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# **THE MIND OF A MONSTER – DO INDIAN LAWS UNDERSTAND SERIAL KILLERS?**

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## **ABSTRACT**

What drives a **serial killer, pure evil or a fractured mind**? From **Jack the Ripper to Raman Raghav**, history is haunted by individuals whose crimes defy logic and morality. While the world has made strides in **criminal psychology**, India still struggles to answer a critical question: **Are serial killers born, made, or mentally ill?**

Indian law treats crime as **black and white sane or insane, guilty or innocent**. But serial killers exist in a **grey zone**, often exhibiting **psychopathy, schizophrenia, or antisocial personality disorders**. The **insanity defence under Section 84 of the IPC** is rarely accepted, as courts demand **absolute cognitive impairment**—an unrealistic standard. This has led to cases where **psychologically disturbed killers are executed rather than treated**, raising ethical and legal dilemmas.

Through chilling **case studies** from **Cyanide Mohan’s calculated murders to Auto Shankar’s remorseless killing spree**, this paper explores the **failures of India’s legal system** in understanding the criminally insane. While **Western countries use psychological profiling and forensic psychiatry**, India **lags behind**, relying on outdated legal tests and **minimal mental health intervention**.

This research asks a bold question: **Should India punish or rehabilitate serial offenders?** By examining **legal loopholes, forensic psychology, and global best practices**, this paper argues for **urgent reforms** in how India **investigates, prosecutes, and treats** serial killers. In the fight between **justice and mental illness**, are we punishing the crime or ignoring the cause?

## **Introduction: Inside the Mind of a Serial Killer**

### **What Makes a Serial Killer?**

A serial killer is not just an ordinary murderer they are an **enigma, a psychological puzzle, and a chilling anomaly** in society. <sup>1</sup>Defined by the **FBI** as someone who commits **two or more murders with a cooling-off period in between**, serial killers are often **calculated,**

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<sup>1</sup> Federal Bureau of Investigation, Serial Murder: Multi-Disciplinary Perspectives for Investigators (2008).

**manipulative, and remorseless.** Unlike crimes of passion, their murders are **planned, methodical, and sometimes ritualistic**, driven by psychological compulsions rather than external motives like money or revenge.

### **Are Serial Killers Born or Made? (*Nature vs. Nurture Debate*)**

<sup>2</sup>One of the most debated questions in criminal psychology is whether serial killers are a **product of their genes (nature) or their environment (nurture).**

- **The Nature Theory:** <sup>3</sup>Some studies suggest that serial killers may be born with **abnormal brain structures**, particularly in the **prefrontal cortex and amygdala**, which control emotions, impulse regulation, and empathy. Psychopaths like **Ted Bundy** displayed high intelligence but showed no remorse traits linked to **antisocial personality disorder (ASPD)**.
- **The Nurture Theory:** Others argue that serial killers are shaped by **early childhood trauma, abuse, neglect, or extreme social isolation**. Many infamous killers, including **Jeffrey Dahmer and Ed Kemper**, suffered **abusive childhoods**, fueling their violent tendencies later in life.

In reality, **both factors interact**, creating a **perfect storm** that transforms an individual into a predator.

### **Terrifying Tales: Case Studies of Serial Killers**

The world has seen some of the most **notorious serial killers**, each with a unique yet horrifying modus operandi. India, too, has had its share of **infamous serial killers**:

- **Raman Raghav (1960s, Mumbai):** A homeless man who stalked slums and bludgeoned people to death with an iron rod, later diagnosed with **paranoid schizophrenia**.
- **Cyanide Mohan (2000s, Karnataka):** A schoolteacher who lured women into relationships, poisoned them with cyanide after marriage, and looted their valuables.
- **Auto Shankar (1980s, Tamil Nadu):** A gangster-turned-serial killer who kidnapped and murdered teenage girls, burying their bodies near the coastline.

Despite clear signs of **mental disorders**, most of these killers were **tried and punished without in-depth psychiatric evaluations**. This raises a pressing legal and ethical question: **Is India equipped to distinguish between cold-blooded killers and those suffering from**

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<sup>2</sup> James Alan Fox & Jack Levin, *Extreme Killing: Understanding Serial and Mass Murder* (3d ed. 2015).

<sup>3</sup> Michael Stone, *The Anatomy of Evil*, 37 *J. Am. Acad. Psychiatry & L.* 129 (2009).

