



THE NEXUS BETWEEN MENTAL ILLNESS AND CRIMINAL RESPONSIBILITY: A SOCIO-LEGAL STUDY WITH REFERENCE TO GUJARAT STATE

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ABSTRACT

The concept of criminal responsibility is foundational to any system of criminal law. When mental illness interferes with a person's ability to understand or control their actions, it challenges traditional notions of culpability and justice. This research explores the socio-legal dimensions of psychiatric illness in relation to criminal behaviour, with particular reference to Gujarat State. By examining statutory laws, judicial interpretations, and selected case studies, this study assesses how mental illness is treated in the context of criminal responsibility. It evaluates the efficacy of the insanity defence under Section 84 IPC, the application of procedural safeguards under the Criminal Procedure Code, and the implementation of the Mental Healthcare Act, 2017. Through doctrinal and qualitative methods, this research also sheds light on the role of forensic psychiatry, societal attitudes, institutional lapses, and the rehabilitation of mentally ill offenders. Recommendations are made for policy reform, better training of stakeholders, and greater coordination between legal and mental health institutions.

KEYWORDS: Mental Illness, Criminal Responsibility, Legal Insanity, Forensic Psychiatry, Psychiatric Evaluation, Mens Rea, Criminal Procedure Code (CrPC), Unfit to Stand Trial, Judicial Interpretation

1. INTRODUCTION

The criminal justice system operates on the principle that individuals should be held accountable for their actions. However, when a person suffers from a psychiatric disorder that impairs their capacity to understand the nature or wrongfulness of their conduct, the question of legal responsibility becomes complex.

The issue becomes even more pertinent in a country like India, where awareness of mental health is low, and psychiatric illnesses are often stigmatized. This research focuses on Gujarat, a socio-economically diverse state, to understand how legal mechanisms address criminal cases involving mental illness.

This research is not just an academic inquiry—it reflects a human rights issue. Individuals with psychiatric disorders often find themselves either neglected or overly penalized. In some instances, they are unfit to stand trial, yet languish in prisons. In others, genuine claims of insanity are dismissed due to lack of awareness, evidence, or legal support.

The study aims to integrate legal, medical, and social perspectives on this issue and explore how well the Gujarat legal and institutional framework aligns with the principles of justice, fairness, and human dignity.

The criminal justice system fundamentally operates on the principle that individuals are rational beings who should be held accountable for their actions. This principle presumes that every person possesses the mental capacity to understand the nature and consequences of their conduct and to distinguish

between right and wrong. However, this foundational assumption becomes problematic when an individual suffers from a psychiatric disorder that significantly impairs their cognitive or volitional faculties. In such circumstances, the person's ability to comprehend the nature or wrongfulness of their actions may be diminished or entirely absent, thereby raising complex questions regarding their legal responsibility. The law recognizes that punishing such individuals without taking their mental condition into account may not only be unjust but also inhumane.

This issue assumes even greater significance in the Indian context, where awareness about mental health remains relatively low and psychiatric illnesses are often heavily stigmatized. People suffering from mental disorders frequently face discrimination, social isolation, and neglect. Moreover, there is a widespread lack of understanding among the public, law enforcement agencies, and even legal practitioners regarding the nature and impact of psychiatric conditions. As a result, individuals with mental illness who come into conflict with the law may not receive the support or consideration they need and deserve under the legal system. In many instances, genuine claims of insanity are summarily dismissed due to lack of adequate legal representation, insufficient medical documentation, or prejudices held by those involved in the criminal justice process.

This research focuses specifically on the state of Gujarat, a region characterized by significant socio-economic diversity. Gujarat includes both highly developed urban centers and economically backward rural areas. These disparities impact access to healthcare, legal resources, and social services, all of

which play a crucial role in the treatment and legal processing of mentally ill offenders. By examining Gujarat as a case study, this research seeks to explore how effectively the existing legal and institutional frameworks address the complex interplay between psychiatric illness and criminal responsibility. It investigates whether the systems in place are equipped to identify individuals suffering from mental disorders, to assess their fitness to stand trial, and to ensure that their rights are protected throughout the judicial process.

