

DALIT WOMEN'S LONG ROAD TO JUSTICE

Monitoring 10 Years of SDG 5 in India
through Caste, Gender and SRHR Lens



All India Dalit Mahila Adhikar Manch (AIDMAM) - NCDHR
December 2025

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All India Dalit Mahila Adhikar Manch (AIDMAM), an autonomous unit of the National Campaign on Dalit Human Rights (NCDHR), committed to ending caste- and gender-based discrimination and violence in India. Building and nurturing leadership among Dalit women, girls, and youth—empowering them as agents of change—is one of AIDMAM’s core violence-prevention strategies. The organisation has active grassroots interventions in six states: Bihar, Delhi, Haryana, Madhya Pradesh, Odisha, and Uttar Pradesh. Its national, regional, and global engagement—particularly in UN forums—ensures the meaningful participation and representation of Dalit women and communities, enabling their lived experiences to shape the policies that impact them directly.

National Campaign on Dalit Human Rights

The National Campaign on Dalit Human Rights (NCDHR), founded in 1998, is a collective of Dalit human rights activists and academics working to end caste-based discrimination. Active across 15 states, it advances awareness of Dalit rights and draws attention to systemic injustices. It aims to strengthen the visibility of Dalit issues, bring global focus to caste-based violations, and hold the State accountable for human rights abuses.

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–Monitoring 10 Years of SDG 5 in India through Caste, Gender and SRHR Lenses

@All India Dalit Mahila Adhikar Manch, 2025

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AIDMAM Team

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As Babasaheb Ambedkar reminds us, we must “learn to live in this world with self-respect,” and cultivating self-respect begins with asking necessary and difficult questions whenever injustice is witnessed.



Foreword

Prof. Vimal Thorat

Convenor

All India Dalit Mahila Adhikar Manch

National Campaign on Dalit Human Rights



According to ancient Hindu scriptures and long-standing religious practices, Dalits have historically been regarded as “untouchables,” placed at the lowest rung of the Hindu social order. Their bodies are coded with socio-cultural and religious norms, violently enforced, trapping the community in generational violence and discrimination. Within this context, Dalit women face compounded oppression. They navigate not only caste-based subjugation but also patriarchal structures, and economic marginalisation, creating a “triple burden” of caste, gender, and class, which places them in extremely vulnerable positions, limiting mobility and resistance.

Dalit women continue to face exploitation of their bodies, harsh labour, and normalized violence across spheres of life. These injustices have persisted for generations, with no definitive end. We must ask critical questions and examine why such injustices against a particular community have become normalized, why women from Dalit community face heightened vulnerability to violence, and why it is essential to analyse violence through a caste lens. It is just as crucial to examine social position, layers of oppression, internalised stigma, nature of the oppressor, and multiple power structures interacting to shape the lived realities of Dalit women.

Unraveling these entrenched realities is a long struggle, particularly for Dalit women. As Babasaheb Ambedkar reminds us, we must “learn to live in this world with self-respect,” and cultivating self-respect begins with asking necessary and difficult questions whenever injustice is witnessed. Only through this process can meaningful change become possible.

AIDMAM’s work centres Dalit women and critical questioning. Over nineteen years, across six states—Haryana, Bihar, Odisha, Uttar Pradesh, Madhya Pradesh, and Delhi—AIDMAM and its dedicated team have conducted trainings, workshops, and campaigns to build solidarity, amplify women’s voices, and ensure they lead conversations and fight for their rights. I want to extend my heartfelt gratitude to the entire AIDMAM team for their tireless commitment, which has made this work possible.

AIDMAM consistently challenges the hierarchical social order that positions some communities at the top while pushing others to the bottom. As Ambedkar stated, “I measure the progress of a community by the degree of progress which women have achieved,” guiding our work.

This report, “Dalit Women’s Long Road to Justice - Monitoring 10 Years of SDG 5 through Caste, Gender, and SRHR Lenses in India”, examines how caste and gender norms intersect with structural inequalities to reinforce hierarchies and violence. It explores how harmful practices—such as child and early marriage, the Devadasi/Jogini system, and exploitative labour—intensify gender-based violence, heighten health risks, and perpetuate economic deprivation. It also considers implications for mental health, sexual and reproductive health, and overall well-being, offering insights for inclusive, evidence-based policies aligned with SDG-5.

Preface

Ms. Abirami Jotheeswaran

General Secretary

All India Dalit Mahila Adhikar Manch

National Campaign on Dalit Human Rights



The All India Dalit Mahila Adhikar Manch (AIDMAM), with the support of ARROW (Asian-Pacific Resource and Research Centre for Women), is proud to present “Dalit Women’s Long Road To Justice: Monitoring 10 Years of SDG-5 in India through Caste, Gender and SRHR Lens.” This report reflects a decade of engagement with Dalit women across India and our commitment to ensuring that their voices and leadership remain central to the SDG framework.

Despite national progress, Dalit women continue to face some of the most entrenched forms of exclusion. They remain disproportionately affected on key SDG-5 targets—including ending discrimination and violence (5.1 and 5.2), eliminating harmful practices (5.3), recognising informal labour (5.4), and ensuring universal access to SRHR (5.6). Their everyday experiences show that SDG-5 cannot be achieved without addressing caste as a core barrier to equality and justice.

Grounded in the on-ground work of Dalit women activists, this study draws on survivor narratives, case studies, and secondary data to document how caste-based gendered violence shapes Dalit women’s lives. We extend our deep appreciation to the survivors, community leaders, and grassroots organisations whose insights inform this report.

The findings reveal persistent gaps in policy frameworks and institutional mechanisms, which often fail to recognise the intersectional nature of discrimination faced by Dalit women. Weak implementation, entrenched biases, and bureaucratic barriers continue to limit access to justice, health services, and protection for survivors of violence.

