

Caste, Space, and the Shrunk Self: A Biopsychosocial Synthesis of Trauma and Resilience in Dalit Women

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Abstract:

In India, the Dalit women belong to the Scheduled Castes and constitute 16.6% of women as per the latest census data. They are known to be suffering from the effects of untouchability, caste differentiation and gender inequality as factors that contribute to the psychological well-being of Dalit women. Dalit women happen to suffer from multiple sources of discrimination, including prejudice and violence stemming from both their status as women and as members of the lower-caste community. This makes way for increased levels of anxiety, depression, and stress, as well as lower life satisfaction compared to women belonging to higher-caste communities. A majority of Dalit women are known to be working as domestic servants or scavengers and happen to be facing levels of exploitation and violence that are many a times higher compared to women belonging to upper-castes. NFHS5 data also reveal that chronic anaemia is prevalent (about 56-58%) among Dalit women and that their life expectancy is approximately 15 years lower than that of women belonging to higher castes, largely due to lack of nutrition and lack of access to healthcare facilities. This systematic review will investigate the multi-dimensional factors influencing the Quality of Life (QoL) of Dalit women within the Indian context to suggest how a conventional, neoliberal assessment of quality-of-life compromises in consideration of the "intersectional invisibility" and "structural entrapment". The significance of political identity, as well as collective action, is presented in this article as contributing to the factors of resilience that tend to compensate for stressful events that affect the everyday lives of the modern-day social scenario of Dalit Women.

Keywords: Intersectionality, Mental Health Disparities, Quality of Life (QoL), Caste-based Trauma, Structural Violence, Minority Stress, Social Exclusion, and Dalit Feminism.

Introduction:

The conceptualisation of Quality of Life (QoL) within the Indian subcontinent has historically been dominated by neoliberal economic indicators, prioritising material acquisition and GDP-centric metrics of development. However, such reductive frameworks often fail to account for the "intersectional invisibility" of Dalit women, who occupy the most precarious strata of the caste, gender, and class hierarchy. For this demographic, well-being is not merely a function of economic subsistence but is intrinsically linked to the lived experience of social dignity and the navigation of systemic humiliation. (Guru, 2009; Rege, 1998).

Historically, Dalit women have been the principal victims of what Chakravarti described as "Brahmanical patriarchy." This is a kind of patriarchy that sustains the purity of the caste through the very systematic control of women's bodies and work. (Chakravarti, U. 1993) For Dalit women, this has generally entailed being assigned to "the most 'polluting' and dangerous work, such as manual scavenging and agricultural bonded labour, while at the same time being denied both protection and 'honour' that is accorded to women from other higher castes." This process of deliberately marginalising Dalit women is a practice that has continued from before and has persisted through the modern era in India through subtle and overt forms of micro-aggression and structural violence. (Jahic 2023) To live in "bastis" (separated colonies) with little sanitation access in these areas translates into environmental racism. If the State does not provide clean water or decent housing, the underlying psychic message of 'worthlessness' gets communicated to the community in general and gets absorbed by the woman in particular, since she takes care of the household chores and hence remains more in touch with the household conditions. (*Caste's Effect on Mental Health of Dalit Girls in India*, n.d.) Indian Institute for Dalit Studies research shows the average age for Dalit women's deaths to be a staggering 39.5 years compared to the average age for upper-caste women's deaths to be 54.1 years (Thorat and Sabharwal, authors in introduction to "Health and Dalits"). This reflects a difference of no less than 14.6 years. Moreover, as indicated by the National Family Health Survey (NFHS-5), 58.7% of women belonging to the Scheduled Castes are anaemic, which is considerably higher than that of women belonging to the "General" categories (IIPS, 2021). Physical Health is one of the essential dimensions covered in WHOQOL-BREF. For Dalit women, this dimension is hampered by Chronic Malnutrition, which acts as a perpetual stress in their physiological well-being. In India, National Family Health Survey (NFHS) data highlights disparities, such as 74.4% of Dalit women in Karnataka reporting healthcare access issues, contributing to a 15-year shorter lifespan versus upper castes.