**severe mental illnesses?**

As we dive deeper, this paper will explore how **Indian laws handle serial killers**, whether **mental illness is truly considered in criminal trials**, and what reforms are needed to bridge the gap between **law and psychology**.

## **The Psychology of a Serial Killer: Unmasking the Mind of a Predator**

Serial killers are more than just criminals; they are psychological puzzles—complex, chilling, and often misunderstood. Unlike impulsive murderers, serial killers **meticulously plan their crimes**, show **no remorse**, and often derive pleasure from their victims' suffering. But what drives them? Are they born with inherent darkness, or does their environment mould them into monsters? Modern psychology suggests that serial killers exhibit **common mental disorders, traumatic pasts, and even distinct brain abnormalities**, all of which contribute to their violent tendencies.

### **The Mind of a Serial Killer: Psychological Disorders**

Many serial killers share **specific psychological disorders** that strip them of empathy, guilt, and emotional restraint.

#### **1. Antisocial Personality Disorder (ASPD): The Ruthless Manipulators**

<sup>4</sup>People with ASPD lack **empathy, remorse, or regard for societal norms**. They are highly **deceptive, manipulative, and impulsive**, making them **masters of disguise** in society.

- **Example: Ted Bundy** – A charismatic law student who charmed his victims before brutally murdering them. His ability to act "normal" made him one of history's most dangerous killers.

#### **2. Psychopathy: The Calculated Predators**

While all psychopaths have ASPD, **not all people with ASPD are psychopaths**. <sup>5</sup>Psychopaths are even more **emotionally detached, fearless, and calculating**.

- **Example: Charles Sohrab (The Bikini Killer)** – He **befriended and drugged tourists before killing them**, showing no emotional connection to his victims.

#### **3. Schizophrenia: When Delusions Lead to Murder**

Unlike psychopaths, **schizophrenic killers often act on delusions and hallucinations**, believing they are on a divine mission or battling imaginary enemies.

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<sup>4</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. 2013).

<sup>5</sup> Robert D. Hare, *Without Conscience: The Disturbing World of the Psychopaths Among Us* (1999).

- **Example: Raman Raghav** – One of India's most feared serial killers, who **murdered people in Mumbai's slums under the belief that he was eliminating "evil spirits."**

### **The Role of Childhood Trauma: The Making of a Killer**

Most serial killers **do not become murderers overnight**—they are shaped by **years of abuse, neglect, and violence**.<sup>6</sup> A disturbing number of serial killers share common traumatic childhood experiences, such as:

**Physical and sexual abuse** – Many were severely beaten, tortured, or sexually abused, leading to **deep psychological scars**.

**Neglect and abandonment** – Serial killers often grew up in **broken homes**, feeling unloved and rejected.

**Early signs of violence** – Many **tortured animals, set fires, or engaged in violent fantasies** before moving on to human victims.

**Example: Ed Kemper** was severely **abused by his mother**, locked in a basement for years, and humiliated daily. This fuelled his **hatred for women**, leading him to **kill his mother and several female victims**.

### **The Serial Killer's Brain: Are They Wired Differently?**

<sup>7</sup>Scientific research reveals that serial killers' brains function **differently** than those of ordinary people. Studies using **fMRI scans** show:

**Underactive Prefrontal Cortex** – This region controls **impulse regulation, morality, and decision-making**. In serial killers, it is **underdeveloped**, leading to **poor control over violent urges**.

**Overactive Amygdala** – The amygdala controls **fear and aggression**. Many serial killers have an **overactive amygdala**, making them **highly aggressive and emotionally detached**.

**Deficient Mirror Neurons** – These neurons help humans **feel empathy**. Serial killers **lack this ability**, making them **incapable of guilt or remorse**.

**Example: Jeffrey Dahmer (The Milwaukee Cannibal)** – His **brain abnormalities** may have contributed to his complete lack of empathy, allowing him to **kill, dismember, and even consume his victims without remorse**.

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<sup>6</sup> Eric W. Hickey, Serial Murderers and Their Victims, 26 Behav. Sci. & L. 581 (2008).

<sup>7</sup> Adrian Raine, The Biological Basis of Crime, 8 Crime & Just. 1 (2002).