The report also highlights how mainstream SDG monitoring rarely disaggregates data to reflect disparities affecting Dalit, Adivasi, and other marginalised women. While states differ in health and SRHR outcomes, Dalit women consistently fare worse across indicators. Without acknowledging these disparities, national reporting risks obscuring the structural inequalities that shape their lives.

The continued prevalence of harmful practices—such as the Devadasi/Jogini system, child marriage, and exploitative informal labour—further restricts Dalit women’s autonomy, exposing them to violence, early motherhood, and long-term health risks. These realities underscore the need to integrate SRHR services, labour protections, violence prevention, and mental health support within a caste-responsive framework.

This report aims not only to identify gaps but also to honour the resilience and leadership of Dalit women who continue to mobilise for justice. As India approaches 2030, AIDMAM and ARROW reaffirm our commitment to advancing evidence-based advocacy that centres Dalit women in SDG-5 monitoring and policy processes. We hope this report strengthens collective action toward a future where Dalit women live with dignity, safety, autonomy, and full access to their rights.

Note of Appreciation

Ms. Meena Varma

Executive Director

International Dalit Solidarity Network



Dear Friends,

As Executive Director of the International Dalit Solidarity Network (IDSN), I am honoured to share this note of appreciation for All India Dalit Mahila Adhikar Manch (AIDMAM) and their dedicated work with Dalit women and girls. For over a decade, AIDMAM has strengthened the leadership of Dalit women and advocated for their rights in India and globally. IDSN and AIDMAM have worked closely over the years, learning, growing and demanding justice for communities facing multiple and intersectional forms of discrimination.

Dalit women and girls, placed at the bottom of caste, class and gender hierarchies, continue to face extreme vulnerabilities, sexual violence, caste-based forced sex work, bonded labour and systemic exclusion. AIDMAM works tirelessly to end caste- and gender-based violence through grassroots leadership-building, survivor-centred advocacy and powerful research that exposes the unique and layered challenges faced by Dalit women.

In the international sphere, AIDMAM and IDSN jointly advanced global recognition of caste discrimination at the #LetsTalkAboutCaste event at the UN Human Rights Council in 2024, emphasising that combating caste oppression is essential to realising the UN's commitment to "leave no one behind".

This study is timely and essential. Drawing on sectoral cases and more than 20 survivor testimonies, it highlights the deep-rooted violence, from the Devadasi/Jogini system to forced hysterectomies, and documents the barriers Dalit women face in accessing justice and rights. Examining SDG 5 indicators, the report clearly shows that Dalit women fare worse across gender discrimination, violence, harmful practices and access to SRHR. It reveals how current policy frameworks fail to address the lived realities of Dalit women.

This comprehensive study reflects AIDMAM's sustained national and international work. I congratulate the entire team on this achievement and hope it will serve as a strong foundation for civil society action and global engagement. Under the leadership of Abirami Jotheeswaran, AIDMAM will continue to push back against caste- and gender-based discrimination.

We pledge to stand by the team's side all the way.

Yours sincerely,

Meena Varma

Executive Director

International Dalit Solidarity Network

Glossary & Abbreviations

Use of terminology “Dalit” : The report mostly uses the term “Dalits” and not “Scheduled Castes”, except while discussing government data. “Scheduled Caste” is the official term for those castes characterised as socially, educationally, and economically backward due to the traditional practice of ‘untouchability’, and listed by the Government of India to access special development, protection, and affirmative action schemes. ‘Dalit’ is a Marathi (Indian language) term coined by the activist and social reformer of the 1880s, Jyotirao Phule, to denote the extreme exploitation of people directly affected by the Indian caste system. It means ‘broken’, ‘scattered’, or ‘downtrodden’. The term was later popularised by Dr B.R. Ambedkar, the chief architect of the Constitution of India. ‘Dalit’ is now an identity marker for emancipation from untouchability, exclusion, and exploitation, and denotes Dalit assertion and resistance to caste domination.

Use of Caste-based Gender Violence against Dalit Women and Girls and not caste- and gender-based violence : The report uses the terminology “Caste-based gender violence” and not “caste- and gender-based violence” to emphasise that gender violence itself is shaped by caste hierarchy, not just occurring alongside it. This phrasing is conceptually tighter and more grounded in Dalit feminist frameworks. Articulating the violence as “caste-based gender violence” recognises caste as a key motivating and discriminating factor in crimes against Dalit women and girls, and not just as an additional layer.

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ASHA	Accredited Social Health Activist
BNS	Bharatiya Nyaya Sanhita, 2023
BNSS	Bharatiya Nagrik Suraksha Sanhita, 2023
CERD	Committee on the Elimination of Racial Discrimination
CEDAW	Committee on the Elimination of Discrimination Against Women
CRC	Committee on Rights of the Child
CrPC	The Code of Criminal Procedure, 1973
CSO	Civil Society Organisation
DV	Act Protection of Women from Domestic Violence Act, 2005
FIR	First Information Report
HIV	Human Immunodeficiency Virus
IMR	Infant Mortality Rate IPC Indian Penal Code, 1860

ILO	International Labour Organisation
ITU	International Telecommunications Union
LFPR	The Labour Force Participation Rate
NALSA	National Legal Service Authority
NCRB	National Crime Record Bureau
NCSC	National Commission for Scheduled Castes
NCW	National Commission for Women
NFHS	National and Family Health Survey
NGO	Non-Government Organisation
NHM	National Health Mission
NHRC	National Human Rights Commission
NSSO	National Sample Survey Office
MHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoWCD	Ministry of Women and Child Development
MSJE	Ministry of Social Justice and Empowerment
OBC	Other Backward Classes
OHCHR	Office of the United Nations High Commissioner for Human Rights
PLFS	Periodic Labour Force Survey
PNC	Postnatal Care
POCSO	The Protection of Children from Sexual Offences Act, 2012 as Amended by Amendment Act 2019& Rule 2020.
POSH	Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013
SDG	Sustainable Development Goal

