gradual reintegration of incarcerated individuals into society^[27].

Unlike traditional prisons, open prisons offer inmates greater freedom of movement and reduced supervision, operating on principles of self-discipline rather than strict control. Once admitted, they can engage in activities like earning a livelihood, acquiring skills, maintaining family ties, and participating in community life, all while continuing to serve their sentence.

Denial of rehabilitation through open prisons: However, six state prison manuals^[28], keep this provision away from the reach of persons with disabilities by placing a blanket exclusion on persons with mental health conditions.



L. Muruganantham v. State of Tamil Nadu

“The State has a constitutional and moral obligation to uphold the rights of prisoners with disabilities. This includes not only ensuring non-discriminatory treatment but also enabling their effective rehabilitation and reintegration into society. This Court emphasises that reasonable accommodations are not optional, but integral to any humane and just carceral system. A systemic transformation is urgently required – one grounded in compassion, accountability, and a firm constitutional commitment to dignity and equality. The disabilities of incarcerated individuals must not become a basis for further deprivation or suffering; rather, the prison system must evolve to affirm their rights and provide the care necessary for rehabilitation.”

(para 34)

Andaman and Nicobar Islands Model Prison Manual, 2016 clause 23.03(e)

“23.03 The below mentioned categories of prisoners shall not be eligible for transfer to any of the open institutions: (...) (e) Prisoners suffering from mental illness.”



Himachal Pradesh Jail Manual, 2021 clause 9.05(v)

“9.05(v) No prisoner, who is incapable of ordinary hard labour on account of age, sickness or infirmity, shall be recommended for transfer except under special circumstances.

clause 23.03

“23.03 Disqualification for Open Institution: (...) e) Prisoners suffering from mental illness.”



Goa Prison Rules, 2021 clause 1321(4)

“The following prisoners shall not be sent in a semi-open prison who. (...)

(4) Who is suffering from serious physical or mental disease or any infectious disease or any life threatening disease or is having a previous history of serious mental illness.”



Maharashtra Classification of Prison Rules, 1970 clause 4(ii)(e)

“4. (ii) The following prisoners shall not normally be sent for confinement in an open prison:

- (e) prisoners suffering from mental disease or any other serious disease,
- (f) prisoners having previous history of serious mental illness.”



Tamil Nadu Prison Rules, 2024 clause 793(e)

“793. Non-Eligibility.- The below mentioned categories of prisoners shall not be eligible for transfer to any of the open air prisons:- ... (e) prisoners suffering from mental illness”



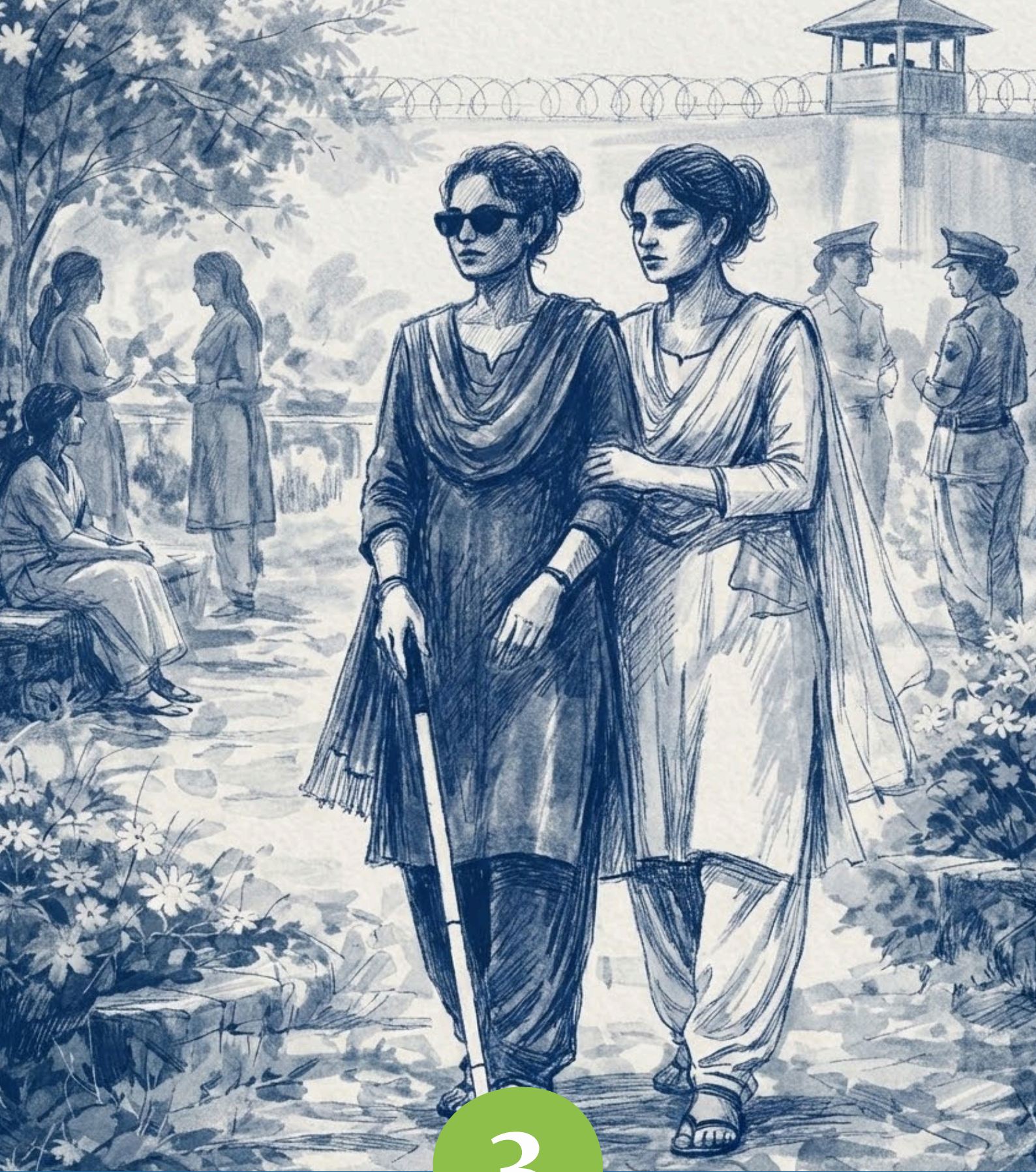
Haryana Prison Rules, 2022 clause 947(n)