## Notorious Serial Killers in India: Case Studies of Evil

India has witnessed some of the most **gruesome and chilling serial killings** in history. Unlike the infamous murderers of the West, many Indian serial killers operated in **secrecy, often escaping justice for years**. Their methods ranged from **poisoning and bludgeoning to strangulation and mutilation**, leaving behind a trail of **fear, mystery, and unanswered questions**. But were these killers simply **cold-blooded monsters, or were they mentally disturbed individuals**? Let's analyse some of India's most **notorious serial killers** and their psychological profiles.

### 1. Raman Raghav (The "Psycho Killer" of Mumbai, 1960s)

<sup>8</sup>Raman Raghav is one of **India's most feared serial killers**, infamous for **stalking and murdering slum dwellers** in Mumbai during the 1960s. He **bludgeoned victims to death with a blunt object**, killing dozens in cold blood.

#### Psychological Profile:

**Schizophrenia** – He suffered from **severe paranoid schizophrenia**, believing he was on a **divine mission** to eliminate evil.

**No remorse** – Even after his arrest, he showed **no guilt** and openly admitted to his crimes.

**Legal Consequence** – Initially sentenced to death, his punishment was later reduced to **life imprisonment due to his mental illness**.

**Interesting Fact:** Raghav **confessed to the police without hesitation**, detailing his gruesome murders as if he were describing daily chores.

### 2. Cyanide Mohan – The Schoolteacher Who Poisoned Women

A former **schoolteacher**, Mohan lured **young women** into trusting him by promising marriage. Once he had gained their confidence, he would **drug them with cyanide**, stealing their valuables before leaving them to die. He was **caught after murdering over 20 women** across Karnataka.

#### Psychological Profile:

**Antisocial Personality Disorder (ASPD)** – He showed **no empathy, remorse, or guilt** for his actions.

**Master Manipulator** – He **posed as a saviour** while secretly preying on vulnerable women.

**Greedy and Calculative** – His motive was **money and power, not psychotic urges**.

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<sup>8</sup> N.V. Paranjape, Criminology and Penology (18th ed. 2020).

**Interesting Fact:** Mohan's victims **willingly took the poison**, believing it was a medicine or contraceptive. His ability to **manipulate without suspicion** makes him one of India's most **cunning serial killers**.

### 3. Auto Shankar – The Serial Killer Who Ruled Tamil Nadu (1980s)

Auto Shankar, or **Gowri Shankar**, was a **gangster-turned-serial killer** who **abducted and murdered teenage girls** in Chennai during the 1980s. He had a network of **influential contacts** that allowed him to operate undetected.

#### Psychological Profile:

**Power-Hungry and Narcissistic** – He believed he was **unstoppable** due to his political connections.

**Sadistic Urges** – His crimes had elements of **sexual sadism**, making his murders **brutal and ritualistic**.

**Executed for His Crimes** – Unlike many serial killers who escape justice, Shankar was **hanged in 1995**.

**Interesting Fact:** Auto Shankar **tried to escape prison by faking his own death**, but he was caught and executed before he could vanish.

### 4. The Stoneman Murders – India's Greatest Unsolved Serial Killings

Between **1985 and 1989**, an **unknown serial killer** terrorized the streets of Kolkata and Mumbai, brutally **bludgeoning homeless people to death with a stone**. To this day, the identity of **The Stoneman** remains a **mystery**.

#### Psychological Profile:

**Psychopathy** – The killer showed **no personal connection to victims**, indicating a **complete lack of empathy**.

**Pattern Killer** – The **MO (modus operandi) was identical**, suggesting a single killer rather than multiple attackers.

**No Clear Motive** – Unlike other serial killers, The Stoneman **gained nothing—no money, no sexual gratification—just death**.

**Interesting Fact:** Even after decades, **police have no leads on who The Stoneman was**. Some believe he was a **mentally ill drifter**, while others speculate a **trained assassin**.

### Legal Provisions for Mental Illness in Indian Criminal Law: Justice or Oversight?

The intersection of **mental illness and criminal law** presents one of the **most complex and**

**controversial debates** in India's legal system. Can a person who **lacks the ability to distinguish right from wrong** be held accountable for their crimes? Should mentally ill offenders face **punishment or psychiatric treatment**? While Indian laws do provide certain safeguards for criminals suffering from mental disorders, **the reality of their application remains flawed and inconsistent.**

From the **insanity defence under Section 84 of the IPC** to the **Mental Healthcare Act of 2017**, India's legal framework attempts to balance **justice and mental health rights**. But do these laws truly protect mentally ill criminals, or do they **fail both the offenders and the victims**?