Importantly, this study is not confined to academic or theoretical inquiry. It represents a critical human rights issue. Individuals with psychiatric disorders who become entangled in the criminal justice system are often among the most vulnerable members of society. Some are found unfit to stand trial but continue to languish in prisons without proper treatment or legal resolution of their cases. Others are prosecuted and punished without due consideration of their mental state at the time of the offense. In both scenarios, the principles of justice, fairness, and human dignity are compromised. Such outcomes not only violate the rights of the individuals concerned but also reflect systemic shortcomings in how the legal system interacts with mental health issues.

The central objective of this research is to adopt an interdisciplinary approach by integrating legal, medical, and social perspectives. It aims to evaluate how Gujarat's legal and institutional mechanisms align with the broader ideals of justice and whether they adequately protect the rights of mentally ill accused persons. By doing so, the study hopes to contribute to the ongoing discourse on law and mental health, promote greater awareness and sensitivity among legal and medical professionals, and encourage reforms that would create a more inclusive and humane criminal justice system. Ultimately, the research aspires to bridge the gap between the legal system's need to maintain social order and its obligation to safeguard the rights and dignity of individuals with psychiatric disorders.

2. BASIC CONCEPTS AND DEFINITIONS

2.1 Mental Illness

Defined under the Mental Healthcare Act, 2017 as:

“A substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life.”

The **Mental Healthcare Act, 2017**, a progressive piece of legislation enacted in India, defines mental illness as “a substantial disorder of thinking, mood, perception, orientation, or memory that grossly impairs judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life.” This definition emphasizes the significant and often disabling impact that mental illness can have on an individual's cognitive and functional abilities. Within the context of criminal law, mental illnesses that severely impair a person's ability to understand the nature and consequences of their actions are particularly relevant. Such disorders may affect the individual's judgment, perception of reality, and impulse control, potentially leading to behaviour that is in conflict with the law.

Among the various mental illnesses, certain conditions are more commonly associated with criminal behaviour due to their profound impact on the individual's thought processes and capacity for rational decision-making. These include **schizophrenia**, which is characterized by delusions, hallucinations, disorganized thinking, and a detachment from reality; **bipolar disorder**, particularly during manic or depressive episodes, where judgment and impulse control may be severely compromised; **psychosis**, a broad condition involving a loss of contact with reality that can manifest in various psychiatric disorders; **severe depression**, which may lead to suicidal tendencies or in rare cases, actions driven by extreme despair; and **dissociative disorders**, where disruptions in memory, identity, or perception may result in involuntary or unconscious behaviours. Each of these conditions, when severe and untreated, can play a significant role in the commission of crimes, especially where the individual is unable to comprehend the nature or wrongfulness of their actions. Therefore, proper identification, diagnosis, and legal evaluation of such mental illnesses are crucial in ensuring that justice is administered fairly, taking into account the mental state of the accused at the time of the offence.

Types relevant to criminal behaviour include:

- Schizophrenia
- Bipolar disorder
- Psychosis
- Severe depression
- Dissociative disorders

2.2 Criminal Responsibility

The legal obligation to answer for one's actions in a court of law. It is based on two elements:

- **Mens rea** (guilty mind)
- **Actus reus** (guilty act)

A person with severe mental illness may lack **mens rea**.

Legal responsibility refers to the obligation of an individual to answer for their actions within a court of law. It is a foundational principle of criminal jurisprudence, grounded in the belief that individuals are moral agents capable of understanding the consequences of their behaviour. This responsibility is established through the presence of two critical elements: **mens rea** and **actus reus**. **Mens rea**, or the “guilty mind,” refers to the mental intent to commit a crime, while **actus reus**, or the “guilty act,” pertains to the actual commission of the unlawful act. For a person to be held criminally liable, it must be proven that both elements existed simultaneously—that the accused not only committed the act but also did so with the requisite criminal intent.

However, the application of this principle becomes complex in cases involving individuals with **severe mental illness**. Such individuals may lack the cognitive or volitional capacity required to form **mens rea** at the time of the offence. For example, a person suffering from schizophrenia may act under the influence of delusions or hallucinations, leading them to commit acts without any conscious awareness of their illegality.

or moral wrongfulness. Similarly, someone experiencing a psychotic episode might perform an act that qualifies as actus reus, but without any intent or understanding of their behaviour. In such cases, although the physical act (actus reus) may be present, the absence of mens rea undermines the basis for criminal liability. This is where legal systems, including that of India, must make nuanced assessments to determine whether the accused had the mental capacity to be held responsible for their actions.

