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Systemic Review Article

Rehabilitation as a Medico-Legal Obligation: Evaluating India's Post-Rescue Response to Trafficking of Women and Girls

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Abstract

Background: Trafficking of women and girls for commercial sexual exploitation remains a serious human rights concern in India and across the Global South, as documented in international assessments such as those of the United Nations Office on Drugs and Crime. Post-rescue rehabilitation and reintegration are often treated as discretionary welfare measures rather than enforceable rights, despite judicial interpretation of Article 21 recognising dignity and rehabilitation as constitutional guarantees. **Aim:** To examine India's rescue and post-rescue framework for trafficked women and girls from a constitutional and forensic-legal perspective, focusing on institutional coordination, dignity, and reintegration outcomes. **Material and Methods:** A systematic doctrinal and qualitative review analysed constitutional provisions (Articles 21 and 23), the Immoral Traffic (Prevention) Act, 1956, key judicial decisions, and secondary data from National Crime Records Bureau reports and policy documents. **Results:** Findings reveal a rescue-centric approach with fragmented, under-resourced post-rescue mechanisms. **Conclusion:** Trafficking should be understood as a continuing medico-legal harm rather than an event concluded by rescue. Although constitutional and judicial frameworks recognise rehabilitation and dignity, post-rescue practices remain custodial. A forensic-legal approach emphasising trauma-informed care, documentation, and autonomy is essential to prevent secondary victimisation and ensure reintegration.

1. Introduction

In the context of trafficking and post-rescue care, medico-legal obligation denotes the State's duty to protect the physical and mental health, dignity, and autonomy of survivors under custodial conditions, in accordance with constitutional guarantees and principles of forensic care.

Trafficking of women and girls for commercial sexual exploitation constitutes a continuing medico-legal violation. From a forensic perspective, the harm associated with trafficking frequently extends beyond exploitation to include prolonged physical, psychological, and social injury,

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often aggravated by post-rescue institutional custody and inadequate rehabilitative care.^{1,2,3} In the Global South, including India, trafficking is sustained by structural vulnerabilities such as poverty, gender inequality, unsafe migration, and social marginalisation, underscoring its character as a systemic form of harm rather than an isolated offence.^{1,4}

The Indian constitutional framework recognises trafficking as a grave violation of fundamental rights, with Article 21 guaranteeing the right to life with dignity and personal liberty, and Article 23 explicitly prohibiting trafficking in human beings and forced labour.^{5,6} The Supreme Court of India has consistently held that these guarantees impose affirmative obligations on the State. In *Vishal Jeet v. Union of India*, the Supreme Court recognised trafficking as an organised social problem and directed the State to adopt preventive and rehabilitative measures beyond rescue, while in *Gaurav Jain v. Union of India*, the Court affirmed that trafficked women and children are entitled to dignity, humane treatment, and rehabilitation, rejecting punitive or moralistic approaches.^{7,8} Despite this jurisprudence, post-rescue practice in India and comparable Global South jurisdictions reveals persistent reliance on prolonged shelterisation, limited access to trauma-informed care, and weak reintegration pathways.^{4,9,10} From a forensic medicine standpoint, such conditions raise concerns of secondary victimisation, as protective custody, when prolonged or imposed without meaningful consent or periodic review, may become coercive in nature, restricting autonomy and reinforcing dependency rather than facilitating recovery.^{2,11}

Judicial acknowledgement of these harms is evident in *Budhadev Karmaskar v. State of West Bengal* and *Prajwala v. Union of India*, which exposed structural deficiencies in post-rescue governance and monitoring.^{12,13} Viewed through a forensic medicine and law lens, post-rescue governance constitutes a continuing phase of State-controlled intervention with direct implications for bodily autonomy, mental health, and legal agency. In this context, systematic documentation of psychological and physical harm is essential, as it enables recognition of trauma, informs appropriate care, and provides a medico-legal basis to assess whether custodial conditions support recovery or contribute to secondary harm.^{2,11,14} This study accordingly examines whether India's rescue and post-rescue framework meaningfully fulfils

constitutional, forensic, and human rights obligations owed to trafficked women and girls.