## 1. The Indian Penal Code (IPC), 1860: The Insanity Defence and Its Challenges

### Section 84: The Insanity Defence – “Act of a Person of Unsound Mind”

<sup>9</sup>Section 84 of the IPC provides immunity to a person who, at the time of committing a crime, was **incapable of understanding the nature of the act** due to insanity or mental illness. This section is based on the **M'Naghten Rule**, a principle from British law that states:

*"A person cannot be held criminally responsible if, at the time of the act, they were suffering from such a mental disorder that they did not know the nature of their actions or that they were wrong."*

### How Courts Determine Insanity in Criminal Cases

<sup>10</sup>The burden of proof in insanity pleas is extremely high, and proving **mental incapacity beyond doubt is difficult**. The courts consider factors such as:

**Medical history** – Past records of mental illness.

**Behaviour before and after the crime** – Was the accused aware of their actions?

**Expert testimony** – Psychologists and psychiatrists assess mental competence.

**Eyewitness accounts** – Did the accused act “normal” before or after the crime?

### Issues with Section 84: Why It Fails in Practice

**Rarely Accepted by Courts** – Most judges hesitate to grant an insanity plea, fearing it may be misused as an “escape route” for criminals.

**Lack of Awareness** – Many mentally ill offenders, especially from rural areas, **do not even know they can plead insanity.**

**Legal vs. Medical Insanity** – A person may be mentally ill (medical insanity) but still aware

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<sup>9</sup> Dahyabhai Chhaganbhai Thakkar v. State of Gujarat, AIR 1964 SC 1563 (India).

<sup>10</sup> Hari Singh Gond v. State of Madhya Pradesh, (2008) 16 SCC 109 (India).

of their actions (legal sanity), making it hard to qualify for this defence.

**Example:** In the case of **Ratan Lal v. State of Madhya Pradesh (1971)**, the accused pleaded insanity, but the court rejected it, ruling that he **acted with clear intent and planning**.

## **2. The Mental Healthcare Act, 2017: A Step Forward or Just Paperwork?**

<sup>11</sup>India took a significant step towards recognising the **rights of mentally ill individuals** with the **Mental Healthcare Act (MHCA), 2017**. This Act ensures:

**Right to Treatment** – Every mentally ill person, including offenders, has the right to **proper medical care**.

**Decriminalisation of Suicide** – <sup>12</sup>Attempting suicide was earlier a punishable offence under Section 309 of IPC. The MHCA now recognises it as a **sign of mental distress**, not a crime.

**Protection from Inhumane Treatment** – The Act prevents **unlawful imprisonment or torture** of mentally ill individuals.

### **Challenges in Implementation**

**Overcrowded Prisons, No Psychiatric Facilities** – Indian jails lack proper **mental health professionals**, leaving offenders untreated.

**Judicial Resistance** – Courts often **hesitate to send criminals to psychiatric hospitals**.

**Lack of Public Awareness** – Many police officers and lower courts **are unaware of the MHCA's provisions**, leading to wrongful punishment.

**Example:** <sup>13</sup>In **State of Maharashtra v. Santosh Maruti Mane (2012)**, a bus driver **intentionally ran over pedestrians**, claiming insanity. The court rejected his plea, citing **lack of medical proof**, raising concerns about **how mental health claims are assessed**.

## **Policy Reforms: How Can Indian Laws Improve?**

India's legal system lacks the necessary frameworks to handle **mentally ill offenders** effectively. Many individuals suffering from psychiatric disorders **rot in prisons without proper diagnosis or treatment**, while courts struggle to differentiate between **criminal intent and mental incapacity**. Reforming India's approach to mentally ill offenders requires **structural changes in mental health courts, forensic psychology, police training, and prison facilities**.

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<sup>11</sup> The Mental Healthcare Act, 2017, No. 10 of 2017 (India).

<sup>12</sup> The Indian Penal Code, 1860, § 309 (India).

<sup>13</sup> State of Maharashtra v. Santosh Maruti Mane, (2012) 10 SCC 554 (India).