Recognizing this distinction is crucial not only from a legal standpoint but also from a moral and human rights perspective. Punishing individuals who are incapable of understanding or controlling their behaviour due to a psychiatric condition contradicts the very principles of justice and fairness. As such, modern criminal law, guided by legal tests such as the M'Naughten Rules in India, allows for the **defence of insanity**, acknowledging that a person may be exempt from criminal responsibility if, at the time of the offence, they were suffering from a mental disorder that rendered them incapable of knowing the nature of the act or that it was wrong. Thus, the concept of legal responsibility in the context of mental illness requires a delicate balance between protecting society and safeguarding the rights and dignity of those with psychiatric disorders.

2.3 Insanity Defence

Codified in **Section 84 IPC**, based on the **M'Naughton Rule**: "Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, was incapable of knowing the nature of the act, or that it was wrong or contrary to law."

The Indian legal framework recognizes the complexity of mental illness in criminal responsibility through **Section 84 of the Indian Penal Code (IPC)**, which provides the legal foundation for the **insanity defence** in India. This section is codified based on the famous **M'Naughton Rule**, a principle that originated in 19th-century English law and continues to influence legal systems worldwide. According to **Section 84 IPC**, "Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, was incapable of knowing the nature of the act, or that it was wrong or contrary to law." This provision underscores a key principle: criminal liability is contingent not just on the commission of an act, but also on the mental capacity of the individual at the time of the act.

The essence of Section 84 lies in determining the **cognitive incapacity** of the accused. It does not simply apply to any person diagnosed with a mental illness; rather, it is specifically applicable when the individual, due to unsoundness of mind, was **unable to understand the nature of the act or failed to recognize that the act was wrong or illegal**. This legal standard focuses on the state of mind at the very moment the offence was committed, thereby requiring precise and often complex assessments of mental capacity. Courts rely heavily on psychiatric evaluations, behavioral evidence, and expert testimony to ascertain whether the accused met the criteria under Section 84.

The burden of proof, although not as stringent as the general criminal standard of "beyond reasonable doubt," rests on the defence to establish the existence of unsoundness of mind. If the defence successfully raises reasonable doubt about the accused's mental capacity under Section 84, the individual may be acquitted on grounds of insanity. However, such acquittals do not necessarily mean release; in many cases, the person is committed to a mental health institution for treatment. Section 84, thus, represents a crucial intersection of criminal law and mental health jurisprudence, aiming to ensure that justice is not only punitive but also fair and humane for those who suffer from serious psychiatric disorders.

2.4 Forensic Psychiatry

A branch of psychiatry that deals with the intersection of law and mental health, including:

- Assessment of criminal responsibility
- Fitness to stand trial
- Risk of reoffending
- Expert testimony in court

3. OBJECTIVES OF THE STUDY

1. To explore the theoretical and legal framework relating to mental illness and criminal responsibility in India.
2. To examine judicial interpretations of Section 84 IPC in the context of Gujarat.
3. To evaluate the application of procedural laws (Sections 328–330 CrPC) in Gujarat courts.
4. To analyze the role and competence of forensic psychiatry in criminal trials.
5. To study the impact of social stigma, institutional practices, and policy gaps.
6. To provide suggestions for policy reform, training, and effective implementation.

4. SCOPE AND LIMITATIONS

Scope

- Covers Indian statutes and judicial decisions, with special focus on Gujarat.
- Examines key cases decided by Gujarat High Court and trial courts.
- Considers the role of prisons, forensic institutions, and legal services authorities in Gujarat.
- Addresses both pre-trial and post-trial stages involving mentally ill accused persons.

Limitations

- Restricted access to confidential psychiatric reports.
- Reluctance of authorities to disclose data on mentally ill prisoners.
- Limited availability of Gujarat-specific data in public domain.
- Some cases lack complete published judgments or medical documentation.

5. RESEARCH METHODOLOGY

5.1 Research Design

- **Doctrinal Research:** Analysis of laws, rules, legal commentaries, and case law.