2. Research Methodology, Objectives, and Scope of the Study

This study adopts a doctrinal and qualitative methodology to examine India's legal and institutional response to trafficking of women and girls for commercial sexual exploitation, with particular emphasis on post-rescue rehabilitation and reintegration.^{4,5,6,15} Constitutional provisions, notably Articles 21 and 23 of the Constitution of India, the Immoral Traffic (Prevention) Act, 1956, and key judicial decisions are analysed to assess how State obligations relating to dignity, autonomy, and rehabilitation have been interpreted beyond rescue.^{4,6,7,15} Secondary data from the National Crime Records Bureau, government reports, and audit findings are examined to identify gaps between legal mandates and post-rescue implementation.^{16,17,18} The scope is confined to trafficking for commercial sexual exploitation affecting women and girls, with criminal processes considered only in so far as they impact survivor rights and rehabilitation outcomes.¹³ Secondary data were drawn from National Crime Records Bureau reports, government publications, and audit findings for the period 2019-2022. The study is guided by a constitutional and forensic-legal framework, focusing on how institutional practices address autonomy, mental health, and recovery in post-rescue contexts.

Limitation

The study relies on secondary data and legal analysis and does not include primary field-based evidence.

3. Institutional Framework for Rescue and Post-Rescue Interventions

India's response to trafficking operates through multiple institutions that engage with survivors at different stages, from rescue to rehabilitation. Although this framework appears comprehensive on paper, its effectiveness depends on how well these bodies coordinate their actions. In practice, weak linkages between institutions often result in fragmented care, where protection is prioritized but recovery and reintegration receive limited attention.

Table 1: Institutional framework for rescue and post-rescue interventions in India: a forensic-legal assessment^{2, 5, 6, 15,16,17}

Institution	Statutory / Functional Role	Stage of Intervention	Forensic-Legal Observations
Police / Anti-Human Trafficking Units	Identification, Rescue, Investigation	Identification; Rescue	Rescue-Led Approach; Limited Linkage with Rehabilitation Agencies; Trauma-Informed Practices Largely Absent
Judicial Magistrates	Production Orders, Protective Custody, Trial Oversight	Protection; Trial	Procedural Delays; Minimal Monitoring of Post-Rescue Rehabilitation Outcomes
District Magistrates	Supervision of Shelters; Administrative Oversight	Protection; Rehabilitation	Inconsistent Inspections; Prolonged Institutionalisation without Periodic Review
Child Welfare Committees	Care and Protection of Trafficked Children	Protection; Rehabilitation	Variable Decision Quality; Uneven Coordination with Police and Shelters
Shelter homes (ITPA / Swadhar / Ujjawala)	Custody, Counselling, Rehabilitation	Rehabilitation	Predominantly Custodial; Shortage of Trained Counsellors and Vocational Support
Prosecution Agencies	Prosecution of Trafficking Offences	Trial	High Attrition between Charge-Sheeting and Conviction

ITPA – Immoral Traffic (Prevention) Act, 1956.

Note: Anti-Human Trafficking Units are constituted under administrative guidelines issued by the Ministry of Home Affairs and implemented through state police frameworks. The forensic-legal observations presented in the table are derived from a synthesis of secondary literature, National Crime Records Bureau data, and government audit reports.

Table 1 indicates that India's anti-trafficking response is institutionally comprehensive on paper, with defined roles across stages from rescue to rehabilitation. In practice, however, these institutions often function in isolation. Police and Anti-Human Trafficking Units prioritise rescue and investigation, while the transition to rehabilitation remains weak and poorly coordinated. Judicial and administrative oversight largely focuses on custody and procedural compliance, with limited attention to recovery and reintegration outcomes. Shelter homes, though

intended as supportive spaces, frequently operate as custodial settings due to shortages of trained personnel and livelihood programmes. The significant drop between charge-sheeting and conviction further weakens accountability. From a forensic medicine and law perspective, these patterns suggest that post-rescue vulnerability arises not from absence of institutions, but from gaps in coordination, continuity of care, and implementation of survivor-centred rehabilitation.

4. Challenges Faced by Government Functionaries

Government functionaries involved in rescue and post-rescue interventions operate under significant structural and practical constraints. Many lack specialised training in trauma-informed and survivor-centred approaches, while shortages of counsellors, social workers, and rehabilitation resources limit their ability to provide meaningful post-rescue support. Fragmented coordination between departments further delays decision-making and continuity of care. As a result, even well-intentioned interventions may unintentionally prolong institutionalisation and deepen survivor vulnerability rather than facilitate recovery and reintegration.