SC	Scheduled Caste
ST	Scheduled Tribe
SC/ST Act	Scheduled Castes & Scheduled Tribes (Prevention of Atrocities) Act 1989, as Amendment Act 2015 & 2018
STI	Sexually Transmitted Infection
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPR	Universal Periodic Review
WHO	World Health Organisation
WPR	Worker Participation Ratio

About this Report

The Sustainable Development Goals (SDGs) were adopted in 2015 to achieve 17 goals and 169 targets by 2030. Among them, SDG-5 focuses on achieving gender equality and ending all forms of violence against women and girls. It calls for eliminating harmful practices such as child marriage, slavery, and prostitution in the name of religion and culture, while recognizing women’s economic contributions. SDG-5 further emphasizes equal participation in political and economic life, access to education and healthcare—including reproductive and mental health—and equal rights over assets, technology, and inheritance. “While India has adequate legal framework to address gender discrimination, violence and harmful practices, ‘women’ are not a homogenous group. Caste-embedded patriarchy creates unequal realities, with Dalit women and girls showing poor indicators of socio-economic, health and political participation. Their marginalization heightens vulnerability to exploitation, often as frontline casualties of forced and exploitative labour and targeted violence.

Many remain trapped in informal work alongside families, while practices like the Devadasi/Jogini system and sanitation labour—including manual scavenging—continue to target Dalit women and girls. Acts of resistance or assertion of rights frequently invite brutal caste-based gender violence, including sexual assault and murder. Such discrimination and violence reinforce systemic marginalization, leaving deep, intergenerational impacts on survivors’ health, agency, and access to rights. For effective policymaking, it is crucial to recognize the central role of caste in shaping gender inequality in India and to make inclusion of the most marginalized women integral to all gender equality efforts—because **‘None of Us Are Equal Until All of Us Are Equal’**.¹

In this context, there is a pressing need to generate more evidence that captures the lived realities of Dalit women whose voices often remain absent from mainstream gender discourse. The All India Dalit Mahila Adhikar Manch, with support from ARROW, conducted an evidence-based assessment of gender equality in India through the intersecting lenses of caste, gender, education, sexual and reproductive health, mental health and decent work. The report, **“Dalit Women’s Long Road To Justice – Monitoring 10-Years of SDG-5 in India through Caste, Gender and SRHR Lens,”** reviews progress and persistent gaps in achieving SDG-5 for Dalit women (2015–2025) and outlines actionable strategies for advancing inclusive gender equality beyond 2025.

Key Research Questions

1. How do caste and gender norms intersect along with other factors to reinforce structural hierarchies, inequalities, and violence against Dalit women and girls?
2. What systemic, institutional, and non-institutional barriers do Dalit survivors of sexual and other forms of violence face in accessing justice, and how do these barriers affect their daily lives?
3. How do harmful socio-cultural practices—such as child and early marriage, the Devadasi/Jogini system, and forced or exploitative labour—exacerbate gender-based violence, health risks, and the cycle of economic deprivation of Dalit women?
4. How does discrimination, violence and harmful practices against Dalit women and girls’ impact upon their mental health, sexual and reproductive health and other impacts?
5. How can the lived experiences of Dalit women and girls, together with institutional and community perspectives, inform more inclusive, evidence-based policies aligned with SDG 5 to address gender discrimination and violence?

¹ Tagline of film ‘Poverty is Sexist’.

Methodology

The study reviews how SDG 5 - Gender Equality – has progressed in India during the ten years since 2015, through the lenses of caste and its impacts on sexual and reproductive health. Within SDG 5, the study focuses on Targets:

- 5.1 (Ending Discrimination)
- 5.2.2 (Eliminating Violence by persons other than intimate partners)
- 5.3 (Eliminating Harmful Practices), and
- 5.6 (Access to Sexual and Reproductive Healthcare services).

The study integrates existing research with new insights gathered through in-depth interactions with survivors, their families, and individuals with lived experiences or expert knowledge. It also builds on the extensive experience of AIDMAM and allied organisations working to advance Dalit women's rights.

Using mixed-method and participatory approaches, the report integrates secondary quantitative and qualitative evidence with primary qualitative evidence. Secondary quantitative data is drawn from the National Crime Records Bureau (NCRB), 2015-2023, the National Family Health Survey - (NFHS-5, 2019-21; NFHS-4, 2015-16, and NFHS-3, 2004-05), Periodic Labour Force Survey (PLFS), National Sample Survey Organisation – 75th round on Education (NSSO). These documents are the latest available official records. Secondary qualitative data is gathered from existing academic and national and international CSO research. Primary qualitative evidence is gathered from in-depth interviews and narratives from survivors and families, key informants and field notes.

Field research in Bihar, Haryana, Maharashtra, and Telengana highlights how caste-based gender inequality manifests in different contexts. Telangana's Jogini (Devadasi) system and Maharashtra's hysterectomy practices among women sugarcane-cutting workers illustrate underlying caste-based discrimination leading to persistent sexual violence and exploitative work conditions, respectively. Interactions from Bihar and Haryana highlight caste-based gender violence and consequent outcomes.

Evidence on barriers to justice is drawn from AIDMAM's 2021 study as well as primary data collection as part of this (2025) study. Survivor narratives, supported by legal documentation and petitions, correspond to each SDG target. All narratives are summarized and paraphrased. Primary data was collected between June and August 2025 through interviews with survivors, families, legal professionals, police, prosecutors, local leaders, and social activists.

Field research in Bihar, Haryana, Maharashtra, and Telengana highlights how caste-based gender inequality manifests in different contexts.