The caste system is a millennia-old hierarchy governing the social landscape of India through a complex structure of social stratification, which has determined an individual's ontological worth, economic potential, and social mobility from birth. (Ambedkar, 1936) Within this structure, Dalit women, formerly known as "untouchables"-remain in a unique and precarious position at the confluence of three powerful systems of oppression: caste-based hierarchy, patriarchal dominance, and economic exploitation. Based on practices dating back millennia related to untouchability, these women suffer from discrimination, violence, and deprivation, as seen in high levels of depression, anxiety, and stress compared to women from the dominant classes in society (Naved et al., 2012). Often described by feminist scholars as the "Dalits among Dalits" their lived experience is defined by what Kimberlé Crenshaw termed "intersectionality" in 1989, wherein the overlap of marginalised identities creates a qualitatively different form of systemic vulnerability. While there has been much academic discourse around the socio-political struggles that have plagued the Dalit community throughout history, there is a stony silence on the internalised landscape of their trauma and their overall QoL. (Jahic 2023)

The Quality of Life for Dalit Women is based on observable biological disparities. When examined using the framework for Social Determinants of Health (SDOH), the picture emerges of a "health gap" which corresponds directly to the caste system. The first indicator for Quality of Life could never be age. The Quality of Life of these women is essentially limited by what Dr. B.R. Ambedkar called the "graded inequality." In the context of the woman's environment being marked by segregation, the psychology of the woman's well-being cannot remain separated from the geography in which she lives. (Ambedkar, 1936) Despite these formidable barriers, the narrative of Dalit womanhood is not solely one of victimhood but of radical resistance. A key objective of this synthesis is to explore Ambedkarite Consciousness as a vital psychological buffer. Drawing on the "testimonios" of Dalit women (Pawar, 2008; Rege, 2006), we observe that political identity and collective action serve as mechanisms for reclaiming the "shrunk self." This emancipatory resilience transforms individual suffering into collective agency, providing a sense of purpose and social support that standard psychiatric models often overlook.

In India, the discussion surrounding mental illness has primarily been shaped by a biomedical paradigm,

which considers depression and anxiety to be purely biological imbalances in an individual. For a Dalit woman, mental illness is a "rational response to an irrational environment." Physical and sexual violence, which is a means of subjugating society in a dominant caste, is always a threat, leading to chronic hyper-vigilance. (Jahic 2023) Dalit women experience elevated psychological stress due to caste-based discrimination, limited education, and financial instability. Gender compounds these issues, leading to greater stigma, family exclusion, and vulnerability to exploitation or violence. (Maria, 2021) The COVID-19 pandemic exacerbated anxiety and fear in lower-caste women. (French, A. N. 2020) Studies show Dalits have higher depression and anxiety prevalence linked to poverty, addiction, and cultural stigma, viewing mental illness as incurable or supernatural. Barriers include a lack of awareness, financial access to care, and services tailored to marginalised groups. (Gupta & Coffey, 2020).

Need for the Study:

The necessity of this research is rooted in the systemic invisibility of Dalit women within India's academic and medical landscapes; although located uniquely at the intersections of caste, class, and gender, their mental health is usually ignored on issues such as mainstream feminism focuses on a single-issue "woman's experience," which totally erases the very particular psychosocial precarity of Dalit women through the intersecting oppressions of Brahmanical patriarchy and economic exclusion, current mental health frameworks in India are "caste-blind," treating distress as a biological issue while ignoring structural violence and minority stress as root causes of trauma and there is an empirical vacuum regarding long-term psychological trauma and the "politics of humiliation" which degrades a Dalit woman's everyday Quality of Life.

The need for this study is paramount in ensuring the formulation of mental healthcare awareness in terms of offering "culturally responsive care," which takes into consideration the issue of caste trauma as opposed to solely addressing the symptoms. This research is compelled to do more than provide general statistics and also reflect the internal landscape of trauma and resilience experienced by Dalit women in particular, and ensure their mental well-being is recognised as a basic right.

Objectives of the Study:

- 1) To evaluate Quality of Life (QoL): To examine the effects of segregation and precarity on the physical and social environment.
- 2) To analyse intersectional stressors: To investigate how the combination of discrimination based on the Indian caste system and gender violence produces a distinct experience of psychological trauma.
- 3) To find the resilience mechanisms: To analyse the role of community and political identity in the form of Ambedkar's ideology as a coping strategy.
- 4) Proposing policy reforms: To offer recommendations for 'caste-sensitive' mental health interventions and rights-based health care policies.

Research Methodology:

In this research, a systematic review design, along with the PRISMA 2020 guidelines, has been used to search, appraise, and synthesise the existing body of knowledge on the mental health and Quality of Life of Dalit women.

1. Search Strategy and Databases:

A systematic search of Google Scholar, JSTOR, PubMed, and Shodhganga databases is carried out. Boolean operators are used through searching terms such as "Dalit women" or "SC women", "Mental Health" or "Trauma" and "Quality of Life" or "Intersectionality".

2. Eligibility Criteria

- **Inclusion:** Peer-reviewed journals, doctorate dissertations, as well as official reports (NFHS, NCRB) from 2000 to 2025 regarding the interface of caste,
- **Exclusion Criteria:** Non-academic blogs, opinion articles, or research without disaggregated information.

