

Rehabilitation Behind Bars: The Role of Education, Meditation, Counselling, and Vocational Training in Reforming Prison Inmates in India

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ABSTRACT

The present narrative review critically explores the contribution of education, meditation and yoga, counselling and vocational training to the rehabilitation of prison inmates in the context of India and literature published from 2001-2025. The review concludes that, although there are systemic issues that must be addressed for each of the interventions to be truly effective (chronic overcrowding, under-staffing, punitive institutional culture, and the almost complete lack of post-release support), each of the intervention domains has the potential to be rehabilitative. One key conclusion is that the Indian context of rehabilitation is largely a symbolic process, and that a number of documented cases of rehabilitation, like those at Tihar Jail, are anomalies rather than the norm. The review adheres to the notion of desistance theory (Maruna, 2001) which posits that identity change is essential for meaningful rehabilitation, rather than just behaviour change. It is important to note that women prisoners are also subject to multiple disadvantages which are not sufficiently addressed by current programmes. For results to be meaningful, there must be an evidence-based, rights-based and gender-responsive reform. There are several key policy implications: establishing a systematic needs-assessment infrastructure based on the Risk-Needs-Responsivity model; ensuring post-release continuity of mental health and employment services, which are mandatory and not optional; and expanding of gender-responsive programming as a core rather than an additional element of the Indian correctional policy.

Keywords: prison rehabilitation, Indian prisons, counselling, meditation, prison education, vocational training, recidivism, desistance, gender-responsive programming, correctional reform

1. INTRODUCTION

Today, no institution in society is more hotly debated than prison. Incarceration has long been viewed as a place of punishment and deterrence, but has increasingly come to be seen as a place for rehabilitation and social reintegration (O'Brien et al., 2014; UNODC, 2015). Rehabilitation refers to a series of structured interventions that aim to change offender behaviour using educational, psychological or social methods

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such as to decrease reoffending and promote social reintegration (Zamble & Porporino, 2019). Recidivism refers to reoffending or reincarceration after release from prison (Andrews & Bonta, 2017). Desistance is the term used to refer to the cessation of crime by an offender, which is usually final and involves a change in identity and the incorporation of new prosocial roles (Maruna, 2001). The mental health issues, custodial violence and high recidivism rates among inmates have brought the issue of prison reform into the limelight in India: as per NCRB (2022), the occupancy rate in the country is 118.5% while some states exceed 150%. There have been nominal shifts in correctional philosophies from punishment to reform, as observed in documented education-based correction programs, meditation, counselling and vocational training correction programs from 2001–2025 (Agarwal & Dubey, 2020; Government of India, 2016; Singh, 2016).

This review is written from a critical and sceptical perspective. Rehabilitation in Indian correctional discourse is often more rhetorical than practical — serving institutional legitimization more than transformative purpose. As Foucault (1977) suggested, reform discourse can be a tool for disciplining and regulating rather than for empowerment. A detailed evaluation must not only list the outcomes of a program, but also look at all the barriers to or misrepresentations of those outcomes. Another problem in the literature is conceptual conflation, which occurs when the concepts of ‘education’, ‘meditation’, ‘counselling’ and ‘vocational training’ are explained as if they are all working on the same population, and through the same processes. They do not. Every has an impact on a different facet of reoffending, a different time frame and a different infrastructure. Most programmes are created with a male population (Shankardass, 2012), but women prisoners have qualitatively different pathways into crime and challenges in their reintegration.

The review is based on literature from 2001 to 2025, with some of the important basic theoretical papers being added when they have an analytical value. The methodology is discussed in Section 2. Section 3 states the theoretical framework and positionality. Section 4 presents the conceptual framework. Sections 5 through 8 examine the four intervention domains. Section 9 discusses structural barriers. Section 10 provides comparative perspectives. Section 11 addresses limitations. Section 12 presents conclusions and a research agenda.

2. METHODOLOGY

2.1 Review Design

The paper employed a structured critical narrative review methodology to condense literature published on prison rehabilitation in India from 2001–2025. In view of the diversity of the study designs (qualitative, mixed methods, policy analysis and conceptual studies) and limited number of randomized controlled trials (RCTs) in the Indian correctional environment, a critical narrative review was chosen over systematic review or meta-analysis. This is in line with the current practice of critical criminology and correctional policy research (Liebling & Maruna, 2013). Review is interdisciplinary, spanning criminology, psychology, correctional policy, and sociology and mental health.