- **Empirical/Qualitative Research** (optional, if interviews/data are used): Interaction with legal professionals, forensic psychiatrists, and police (subject to access).
- **Comparative Element:** Optional comparison with states like Maharashtra or Kerala.

5.2 Data Collection

- **Primary Sources:** IPC, CrPC, Mental Healthcare Act, relevant judgments.
- **Secondary Sources:** Journals (SCC, AIR, Indian Journal of Psychiatry), books, NCRB reports, WHO reports, media articles.
- **Case Selection Criteria:** Focus on cases involving Section 84 IPC or Sections 328–330 CrPC, with psychiatric evaluation considered.

6. LEGAL FRAMEWORK

India's legal system has developed a multifaceted framework to address the intersection of **mental illness and criminal responsibility**, drawing from various statutes and international obligations. The **Indian Penal Code, 1860**, under **Section 84**, provides the substantive law on the insanity defence, which is based on the **McNaughton Rule**. It offers immunity from criminal liability to individuals who, at the time of committing the offence, were suffering from unsoundness of mind that rendered them incapable of understanding the nature of the act or that it was wrong or contrary to law. Additionally, **Section 86 IPC** acknowledges situations of **partial mental incapacity**, particularly in cases involving intoxication, where the intent must still be proven despite the impaired state.

Procedural aspects are governed by the **Code of Criminal Procedure, 1973 (CrPC)**. **Sections 328 to 330 CrPC** lay down the legal process to be followed when an accused person is suspected to be of **unsound mind during trial**. These provisions enable the court to order a medical examination and, based on expert opinion, determine whether the accused is fit to stand trial. If found unfit, the accused may be detained in a psychiatric facility until they are deemed capable of understanding the proceedings. This reflects a sensitive approach to procedural fairness for mentally ill individuals caught in the criminal justice system.

The **Indian Evidence Act, 1872** plays a crucial role, particularly under **Section 45**, which allows the court to rely on **expert opinions**, including psychiatric evaluations, in determining the mental condition of the accused. Once the plea of insanity is raised, the **burden of proof** shifts to the defence, which must establish the existence of mental illness at the time of the offence, albeit on a balance of probabilities rather than beyond reasonable doubt.

Complementing these criminal law provisions is the **Mental Healthcare Act, 2017**, a progressive human rights-oriented statute. It **emphasizes the rights and dignity of persons with mental illness**, mandating informed consent, free access to mental health care, and protection from cruel, inhuman, or degrading treatment. Importantly, it **decriminalizes attempted suicide under Section 115**, recognizing that such actions are

often a result of severe mental distress and should be met with care, not punishment. The Act also outlines responsibilities of the state in ensuring accessible mental health services and institutional safeguards.

At the international level, India is a signatory to the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006**, which significantly influences domestic legal interpretations. The UNCRPD calls for **non-discrimination, equality before the law, and the right to liberty and security of persons with mental disabilities**. It obliges member states to uphold the rights of persons with psychosocial disabilities, including those entangled in the criminal justice system, thereby aligning legal processes with broader **human rights standards**.

In sum, the Indian legal and institutional framework concerning mental illness and criminality is evolving toward a more balanced and humane approach. It attempts to integrate the need for justice with the recognition that **mental health conditions can fundamentally impair an individual's culpability**, thereby warranting a legal response that is both just and compassionate.

7. GUJARAT-SPECIFIC CONTEXT

The effective management of criminal cases involving mentally ill individuals relies heavily on the strength of the institutional and forensic infrastructure. In Gujarat, while there are commendable strides in certain areas, significant challenges remain. The **National Forensic Sciences University (NFSU)**, located in **Gandhinagar**, stands as a unique national-level institution dedicated to forensic education and research, and offers a crucial foundation for forensic psychiatry and criminology. However, despite its presence, the **availability of trained forensic psychiatrists remains limited**, which poses a serious bottleneck in conducting timely and accurate mental health evaluations of accused persons. **Psychiatric departments in major civil hospitals** like those in **Ahmedabad, Vadodara, and Rajkot** provide some institutional support, but their capacity to deal with forensic psychiatric assessments and long-term rehabilitation is inadequate for the scale of the need.