3. Selection Process (PRISMA Flow)

- The selection involved a four-stage process:
- **Identification:** Identification obtained through database search (n = 300+).
- **Screening:** Deletion of duplicates and screening of titles/abstracts.
- **Eligibility:** Full-text evaluation for inclusion criteria.

- **Inclusion:** Final article selection for qualitative synthesis (approximately n 35).

4. Synthesis and Analysis of the Data

- A Thematic Synthesis approach was used. Data were categorised into five analytical clusters:
- **Caste - Environment Nexus:** Argues that residential segregation, as well as infrastructure disparities, in "Bastis" induce chronic ontological insecurity and environmental distress.
- **Social Defeat:** Examines the "shrunk self," in which systemic humiliation and exclusion are experienced internally through the reduction of agency.
- **Transgenerational Trauma:** Examine relations between historical caste-based violence and its biological inscription through epigenetic 'weathering' and intergenerational trauma transfer.
- **Institutional Betrayal:** Analyses the secondary trauma caused when the legal and medical fields are unable to administer justice, leading to systemic levels of mistrust.
- **Ambedkarite Consciousness:** He highlights the roles of "political identity" and "collective solidarity" as key clinical buffers that transform "victimhood" into "resilience."

5. Quality Evaluation

Selected literature was appraised using the Critical Appraisal Skills Programme checklist to ensure that the review prioritised methodologically sound research, while respecting "Standpoint Epistemology" in qualitative narratives.



Figure 1: Five themes related to the external structural barriers for Dalit Women

The "Caste-Environment" Nexus and Quality of Life:

Spatial geography and QoL among Dalit women are related to structural exclusion and environmental racism. In an Indian context, the physical environment is not neutral but a "casted" space that works as a very principal stressor. (Rao, 2009)

A. Spatial Segregation and Ontological Insecurity

The persistence of residential segregation fundamentally compromises the "Environmental Domain" of the WHOQOL-BREF. Census-based analysis by Vithayathil and Singh (2012) shows how urban and rural topographies continue to be rigidly stratified, relegating Dalit communities to peripheral, low-lying, or flood-prone "bastis." This forced ghettoisation leads to "ontological insecurity"—a chronic state of instability where the absence of basic infrastructure (sanitation, lighting, and surfaced roads) heightens the physical safety risks for women, inflating cortisol levels and baseline anxiety. (Aryama & Yadav, 2003)

B. Water Inequality and "Spatial Untouchability"

"The acquisition of water" continues to be the marked "gender wage labour" that represents the "site of humiliation" and "minority stress." NFHS5 (2021) shows that in-dwelling piped water for the SC community lags considerably in comparison with the dominant castes (International Institute for Population Sciences [IIPS], 2021). In the qualitative synthesis of the report on the experiences described in the writings of Pawar (2008), waiting in a communal source—dependent upon the preference of the higher-caste community—is the routine "ritual of untouchability" in the "Social Relations" and "Environmental" aspects of the domains of Quality of Life.

C. The Health-Longevity Paradox

The "Physical Health" dimension of QoL experiences devastation because of what is referred to as the "caste-health gap." Revealing data from the Indian Institute of Dalit Studies (IIDS) shows how Dalits, specifically women, have a Life Expectancy Gap of 14.6 years as opposed to women belonging to high castes (Thorat & Sabharwal, 2010). Barring biological destruction, there is nutritional apartheid as well, and the NFHS-5 survey reveals an alarming 58.7% prevalence of anemia among women belonging to the Scheduled Castes (IIPS, 2021).

D. Economic Precarity and Labor Panopticism

The matter is further aggravated by the fact that QoL is adversely affected by the unavailability of tangible assets, particularly "land." Rawat (2014) points out, "More than 70% of rural Dalit women are landless agricultural labourers, which keeps them dependent on dominant-caste patronage." This fuels an "unequal distribution of economic power, what Foucault termed 'The Panopticon Effect' (Parekh, 2013), when 'Social Defeat' is experienced as 'The Permanent Precarity' from threats of economic boycott or physical punishment for asserting rights. This keeps 'The Level of Independence' subdomain of QoL in 'Social Defeat'."

Table 1: For the Caste-Environment Nexus and Quality of Life.