“947. Non-eligibility to be shifted to semi- open air prison or open air prison.

(...)

(n) is suffering from any infectious or contagious disease or is mentally sick;”

Table 2.3.: State manuals excluding prisoners with mental illness from transfer to open or semi open prisons.



3

Segregation & Isolation of Prisoners with Disabilities

Provisions mandating ‘segregation’ and ‘isolation’ for persons with disabilities: State prison policies and infrastructure reflect a custodial and exclusionary approach toward persons with disabilities, especially those with mental illnesses, often mandating their isolation and denying them access to available services and programs.

This is reinforced by blanket rules that mandate separation for all persons with mental illness, ignoring individual needs and diversity of the conditions. The lack of clear procedures or mental health specialists to assess if isolation is truly necessary adds on to this problem.

Isolation is the cornerstone of prison segregation and is particularly damaging to prisoners with disabilities, as it exacerbates physical and mental health conditions, increases anxiety and depression, triggers psychiatric crises, and contributes to helplessness and dehumanization.

For those with cognitive or intellectual disabilities, it can also impair communication and daily functioning. The indiscriminate application of isolation, even when it is not clinically indicated, amplifies the harm caused by both the prison environment and the disability.

17 states and union territories maintain provisions to segregate persons with mental illnesses in prisons, often confining them to ‘contagious cells near hospitals,’ ‘isolation rooms,’ or ‘separate cells.’

A closer examination of prison regulations indicates that segregation and isolation are generally reserved for those considered high-risk, contagious, or described as “dangerous, noisy, filthy.”

Delhi Jail Manual, 2014
clause 23.03 (e)

“49. i There should be Isolation rooms in the jail hospital for the mentally ill.”



Andhra Pradesh Jail Manual, 1979
clause 843(6)

“843 (6) As far as circumstances will allow, all insane persons and those under observation for Insanity shall be kept in contiguous cells near the hospital and under the orders of the Medical Officer, and shall allowed only such clothing as while sufficient in amount for purpose of health and decency is least likely to be used for the commission of suicide.”

clause 851

“851 Procedure to be followed when a Special Medical Board is appointed... the convict shall be kept under observation in the prison by the Mental Specialist in charge of the nearest Mental Hospital, for a period of ten days, or longer if considered necessary, prior to his examination by the Medical Board.”



Bihar Jail Manual, 2012
clause 661

“661. Whenever an under-trial/convict prisoner is found to be dangerous, noisy or filthy in his/her habits, he/she shall be confined in a high security ward with single accommodation, and kept under strict and continuous supervision and watch to determine whether he/she is really of unsound mind or he/she is pretending.”

clause 771

“771. Construction of hospitals shall ordinarily be based on the following norms: In every prison, a building near the main gate of the prison shall be earmarked as a prison hospital with a suitable number of rooms for men wards, women wards, and isolation rooms for accommodating patients with infectious and contagious diseases and mentally ill patients...”



Andaman and Nicobar Islands
Model Prison Manual, 2016
clause 23.03 (e)

“The following categories of prisoners may not be eligible for release on parole or furlough:
19.07 (v) Prisoners suffering from mental illness, if not certified by the Medical Officer to have recovered.



Jharkhand Jail Manual. 2025
clause 766

“766. In every jail each of the following classes shall be kept entirely separate from others: 10. Prisoners mentally challenged; 11. Prisoners with tendency to self-harm/suicide.”

Goa Prison Manual, 2021
clause 20(2)(h)

“20. Hospitals, (2)(h) Isolation rooms for accommodating patients with infectious and contagious disease (such as T.B, Leprosy and H.I.V.+AIDS), (i) Isolation rooms for accommodating mentally ill patients.”