2.2 Search Strategy

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Literature search was conducted using the databases of PsycINFO, Scopus and Google Scholar, along with the repositories of the National Crime Records Bureau (NCRB), Ministry of Home Affairs (MHA), and WHO/UNODC. The search terms used were: prison rehabilitation India, correctional reform India, prison education India, meditation yoga prisons, prison counselling India, vocational training inmates India, recidivism India, women prisoners India and desistance India. A list of selected studies was hand-searched in order to find other relevant sources.

2.3 Inclusion and Exclusion Criteria

Studies were included if they met the following criteria:

1. Provided information on prison rehabilitation, correctional reform or related outcomes in India or provided internationally generalisable evidence, applicable to India's context
2. Were published between 2001 and 2025 or prior to 2001 if they were theoretically foundational
3. Provided sufficient methodological information
4. Were available in full text

Studies were excluded based on criteria listed below:

1. Were not relevant to the study of prison rehabilitation or correctional reform
2. Were not reported in an India-specific way, but were not generalisable
3. Did not provide sufficient detail of methodology
4. Retrieved the findings from another study based on the same dataset, or from the same institution
5. Had citations that were unverifiable.

2.4 Quality Assessment

Included studies were assessed against three criteria:

1. Methodological clarity — whether the study described its design, data sources, and analytic approach sufficiently for critical evaluation
2. Evidential transparency — whether findings were supported by explicit data rather than assertion
3. Contextual relevance — whether the study's context permitted meaningful application to Indian correctional settings.

Studies meeting all three criteria were treated as primary evidence; those meeting two criteria informed secondary analysis; those meeting one criterion were used for contextualisation only. This framework is adapted from the Mixed Methods Appraisal Tool (Hong et al., 2018).

The final body of literature consisted of empirical research, policy analysis, theoretical analysis, and international comparative research relevant to the analytical framework of the paper.

Table 1 : Summary of Literature Search and Study Selection (2001–2025)

Action / Records	n	Exclusion Reasons
Identification		
Records identified through database searches (PsycINFO, Scopus, Google Scholar, NCRB, WHO/UNODC); date range 2001–2025	312	—
Additional records from reference list hand-searching	27	—
Duplicates removed	64	—
Total records after deduplication	275	—
Screening		
Records screened by title and abstract	275	—
Records excluded at screening stage	183	Not relevant to prison rehabilitation or correctional reform (n = 98); Not India-specific and not sufficiently generalisable (n = 47); Published before 2001 and not theoretically foundational (n = 38)
Full-text sources carried forward	92	—
Eligibility		
Full-text sources assessed	92	—
Full-text sources excluded	66	Insufficient methodological detail (n = 21); Duplicate findings (n = 14); Full text not accessible (n = 9); Unverifiable citation (n = 22)
Included		
Studies included in critical narrative review	26	Education: 4; Meditation & Yoga: 4; Counselling & Mental Health: 6; Vocational Training & Reintegration: 4; Structural & Policy: 8

Note. Studies were comparatively analysed across four thematic domains and structural/policy literature.

Table 2 :Summary of Key Studies Included in the Review, Grouped by Domain

Author(s) & Year	Study Type	Context	Key Finding	Noted Limitation	Relevance to Review
Domain: Education					
Behan (2014)	Conceptual/qualitative	Ireland	Transformative education develops critical consciousness beyond vocational outcomes; Freirean framework	Irish context; cross-cultural caution required	Theoretical basis for distinguishing instrumental vs. transformative education
Davis et al. (2013)	Systematic review/meta-analysis	USA/International	Correctional education reduces recidivism and improves post-release employment	US-based; structural differences limit Indian applicability	Strongest quantitative evidence for education-recidivism link
O'Brien et al. (2014)	Review	International	Education reduces recidivism; post-release employment strongest predictor; social stigma undermines outcomes	Limited India-specific application	Frames education within broader reintegration ecology
Agarwal & Dubey (2020)	Review/book chapter	India	Tihar Jail education and prison industry programs show rehabilitative potential linked to NGO partnerships	Single-institution focus; limited generalisability	Primary India-specific evidence for education and vocational sections
Domain: Meditation & Yoga					