Dimension	Empirical Indicator	QoL Impact	Academic Source (APA)
Spatial Segregation	Forced ghettoization in peripheral areas.	Environmental Stress	Vithayathil & Singh (2012)
Resource Inequity	Systematically lower access to piped water.	Social Relationship Deficit	IIPS (NFHS-5, 2021)
Spatial Untouchability	Ritualized waiting at public water points.	Psychological Marginalization	Pawar (2008)
Health-Longevity Gap	14.6-year life expectancy deficit.	Physical Attrition	Thorat & Sabharwal (2010)
Nutritional Attrition	58.7% anemia prevalence in SC women.	Physical/Psychological	IIPS (NFHS-5, 2021)
Economic Precarity	70%+ landlessness in rural areas.	Loss of Independence	Rawat (2014)
Labor Panopticism	Wage-dependence on dominant castes.	Social Defeat	Rawat (2014)

Asset Ownership	Over 70% landlessness among rural Dalit women.	Level of Independence	Rawat (2014)
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Minority Stress and the Phenomenology of "Social Defeat":

This theme is interested in exploring the Dalit woman's psychological inferiority, and it investigates how external stigma is translated into a form of personal pathology.

A. The Minority Stress Model in the Caste Context

Originating in the context of marginalised sexual/ethnic minorities, the Minority Stress Model is being increasingly used on Dalit women to account for the high prevalence of mental distress.

- **The Concept:** According to Meyer (2003), minority stress is seen as a stress that is incurred in excess by members of stigmatised groups, in addition to that of a typical person.
- **Psychosocial Impact:** For Dalit women, the impact of the aforementioned stress source is "intersectional." According to the literature (Dutt, 2019), the distal kind of stress (actions of discrimination) and the proximal kind of stress (ongoing anticipation of discrimination) are both experienced by these women. This leads to a situation of "hyper-vigilance" or being in the "fight or flight" response all the time.

B. The Phenomenology of "Social Defeat"

"Social Defeat" is a psychological and neurobiological construct used to describe the result of chronic subordination and humiliation.

- **The Data:** The "Learned Helplessness" study conducted by Seligman in 1972 has been integrated by Indian scholars to understand the experiences of Dalits. The "untouchability" rituals of being prohibited from entry into temples or from occupying different benches have socially defeating functions.
- **Psychological Manifestations:** It appears as a lack of motivation, deep-seated depression, and a "shrunk" feeling about oneself, as if deflated. It is proposed through the literature that "Dalit women tend to score high on the scale 'External Locus of Control,' and feel as though everything about their lives is controlled by someone/something else, namely, the caste system." (Sotero, 2006)

C. Internalized Casteism and Self-Concept

This sub-theme analyses how this social tag of 'polluting'/'impure' influences the sense of self-esteem of Dalit women.

- **The Mechanism:** The internalised oppression, according to David and Derthick (2014), is established when members of oppressed groups accept the negative stereotypes that were generated by members of the dominant group.
- **Empirical Observations:** A qualitative analysis of life writings (for example, Karukku, published by Bama in 1992) indicates that Dalit women experience what might be described as a 'split existence'. They exist in a world that calls them 'less significant', and thereby experience 'self-hatred', that is, a 'shame-based existence'. This destroys them from inside and thereby causes the lower scores for the Psychological Domain, as indicated through QoL measurement.

D. Cognitive Dissonance & Politics of Humiliation

This chapter deals with the issue of mental fatigue arising from living within a society where there is proclaimed legal equality (The Constitution), yet there is social exclusion.

- **The Theory:** According to Gopal Guru, "Humiliation constitutes a specific form of psychological trauma whose object is the very dignity of the human person" (Gopal Guru, 2009, p. 6), as mentioned in Humiliation: Claims and Context.
- **The Impact:** Reviewing literature in psychiatry reveals that this is a source of Complex PTSD (C-PTSD) for Dalit women. C-PTSD, unlike regular trauma, is "prolonged and repetitive" trauma in Dalit women. This is why regular trauma treatments that have a single "trigger" do not work for this population.

Table 2: Minority Stress and the Phenomenology of "Social Defeat"

Dimension	Theoretical/Empirical Driver	Resulting Psychological State	Academic Source (APA)
Minority Stress	Intersectional discrimination (Caste + Gender).	Chronic Hyper-vigilance	Meyer (2003); Dutt (2019)
Social Defeat	Ritualized subordination and exclusion.	Learned Helplessness / Depression	Guru (2009); Seligman (1972)
Internalized Casteism	Acceptance of "Impurity" stereotypes.	Shame-based identity / Low Self-esteem	David & Derthick (2014); Bama (1992)
Politics of Humiliation	Repetitive micro-aggressions and exclusion.	Complex PTSD (C-PTSD)	Guru (2009); Herman (1992)

Intergenerational Trauma and the "Cycle of Humiliation":

This theme examines how the psychological "scarring" experience of oppression in the case system is intergenerationally transmitted to influence the emotional or psychological "baseline" of Dalit women.

A. The Transgenerational Transmission of Trauma

As suggested from literature, trauma does not remain confined to one lifetime. Within the scenario of Dalit women, it can be generally termed as 'historical trauma'.