Himachal Pradesh Jail Manual, 2021
clause 2.13.2

“2.13.2 The Hospital in the prison shall include isolation wards for the mentally ill inmates.”

“24.02 Note: (i) Persons suffering from mental ailments and young offenders shall be lodged separately.”

Karnataka Prison Manual, 2021
clause 485

“485. High risk prisoners with mental illness; ..Whenever a prisoner with mental illness is found to be highly risky, he shall be confined in a separate cell and he shall be visited by the Medical Officer regularly.”

clause 487

“487. Instructions regarding High Risk mentally ill prisoners; (ii) Every high risk prisoners with mental illness shall as far as considered necessary be kept separately from other prisoners and a strict watch shall be kept over him particularly at times when the symptoms of violence aggravate;”

Mizoram Prison Manual. 2017
clause 2.13

“(3) Prison administration shall ensure separation of the following categories of prisoners, namely: (j) Geriatric and infirmed prisoners; (l) psychiatric prisoners.”

Madhya Pradesh Jail Manual, 1987
clause 302

“302 (ii) prisoners suspected to be suffering from contagious diseases like tuberculosis, leprosy, etc. shall be immediately segregated in specially earmarked areas. So also prisoners suspected to be suffering from mental disorders shall also be segregated.”

Haryana Jail Manual, 2022
clause 840

“840 Construction of Jail Hospitals (a) in every prison, a building near the main gate of the prison shall be earmarked as prison hospital with suitable number of rooms for men wards, female wards, isolation room for accommodating patients with infectious and contagious diseases and mentally ill patients, room for minor surgery, pharmacy, laboratory, storeroom for hospital furniture/equipment and room for medical officers...”

Puducherry Prison Rules, 2021
clause 238

“238. Separation of categories.— Subject to the availability of accommodation, the prisoners; shall be segregated as follows:- (h) Prisoners suspected to be suffering from mental disorders; (l) Inmates having suicidal tendencies;”

clause 389(7)

“389. Segregation of Prisoners in the Prison Hospital.—

Prisoners showing signs of mental illness shall not, if they are dangerous, noisy or filthy, be kept in the hospital but shall be kept in a separate cell.”

Uttarakhand Jail Manual, 2023
clause 16(2)(i)

“16. Hospital —

(ii) The prison hospital will be situated near the main gate of the prison, the accommodation provided will include:

(i) Isolation rooms for accommodating mentally ill patients.”

clause 551

“551 Classification of Under Trial Prisoners: (ii) Subject to the provisions of section 28 and section 29 of the Act, the prisoners shall be segregated in categories as follows :- (a) Prisoners suffering from contagious and infectious disease such as leprosy, tuberculosis etc.; (b) Prisoners suspected to be suffering from mental disorder and (c) Inmates having suicidal tendencies.”

West Bengal Jail Code, 1992
clause 1047

“1047. Leper convict to be segregated and Superintendent to report to the I.G. for his transfer. Whenever the Medical Officer records that a convicted prisoner is suffering from leprosy he should at once be separated from other prisoners.”

Rajasthan Prison Rules, 2022 clause 187



“187. Classification of Prisoners.- Prisoners shall be classified in following classes and, shall be kept entirely separate from each others, namely: (j) Criminal Lunatics;”

Tamil Nadu Jail Manual, 2024 clause 203



“203. Segregation of prisoners in certain case. - prisoners suspected to be suffering from contagious diseases like Covid-19, tuberculosis, leprosy and like diseases and also prisoners suspected to be suffering from mental disorder shall be segregated from other prisoners and they shall be confined in the areas specially earmarked for the purpose.”

Clause 743

“743 Accommodation in Hospital – (i) Isolation rooms for accommodating mentally ill patients.”

Uttar Pradesh Jail Manual, 2022 clause 983



“983 The Medical Superintendent and Medical Officer shall pay special attention to the mental health of prisoners, keeping under their special observation, any prisoners whose mental condition appears to require such observation and shall maintain an observation chart thereof. If necessary they shall take such steps as they may consider proper and fit with a view to their segregation, or removal to an appropriate institution.”

Table 3.1.: State manuals with provisions segregating persons with mental illnesses in prisons

Containment over care: By treating all persons with mental illnesses as inherently risky, the prison system effectively doubles the burden of their disability, prioritising containment over care or support.

Mental illness is routinely conflated with danger or contamination, a perceived risk to other inmates, justifying blanket segregation and isolation of all persons with mental health conditions. This practice ignores the spectrum of conditions and their severity, confining individuals with mild issues alongside those in acute crises.

Decisions on Segregation Made Without Expert Mental Health Consultation:

This issue is made more acute by the failure of states to develop mechanisms for providing adequate mental health treatment and meaningful psychiatric services within prisons, including on-site psychiatric care, regular assessments, counseling, psychosocial support, structured rehabilitation, and medication under supervised, non-restrictive conditions.

In 17–18 states, segregation decisions are made without involving trained mental health professionals and are often based solely on mere suspicion.