The **condition of prisons in Gujarat** further underscores the systemic shortcomings in addressing mental health within the criminal justice framework. **Sabarmati Central Jail in Ahmedabad** and **Lajpore Central Jail in Surat**, two of the state's largest correctional facilities, have been the subject of reports that indicate **limited access to psychiatric care** for inmates. Mental health assessments are often ad hoc, with treatment reduced to basic medication without structured psychiatric therapy. Crucially, **there is a near-total absence of rehabilitation programs** tailored to inmates with mental illness, which hampers their chances of reintegration into society and increases the risk of reoffending or prolonged incarceration without purpose or care.

Legal support mechanisms, which are supposed to ensure access to justice for vulnerable populations, also fall short in this regard. While the **Gujarat State Legal Services Authority (GSLSA)**

is tasked with providing legal aid, there are **very few targeted awareness programs** specifically aimed at mental health laws or the rights of the mentally ill within the criminal justice system. As a result, both legal professionals and the affected individuals often remain unaware of existing protections and remedies. Additionally, **coordination between police, judiciary, and mental health institutions is insufficient**, resulting in delays in diagnosis, misidentification of symptoms, and denial of rights such as bail, treatment, or diversion to appropriate care facilities. The absence of an integrated and sensitized approach across the institutional spectrum thus weakens the intent and application of mental health laws in Gujarat.

8. CASE LAW ANALYSIS (GUJARAT AND NATIONAL CASES)

Judicial pronouncements play a pivotal role in shaping the legal understanding and application of the insanity defence in criminal law. In Gujarat, significant High Court rulings have provided insights into how courts assess mental illness claims within the framework of **Section 84 of the Indian Penal Code (IPC)**. In the case of **State of Gujarat v. Natvarlal Jethalal Soni (2010)**, the court delved into the **burden of proof and procedural lapses**, notably highlighting how **delays in medical evaluation** and lack of timely psychiatric evidence can weaken the defence's case, even if the accused may genuinely be suffering from mental illness. This case underscores the importance of procedural rigour and timely diagnosis. In another important judgment, **State of Gujarat v. Ishwarbhai Padhiyar (2008)**, the High Court acquitted the accused on grounds of **insanity**, giving considerable weight to **expert psychiatric testimony**. This ruling demonstrated the judiciary's willingness to accept medical findings when they are clearly and convincingly presented, reaffirming the principle that **legal insanity**, as interpreted under Section 84 IPC, must be established based on the mental condition **at the time of the act**.

Beyond Gujarat, several other Indian court decisions have set crucial legal benchmarks. In **Surendra Mishra v. State of Jharkhand (2011)**, the Supreme Court made a vital distinction between **medical insanity** and **legal insanity**, stressing that not all psychiatric diagnoses suffice for exemption under criminal law. The judgment clarified that the test for legal insanity is more stringent and focuses on the cognitive inability to understand the nature or wrongfulness of the act, rather than just the presence of a diagnosed disorder. Similarly, in the landmark case of **Dahyabhai Chhaganbhai Thakker v. State of Gujarat (1964)**, the Supreme Court articulated that the **burden of proof for the insanity defence**, although initially on the accused, need not meet the standard of proving guilt beyond a reasonable doubt. Instead, it can be discharged on the **preponderance of probabilities**, using circumstantial and expert evidence to show the existence of unsoundness of mind during the incident.

In analyzing these cases, several critical parameters are consistently evaluated by courts. These include the **nature and gravity of the crime**, the **evidence presented regarding the accused's mental illness**, the **timing and thoroughness**

of psychiatric evaluation, and how judicial authorities interpret the scope and intent of **Section 84 IPC** in light of such evidence. The **final outcome**—whether conviction, acquittal, or altered sentencing—often hinges on these factors and carries implications not only for the individual but also for the broader **legal treatment of mental health within criminal jurisprudence**. These case laws collectively illustrate the Indian judiciary's evolving stance on mental illness and criminal liability, blending legal doctrine with psychiatric understanding while grappling with evidentiary and institutional limitations.