- **The Mechanism:** As Volkan (2001) explains, "chosen traumas" or memories of humiliation are transmitted to children in order to preserve the identity or for survival purposes.
- **Psychosocial Impact:** Growing up with stories about ancestral discrimination (for example, not allowing them to be educated or practising "beggar," or forced labour), these women have an existing vulnerability to stress. "The baseline is already high, with anxiety even before experiencing their personal displacement."

B. Behavioral Epigenetics and Minority Stress

Emerging scholarship does indeed point out that chronic, high-stress environments-most notably, the "basti" of Theme 1-can be inherited, actually initiating biological changes.

- **The Theory:** Conching and Thayer (2019) propose that the "social environment" of marginalized groups can alter gene expression related to the stress-response system, the HPA axis.
- **Application to Caste:** In the Indian context, chronic exposure to "caste-anxiety" in mothers is associated with higher cortisol levels in infants. This suggests that the Physical Health Domain of QoL in Dalit women is related to a "biological memory" of the marginalization faced by their ancestors.

C. The Socialization of "Subservience"

This sub-theme will look into the way Dalit families, in their attempt to safeguard their daughters from violence, could end up socializing them into roles of "hyper-vigilance" or "silence" themselves.

- **The Concept:** As Rege (2006) suggests, the Dalit community experiences "surviving the village," and to prevent any confrontation with the major caste groups, Dalit women are brought up to "keep [their] heads down," meaning to stay subservient to the major caste groups.
- **Psychological Implication:** The socialization process causes the re-emergence of anger and action to be suppressed. This leads to the development of the problem of "Internalized Locus of Control." The process of socialization continues, creating a "habit of silence" generation after generation. The habit of silence is a major factor that prevents mental well-being support. It also prevents the acknowledgment of the atrocity.

D. Collective Memory and "Politics of Honor"

In fact, the literature emphasizes that the 'Social Relationships" domain of QoL is influenced by how the community collectively recalls their history.

- **The Theory:** The "inner world" of the oppressed is explained by Nandy (2002) as being influenced by the loss of traditional honour.
- **The Impact:** For Dalit women, the shared memory of the experience of having their bodies treated as "public property" is a Post-Traumatic Stress environment in the community. The result is a "fragile social fabric," which is characterized by a lack of trust in the outside world, such as the police, the medical system.

Table 3: Intergenerational Trauma and the “Cycle of Humiliation”

Dimension	Primary Mechanism	Psychological/Biological Outcome	Academic Source (APA)
Historical Trauma	Transgenerational memory of exclusion.	Pre-existing Anxiety Baseline	Volkman (2001); Rege (2006)
Epigenetic Impact	Chronic maternal stress-response.	Hyper-active HPA Axis (Stress Response)	Conching & Thayer (2019)
Socialized Silence	Protective socialization for survival.	Suppressed Agency / Chronic Passivity	Rege (2006); Guru (2009)
Collective PTSD	Historical memories of sexual/caste violence.	Community-wide Institutional Mistrust	Nandy (2002); Herman (1992)

Gendered Caste Violence and PTSD:

This particular area of study examines the ways and means through which “social policing” occurs through violent acts targeting Dalit women.

A. Sexual Violence as a Tool of Social Control

It has been identified that violence against Dalit women rarely happens randomly. This violence is a systemic tool for Dalit communities for exercising their rights.

- **Data:** Crime statistics available from the National Crime Records Bureau (NCRB, 2021) indicate that women of the Scheduled Castes who are targeted through crimes are increasing steadily, with a substantial percentage of such crimes including rape and assault with intent to outrage modesty.
- **Study:** In their groundbreaking study *Dalit Women Speak Out*, Irudayam et al. (2011) examined 500 instances of violence. In more than 90% of the instances, the violence perpetrated was either by members of dominant castes who were punishing the community for their demand for either the allocation of the land or the demand for higher wages.
- **Psychological Effects:** This leads to the experience of "Terror-Induced PTSD," where the trauma experienced is not just individual but also a reminder of the community's fragile social position.

B. Secondary Victimization and Institutional Betrayal

It is also a fact that trauma of violence is compounded when the Dalit women turn to the state apparatus in a bid to access justice.

- **The Study:** In her study, "hostile architecture," described by Kannabiran (2012) in the Indian legal framework, will be explored. In her work, she describes the "Secondary Victimization," which refers to the trauma Dalit women suffer from the apathy, scepticism, and/or violence expressed by the police and medical fraternity during the FIR and Medico-legal procedures.
- **Social Psychologically Impacting Effect:** This institutionalised betrayal gives way to "Chronic Mistrust," and there is a complete failure of "Social Safety" as a component of Quality of Life. When society (the protector) becomes an extension of the oppressor, there is "Total Social Isolation" for the victim.