No state requires isolation to be preceded by a mental health assessment.

Only Uttar Pradesh involves a Medical Officer in the decision of segregation, but no mental health professional.

Good Practice: Tamil Nadu Rule 215 – Classification Committees

Tamil Nadu’s prison rules establish a Classification Committee that undertakes a comprehensive assessment of prisoners before assigning them to categories. Key features include:

- Consideration of mental and physical health, age, length of sentence, degree of criminality, and character
- Evaluation of factors such as criminal behavior patterns, social background, educational and vocational needs, urban/rural origin, and prospects for rehabilitation
- Assessment of the prisoner’s risk of contaminating others, social adjustment potential, and future reintegration
- Direct engagement with the prisoner to discuss a tentative classification and modify it based on individual needs



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“Most prison facilities are structurally inaccessible to individuals with mobility, sensory, or cognitive impairments. Institutional routines and infrastructure are not designed to accommodate diverse needs, making it difficult – or at times impossible – for such prisoners to use toilets, dining areas, libraries, or 23 health clinics. Additionally, due to the absence of trained caregivers or appropriate custodial policies, persons with disabilities are often denied help with essential daily activities such as bathing, dressing, or eating. This neglect results in indignity, mental distress, and, at times, serious physical harm”

(para 26)



25 Psychiatrist across 1,330 prisons in India

By treating mental illness as an inherent security risk rather than a health need, the prison system doubles the burden of disability, prioritising containment, segregation and isolation over diagnosis, treatment and rehabilitation. There is a widely reported nationwide staffing crisis, with only 25 psychiatrists/psychologists employed across 1,330 prisons in 2022^[29].

This translates into:

1 mental-health professional per 23,000 inmates.

As per Prison Statistics of India, 2023 there are around 9000 persons with mental illness, however this is severely compromised data as a series of independent studies by NIMHANS showing prevalence of 23.8%–82% of the total prison population – at least 10 times higher than the official prison data for 2022^[30].

In Delhi's prisons, as of May 2025, 849 inmates with mental illnesses were identified, with severe gaps in mental health care despite active civil society oversight and judicial attention.

- Only 36 inmates were transferred to psychiatric wards.
- No functioning Mental Health Review Board as per Section 73 of MHCA, 2017;
- Prison mental-health units as per Section xx of MHCA, 2017 is not registered with the State Mental Health Authority.
- Only four full-time psychiatrists serve 16 jails, against a sanctioned capacity of 10 psychiatrists.
- Essential psychiatric medicines, telemedicine, and formal staff training are largely unavailable.

Goyal, R. (2025, August 7). In Delhi's prisons, the mental health of inmates is a footnote. Scroll.in. [Goyal, R. \(2025, August 7\). In Delhi's prisons, the mental health of inmates is a footnote.](#)





4

Use of Ableist language in Prison Manuals

Language is a powerful tool that shapes institutional attitudes, social perceptions, and legal interpretations^[31]. The use of derogatory and outdated terms such as “lunatic”, “filthy”, “noisy” and “insane” in prison manuals and official documentation reflects an entrenched ableist framework that dehumanizes prisoners with psychosocial disabilities. These terms not only carry historical baggage of stigma and exclusion but also perpetuate discriminatory treatment, reinforcing systemic biases that deny prisoners with disabilities equal protection under the law.

The continued use of such language in state prison manuals contributes to the exclusion of individuals with disabilities by reinforcing harmful stereotypes. It fosters an environment where prisoners with psychosocial disabilities are perceived as inherently dangerous, unreliable, or incapable of rehabilitation, which, in turn, impacts their treatment in custody.

Persons with mental illness equated to being ‘dangerous, noisy or filthy’: A clear illustration of the custodial framing of psychosocial disability emerges from Rule 389(7) of the Puducherry Prison Rules, 2021 and Rule 1849(1) of the Delhi Prison Rules, 2018, which direct that prisoners “showing signs of mental illness” who are considered “dangerous, noisy or filthy” should not be accommodated in hospital settings but instead confined in separate cells.

This formulation collapses mental illness into assumptions of dangerousness, disruption, and uncleanness, and prioritises segregation as a management response rather than therapeutic care.

Persons with disabilities equated with ‘weakness’: A similar logic of reduction is evident in Rule 2(q) of the Uttar Pradesh Jail Manual, 2022, which defines the “infirm gang” as comprising prisoners who are “not physically or mentally strong” due to age or illness.

By equating mental or physical disability with weakness and diminished capacity, the provision reinforces a paternalistic understanding of disability that treats affected prisoners as inherently unfit for equal participation in ordinary prison regimes.

For a complete list of state prison manuals and provisions that use the words ‘mentally ill’, ‘lunatic’ or ‘insane’ please refer to Annexure I of this report.

Language is a powerful tool that shapes institutional attitudes, social perceptions, and legal interpretations.

The use of derogatory and outdated terms such as “lunatic”, “filthy”, “noisy” and “insane” in prison manuals and official documentation reflects an entrenched ableist framework that dehumanises prisoners with psychosocial disabilities.