Chapter Structure

Chapter 1.	Introduction	Contextualises caste within the SDG 5 framework, discussing the disproportionate impact of caste-patriarchy on Dalit women and girls through existing literature and tracing the evolution of the caste system in India.
Chapter 2.	Discrimination	Examines SDG 5.1 on ending gender discrimination through caste lenses, focusing on education access and dropout, financial decision-making, ownership of resources, information access, and livelihoods.
Chapter 3.	Gender-based Violence	Reviews progress under SDG 5.2.2 on eliminating violence against Dalit women and girls by non-intimate partners. Discusses institutional and non-institutional barriers to justice, underlying perceptions and biases, and their impact on survivors' lives. Documents triggers and justifications used to perpetuate caste-based gender violence. Includes ten survivor narratives to highlight gaps in implementation of SC/ST Act, another nine survivor testimonies to share the impact on survivors, and one narrative to talk about the perpetuating factors for prevalence of caste-based gender violence.
Chapter 4.	Harmful Practices	Analyses SDG 5.3 on eliminating harmful practices, focusing on (i) child and early marriage—its scale, causes, and impacts—and (ii) the Devadasi/Jogini system as a continuing form of caste-based gender violence and exploitation. Includes seven survivor testimonies to show the intergenerational impact of Jogini system on women, their families and society.
Chapter 5.	Sexual and Reproductive Health and Rights	Explores SDG 5.6 on universal access to SRHR, covering healthcare access, skewed sterilization trends, teenage pregnancies, child mortality, anaemia, and STI awareness. Presents the situation of forced hysterectomies among Dalit women sugarcane cutters as a case study, supported by seven testimonies of women sugarcane cutters.
Chapter 6.		Discusses constitutional and legal safeguards, Budget, and India's response to observations by international mechanisms.
Chapter 7.		Presents key findings and policy recommendations.

Executive Summary

Sustainable Development Goal 5 (SDG 5) seeks to achieve gender equality and empower all women and girls by 2030. Anchored in the principle of “Leaving no one behind,” it addresses multiple forms of inequality—including discrimination, violence, harmful practices, unequal care burdens, limited leadership representation, and restricted access to sexual and reproductive rights.

Yet in India, progress towards achieving SDG 5 on gender equality cannot be separated from the realities of the caste system, which continues to shape access to opportunity, dignity, and resources. Despite constitutional safeguards and legal protections, Dalit women and girls face compounded oppression at the intersection of caste, class and patriarchy, reflected in their limited access to education, healthcare, livelihoods, political participation, and justice, as well as exposure to harmful practices such as child marriage, the Devadasi system, and caste-based gender violence. Rooted in Brahmanical patriarchy and the varna system, these inequalities have historically enforced endogamy, hereditary occupations, and graded exclusion, placing Dalit women and girls at the lowest socio-economic levels. Simultaneously, patriarchal control within Dalit communities exposes them to domestic violence, producing another layer of oppression.

SDG monitoring and policy frameworks most often rely on aggregate indicators of development while failing to capture caste-based disaggregated data, institutional apathy and the lived experiences of Dalit women and girls - emphasizing the need for targeted, intersectional strategies to realise SDG 5.

In this context, there is a pressing need for evidence that reflects the lived realities of Dalit women, whose voices often remain absent from mainstream gender discourse. Responding to this gap, the All India Dalit Mahila Adhikar Manch (AIDMAM) – an autonomous unit of the National Campaign on Dalit Human Rights (NCDHR), with support from the Asian-Pacific Resource & Research Centre for Women (ARROW) – conducted an evidence-based assessment of gender equality in India through intersectional lenses of caste, gender, autonomy, sexual and reproductive health, mental health, and decent work.

The evidence-based study titled **“Dalit Women’s Long Road to Justice – Monitoring 10-Years of SDG-5 in India through Caste, Gender and SRHR Lens,”** reviews progress and persistent gaps in achieving SDG-5 for Dalit women (2025) and outlines actionable strategies for advancing inclusive gender equality beyond 2025.

The study examines caste-based gender inequalities through primary research in Bihar, Haryana, Maharashtra, and Telangana, combined with AIDMAM’s grassroots work, expert observations, and government data (NCRB, NFHS, PLFS). It highlights caste-based gender violence, the situation of Joginis, hysterectomies linked to exploitative sugarcane labour, and child marriage as both driver and consequence, aligning with SDG 5 indicators, SDG 3.7 (SRHR), and SDG 8.7 (Decent Work).



- 5.1 End all forms of discrimination against all women and girls everywhere
- 5.2 Eliminate all forms of violence against all women and girls (by persons other than intimate partners)
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage (and other harmful practices)
- 5.6 Ensure universal access to sexual and reproductive health and rights.

Interlinkages with other SDG Targets/ Indicators

- 3.1 Health Care
- 8.7 Elimination of Forced Labour, Child Labour

Key Findings

OVERVIEW

1. Dalit women and girls in India face pervasive gender inequality across nearly all development outcomes - education, health, livelihoods, political participation, and protection from violence, intensified by caste-based exclusion and discrimination. Entrenched structural inequalities and social norms weaken policy implementation and access to entitlements, constraining progress towards achieving SDG 5.
2. Despite constitutional safeguards and legal protections, exclusion and segregation persist through denial of basic services, restricted mobility, and harmful practices such as child marriage and the Devadasi/ Jogini system, undermining the autonomy of Dalit women and girls. They face disproportionate physical and sexual violence which are used to reinforce caste-patriarchal control, leaving them at the bottom of most development indicators, except in a few areas where Adivasi women fare worse.
3. High dropout rates in schooling, especially after class 8 and class 12 continue to exclude Dalit girls from education and push them into insecure, low-paid work. Increased labour force participation reflects distress rather than empowerment, concentrated in low-wage agricultural self-employment without social protection, while lack of land, skills, digital access, and decision-making power confines Dalit women to low-value work.
4. Acts of resistance or assertion for rights frequently invite brutal caste-based gender violence, including sexual assault and murder, and a host of other forms of violence and/or harassment against the survivor and families. Such discrimination and violence reinforce systemic marginalization, leaving deep, intergenerational impacts on survivors' health, agency, and access to rights.