Table 2: Operational constraints in post-rescue governance: selected national indicators ^{17,18,19,20}

Indicator	Year	Reported Figure	Forensic Significance
Anti-Human Trafficking Units Sanctioned	2019	696	Indicates Policy Intent
Anti-Human Trafficking Units Operational	2019	396	~43% Non-Functional, Weakening Rescue-Rehabilitation Linkage
Shelter Homes Without Counsellors	2015-16	~58%	Elevated Risk of Psychological Neglect
Shelter Homes Without Trained Social Workers	2015-16	~76%	Reinforces Custodial Rather than Rehabilitative Care
Unutilised Ujjawala Funds	2016-17	~32%	Reflects Governance Failure rather than Resource Scarcity

Indicator	Year	Reported Figure	Forensic Significance
Districts Without Trauma Counsellors	2018	~60%	Compromises Forensic Mental-Health Recovery

~ Approximately

Note: Data presented are derived from official sources including National Crime Records Bureau reports, Ministry of Home Affairs records, Comptroller and Auditor General audit findings, and Ministry of Women and Child Development reports. Figures represent nationally reported data and should be interpreted as aggregated estimates rather than uniform conditions across all states and districts. Percentages are approximate where indicated.

Table 2 highlights the operational constraints shaping post-rescue outcomes for trafficked women and girls in India. Although many Anti-Human Trafficking Units have been sanctioned, a substantial proportion remain non-functional, weakening the link between rescue and rehabilitation. Deficits in shelter homes, particularly the absence of counsellors and trained social workers, indicate limited psychological and social support, increasing the risk of secondary harm. The lack of trained counsellors also affects timely identification and medico-legal documentation of psychological trauma, which is essential for appropriate care and legal assessment. Under-utilisation of rehabilitation funds points to governance gaps rather than resource scarcity, while the absence of trauma counsellors in many districts further limits recovery pathways. From a forensic medicine and law perspective, these capacity gaps directly impact mental health outcomes, continuity of care, and the State's medico-legal responsibility towards survivors in post-rescue custody.

5. Empirical Evidence: National Crime Records Bureau Data and Ground Realities

Official data from the National Crime Records Bureau provide a quantitative picture of trafficking enforcement, but they also point to deeper gaps in survivor outcomes. While a significant number of cases are registered and victims identified each year, far fewer progress to timely trials or convictions. This disconnect suggests that rescue and case registration are not consistently followed by sustained investigation, accountability, or rehabilitative support. On the ground, these delays translate into prolonged uncertainty for survivors, limiting access to

justice and increasing the risk of renewed exploitation rather than meaningful recovery.

Table 3: Human trafficking cases and judicial outcomes in India (NCRB, 2019-2022)^{16,19,21}

Year	Cases Registered	Charge-Sheeted	Trials Completed	Convictions
2019	2,208	1,508	716	161
2021	2,189	1,645	201	32
2022	2,250	1,830	676	131

Note: Data are derived from National Crime Records Bureau (NCRB) reports. Data for 2020 are not included to maintain consistency in comparative analysis due to variations in reporting patterns during that period. Conviction figures represent cases in which final judgments were delivered during the reporting year and do not correspond directly to cases registered or victims rescued in the same year.

Table 3 presents the progression of human trafficking cases through the criminal justice system in India between 2019 and 2022. While cases registered and charge-sheeted remain relatively consistent, there is a marked drop at the stages of trial completion and conviction. This attrition reflects systemic challenges such as delays in investigation, evidentiary gaps, witness hostility, and withdrawal of survivors due to stigma, fear, or prolonged proceedings. From a forensic medicine and law perspective, these factors weaken accountability for traffickers and limit the protective and rehabilitative impact of legal intervention. The data indicate that without timely investigation, survivor-sensitive procedures, and judicial efficiency, rescue-centred responses risk leaving survivors without closure, justice, or meaningful support for long-term recovery.

6. Policy and Scheme Review: Rescue to Rehabilitation

India's post-rescue policy framework includes schemes intended to support rehabilitation and reintegration, signalling recognition that rescue alone is insufficient. In practice, however, these schemes are unevenly implemented, with gaps in funding utilisation, staffing, and service delivery. As a result, support often remains confined to institutional care, with limited pathways for education, livelihood, and community reintegration. For many survivors, this weak transition from rescue to rehabilitation turns welfare measures into temporary containment rather than tools for long-term recovery.