These terms not only carry historical baggage of stigma and exclusion but also perpetuate discriminatory treatment, reinforcing systemic biases that deny prisoners with disabilities equal protection under the law.

The use of such terminology affects access to justice by subtly influencing legal proceedings by reinforcing prejudices that depict individuals with disabilities as incoherent or untrustworthy, leading to biased assumptions about their ability to

testify or participate meaningfully in legal processes. Such biases can result in unfair trials, wrongful convictions, or disproportionate sentencing, further entrenching the systemic marginalisation of persons with disabilities within the criminal justice system.

Supreme Court **Handbook on Concerning Persons with Disabilities (2024)**: The Supreme Court of India published the Handbook Concerning Persons with Disabilities (“Handbook”) in September 2024^[32].

It offers practical guidance to judicial officers and legal professionals on adopting the social model of disability, addressing harmful stereotypes, and using respectful, non-stigmatising language. It explicitly discourages outdated and derogatory terms such as “insane” and “lunatic,” and recommends alternatives that uphold the principles of dignity, equality, and non-discrimination, in line with India’s obligations under the Rights of Persons with Disabilities Act, 2016 and the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

The Handbook recommends replacing the following terms with rights-based, person-first alternatives:

<p>Crazy; Insane; Demented ; Deranged; Lunatic; Mental; Senile; Unstable; Psychotic</p> <ul style="list-style-type: none"> • Person with a mental health condition • Person experiencing a mental health condition • Person who has dementia/Alzheimer’s disease, or any other clinical condition (where supported by a clinical diagnosis)
<p>Mentally Ill</p> <ul style="list-style-type: none"> • Person with a mental health condition • Person experiencing a mental health condition

Table 4.2. Rights-based, person-first alternatives to derogatory and outdated terms recommended in Handbook Concerning Persons with Disabilities (2024)

<p>(i) Rule 389 (7), Puducherry Prison Rules, 2021 and Rule 1849 (1) of Delhi Prison Rules 2018</p> <p>“Prisoners showing signs of mental illness shall not, if they are dangerous, noisy or filthy, be kept in the hospital but shall be kept in a separate cell”</p> <p><i>*Equates mental illness with dangerousness, disruption, and uncleanliness; justifies segregation over appropriate care.</i></p>
<p>(ii) Rule 2 (q), Uttar Pradesh Jail Manual, 2022</p> <p>“Infirm gang means a prisoner not physically or mentally strong specially through age or illness.”</p> <p><i>*Conflates disability with frailty and incapacity; reinforces the notion of persons with disabilities as weak and unfit for equal treatment.</i></p>

FINDINGS

The evidence presented in this report lays bare a fundamental tension within India's criminal justice system, specifically prison policies that continue to deny the statutory rights and entitlements of persons with disabilities. This gap is not merely administrative but epistemic, reflecting whose needs and experiences are deemed worthy of recognition. Incarcerated persons with disabilities should be recognised as a group facing intersectional vulnerabilities. They are disproportionately impacted not only by the systemic neglect of their disability-related needs but also by the general harshness of the prison environment, creating a "double disadvantage" that often results in violations of their fundamental rights to health, reasonable accommodations, security, and equal treatment. The conclusion that follows underscores the urgent imperative for structural, legal, and ethical reforms to align justice with the principles of inclusivity and dignity.

Absence of Disability Justice in State Prison Policies

Prisons, through poor conditions, neglect, lack of healthcare, inaccessible infrastructure, and systemic abuse, not only fail to accommodate existing disabilities but can actively produce or exacerbate them^[33]. Disability remains an afterthought in prison infrastructure and policies, reflected in the language, design, and intent of these institutions. As the infractions detailed in this report demonstrate, even nearly a decade after

the enactment of the RPD Act, 2016, compliance within the criminal justice system, especially prisons remains limited, fragmented, and insufficiently enforced, leaving prisoners with disabilities vulnerable to continued neglect and harm.

A significant concern is the persistent reliance on outdated prison manuals, many of which embed ableist assumptions reflective of the period in which they were drafted, with minimal effort to revise them in accordance with contemporary standards of disability justice. In fact, despite two revisions in the Model Prisons Correctional Services Act, 2023^[34], the mandate under the RPD Act, 2016 fails to translate into a priority when it comes to prison administration.



L. Muruganantham v. State of Tamil Nadu

“Most State prison manuals remain outdated and uninformed by developments in disability law and rights-based discourse. They frequently conflate sensory or physical disabilities with mental illness or cognitive decline, thereby eroding the distinct legal right to reasonable accommodation. This conflation promotes harmful stereotypes and obstructs disabled inmates from claiming their lawful entitlements.”

(para 33)

Prison Manuals fail to provide ‘reasonable accommodations’ under RPD Act, 2016:

Equally troubling is that manuals revised following the enactment of the RPD Act, 2016^[35] continue to fall short of incorporating its fundamental principles of inclusivity and reasonable accommodation. This gap reflects a structural and institutional deficiency in prison governance that isolated measures such as staff sensitisation, facility upgrades, or ad hoc interventions cannot address.