5. Harmful practices against Dalit women and girls in India are rooted in entrenched traditions and social norms that violate autonomy, agency, and human rights, placing lives and dignity at risk. These practices disproportionately affect Dalit women and girls—through child and early marriage and the Devadasi/Jogini system—revealing how patriarchal, social, and religious structures perpetuate systemic, intergenerational discrimination and vulnerability.
6. Despite commitments to universal sexual and reproductive healthcare, Dalit women’s access to quality maternal and child health services remains constrained by poverty, social exclusion, and structural inequalities.
7. Findings from case analyses and legal interventions show that caste is a clear and driving factor in discrimination and violence against Dalit women and girls. While low development outcomes among Dalit women and girls often stem from caste and gender inequities, gender-based violence (mostly sexual violence) against Dalit women and girls are almost always accompanied by casteist abuses - often sexualised, and are closely tied to land disputes, resource control, or retaliation for Dalit assertions of rights. Discrimination and violence do not occur in isolation; they reflect a clash between Dalit resistance and the entrenched dominance of caste hierarchies.
8. Such discrimination and violence are further enabled by institutional apathy, where caste motives are ignored, legal protections diluted, investigations delayed, and witnesses intimidated. Survivors face stigma, exclusion, and pressure to compromise, reflecting a broader perception that their suffering is expendable. A pervasive denial of caste-based discrimination reduces such violence to individual acts, reinforces harmful stereotypes and victim-blaming, and ultimately weakens the credibility of Dalit survivors, allowing caste-driven violence to persist with impunity.

SDG 5.1 – Ending Gender Discrimination, through Caste Lens and Other Intersections

9. Low development outcomes in educational attainment, financial inclusion, ownership of resources, and access to decent livelihoods often stem from—rather than merely coincide with—caste and gender inequities, further undermining Dalit women’s empowerment and autonomy, a key parameter for Gender Equality.
10. Dalit women and girls continue to face entrenched structural barriers that restrict education, mobility, autonomy, and economic opportunity. **Nearly half of Dalit women remain illiterate**, with **dropout rates increasing** after Class 8 and rising sharply after Class 12, leaving only 16 percent accessing higher education and pushing many into low-paid, informal, and distress-driven work. **Autonomy remains constrained despite some improvements**: wages are often controlled by male partners; only 43 percent have joint house ownership, 30 percent joint land ownership; and just 44 percent can travel alone, limiting access to services, employment, and public life. A deep caste-gender digital divide further curtails access to information and rights. Employment patterns reflect systemic exclusion: rural employment has risen from 24 to 31 percent (2017–18 to 2023–24), yet rural employment remains insecure and poorly paid, while urban unemployment stays high. These intersecting constraints across education, mobility, financial control, digital access and labour reinforce persistent caste-based gender inequality.

11. These intersecting deprivations also explain why Dalit women continue to be exploited as contractual, daily wage, or bonded labourers in informal sector work, including plantations, construction, domestic work, sanitation, and various other informal occupations. Far from being accidental, these conditions are sustained by caste patriarchy and an economic system that thrives on their dispossession.

SDG 5.2 – Eliminating Violence Against Dalit Women and Girls, through Caste Lens and Other Intersections

12. **Crimes against Dalit women and girls** have increased by nearly 50 percent in the last 9-years, from 5,713 offences in 2015 to 8,529 offences in 2023. During this 9-year period, the NCRB recorded a total of 66,199 incidents of crimes against Dalit women and girls. Categories of crimes against Dalit women and girls include rape, attempted rape, assault to outrage modesty, kidnapping, abduction for marriage, and procurement of minor girls. Sexual violence remains the dominant form of caste-based gender crime, with rape and assault to outrage modesty accounting for over 91 percent of total 66,199 cases from 2015–2023. In 2023 alone, an average of **12 Dalit women and girls were raped every day, with minors constituting three in ten rape victims**. The heightened vulnerability of Dalit minor girls, evident since 2017, reflects both escalating risks and somewhat improved reporting.
13. **High-incidence states of caste-based gender violence** in 2023 include Uttar Pradesh, Rajasthan and Madhya Pradesh—which together account for 50–60% of all crimes against Dalit women and girls for nearly two decades. Other states include Maharashtra, Karnataka, Haryana, Kerala, Andhra Pradesh, Telangana, Tamil Nadu, Gujarat, Odisha, Bihar, Chhattisgarh, Jharkhand and Punjab. In low-reporting states like Bihar, sexual violence is often obscured within broader caste violence.
14. In 2023, **police disposal of cases** involving crimes against Dalit women and girls showed a 75 percent charge sheet rate but 29 percent pendency, with non-sexual offences routinely trivialised and attempt-to-rape cases particularly neglected. Nine-year trends reflect similar patterns. **Court disposal of cases** was even weaker - convictions stood at just 23 percent, acquittals at 72 percent, and pendency at 94 percent. Conviction rates remained below 20 percent for attempt to rape and insult to modesty, and only 13 percent for procurement of minor girls. Rape, assault, and kidnapping cases were largely dismissed for “lack of evidence”, underscoring deep systemic failures in accountability.
15. **Impacts of Caste-Based Gender Violence on Survivors:** Caste-based gender violence severely impacts Dalit women and girls, harming their mental, sexual, and reproductive health. Survivors face trauma, anxiety, depression, stigma, and social isolation. Legal proceedings, proximity to perpetrators, and repeated re-traumatisation intensify distress, often leading to school dropouts or, in extreme cases, self-harm. Sexual and reproductive consequences include injuries, teenage pregnancies, unsafe abortions, miscarriages, and risk of infections. Autonomy and mobility are restricted, with education, work, and migration opportunities curtailed. These harms reinforce caste- and gender-based marginalisation, trapping survivors in long-term vulnerability.