C. The Phenomenology of “Cast-based PTSD”

While the normal PTSD response to trauma is usually triggered by a one-time incident, the trauma faced by Dalit women tends to be Complex PTSD (C-PTSD) stemming from the repetitive threat.

- **The Theory:** According to Herman (1992), C-PTSD is a consequence of "prolonged, repeated trauma" as experienced under conditions of captivity or social imprisonment.
- **Application to Caste:** Recent studies have indicated that the fear of violence itself, if only a threat, leads to a condition of hyper-vigilance. The nightmares of displacement and somatic symptoms experienced by Dalit women are the body's expression of their deep-seated fear.

D. Legal Apathy and the “Normalisation” of Trauma

This sub-theme investigates the psychological cost associated with the lower conviction rates for offences against Dalit women.

- **The Data:** The statistics show that the rate of convictions for cases under the SC/ST Prevention of Atrocity Acts is far lower than the average rate of convictions for other crimes.
- **The Study:** According to Teltumbde (2010), in "The Persistence of Caste", "normalization" of violence on

Dalit bodies culminates in a "Despair" that is a collective psychological experience. Inherently, for a Dalit woman, lack of justice translates to "her life is lesser." This is in line with Theme 2 – Internalised Casteism.

Table 4: Gendered Caste Violence and PTSD

Dimension	Empirical/Theoretical Finding	Resulting Psychological State	Academic Source (APA)
Social Policing	Violence used as a tool to "punish" community assertion.	Terror-Induced PTSD	Irudayam et al. (2011)
Secondary Trauma	Harassment by police/medical staff during reporting.	Institutional Betrayal / Isolation	Kannabiran (2012)
Complex PTSD	Repetitive nature of caste-threats.	Hyper-vigilance & Somatization	Herman (1992); Dutt (2019)
Legal Apathy	Low conviction rates for caste atrocities.	Collective Despair / Normalized Trauma	NCRB (2021); Teltumbde (2010)

Agency, Resistance and "Ambedkarite" Resilience:

This theme probes the "protective factors" which dampen the effect of systemic trauma. It recognizes how political identity and community solidarity serve as an indigenous therapy. (Ambedkar, 1936)

A. Political Identity as a Psychological Buffer

Taking on a strong politics or ideology—to specifically have "Ambedkarite" consciousness—is an effective means of protecting oneself against internalised casteism.

- **The Study:** According to Dutt (2019) and Paik (2014), the shift towards a "Dalit identity" (adopted as a statement of resistance) to "caste identity" (ascribed) is a very important transformative psychological event.
- **Psychosocial Impact:** In identifying their condition with the ideology of B.R. Ambedkar, Dalit women can reinterpret their suffering in terms not of personal failings and "impurity," but rather in terms of the denial of justice. This move from feelings of stigma to those of anger would appear to represent a significant adaptation to their experience and to have resulted in a substantial amelioration in regard to the "Psychological Domain" component of QOL.

B. Dalit Feminist Standpoint: Reclaim

This sub-theme investigates the role of "telling one's story" for purposes of collective healing. This refers to Narrative Therapy.

- **Study:** "Dalit Feminist Standpoint" was established by Rege (1998), who viewed Dalit women's experiences as a site for generating superior knowledge.
- **Observations:** The study of the testimonials, or autobiographies, written by authors such as Baby Kamble (The Prisons We Broke and Bama (Karuukku reveals the process of writing as "the reclamation of the self." The testimonials are a "countermemory," and they fight the politics of humiliation (Guru, 2009).

C. Community-Led Support and "Collect

Although the conventional psychiatric care systems remain "caste-blind," the DLW have created their own support networks.

- **The Concept:** Mangubhai (2014) points out that Dalit Women's Self-Help Groups, as well as "Mahila Mandals", play a role beyond giving economic support, as they also constitute an emotional outlet and problem-solving platform for these women.
- **QoL Impact:** These networks improve the "Social Relationships" domain in the WHOQOL measurement scale. It has been seen from literature reviews that "Collective Care", wherein "I heal when my community heals", is a successful concept for Dalit women and is better than Western models.

D. Ridding the "Double Burden" through the Agency

This paper explores the manner in which women from the "Dalit" communities navigate patriarchy in both Brahmanical society and internal community patriarchy.

- **The Study:** Aryama and Yadav (2003) describe the method whereby Dalit women engage in "everyday resistance" to resist their oppressive condition by performing acts which express their humanity.

- **Psychological Manifestation:** The daily struggle maintains "Cognitive Flexibility," which has a very strong link with resilience. Even when fighting the "Triple Burden" of caste, class, and gender roles, there emerges a "Will to Survive" that defies the "Social Defeat" hypothesis being proposed in Theme 2.