9. OTHER IMPORTANT POINTS

The intersection of mental illness and criminal justice presents several complex challenges that hinder the fair and effective treatment of individuals accused of crimes. One of the foremost issues is the **difficulty in proving legal insanity in court**. This is often compounded by **delays in psychiatric assessment**, which can prevent accurate evaluation of the accused's mental state at the time of the offence. Moreover, the **lack of continuous and credible mental health records**, especially among economically disadvantaged or rural populations, makes it hard for courts to establish a pattern of illness or substantiate claims under **Section 84 of the IPC**. Adding to this are instances of **bias within the police and prosecution**, where skepticism about the legitimacy of the insanity plea often leads to inadequate investigation or resistance to accepting psychiatric evidence.

Social stigma and widespread misconceptions surrounding mental illness further exacerbate these problems. The **media frequently portrays mentally ill offenders as inherently dangerous**, reinforcing public fears and judicial caution. This narrative can unduly influence both courtroom dynamics and societal attitudes. Compounding this issue, **families of the accused often hesitate to testify or reveal prior psychiatric history**, fearing social embarrassment or ostracization. Their reluctance results in crucial evidence being withheld, which could otherwise support an insanity defence.

Even in cases where the accused is acquitted on grounds of insanity, the **lack of rehabilitation mechanisms** poses a serious concern. Gujarat, like much of India, suffers from a **shortage of structured post-acquittal support systems**. There are **no state-supported halfway homes or coordinated NGO initiatives** to ensure ongoing psychiatric care, social reintegration, or protection from relapse and reoffending. Released individuals are frequently returned to neglectful or ill-equipped family settings, increasing their vulnerability and diminishing the efficacy of the acquittal itself.

Finally, there exists a significant **gap in awareness and training** among the law enforcement and judicial machinery. There is a **dire need for compulsory training modules on forensic psychiatry and mental health laws**, including detailed knowledge of the **Mental Healthcare Act, 2017**. Police officers, judges, and prosecutors must be sensitized to the rights of mentally ill individuals and trained to recognize psychiatric symptoms and refer cases for appropriate assessment and care. Without such reforms, the justice system risks perpetuating

structural injustice and undermining the principles of human dignity and fairness for mentally ill accused persons.

10. CONCLUSION

The study highlights a critical disjunction between the **legal provisions and their ground-level implementation** in the context of mentally ill accused persons within the Indian criminal justice system, with a particular focus on Gujarat. While statutes such as the **Indian Penal Code (IPC), Code of Criminal Procedure (CrPC), Indian Evidence Act, and the Mental Healthcare Act, 2017** provide a comprehensive legal framework aimed at safeguarding the rights of individuals with mental illness, practical execution often falls short. **Judicial processes frequently operate without adequate psychiatric expertise**, resulting in misinformed decisions that may either criminalize mental illness or disregard genuine claims of insanity. Accused persons often **suffer due to procedural lapses**, including delayed psychiatric evaluations, absence of mental health records, and ineffective coordination between courts, police, and mental health institutions. Furthermore, **stigma surrounding mental illness** continues to influence both judicial attitudes and public perception, undermining the fairness of trials.

Forensic psychiatric services in the state are **grossly under-utilized**, largely due to a lack of trained professionals and institutional infrastructure. Civil hospitals and prisons lack integrated forensic mental health units, and very few cases receive comprehensive psychiatric assessments aligned with legal requirements. Even in cases where individuals are acquitted on grounds of insanity, **post-acquittal rehabilitation remains virtually non-existent**. The absence of state-supported halfway homes, structured psychiatric follow-ups, or social reintegration programs exposes acquitted individuals to recurring vulnerabilities, including homelessness, neglect, and social ostracization.

To bridge this gap, the study underscores the **urgent need for multifaceted reforms**. These include legal and procedural updates to ensure compliance with modern psychiatric standards, **interdisciplinary training programs** for judges, lawyers, police personnel, and mental health professionals, and the establishment of **data-driven policy mechanisms** for tracking and addressing the needs of mentally ill accused persons. Most importantly, the state must invest in **rights-based rehabilitation frameworks** that emphasize care, dignity, and long-term recovery rather than mere containment or institutionalization. A **holistic socio-legal approach** that integrates medical, legal, and social dimensions is imperative for ensuring that justice is not only done but is also seen to be done for individuals with psychiatric disorders who come into conflict with the law.

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