Table 4: Capacity and utilisation of post-rescue rehabilitation schemes in India^{17, 18, 22}

Scheme	Sanctioned Capacity / Allocation	Functional / Utilised	Forensic– Legal Implication
Ujjawala Scheme	₹50.33 Crore (2016–17)	₹34.21 Crore Utilised	Under-Utilisation Limits Post-Rescue Recovery
Swadhar Greh Homes	301 Sanctioned	246 Functional	Reduced Availability Prolongs Institutional Stay
Swadhar Beneficiaries	~7,000 Capacity	~4,600 Served	Access Gap Impacts Reintegration Outcomes
Shelter Vocational Facilities	124 Homes Assessed	~65% Absent	Limits Economic Independence Post-Rescue

~ Approximately

Note: “Sanctioned” refers to approved capacity or financial allocation, while “functional/utilised” indicates operational availability or actual beneficiaries served during the reporting period. Figures are based on Ministry of Women and Child Development reports and audit findings.

Table 4 highlights the gap between the availability of post-rescue rehabilitation schemes and their actual utilisation in India. Although substantial financial allocations and infrastructure have been sanctioned under schemes such as Ujjawala and Swadhar Greh, a significant proportion of resources remain under-used or non-functional. From a forensic-legal perspective, this under-utilisation results in prolonged institutional stays, limited access to counselling and vocational support, and reduced opportunities for social reintegration. Monitoring mechanisms under the Ministry of Women and Child Development, including periodic reporting and inspection frameworks, exist but are often unevenly implemented, limiting effective oversight and accountability. The absence of livelihood-oriented facilities within many shelters further constrains economic independence, increasing the risk of re-trafficking. The table thus indicates that deficiencies in rehabilitation outcomes arise not from lack of policy, but from gaps in implementation that weaken the State’s medico-legal obligation to support recovery, dignity, and autonomy.

7. Judicial Approach: Expanding the Jurisprudence of Dignity

Indian courts have played a crucial role in reframing trafficking responses through the language of dignity and rights. Judicial decisions have consistently clarified that rescue is only the first step and that rehabilitation and humane treatment are constitutional obligations of the State. By rejecting moralistic and punitive approaches, the courts have emphasised autonomy, choice, and protection from prolonged custody. This evolving jurisprudence reflects an effort to align legal responses with the lived realities of survivors and to ensure that protection restores dignity rather than restricts it.

Table 5: Judicial expansion of dignity and rehabilitation in trafficking jurisprudence in India ^{7, 8, 12, 23, 24}

Case	Year	Constitutional Provisions	Forensic Contribution
Vishal Jeet v. Union of India	1990	Arts. 21, 23	Recognised Rehabilitation as a State Obligation
Gaurav Jain v. Union of India	1997	Arts. 21, 14, 15, 23	Rejected Moralistic Treatment; Affirmed Dignity
Budhadev Karmaskar v. State of West Bengal	2011	Art. 21	Linked Dignity with Autonomy and Choice
Selected High Court Decisions	2015-2022	Art. 21; ITA	Restricted Prolonged Protective Custody

Table 5 traces the judiciary’s progressive recognition of dignity and rehabilitation as central components of India’s anti-trafficking response. Beginning with Vishal Jeet v. Union of India, the courts moved beyond viewing rescue as sufficient, instead identifying rehabilitation as a constitutional responsibility of the State. This shift was reinforced in Gaurav Jain v. Union of India, where moralistic and punitive approaches towards trafficked women were expressly rejected in favour of dignity and humane treatment. In Budhadev Karmaskar v. State of West Bengal, the Supreme Court further deepened this jurisprudence by linking dignity to autonomy and the right to choose rehabilitation pathways. Subsequent High Court decisions have operationalised these principles by restricting prolonged protective custody. From a forensic medicine and law perspective, this judicial evolution underscores that post-rescue confinement without meaningful rehabilitation may itself constitute harm, and that safeguarding dignity and autonomy is integral to the

State’s medico-legal obligation towards trafficking survivors.

Building on the principles laid down in Vishal Jeet v. Union of India, Gaurav Jain v. Union of India, and Budhadev Karmaskar v. State of West Bengal, High Courts have increasingly applied a rights-based approach in bail and custody decisions. Courts have emphasised that protective custody must not become indefinite or coercive, and have ordered time-bound release, prioritised survivor consent, and encouraged community-based rehabilitation where appropriate. These decisions reflect a growing judicial effort to translate constitutional principles of dignity and autonomy into practical safeguards within post-rescue processes.