### 1. **Creating a National Mental Health Offender Database**

One of the major challenges in handling mentally ill offenders is **the lack of a centralised record system**. A **National Mental Health Offender Database** can help **track mental health history, previous treatments, and legal cases**. This would enable courts, law enforcement, and healthcare professionals to make **informed decisions** while ensuring fair trials and rehabilitation.

### 2. **Revising the Insanity Defence (Section 84 IPC)**

Under **Section 84 of the IPC**, an accused can claim **the insanity defence only if they could not understand their actions at the time of the crime**. However, this test is outdated and difficult to prove in court. India needs **a modernised legal framework** that includes different **degrees of mental incapacity**, allowing fairer rulings for those with psychiatric disorders.

### 3. **Expanding Mental Healthcare Facilities in Prisons**

Many mentally ill prisoners **receive no treatment** and suffer abuse in overcrowded jails. The government should mandate **psychiatric evaluations at the time of arrest**, establish **mental health units in prisons**, and provide proper **rehabilitation programs** instead of prolonged incarceration.

### 4. **Fast-Track Courts for Mentally Ill Offenders**

Mental health-related legal cases **drag on for years**, often leaving mentally ill individuals in prolonged pre-trial detention. **Specialised fast-track courts** could ensure **timely psychiatric assessments, quicker trials, and appropriate legal resolutions**.

### 5. **Increasing Legal Aid for Mentally Ill Offenders**

Most mentally ill defendants come from **economically weaker sections** and lack access to **competent legal representation**. Expanding **government-funded legal aid**, with lawyers trained in **mental health laws**, can prevent wrongful convictions.

### 6. **Public Awareness and Police Training**

Many police officers **fail to recognize symptoms of mental illness**, leading to **wrongful arrests and mistreatment**. Integrating **mental health education in police training** and conducting **public awareness campaigns** can ensure **better legal outcomes and humane treatment**.

## **Conclusion & The Way Forward: Can Serial Killers Be Treated or Are They Beyond Help?**

Serial killers evoke **fear, curiosity, and moral dilemmas**. Are they **products of nature or nurture**? Can they be **treated, and rehabilitated, or are they beyond redemption**? While society often labels them as **monsters incapable of change**, the intersection of **psychology, neuroscience, and law** suggests a more complex reality.

Not all serial killers are “**born evil**”—many have suffered **severe childhood trauma, neglect, or brain abnormalities** that contribute to their violent tendencies. However, does this mean they deserve **sympathy over punishment**? This is where the legal system must **strike a delicate balance between justice and mental health care**.

### **The Way Forward: Policy Recommendations for Indian Criminal Law**

#### **1. Introducing Risk-Based Sentencing**

Instead of treating all serial killers **the same**, courts must differentiate between **psychopaths, psychotic killers, and trauma-driven offenders**. **Risk-based sentencing** can ensure that those with **treatable mental illnesses receive therapy**, while high-risk offenders remain imprisoned.

#### **2. Strengthening Forensic Psychiatry in India**

Indian courts often rely on **flawed psychiatric evaluations** due to the **lack of trained forensic psychologists**. Establishing **dedicated forensic psychiatry units** in courts and prisons can **ensure proper mental health assessments** before sentencing.

#### **3. Specialised Mental Health Prisons**

Instead of confining **mentally ill serial killers to regular prisons**, India must create **high-security psychiatric facilities** where they can receive **scientific treatment, not just punishment**. This model is used in **Germany and the Netherlands**, where some violent criminals show **behavioural improvements**.

#### **4. Stricter Monitoring of Released Offenders**

Some serial offenders **manipulate the system and reoffend**. If any convicted killer is deemed **fit for release**, they must be **strictly monitored, undergo mandatory psychiatric evaluations, and be placed under lifelong surveillance**.

#### **5. Public Awareness & Early Intervention Programs**

Serial killers often show **violent tendencies from childhood**, yet India lacks programs to **identify and treat high-risk individuals before they commit crimes**. Investing in

**mental health education, trauma therapy, and intervention programs can prevent many violent crimes before they happen.**

### **Final Thoughts: Balancing Justice & Humanity**

While some serial killers are beyond rehabilitation, others **may not be entirely lost causes**. The challenge for **Indian law** is to differentiate between **those who can be treated and those who must be permanently removed from society**.

Justice must be **firm but fair** punishment should **fit the crime**, but mental illness should **not be ignored**. A **modern, scientific approach** to criminal law can help India **achieve both justice and humanity** in dealing with its most dangerous offenders.