In *L. Muruganantham, Justices Pardiwala and Mahadevan* observe that the absence of specific provisions for persons with disabilities reflects institutional limitations rather than deliberate neglect or malice by police or prison officers. This distinction acknowledges that structural constraints, rooted in inadequate policies, procedures, and frameworks, also significantly impede prison authorities from meaningful inclusion.

However, such systemic limitations cannot justify inaction. What is required is a non-negotiable legal and administrative obligation for all actors in the criminal justice system (police, courts, and prison officials) to identify, accommodate, and respond to the needs of persons with disabilities at every stage.

By revising prison laws and operational manuals to embed these obligations, state governments can convert discretionary goodwill measures into enforceable rights, ensuring that the justice system treats disabled persons as individuals whose needs are central to the administration of law and order.

Letter by MHA to revise prison manuals:

The Ministry of Home Affairs (MHA) vide a letter addressed to Chief Secretaries, DG/IG of Prisons in all states and UTs required states to revise their prison manuals as per the amendment in the Model Prisons and Correctional Services Act, which introduced Section 55(B) in Chapter XXI including principles of:

- (i) non-discrimination;
- (ii) accessibility;
- (iii) healthcare and rehabilitation;
- (iv) screening and identification;
- (v) staff training^[36].



“ I was in the anda cell (egg shaped cell with high security often used for solitary confinement) for eight and a half years without a wheelchair. It was a daily struggle to use the toilet, take a bath, or even fetch myself a glass of water. The prison doesn’t have a single ramp for people like me. Now my heart is functioning at 55 percent capacity due to hypertrophic cardiomyopathy. I am facing syncope attacks and fall unconscious. I suffered two attacks of COVID-19 and one of swine flu in prison but was not provided emergency medical treatment. A doctor had recommended a sleep study for me seven years ago, but it was never conducted. I was provided medicines sent by my family following my 10-day hunger strike inside the jail. I was refused permission to meet my dying mother or perform her last rites. Is the state’s role to serve people or crush humanity? In jail, I was treated like the biggest terrorist in the world.”

G.N. Saibaba after his release in a press conference

Sharma A. G.N. Saibaba reveals torture and injustice during 10-year imprisonment. *Frontline* (The Hindu). 2024 Mar 9[Cited 2024 Mar 25].

Absence of Disaggregated Data

The National Crime Records Bureau (NCRB) publishes two of the most significant data repositories in the criminal justice system—Crime in India, which captures national crime statistics, types of crime, and crimes against specific groups such as women, children, and caste minorities; and Prison Statistics of India, which reveals the number of facilities, prisoner demographics (convicts, undertrials, and detenués), overcrowding, inmate welfare and rehabilitation, deaths and illnesses, and budget information.

Yet, neither of these key databases makes any mention of persons with disabilities^[37] – either as victims or perpetrators of crime. As noted in earlier sections of this report, the NCRB’s own prescribed formats, documents that form the very foundation of a criminal case, have yet to be revised to ensure that disability status is recorded mandatorily at all stages and that corresponding accommodations are facilitated (see Section 1, p. 5).

Other than rape, the National Crime Records Bureau does not maintain disaggregated data on gender-based violence against persons with disabilities as a separate category^[38]. It is almost as if disability is not recognised as a protected status at all, despite India’s legal and policy shift to the social model of disability, which places responsibility on the state to ensure that infrastructure, policies, and practices are inclusive.

Moreover, this invisibilisation is not incidental^[39]; in fact such data is not systematically maintained in the first place. As a result, whether as victims or as accused persons, disabled individuals remain unnoticed, unidentified, and unrecorded within the criminal justice system. As noted in earlier sections of this report, the NCRB’s own prescribed formats, documents that form the very foundation of a criminal case, have yet to be revised to ensure that disability status is recorded mandatorily at all stages and that corresponding accommodations are facilitated (see Section 1, p. 5).

For violence against women and girls with disabilities, disability rights advocates and researchers have long emphasised the urgent need for disaggregated data, noting that the absence of such data severely limits both visibility and policy intervention^[41].

CRPD Recommends NCRB to collect dis-aggregated data on persons with disabilities: The Committee on the Rights of Persons with Disabilities (CRPD) also specifically recommended that the Government of India ensure the National Crime Records Bureau (NCRB) collects and publishes data disaggregated by sex, age, place of residence, relationship with the perpetrator, and disability status in cases of violence and exploitation. This includes gender-based violence against women and girls with disabilities, as well as violence inflicted by intimate partners.

Persons with disabilities who are accused of crimes remain largely invisibilised and have scarcely entered mainstream civil society discourse, resulting in persistent gaps in accountability and reform.

The human consequences of these data gaps are starkly evident in cases such as Father Stan Swamy^[42], G.N. Saibaba^[43], and L. Muruganantham^[44]. Father Stan Swamy (84, living with Parkinson’s disease) died in custody in 2021 after prolonged detention; he repeatedly requested a simple straw to drink water but was denied access until compelled by a court order, exemplifying the systemic neglect of basic needs for incarcerated persons with disabilities.