SDG 5.3 – Eliminating Harmful Practices, through Caste Lens and Other Intersections

16. **Child and Early Marriage** remains widespread. Overall 25 percent of girls are child brides— one out of four girls in India is married before she reaches the legal age of 18 years. Notably, NFHS, Census of India and NCRB do not provide disaggregated child marriage data for different social groups— SC, ST, OBC, and general, making it difficult to ascertain the true picture of Dalit girls in child and early marriage. NCRB records a total of 10,913 registered cases of child marriage across all social groups from 2015-2023 – indicating a twenty-fold increase (1961% increase during the 9-years) from 293 cases in 2015 to 6038 cases in 2023. This official data is doubly problematic since it does not give disaggregated number of girls and boys who have entered into child and early marriage, in addition to not providing disaggregated data for social groups.
17. While it may be difficult to ascertain the true picture of Dalit girls in child and early marriage, evidence from NFHS-5 shows that higher levels of schooling, middle or higher income levels, and urban residence, among other factors, delay the median age of marriage for girls across all social groups. Considering that Dalit girls are positioned at the disadvantaged end of this spectrum, their likelihood of entering into child and early marriage is higher. Primary evidence from this study further shows that Dalit girls who have experienced sexual violence are more likely to enter into child and early marriage. Additionally, primary evidence indicates that Dalit families engaged in sugarcane harvesting labour tend to arrange child or early marriages for their daughters due to perceived safety concerns and/or recruitment requirements tied to worker-pair arrangements. Taken together, these structural disadvantages result in a high likelihood of child and early marriage among Dalit girls.
18. **The Devadasi/Jogini system:** The Devadasi/Jogini system—though legally banned— continues to exploit an estimated 4.5 lakh Dalit women and girls in Karnataka, Telangana, Andhra Pradesh, Tamil Nadu, and Maharashtra. While new dedications have declined, those already



NCRB records a total of 10,913 registered cases of child marriage across all social groups from 2015-2023 – indicating a twenty-fold increase.

293 cases in 2015
6038 cases in 2023

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dedicated face lifelong poverty, stigma, and repeated sexual exploitation. Thousands of Dalit women and girls continue to live with the lifelong consequences of ritualised sexual exploitation, poverty, stigma, and poor health. Survivor testimonies from Telangana reveal the deep, intersecting and enduring impacts of the caste-based practice. These testimonies show that girls were dedicated before age twelve, without consent, leading to school dropout, early sexual abuse, and continued exploitation by dominant caste men. Children born from these unions are denied paternal identity and raised only by their mothers. Although rehabilitation schemes offer housing, land, pensions, and health benefits, livelihoods remain unstable. Survivor testimonies offer hope, as many former Joginis have already refused to dedicate their daughters, signalling growing resistance and a break from intergenerational caste-based gender oppression. Additionally, specific legislation abolishes the practice but weak implementation continues to limit its effectiveness and intended outcomes.

19. The harmful practices of child and early marriage and the Jogini system, which disproportionately impact Dalit girls, consequently lead to early sexual initiation, teenage pregnancies, school dropouts, poor and/or serious sexual and reproductive health outcomes, and mental health impacts, among others. These practices strip girls of autonomy, agency, and dignity, and lead to lifelong and intergenerational marginalization.

SDG 5.6 – Access to Sexual and Reproductive Health and Rights through Caste Lens and other Intersections

20. Sexual and reproductive health and rights (SRHR) are both a driver and a consequence of gender inequality. Limited access to SRHR services and autonomy reinforces Dalit women's marginalisation, while entrenched gender inequality further restricts their sexual and reproductive choices, creating a cycle of disadvantage.
21. **Maternal and Child Health:** Dalit women face caste-based discrimination in accessing medicines, nutrition, and maternal care, worsened by underfunded health centres in Dalit-majority areas. While most now register pregnancies and receive MCP cards, gaps remain—about 7% lack antenatal care, postnatal services and IFA supplementation are inconsistent, and male engagement is minimal. Migrant sugarcane labourers report no ICDS or ASHA support, leading to unsafe, non-institutional deliveries, especially among teenage mothers, and compounding maternal, child, and mental health risks. Dalit women and children face severe maternal and child health disparities, with neonatal mortality at 29%, higher than the national average. Over 30% of women have moderate anaemia, and chronic malnutrition weakens maternal health, increases low-birthweight risks, and affects school attendance and learning. Gaps in antenatal care, safe delivery, and nutrition reinforce intergenerational ill-health, limiting mobility and wellbeing.
22. **Teenage pregnancies** in India are closely linked to early and child marriage, with many girls starting sexual activity soon after marriage. Dalit and Adivasi adolescents have the highest rates—6% of Dalit teens had a live birth and 3% were pregnant (2019–21). Gaps in contraception, family planning, and safe abortion persist, with high rates in Tripura, West Bengal, Andhra Pradesh, Assam, Bihar, and Jharkhand.