Table 5: Agency, Resistance and "Ambedkarite" Resilience

Dimension	Source of Resilience	Psychological Outcome	Academic Source (APA)
Political Identity	Ambedkarite Consciousness	Empowerment / Shame-Reduction	Dutt (2019); Paik (2014)
Standpoint Theory	Testimonios / Writing	Narrative Healing / Dignity	Rege (1998); Kamble (1986)
Collective Care	SHGs / Mahila Mandals	Social Support / Reduced Isolation	Mangubhai (2014)
Everyday Resistance	Defiance of Patriarchy	Cognitive Flexibility / Agency	Aryama & Yadav (2003)



Figure 2: Word Cloud related to the thematic analysis of the QoL of Dalit Women (WordArt.com, n.d.)

The systematic synthesis of the identified themes suggests that the quality of life (QoL) and the psychological well-being of the Dalit women are conditioned by a specific and complex interface created by the geography of space, the traces of historical trauma, and the institutional neglect by the regime in power. In this manner, it is submitted through this literature analysis that the existence of the Dalit women is embedded in a condition described as one of 'prolonged precarity,' wherein extreme external environmental factors

directly contribute to the psychological wear and tear from the inside. (Aryama & Yadav, 2003; Dutt, 2019)

In this manner, the residential segmentation and the absence of vital infrastructure described by Vithayathil and Singh (2012) provide the stage for what may be described as 'spatial untouchability'. This spatial untouchability is created around the specific environment identified by the 58.7% anemia rate and the remarkable 14.6 years life expectancy differentials (International Institute for Population Sciences [IIPS], 2021; Thorat & Sabharwal, 2010), wherein the external environment marks and shapes the life-world described in this present analysis as conditioned by the specific ontological insecurity. To the Dalit woman, the environment is not a dispassionate venue but an actual facilitator of minority stress that consistently depresses scores across the Physical and Environmental domains of the WHOQOL-BREF.

The association of intergenerational trauma and gendered caste violence provides evidence to state that the distress witnessed is not merely situational, but temporal. The alarming rate of caste-based atrocities reported by the National Crime Records Bureau (2021) serves as a triggering event for a community already primed for the onset of C-PTSD. This tendency is based on the ideas of epigenetic inheritance and traumas in the past, in which the body's response to stress is transmitted down through generations (Conching & Thayer, 2019). The analysis shows the existence of the socialisation of silence (Rege, 2006) and the social betrayal experienced in seeking legal and medical help (Kannabiran, 2012) that leads to the ongoing social defeat. This erosion of self means that even without the possibility of immediate violence, the constant fear of violence will ensure the baseline status is one of hyper-vigilance, reducing the score in the area of 'Social Relationships' QOL.

In contrast to these deficits, Ambedkarite Resilience presents a critical alternative to the narrative for the victimhood approach. The data shows that the application of political consciousness and the concept of a "Dalit Feminist Standpoint" (Rege 1998) are imperatively required psychological safeguards. It is the application of the Ambedkarite perspective on systemic oppression that enables the Dalit woman to move from the position of internal shame to one of narrative agency (Dutt 2019). This is evidenced by the efficacy of community-based care systems—such as Self-Help Groups—that supply the social care and accompaniment that the conventional mainstream or 'caste-blind' mental institutions cannot (Mangubhai 2014). The integration proposed in this analysis is that psychological 'recovery' is for this community inextricably linked to social dignity and politics.