While some cases draw media and public attention, countless other disabled accused persons remain behind bars, invisible in official statistics, leaving their specific needs unaddressed and perpetuating structural exclusion within the criminal justice system.

This gap has prompted sustained advocacy from civil society organisations, who argue that data disaggregation is essential to understanding patterns of violence, ensuring accountability, and enabling inclusive access to justice^[45].

The lack of targeted data not only undermines legal protections but also weakens the evidence base for policy formulation and program design addressing disability-based discrimination and violence.

Addressing this lacuna would not only bring NCRB's practices in line with statutory obligations under the RPD Act, 2016^[46] but also significantly strengthen the inclusivity and reliability of national crime data. Accurate and disaggregated data on persons with disabilities would provide evidence to inform policy-making and resource allocation within the criminal justice system. Over time, such reforms could have a cascading effect, prompting systemic changes across policing, prosecution, and prison administration.



L. Muruganatham v. State of Tamil Nadu

“31. Despite clear constitutional and statutory mandates, the lack of disaggregated data on disability continues to hinder targeted policy intervention. In response to a Parliamentary query in 2016, the Government acknowledged that it does not maintain any data regarding disabled prisoners. The National Crime Records Bureau (NCRB) – despite providing detailed information on caste, gender, and religion – fails to record disability status. Its 2022 report, for instance, only 25 references 137 pending cases under the Mental Health Act, offering no insight into the wider population of prisoners with disabilities.

32. This data gap has far-reaching implications throughout the criminal justice process. The unavailability of interpreters, accessible communication formats, or assistive technologies during investigation and trial hinders the right to a fair hearing. This results in miscommunication, delays, and the denial of justice. These systemic omissions constitute indirect discrimination and disproportionately burden persons with disabilities – entrenching their social exclusion.”

(para 31 and 32)

RECOMMENDATIONS

CCPDs and SCPDs

Under the statutory mandate of Sections 75 and 80 of the RPD Act, 2016, the offices of the Chief Commissioner for Persons with Disabilities (CCPD) and the State Commissioners for Persons with Disabilities (SCPDs) must extend their monitoring, research, and grievance redressal functions to include prisons as critical sites of oversight. The Disability Commissioners must:

- conduct regular accessibility audits of prisons and prison manuals, in collaboration with state home departments, to ensure compliance with the RPD Act, 2016, and actively monitor the implementation of reasonable accommodations and accessibility standards in carceral settings;
- facilitate periodic disability certification camps inside prisons so that prisoners with disabilities can be formally assessed and issued disability certificates. This would enable them to access entitlements and schemes from which they are otherwise excluded;
- issue clear and binding guidelines to their respective state prison departments on the inclusion of prisoners with disabilities, including minimum standards for accessibility, reasonable accommodation, healthcare, assistive devices, and training of prison staff;
- produce periodic reports on disability inclusion in prisons in collaboration with disabled persons organisation and civil society to provide an evidence base for reform and drive accountability within the prison administration;
- facilitate regular disability rights and accessibility training for prison staff, developed in consultation with civil society organisations working with persons with disabilities.

Courts

Courts play a crucial role in ensuring that prison administration aligns with constitutional principles and the Rights of Persons with Disabilities Act, 2016. In *Sukanya Shantha v. Union of India and L. Muruganatham v. State of Tamil Nadu & Ors.*, the judiciary addressed identity-based discrimination and guided reforms toward humane, rights-based prison governance.

- All judicial processes, including remand warrants, bail orders, and sentencing, must explicitly record the disability status of the accused to inform custody decisions, bail hearings, and prison placement.
- Courts should actively direct prison authorities to identify and accommodate disabilities at the time of admission and periodically monitor compliance with accessibility, healthcare, and reasonable accommodation standards.
- Courts should mandate the revision of prison manuals and standard operating procedures to align with the RPD Act's principles of inclusivity, accessibility, and reasonable accommodation.
- Courts must exercise their suo motu powers and oversight authority to enforce reforms, ensure accountability, and protect the equality, dignity, and wellbeing of prisoners with disabilities.
- Courts should require periodic compliance reports from prison authorities regarding disability-inclusive practices, using these reports to identify gaps and direct corrective action.

State Home Department

Prisons are a State subject under the Constitution of India, and State Home Departments are therefore primarily responsible for ensuring the rights, dignity, and equality of prisoners with disabilities. They must:

- Implement comprehensive accessibility standards and retrofit existing prisons to create barrier-free environments for inmates with physical, sensory, and intellectual disabilities;
- Ensure regular training for all prison staff on disability rights, accessibility, and reasonable accommodations, and integrate disability rights into in-service curricula for all levels of personnel;
- Update prison rules, manuals and standard operating procedures:
 - to identify and record disability status at admission;
 - guarantee reasonable accommodations;
 - and provide equitable access to programs, healthcare, and rehabilitation for all inmates with disabilities.