Alexander et al. (2003)	Empirical	USA	Vipassana meditation associated with reduced anxiety, aggression, disciplinary violations	Small sample; short follow-up; self-report bias	Foundational empirical study cited in Indian meditation discourse
Murty et al. (2004)	Program evaluation	USA	Vipassana linked to reduced recidivism and improved emotional regulation	No randomised control; short-term only	Most cited evaluation of Vipassana in correctional settings
Ignatius & Velayudhan (2020)	Empirical	India	Yoga associated with improved psychological wellbeing, sleep quality, reduced somatic tension	Limited sample; select facilities	Only India-specific empirical study of yoga in prison
Liebling & Maruna (2013)	Edited volume/review	International	Prison environments produce psychological harms that therapeutic programs must contend with	Primarily Western context	Grounds critique of in-prison program limitations
Domain: Counselling & Mental Health					
Fazel & Baillargeon (2011)	Systematic review	International	Prisoners carry disproportionate mental disorder burden; rates far exceed general population	India-specific data limited	Establishes epidemiological baseline for mental health section
WHO (2022)	Policy/epidemiological review	International	Prison environments exacerbate pre-existing mental health conditions; mental health must be central to	Global scope; India data limited	Normative and epidemiological authority

			correctional policy		
Kumar & Kumar (2025)	Secondary review	India	CBT-based interventions show consistent reductions in aggression and impulsivity	Relies on secondary sources	Only India-specific review of CBT effectiveness
Shankardass (2012)	Qualitative/book	India	Women prisoners experience distinct trauma pathways; gender-responsive counselling must address victimisation	Pre-2016; limited quantitative data	Primary source for gender-responsive counselling argument
Sarkar et al. (2023)	Empirical	India	Substance abuse prevalent; integrated counselling and skills training shows better outcomes	Restricted facilities; no longitudinal data	India-specific evidence for counselling-vocational integration
Maruna (2001)	Qualitative/longitudinal	UK/USA	Desistance requires identity transformation through coherent self-change narrative	Western sample; cultural adaptation required	Foundational desistance theory
Domain: Vocational Training & Reintegration					
Sharma & Singh (2024)	Empirical	India	Vocational training reduces short-term recidivism; effect diminishes when post-release employment quality is controlled	Single-state sample	India-specific evidence that quality matters more than participation

Suman et al. (2023)	Review	India/International	Rehabilitation programs show positive but inconsistent results; implementation quality varies across states	Broad scope; no meta-analytic synthesis	Documents implementation inconsistency
Visher & Travis (2003)	Review	USA	Post-release transitions shaped by housing, employment, family, and community resources	US context	Frames post-release vacuum as critical gap
Domain: Structural / Policy					
Government of India (2016)	Policy document	India	Model Prison Manual endorses education, counselling, vocational training as correctional objectives	Aspirational; large gap between prescription and practice	Primary policy document for India's rehabilitative framework
NCRB (2022)	Government statistics	India	Indian prisons at 118.5% capacity; 75.8% undertrials; high levels of unmet educational and mental health need	Institutional self-reporting; underreporting likely	Primary empirical source for structural conditions
Palakkappillil & Prasanna (2017)	Review/policy analysis	India	Identifies systemic gap between reform policy and implementation; overcrowding and punitive culture as primary barriers	Descriptive; limited outcome data	Most cited India-specific structural critique

Mathur & Sharma (2022)	Socio-legal analysis	India	Prison overcrowding partly driven by bail system failures; socio-legal reforms required	Limited to legal analysis	Supports structural argument with legal evidence
Andrews & Bonta (2017)	Theoretical/meta-analytic	International	RNR model: effectiveness requires risk matching, criminogenic needs targeting, and individual responsivity	Western context; cultural adaptation required	Technical framework for evaluating program targeting
UNODC (2015)	Policy/normative	International	Nelson Mandela Rules establish education, vocational training, mental health care as rights not privileges	Normative; enforcement mechanisms weak	International normative authority for rights-based framework
Pratt (2008)	Comparative analysis	Scandinavia	Scandinavian exceptionalism rooted in broader welfare state; low recidivism reflects social investment	Limited direct applicability to India's scale	Grounds argument that rehabilitation requires societal infrastructure
Walmsley (2018)	Statistical report	International	Scandinavian systems show lower incarceration and recidivism than punitive systems	Descriptive; no causal analysis	Statistical baseline for comparative section

Note. CBT = Cognitive Behavioural Therapy; NCRB = National Crime Records Bureau; RNR = Risk-Needs-Responsivity; WHO = World Health Organization.