23. **STIs and HIV** among Dalit women, coupled with early sexual initiation, reflect unsafe sexual practices driven by limited SRH awareness, early marriage, teenage pregnancy, restricted agency, harmful practices, and adverse socio-economic conditions. Among Joginis, HIV rates remain high due to their limited ability to negotiate with sexual patrons. Survivors of sexual violence also face increased risk of STIs and HIV because of the coercive nature of the abuse.
24. **Female sterilization** remains the dominant family planning method, with over 40% of Dalit women relying on it, reflecting little change since 2006. Across all social groups, about 38% of women opted for sterilization in 2021, while male sterilization stays below 1%, highlighting the persistent gendered burden of contraception (NFHS-3, 4 & 5).
25. **Hysterectomy:** Over the past decade, studies and reports reveal high rates of unnecessary hysterectomies, including among pre-menopausal women. NFHS-5 shows 3% of women aged 15–49 have undergone the procedure, rising to 10% by 40–49, with higher rates in urban areas. Poor Dalit and Adivasi women rely on public services, while 70% occur in private facilities. High-prevalence states include Andhra Pradesh, Telangana, and Bihar. Often performed to enable continued work or manage menstrual disorders, these surgeries impose debt and long-term health risks, highlighting systemic exploitation of vulnerable women.
26. Notably, **among Dalit informal-sector sugarcane harvesting labourers, hysterectomy emerges as a latent form of coercion linked to exploitative work conditions.** Pre-menopausal women in this study underwent surgeries in private hospitals for excessive bleeding and pain, without any counselling or post-operative care. Survivor testimonies reveal gruelling work—labouring in pairs against advance payments, facing penalties for leave—forcing women to either endure pain or opt for hysterectomy to continue working. Factors like migration, low socio-economic status, lack of sexual and reproductive healthcare, and informal-sector exploitation intersect to constrain choice. Pain persists, and mental health deteriorates, reflecting systemic coercion.



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Key Drivers Perpetuating Caste-based Gender Inequality

27. Caste-based gender inequality stems from overlapping structural, social, and institutional forces. Deeply entrenched caste hierarchies and patriarchal norms restrict Dalit women's labour, mobility, sexuality, and participation, compounded by economic deprivation, landlessness, and dependence on dominant-caste employers. Persistent untouchability, segregation, and everyday caste bias drive exclusion, while weak law enforcement and institutional apathy enable impunity. Limited education, poor public services, informal work, and low asset ownership further constrain agency, leaving Dalit women unable to negotiate safety, assert rights, or resist violence. These intersecting drivers—historical power relations, gendered caste inequalities, social norms, economic dependence, labour exploitation, and institutional bias—perpetuate intergenerational marginalization.
28. Notably, among the intersecting drivers for gender inequality, **three CROSS-CUTTING DRIVERS stand out**—child marriage, low schooling and access to resources, and institutional bias. **Child and early marriage** is both a driver and a consequence of Dalit women and girls' marginalization, with sexual-violence survivors often married early to escape intimidation, fear, stigma, victim-blaming, and the risk of escalation. The Jogini system exposes young girls to early sexual unions, while girls in sugarcane harvesting and other informal-sector work are married as children to work as 'pairs' or for perceived safety, resulting in teenage pregnancies, poor sexual and reproductive health, and heightened exposure to domestic violence.
29. Low socio-economic indicators, including **poor education and low household incomes**, reinforce dependence on dominant-caste employers, pushing Dalit women into exploitative, unsafe, low-paid work with high risks of sexual exploitation. Survivors often drop out of school to avoid harassment or because of family migration, making education largely nominal.
30. **Institutional bias compounds these vulnerabilities:** FIRs are delayed or refused, survivors face casteist abuse and intimidation, retaliatory counter-cases are filed, arrests are postponed, and SC/ST Act provisions are weakened or ignored. Courts frequently dismiss caste as a motivating factor, allow prolonged trials, dilute legal protections, and force compromises. Child Welfare Committees and Sarpanches often deny structural caste discrimination, blame Dalits, and normalize oppression. This deep-seated institutional bias entrenches impunity, obstructs meaningful justice, and reinforces intergenerational cycles of caste- and gender-based inequality.
31. **Triggers for Inciting Discrimination and Violence within an existing context of underlying caste-based domination:** Key triggers include Dalit assertion of rights, resistance to exploitation, participation in local governance, and collusion between perpetrators and state authorities. These actions provoke backlash, harassment, sexual violence, and online abuse, while institutional bias and state complicity ensure impunity, enabling repeated violations and reinforcing intergenerational caste-based discrimination and violence.

Sexual, Reproductive, and Mental Health and Other Impacts resulting from Gender Inequality of Dalit Women and Girls

32. Caste-based gender inequality profoundly affects Dalit women and girls, restricting their health, education, mobility, and autonomy while exposing them to violence, exploitation, and social marginalisation. Severe mental health challenges arise from sexual violence, exploitation in the Jogini system, and gruelling labour, leading to depression, trauma, and social withdrawal. Early marriage, exploitative labour, and the Jogini system limit reproductive agency, causing teenage pregnancies, unsafe deliveries, unsafe abortions, and chronic health issues. Economic dependence, limited access to health services, social stigma, and constrained livelihoods further restrict decision-making, mobility, and autonomy, perpetuating intergenerational disempowerment and vulnerability.

India's Response in Addressing Caste-Based Gender Inequalities

33. The Constitution and legal framework in India provide strong safeguards for Scheduled Castes, banning discrimination, trafficking, bonded labour, and child labour (Articles 14, 15, 23, 24). However, implementation is weak: the SC/ST (PoA) Act, POCSO, Child Marriage Act, Devadasi prohibition, and Bonded Labour Act face enforcement gaps, delays, and low convictions, leaving Dalit women vulnerable. Fund allocations for protection, rehabilitation, and education fluctuate and remain underutilised. Despite repeated UN recommendations to strengthen legal protections and access to justice, India has largely resisted addressing caste-based discrimination and violence against Dalit women, perpetuating systemic inequalities.

Caste-based gender inequality in India systematically subjugates Dalit women, intertwining caste and gender to restrict access to land, labour, safety, and justice.