National Crime Records Bureau (NCRB) and the Ministry of Home Affairs (MHA)

As the central agencies responsible for collecting, compiling, and reporting national crime and prison statistics, the NCRB and the MHA play a critical role in making persons with disabilities visible within the criminal justice system. They must:

- collect and maintain disaggregated data on persons with disabilities involved in the criminal justice system (both as victims and as accused persons) covering details such as type of disability, age, sex, and the relationship between the accused and the victim.

- revise official formats (such as first information report (FIR) formats, arrest memos, remand warrants, and prison admission records) to include disability status, enabling systematic tracking, evidence-based policy planning, and targeted interventions for prisoners and accused persons with disabilities.

Prison Authorities

Prison authorities are on the frontlines of ensuring the rights, dignity, and safety of prisoners with disabilities, and play a critical role in implementing both the RPD Act, 2016, and constitutional guarantees. They must:

- conduct regular disability screening at the time of entering the prison and periodically thereafter;
- conduct regular disability certification camps in collaboration with the Ministry of Social Justice and Empowerment ensuring timely access to entitlements and support services.
- provide reasonable accommodations, including assistive devices, accessible housing, adapted educational and vocational programs, and counselling or therapy sessions by qualified mental health professionals.
- train and designate staff responsible for attending to the needs of prisoners with disabilities, specifically to understand mental health conditions and offer required accommodations;
- and ensuring that accommodations are consistently provided.
- ensure that all infrastructure is accessible, including ramps, lifts, handrails, and toilets.
- implement continuous staff training on disability rights and establish grievance redressal mechanisms for inmates with disabilities.
- establish a clear Standard Operating Procedure (SOP) enabling prisoners with physical or mental disabilities to request and access assistive devices and necessary support services.

ANNEXURE I

Repository of State Prison Manuals



ANNEXURE II

State manuals with provisions using terms like ‘Lunatic’ and ‘Insane’ for persons with mental health conditions

Derogatory Terms	Provision
<p>“Mentally Ill” or ‘Mental Illness’ ‘Use of terms like Lunatic and Insane’</p>	<p>(i) Rules 49, 824, 1121, 1211, 1224, 1569, 1849, Delhi Prison Rules, 2018; (ii) Chapter 22, Uttar Pradesh Jail Manual, 2022; (iii) Rules 743 (2) (i) & 912, Tamil Nadu Jail Manual, 2024; (iv) Clause 660-679, Bihar Jail Manual, 2012; (v) Rules 20, 1110, 1584 & 1585, Goa Prison Rules 2021; (vi) Clause 17.03, 26.145, 26.146, Andaman and Nicobar Islands, Model Prison Manual, 2016; (vii) Clause 31(4), 361, 366, 373, and 840(a), Haryana Jail Manual, 2022; (viii) Clause 2.13.2(i), 17.03 (i), 17.04, 26.141, 26.142, Himachal Pradesh Jail Manual, 2021; (ix) Clause 28, Jammu & Kashmir Jail Manual, 2000; (x) Clause 484, 487, 489, 495, 549 (v), 884(i), 973 (i) (30) , Karnataka Prisons and Correctional Services Manual, 2021; (xi) Clause 192, 359, 591, 592, 593, 597, 601, 603, 604, 607, Kerala Jail Manual, 2014; (xii) Clause ‘Modalities’ (xix), 17.03, Mizoram Prison Manual , 2017; (xiii) Clause 320, 380, 408-419, 672, 797, 953 (b) (ix), Odisha Jail Manual, 2020; (xiv) Clause 1.03(44), 4.30, Punjab Prison Rules, 2022; (xv) Clause 4(r), 238, 239, 481, 710, 864-874, 1145, 1147, 1151, 1152-1161, Puducherry Prison Rules, 2021; (xvi) Clause 319, 345-357, 504, 503, 850 Rajasthan Prison Rules, 2022; (xvii) Clause 214, 220, 912, 931 Tamil Nadu Prison Manual, 2024; (xviii) Clause 472, Tripura Jail Manual, 2021.</p>
<p>“Lunatic”</p>	<p>(i) Clause 862-888, 890-899, 899, Madhya Pradesh Jail Manual, 1987; (ii) Chapter XXIV, Section 1: Clauses 31, Chapter XXVII, Section 1: Clause 11 & Section 2: Clause 4, 8, 11, Chapter XLV Section 1: Clauses 1-20 & Section 2: Clauses 1-8, Maharashtra Classification of Prisons Rules, 1979; (iii) Clause 187, 503, 850 Rajasthan Prison Rules, 2022; (iv) Clause 5.07, 13.02, 13.83 Sikkim Prison Manual, 2010; (v) Clause 601, Tripura Jail Manual, 2021</p>
<p>“Insane” or “Insanity”</p>	<p>(i) Clause 479, 484, 485, 490, 785, Karnataka Prison Manual, 2021; (ii) Clause 862, Madhya Pradesh Jail Manual, 1987; (iv) Chapter XX, Clause 11, 16, Maharashtra Classification of Prisons Rules, 1979; (v) Clause, 13.83, 13.84, Sikkim Prison Manual, 2010.</p>

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