8. International Legal Framework and India’s Obligations

International anti-trafficking instruments place clear obligations on States to prioritise victim recovery, dignity, and non-punishment alongside criminalisation of traffickers. While India has endorsed these frameworks, their principles are only partially reflected in post-rescue practice, which continues to rely heavily on scheme-based welfare and custodial protection. This gap between international commitments and domestic implementation means that survivors often lack enforceable rights to rehabilitation and autonomy. Bridging this divide is essential to ensure that post-rescue governance aligns with global human rights standards and genuinely supports recovery.

Table 6: International anti-trafficking obligations and Indian post-rescue practice: a forensic gap analysis^{15, 24,25,26,27}

Instrument	Core Obligation	Indian Position	Identified Gap
Palermo Protocol (Art. 6)	Recovery and Reintegration	Scheme-Based Welfare	No Enforceable Survivor Right
Palermo Protocol (Art. 6(5))	Non-Punishment	No Explicit Statutory Protection	Risk of Secondary Criminalisation
CEDAW (Art. 6)	Suppression of Trafficking	Criminalisation-Focused	Rehabilitation Weakly Enforced
ICCPR (Arts. 7, 9)	Liberty and Dignity	Protective Custody Under ITPA	Constitutional Tension

CEDAW – Convention on the Elimination of All Forms of Discrimination against Women; Art. – Article ICCPR – International Covenant on Civil and Political Rights; ITPA – Immoral Traffic (Prevention) Act, 1956.

Table 6 highlights the disconnect between India’s international anti-trafficking commitments and post-rescue practices on the ground. While

instruments such as the Palermo Protocol, CEDAW, and the ICCPR emphasise recovery, non-punishment, dignity, and liberty of survivors, India’s implementation largely relies on scheme-based welfare and custodial protection under domestic law. From a forensic medicine and law perspective, this gap has tangible consequences: survivors may move from exploitative control into prolonged institutional custody without enforceable rights to rehabilitation or autonomy. The absence of explicit statutory protection against criminalisation further increases the risk of secondary harm. The table thus illustrates how incomplete incorporation of international standards weakens medico-legal safeguards, reinforcing the need to align post-rescue governance with rights-based, survivor-centred obligations that prevent re-traumatisation and uphold dignity.

India is a signatory to the Protocol to Prevent, Suppress and Punish Trafficking in Persons and has ratified both the Convention on the Elimination of All Forms of Discrimination against Women and the International Covenant on Civil and Political Rights, thereby undertaking international obligations to prevent trafficking, protect survivors, and ensure dignity and rehabilitation. However, the extent to which these commitments are translated into enforceable post-rescue rights within domestic practice remains limited.

9. Discussion

For many women and girls who survive trafficking, rescue does not translate into immediate freedom. Instead, it often initiates a prolonged period of institutional control marked by restricted choice, delayed decision-making, and uncertainty. This pattern is not unique to India; across the Global South, rescue frequently replaces one form of coercion with another, as shelter-based systems prioritise safety while limiting autonomy and participation in post-rescue decisions.^{1,4,28} From a forensic medicine and law perspective, such prolonged custodial arrangements risk compounding psychological harm and secondary victimisation.²⁹⁻³¹ India’s post-rescue practices reflect these broader trends. Although trafficking is expressly prohibited under Article 23 of the Constitution and the right to live with dignity under Article 21 has been firmly established through judicial interpretation, post-rescue implementation under the Immoral Traffic (Prevention) Act, 1956 often remains custodial in nature.^{5,15} Provisions relating to protective custody and rehabilitation under Sections 17, 17A, and 21 are

frequently applied through routine institutional placement, with limited attention to survivor consent, family linkages, or community-based alternatives. Courts have repeatedly cautioned that such practices risk converting protection into prolonged institutionalisation, thereby undermining dignity rather than restoring it.²³