3.THEORETICAL FRAMEWORK AND POSTITIONALITY

3.1 Theoretical Framework

This review is carried out from a critical point of view using four frameworks. Foucault (1977) Critical Theory cautions against naive optimism by making the disciplinary role that rehabilitation may fulfil the focus. Freire's (1970) Critical Pedagogy is the key to determining whether educational programmes foster true critical consciousness or compliance. Maruna's (2001) Desistance Theory firmly bases the sustained change in behaviors on identity transformation, rather than just skill acquisition. This distinction between interventions that can be identified as short-term behavioural compliance and those that can be regarded as a short-term support to long-term desistance from crime is of particular importance in this framework. Last, the Risk-Needs-Responsivity (RNR) model of Andrews and Bonta (2017) offers a tool to determine if interventions are risk appropriate, need appropriate and addresses individual responsivity to intervention. Such frameworks are not synthesized, but rather are used as lenses on analysis.

3.2 Positionality

The review is a broad, sympathetic engagement with rights-based reform of Indian prisons, and a skeptical assessment of the claims made by prisons. It is an analysis, rather than a field work, written by someone outside the prison system, which therefore only reflects what the literature reveals – and what it does not – which depends on the issues of accessibility, gatekeeping and the politics of prison research in India. Participatory research centring incarcerated voices is identified as a priority for the research agenda.

4. CONCEPTUAL FRAMEWORK

Rehabilitation is an intervention model based on modification of behavior through education, psychological or social, approaches (Zamble & Porporino, 2019). Theories of social learning suggest that crime is learnt and can be unlearned (Bandura, 1977), cognitive-behavioural indicates that changing negative thinking patterns can lead to a change in crime (Andrews & Bonta, 2017), strain theory points to structural inequity as the source of crime (Merton, 1938), and desistance theory emphasizes the need for sustained change, which involves identity reconstruction (Maruna, 2001).

There's a key difference between rehabilitation and recidivism reduction. A person who has genuinely changed their behaviour may reoffend if housing or employment remains precarious; conversely, an individual deterred from immediate reoffending may not have undergone any deeper change. Maruna (2001) and Liebling and Maruna (2013) further caution that the cumulative psychological harms of long-term incarceration — including the erosion of agency, enforced dependency, and institutionalisation — can actively counteract rehabilitative intent.

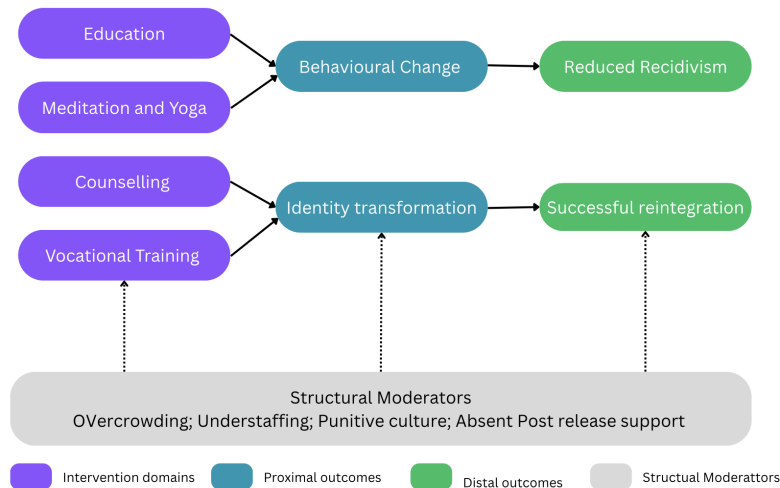


Figure 1: Conceptual Framework: Pathways from Intervention Domains to Rehabilitation Outcomes