Prolonged Precarity and Ambedkarite Resilience among Dalit Women

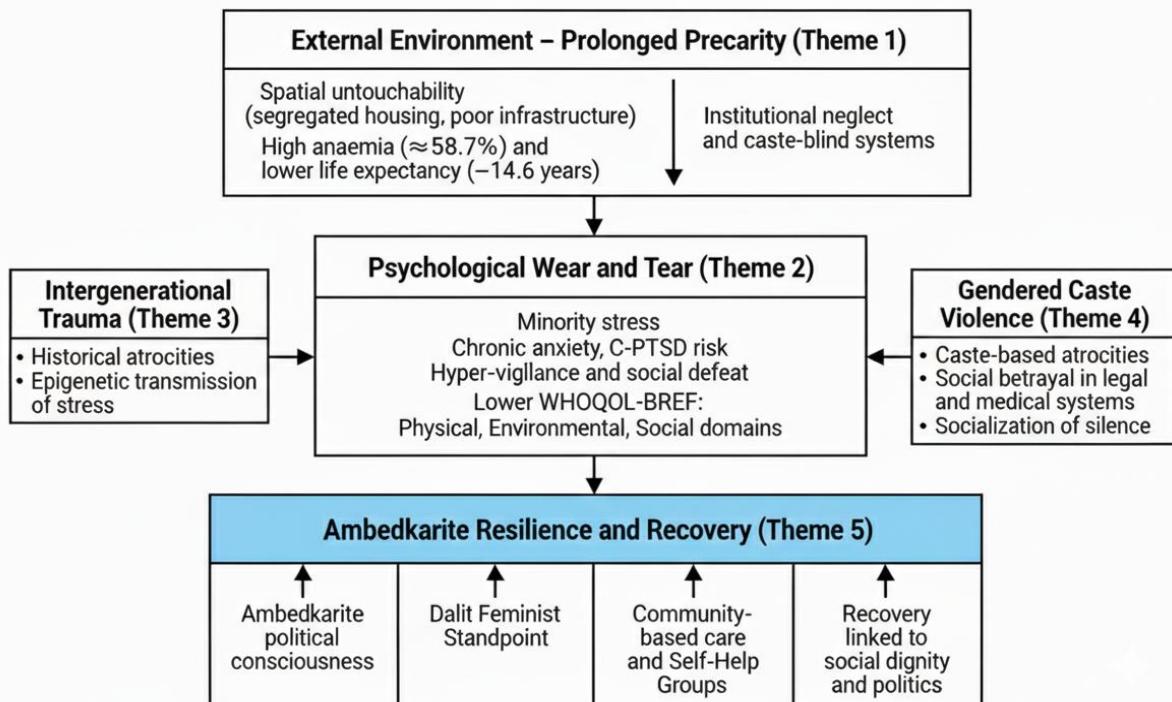


Figure 3: Prolonged Precarity and Ambedkarite Resilience among Dalit Women

Critical Research Gaps: A Systematic Critique:

Although the literature is so extensive, the following analytical gaps still exist, which impede effective intervention analysis:

- **Diagnostic Caste-Blindness:** The current degree of the medicalisation of caste trauma is highly uneven. The largest part of any psychiatric evaluation in India relies on Western-standardised instruments that do not detect "caste-contingent distress." There is a profound need for native psychometric instruments of a sensitivity able to grasp the Dalit inwardness.
- **Quantitative-Qualitative Disconnect:** Even as the qualitative testimonies allow for an in-depth exploration of issues, the fact remains that there is no longitudinal quantitative data associating the occurrence of caste atrocities with neurobiological outcomes.
- **Institutional Betrayal:** The literature does not provide a critical analysis of the deterrent effect of secondary victimisation in the legal and medical community on the seeking of care for the most marginalised groups and thereby contributes to the "treatment gap."

Conclusion:

This review concludes that an improvement within QoL among Dalit women requires a paradigm shift away from "caste-blind" biomedicine and towards a trauma-informed and dignity-centred approach to healthcare, and future policies should, accordingly, target not just economic inequality, but also spatial and psychological fields, as defined by spatial justice. This appraisal makes it clear that the Quality of Life (QoL) of the Dalit woman continues to be the result of the "Caste-Environment" complex over multiple generations. The results indicate that it is not sufficient for the well-being of this community to be addressed in purely economic terms. Rather than this, the community's well-being has to be addressed through the application of a trauma-informed and dignity-centred approach that takes caste as a prime social determinant of health. Any improvements to QoL will require a transition from the medicalisation of the sufferings experienced by the Dalits to ensuring spatial justice.

Policy Recommendations:

Policies to improve the QoL for Dalit women need, therefore, to go beyond economic aid into addressing "sociogenic" roots of distress. First, the healthcare system should adopt caste-sensitive clinical protocols and train providers to recognise the neurobiological consequences of chronic humiliation and systemic exclusion. Second, urban and rural planning must address spatial justice through residential zone desegregation and infrastructure parity to dismantle the physical ecology that perpetuates "minority stress." Third, to stem institutional betrayal, there is a need for the embedding of specialised Dalit women counsellors at police stations and atrocity courts to prevent re-victimisation on approach to the law. Finally, community-led resilience needs to be institutionalised through integrating mental health peer-support training into Dalit Self Help Groups, leveraging Ambedkarite collective care as a recognised clinical buffer. Future research is needed to undergird these recommendations through developing indigenous psychometric scales of caste-based microaggressions and performing longitudinal studies of the epigenetic markers of intergenerational trauma.

Future Research Directions:

The future scholarship needs to focus on the present-day gaps in diagnosis and emerge with indigenous tools to measure caste-based micro-aggressions and the experience of internalised stigma. There is also a pressing need to undertake longitudinal research to chart the biological indicators of intergenerational stress effects and the effects of atrocities of caste on neurobiological health. Finally, one needs to research to compare the Dalits from rural and urban settings to understand the effects of the dynamic nature of labour and migration on the experience of structural vulnerability.



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