Judicial jurisprudence has consistently clarified that rescue without rehabilitation is incomplete. In *Vishal Jeet v. Union of India* and *Gaurav Jain v. Union of India*, the Supreme Court rejected moralistic and punitive approaches and affirmed that dignity, humane treatment, and rehabilitation are integral to Article 21.^{6,8} However, everyday post-rescue governance often continues to treat survivors as passive recipients of protection rather than as rights-bearing individuals capable of shaping their own recovery. Empirical evidence reinforces this concern. Data published by the National Crime Records Bureau reveal that while a significant number of victims are identified annually, conviction rates remain low and trials are frequently delayed.^{16,19,21} Rescue is therefore seldom followed by accountability or sustained rehabilitative support, increasing vulnerability to re-trafficking. Judicial proceedings in *Budhadev Karmaskar v. State of West Bengal* and *Prajwala v. Union of India* further demonstrate that failures in post-rescue care are not merely administrative deficiencies but constitutional and medico-legal lapses affecting dignity and autonomy.^{12,13}

Comparative experiences from the Global South offer instructive insights. In Nepal and Bangladesh, protective custody has often substituted for rehabilitation, reinforcing stigma and dependency.^{1,4,28,32} South Africa, despite facing comparable socio-economic challenges, has shown partial progress through court supervised rehabilitation plans and community-linked reintegration, reducing reliance on long-term institutionalisation.^{1,4} These comparisons suggest that the principal challenge lies not in the absence of law, but in the translation of rescue into recovery. Across the Global South, emerging practices indicate that community-based rehabilitation models offer a more effective alternative to prolonged institutional care. In countries such as Nepal and Bangladesh, continued reliance on shelter-based systems has often reinforced dependency and stigma, whereas recent approaches in South Africa have emphasised community-linked reintegration, social support

networks, and survivor participation in decision-making. These models highlight the importance of shifting from custodial protection to community-based recovery, where access to livelihood, mental health support, and social inclusion are prioritised. For India, adopting such approaches could strengthen post-rescue outcomes by reducing institutionalisation and promoting autonomy, dignity, and sustainable reintegration.

For India, this analysis underscores the need to reorient post-rescue governance towards survivor-centred, trauma-informed, and accountable implementation of existing law. Aligning practice under the Immoral Traffic (Prevention) Act, 1956 with constitutional values and forensic standards is essential to ensure that rescue becomes the beginning of restoration and meaningful reintegration, rather than another phase of vulnerability under State control.

10. Conclusion

Trafficking for commercial sexual exploitation must be recognised as a continuing medico-legal harm that extends beyond rescue. Despite strong constitutional guarantees under Articles 21 and 23, post-rescue practices in India remain largely custodial, often undermining survivor dignity and autonomy. From a forensic and legal perspective, inadequate rehabilitation, lack of trauma-informed care, and weak institutional coordination constitute secondary harm and reflect systemic failures in fulfilling State obligations. A rights-based shift is essential where rehabilitation and reintegration are enforceable, institutionalisation is limited, and survivor agency is central. Only then can post-rescue governance truly uphold constitutional values and ensure meaningful, sustainable recovery for survivors.

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References:

1. United Nations Office on Drugs and Crime. Global report on trafficking in persons 2022. Vienna: UNODC; 2022. [Cited on 15th December 2025] Available from: <https://www.unodc.org/unodc/en/data-and-analysis/glotip.html>.
2. Rautji R. Forensic dimensions of human trafficking: victim identification, documentation and rehabilitation. *J Forensic Med Sci Law*. 2017; 26(2):45-52.