5. EDUCATION

One of the strongest correlates with criminal justice involvement is educational deprivation. The goals of prison education are to enhance literacy, critical thinking, and employment skills (Government of India, 2016). Freire (1970) and Behan (2014) propose transformative education aimed at developing critical consciousness — distinct from compliance-focused or credential-producing approaches. Examples within Indian prisons include Tihar Jail’s partnership with IGNOU for higher education, and literacy programmes in Kerala, Maharashtra, and Tamil Nadu (Palakkappillil & Prasanna, 2017). The strongest quantitative evidence is provided by Davis et al. (2013), whose meta-analysis found that correctional education significantly decreases recidivism and improves post-release employment in international contexts.

Despite this evidence, significant limitations persist. Geographical inequity means that district and sub-jails have markedly weaker educational infrastructure than central urban prisons (NCRB, 2022). Overcrowding and chronic understaffing constrain programme delivery (NCRB, 2022; Government of India, 2016). Even if the ex-inmate has formal qualifications, he or she continues to suffer from social stigma and is disadvantaged in the labour market (Maruna, 2001; Visser & Travis, 2003). Education has its greatest value from a desistance perspective in helping individuals imprisoned to see themselves as citizens of a learning community as well as potential contributors to society, rather than merely certificates (Maruna, 2001; Behan, 2014). There is also a particular disadvantage for women prisoners, as programmes are often formulated around a set of skills which are geared towards domestic values.

6. MEDITATION AND YOGA

Meditation and Yoga courses have been seen in the Indian Prisons with the Vipassana for instance in Tihar Jail being the most quoted. (Murty et al., 2004) Practice has been linked to decreased anxiety, aggression, and school misbehavior (Alexander et al., 2003; Ignatius & Velayudhan, 2020). In resource-poor areas, these programs have the advantage of being relatively inexpensive when compared to intensive psychiatric treatment, which is another consideration. The proposed mechanisms are associated with better metacognitive awareness, which is based on the mindfulness strategy and impulse control (Kabat-Zinn, 2003 cited in Ignatius & Velayudhan, 2020).

The evidence base, however, should be taken with a pinch of salt. There are limited studies available and they tend to be small and short in length, and to lack randomisation and self-report instruments which may be susceptible to social desirability bias (Alexander et al., 2003; Murty et al., 2004). The restrictions are designed to prevent the acceptance of the evidence of benefit as conclusive. Voluntariness and therapeutic validity are compromised in some Indian institutions as it is not necessarily associated with participation in spiritual programmes or received preferential treatment (Palakkappillil & Prasanna, 2017). Additionally, Liebling and Maruna (2013) contend that the denial of agency and dignity that occurs systematically within prison life can make it impossible to utilize any psychological intervention to its fullest potential. Another concern of Foucault's (1977) analysis is that state-sponsored self-management via meditation could be a disciplinary process and not an actual social rehabilitation.

7. COUNSELLING AND PSYCHOLOGICAL INTERVENTIONS

Prisoners have much higher mental health problems compared to the general population: In a systematic review of 33 countries, Fazel and Baillargeon (2011) reported that prisoners were 4 times more likely to suffer depression and 10 times more likely to suffer from psychosis than the general population. The situation is exacerbated in India due to a high number of undertrial prisoners (75.8% of all prisoners in India are undertrial; NCRB, 2022), legal uncertainty and reports of custodial violence. There is evidence that cognitive behavioural therapy (CBT) is effective for anger management and reoffending prevention, while integrated treatment of substance use and supported services has been shown to significantly improve reintegration outcomes (WHO, 2022; Kumar & Kumar, 2025). The results should be taken with a pinch of salt, however, since the evidence that has been used for the Indian case is largely secondary reviews and the reporting process may be subject to biases in institutional settings.