3. Saukko P, Knight B. Knight's forensic pathology. 4th ed. Boca Raton: CRC Press; 2016. p. 67-75.
4. United Nations Office on Drugs and Crime. Global report on trafficking in persons: country and regional profiles. Vienna: UNODC; 2018. [Cited on 15th December 2025] Available from: <https://www.unodc.org/unodc/en/data-and-analysis/glotip.html>.
5. Constitution of India. Article 21 - Protection of life and personal liberty. [Cited on 28th November 2025] Available from: <https://legislative.gov.in/constitution-of-india/>.
6. Constitution of India. Article 23 - Prohibition of traffic in human beings and forced labour. [Cited on 28th November 2025] Available from: <https://legislative.gov.in/constitution-of-india/>.
7. Vishal Jeet v. Union of India. (1990) 3 SCC 318 (Supreme Court of India).
8. Gaurav Jain v. Union of India. (1997) 8 SCC 114 (Supreme Court of India).
9. World Health Organization. Guidelines for medico-legal care for victims of sexual violence. Geneva: WHO; 2003. [Cited on 15th November 2025]. Available from: <https://www.who.int/publications/i/item/924154628X>
10. Kumar A, Singh R, Verma R. Medico-legal and psychological assessment of trafficked women: challenges in post-rescue settings. Indian J Forensic Med Toxicol. 2019; 13(4):23-9.
11. Sharma BR, Harish D, Sharma V. Medico-legal responsibilities of the State towards victims under protective custody. J Forensic Med Sci Law. 2018; 27(1):1-7.
12. Budhadev Karmaskar v. State of West Bengal. (2011) 11 SCC 538 (Supreme Court of India).
13. Prajwala v. Union of India. Writ Petition (Criminal) No. 56 of 2004 (Supreme Court of India).
14. Payne-James J, Busuttill A, Smock W. Forensic medicine: clinical and pathological aspects. London: Greenwich Medical Media; 2003. p. 589-601.
15. Government of India. Immoral Traffic (Prevention) Act, 1956. [Cited on 2nd December 2025] Available from: <https://legislative.gov.in/>
16. National Crime Records Bureau. Crime in India 2022. New Delhi: Ministry of Home Affairs; 2023. [Cited on 4th December 2025] Available from: <https://ncrb.gov.in>
17. Comptroller and Auditor General of India. Performance audit on schemes for women in difficult circumstances. New Delhi: Government of India; 2017. [Cited on 9th December 2025] Available from: <https://cag.gov.in>
18. Ministry of Women and Child Development. Ujjawala scheme: financial and physical progress report. New Delhi: Government of India; 2018. [Cited on 11th December 2025] Available from: <https://wcd.nic.in>
19. National Crime Records Bureau. Crime in India 2019. New Delhi: Ministry of Home Affairs; 2020. [Cited on 4th December 2025] Available from: <https://ncrb.gov.in>
20. United Nations Office on Drugs and Crime. India country assessment: criminal justice response to human trafficking. Vienna: UNODC; 2018. [Cited on 15th December 2025] Available from: <https://www.unodc.org>
21. National Crime Records Bureau. Crime in India 2021. New Delhi: Ministry of Home Affairs; 2022. [Cited on 4th December 2025] Available from: <https://ncrb.gov.in>
22. Ministry of Women and Child Development. Swadhar Greh scheme: status report. New Delhi: Government of India; 2017. [Cited on 11th December 2025]. Available from: <https://wcd.nic.in>
23. Law Commission of India. Report No. 172: Prevention of trafficking and rehabilitation of sex workers. New Delhi: Government of India; 2000. [Cited on 2nd December 2025]. Available from: <https://lawcommissionofindia.nic.in>
24. United Nations. Protocol to prevent, suppress and punish trafficking in persons, especially women and children. New York: United Nations; 2000. [Cited on 15th December 2025]. Available from: <https://www.unodc.org>
25. United Nations. Convention on the Elimination of All Forms of Discrimination against Women. New York: United Nations; 1979. [Cited on 15th December 2025]. Available from: <https://www.un.org>
26. Committee on the Elimination of Discrimination against Women. General recommendation No. 38. New York: United Nations; 2020. [Cited on 15th December 2025]. Available from: <https://www.un.org>
27. United Nations. International Covenant on Civil and Political Rights. New York: United Nations; 1966. [Cited on 15th December 2025] Available from: <https://www.ohchr.org>
28. Singh AM. Examination of victims of child trafficking - Why & how? J Indian Acad Forensic Med. 2008; 30(4):268-72. doi:10.1177/0971097320080422
29. Pande PVS et al. Survivors of Child Sexual Violence in India and Their Search for Justice: A Case Series and Review of Literature. J Forensic Med Sci Law 2023;32(2):63-69.
30. Nath A, Ranjit Kumar Das RK, Homeswar Sarmah H. A Cross-Sectional Study on Profile of Survivors of Sexual Assault at Agartala City. J Forensic Med Sci Law 2023;32(2):30-33.
31. Hardiyanti M, Natalis A. Ensuring Inclusive Justice for Women with Mental Disabilities Victimized by Sexual Violence: a Feminist Disability Studies Approach. J Forensic Med Sci Law. 2025;34(2):47-51. doi: 10.59988/jfmsl.vol.34issue2.9
32. UN Women. Addressing trafficking in women and girls in South Asia. New York: UN Women; 2020. [Cited on 2nd December 2025]. Available from: <https://www.unwomen.org>