Maruna's (2001) desistance theory emphasizes that psychological treatment is not simply about symptom management, but assisting the creation of a new self-narrative involving a new future. Counselling that fails to address identity change will help to alleviate a crisis but will not ensure long-term desistance. There is a lack of gender-specific counselling in most of the Indian prison programmes: Shankardass (2012) reports women's trajectories in criminalisation are initiated by experiencing victimisation rather than being a result of 'voluntary criminality' and women's under-representation in correctional facilities is a structural impediment to the provision of appropriate counselling. There are very few trained

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psychologists in most of the prisons in India and counselling is reactive not preventive (WHO, 2022). There is a marked lack of continuity of mental health services following release, and gains made while incarcerated tend to fade quickly when returning to an unstable community setting (Visser & Travis, 2003).

8. VOCATIONAL TRAINING AND SKILL DEVELOPMENT

Successful reintegration is one of the best predictors of employment (O'Brien et al, 2014; Visser & Travis, 2003). Vocational training programmes in the Indian prisons include carpentry, tailoring, agriculture, computer operation, handicrafts etc. are aimed at enhancing the employability of inmates and offer them structure and purpose while incarcerated (Agarwal & Dubey, 2020; Suman et al., 2023). Some of the most matured examples are the prison industries in Tihar Jail and some certification programs at the state level (Sharma & Singh, 2024).

The three structural constraints are limiting the overall effectiveness. Firstly, the relevance of the skills: Sharma and Singh (2024) show that the impact of vocational training on recidivism is significantly reduced after they account for the quality of the job once the trainees have been placed, suggesting that the job relevance is more important than participation in the training programme. Second, the ethics of prison labour: nominal wages paid to prisoners for productive labor is an important distinction between vocational rehabilitation and economic exploitation. Third, gender – vocational programmes for women are largely limited to jobs that are low paid and stereotyped as women's work, thus reinforcing the economic disadvantage among women. In addition, Maruna's (2001) desistance theory warns that skill learning without identity change is not likely to lead to lasting behaviour change. In addition to these restrictions, employment discrimination also has the effect of exacerbating all of these: skills training is a component of addressing labour market exclusion, and it cannot work without coordinated engagement of employers and/or legal protections (O'Brien et al., 2014; UNODC, 2015).

9. STRUCTURAL BARRIERS TO REHABILITATION

The conditions under which rehabilitation programmes are run in Indian prisons are essentially at odds with their goals. Overcrowding is directly impacting the physical and institutional conditions required for educational, therapeutic and vocational programmes to function with the national occupancy rate at 118.5% (NCRB, 2022). Many undertrial persons in India are economically deprived and do not have legal counsel with them (NCRB, 2022) and 75.8% population of the total prisons are undertrials. This majority in custody is also largely absent from rehabilitation interventions, which are mainly focused on sentenced people with a custodial period: a structural gap that is rarely mentioned in the policy discourse.

Staffing deficits are acute in every rehabilitation program in India (Government of India, 2016; WHO, 2022) and aggravate the resource shortage and lack of a rehabilitative institutional culture. Indian prisons have been run primarily in an authoritarian manner with custodial functions being given priority over welfare of the inmates (Foucault, 1977; Palakkappillil & Prasanna, 2017). Liebling and Maruna (2013)

point to the cumulative nature of the psychological harms experienced by prisoners as obstacles to rehabilitative capacity, including violence, loss of autonomy, social isolation and stigmatisation. Almost no post-release care is provided (Visser & Travis, 2003; UNODC, 2015) and individuals who have previously been incarcerated are left to live in poverty, unemployment, unstable housing, and police surveillance without institutional support.

10. COMPARATIVE PERSPECTIVES AND INTERNATIONAL LESSONS

The comparative model is the Scandinavian model, especially the one in Norway which is based on normalisation principles, low incarceration rates, and extensive efforts in education and mental health support (Pratt, 2008). Norwegian recidivism rates are around 20%, which is significantly lower than the rates of +60% in primarily punitive systems (Walmsley, 2018). Scandinavian success, however, is "tangled up in the welfare state," as Pratt (2008) puts it. The evidence is that low rates of recidivism among Scandinavians are due more to social investment in housing, employment and mental health than to the design of correctional programmes; it would be analytically misleading to assign the latter role to the design of correctional programmes. The Brazilian APAC model offers a more context-sensitive comparative reference, demonstrating that rehabilitative culture may be more determinative than specific programme content (Coyle, 2015). The RNR model (Andrews & Bonta, 2017) offers clear technical lessons: the near-total absence of systematic needs assessment in Indian prisons means that even well-designed programmes frequently fail to reach the populations that would benefit most.

Collectively, the comparative evidence points to a number of transferable principles: Mental health needs must be at the centre of correctional policy and not supplementary in nature, rehabilitation must begin when prisoners enter and continue post release, correctional staff must be professionally trained in rehabilitative approaches and, gender specific programming must be foundational.

11. LIMITATIONS

This review should be interpreted in light of several limitations. First, available literature on Indian prison rehabilitation remains geographically and institutionally uneven: evidence is disproportionately concentrated in a small number of institutions, particularly Tihar Jail. The geographical concentration must be understood as a substantive finding regarding the nature of Indian literature rather than simply as a sampling constraint imposed by the researcher: it is a result of the politics of access, the focus of research partnerships in metropolitan institutions.

Secondly there is the very important concern of publication bias. The ones that report positive programme outcomes are more likely to be published or institutionally circulated in the studies that are reported than those that report null or negative findings. The evidence base available is therefore likely to overestimate the effectiveness of rehabilitation interventions compared to the Indian average. This review has tried to reduce this bias by engaging with programme evaluations, structural critiques and policy analyses.

Third, the lack of longitudinal data pertaining to Indian prison populations is a key constraint. There is no long-term study tracking Indian prisoners from their period of incarceration to their post-release reintegration on a multi-year timeframe, so the validity of conclusions about the longevity of rehabilitative gains is necessarily tentative and based on long-term longitudinal results from the West that have not been directly replicated.

Fourth, any possible institutional reporting biases in data on prisons must be recognized. Much of the analysis of the structure of this review relies on data from the NCRB (2022), which is based on institutional self-reports, and may underestimate overcrowding, death, violence, and programme non-implementation. Official figures are minimum values and do not represent true counts.

Fifth, empirical literature concerning women prisoners and gender-specific rehabilitation outcomes remains substantially underrepresented, and this review's gender analysis is correspondingly limited. Sixth, the absence of primary fieldwork constrains this review to what existing published literature makes visible, which is itself shaped by gatekeeping and the politics of prison research in India.

12. CONCLUSION

This review has examined rehabilitation efforts across the four domains of education, meditation, counselling, and vocational training within Indian prisons as analytically distinct rather than equivalent interventions. Each domain demonstrates genuine rehabilitative potential; each is also constrained by systemic conditions that the prison system cannot resolve in isolation.

Four primary arguments have been advanced. First, rehabilitation in India remains primarily symbolic rather than systemic: Tihar Jail's achievements represent an important outlier that risks misrepresenting the national norm in policy discourse. Second, the four rehabilitation domains operate through different mechanisms and target populations; treating them as equivalent generates poorly calibrated policy. Third, gender-responsiveness must be foundational rather than supplementary to any viable rehabilitation framework. Fourth, sustainable change requires identity transformation through a coherent self-narrative, not merely behavioural modification, consistent with Maruna's (2001) desistance theory.

Meaningful prison reform in India requires a genuine shift toward a rights-based rehabilitative framework: one grounded in constitutional dignity, evidence-based programming, comprehensive mental health provision, gender-responsive design, coordinated post-release reintegration, and sustained political accountability.

Five key areas for future research are identified:

First, longitudinal desistance studies following Indian prisoners from incarceration through post-release reintegration are urgently needed. The applicability of identity-narrative models of desistance across India's caste, class, religious, and regional diversity remains empirically unexamined.

Second, randomised or quasi-experimental evaluations of meditation and yoga programmes are necessary to move beyond the small-sample, self-report studies that currently constitute the evidence base.

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Third, participatory research centring the voices of incarcerated individuals — particularly women, lower-caste prisoners, and undertrials — is essential for generating accounts of rehabilitation experiences that official data systematically fails to capture.

Fourth, comparative research examining programme delivery across different prison categories (central, district, sub-, and women's prisons) is needed to disaggregate national-level averages that currently obscure substantial institutional variance.

Fifth, employer-side research examining the conditions under which labour market discrimination against former prisoners can be reduced would directly address one of the most binding structural barriers to reintegration.

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