Exploitative work, sexual violence, coerced hysterectomies, and institutional failures persist, with weak law enforcement and impunity reinforcing structural discrimination and denying Dalit women agency and dignity.

RECOMMENDATIONS

The recommendations propose concrete measures to tackle caste-based gender violence and systemic discrimination against Dalit women and girls, calling for stronger state accountability, essential services, and structural reforms to secure protection, justice, dignity, and lasting empowerment.

Recommendations for Specific National Bodies

1. **Ministry of Women and Child Development (MWCD):** The Ministry is urged to develop a National Action Plan on caste-based gender violence with cross-departmental coordination, embed caste and gender perspectives into BBBP for prevention and support, and ensure caste-sensitive services and robust rehabilitation pathways for Devadasi/Jogini survivors.
2. **National Commission for Women (NCW):** The Commission is urged to establish a Dalit Women's Violence Monitoring Cell, strengthen caste-sensitive investigations, and proactively address aggravated sexual violence and child marriage cases through systematic monitoring, suo motu inquiries, and timely protection measures.
3. **National Commission for Scheduled Castes (NCSC):** The Commission is urged to audit PoA Act implementation, enforce proper FIR registration, investigate caste-based denial of essential services, and advance rehabilitation for Devadasi survivors, while addressing caste-driven factors behind child marriage through evidence-based recommendations to district administrations.
4. **Ministry of Home Affairs (MHA):** The Ministry is urged to mandate caste-sensitive training and annual evaluations of police response, establish dedicated fast-track courts for SC/ST Act sexual-violence cases, and ensure independent monitoring of forensic and medico-legal procedures to strengthen accountability and evidence integrity.
5. **Ministry of Social Justice & Empowerment (MSJE):** The Ministry is urged to implement a national Devadasi/Jogini eradication roadmap, expand livelihood options for sugarcane workers, and strengthen Dalit women-led collectives through increased SCSP support to drive community leadership and prevent child marriage in high-risk settlements.
6. **Ministry of Labour & Employment:** The Ministry is urged to intensify inspections and prosecutions in high-risk labour districts, regulate contractors exploiting Dalit girls in spinning mills, and enforce labour codes prohibiting coercive hysterectomies, while partnering with the ILO to uphold labour standards and prevent migration-driven child marriage and exploitation.
7. **Ministry of Health & Family Welfare (MoHFW):** The Ministry is urged to prohibit unwarranted hysterectomies through enforceable guidelines, expand SRHR and mental-health services in Dalit-majority areas, and strengthen early-pregnancy and child-marriage prevention, supported by equity audits of maternal and community-health programmes to address systemic exclusions.
8. **Ministry of Education:** The Ministry is urged to enforce anti-discrimination norms in schools and Aanganwadis, mandate caste-sensitivity training, expand scholarships to prevent Dalit girls' dropouts, and strengthen school-based monitoring in high-risk districts, alongside auditing mid-day meals for caste discrimination with strict penalties.

9. **National Human Rights Commission (NHRC):** The Ministry is urged to conduct national inquiries on caste-based gender violence, monitor SC/ST and POCSO implementation, and establish a National Dalit Women Human Rights Observatory, while issuing special reports on the Devadasi/Jogini system and trafficking to guide stronger policy action.
10. **National Legal Services Authority (NALSA):** The Authority is urged to establish dedicated Dalit Women Legal Support Units, ensure free legal aid from FIR to trial, and implement victim-witness protection, while guaranteeing legal support, safe-custody orders, and access to shelters and counselling for Dalit girls at risk of or rescued from child marriage.

Recommendations For UN Country Teams In India For Leveraging Relevant UN Agencies For Targeted Actions Towards Addressing Caste-Based Gender Inequality In India

1. **Embed addressing the issue of Caste-based Gender Discrimination into UN's Cooperation Framework (UNSDCF) priorities:** Dalit women and girls must be recognised as a vulnerable group across all pillars, with indicators tracking caste-based gender violence, harmful practices, forced labour, and SRHR access to ensure systematic monitoring and accountability.
2. **Support the Government of India to Generate Disaggregated Data by Caste – Gender, and Age:** UN agencies, including UNFPA, UNICEF, UN Women, UNDP are urged to collaborate with key ministries to generate caste-disaggregated SDG data and support states in piloting caste-sensitive data systems, ensuring Dalit women's inclusion in Gender Gap and SRHR assessments.
3. **Position Dalit Girls' Safety and Inclusion As a Priority Within UN's Education Programmes:** UN Agencies including UNICEF, UNESCO are urged to enforce anti-discrimination measures in schools and Aanganwadis, support safe route-to-school initiatives, strengthen inclusion monitoring, and ensure caste- and gender-sensitivity training for teachers.
4. **Address caste-based gender violence through joint UN GBV programming:** UN Agencies including UN Women, UNFPA, OHCHR, UNDP are urged to strengthen GBV response in Dalit-majority districts through referral mechanisms, caste-sensitive one-stop centres, enhanced SC/ST Act and POCSO training, and a national Dalit Women GBV harms dashboard for systematic
5. **Support Targeted Programmes on Harmful Practices Like the Devadasi/Jogini System:** UN Agencies including UNFPA, UN Women, UNICEF, UNDP are urged to support Andhra Pradesh, Telangana, and Karnataka in a time-bound Devadasi/Jogini eradication strategy, strengthen rehabilitation across livelihoods, education, and SRHR, and partner with Dalit women's organisations like AIDMAM for community norm-change efforts.
6. **Prioritise Dalit Women in SRHR and Maternal Health Interventions:** UN Agencies including WHO, UNFPA, UNICEF are urged to enhance maternal health in Dalit-majority areas, monitor coercive hysterectomies through social audits, provide community-based SRHR education for Dalit girls, and expand mental health services for survivors.

7. **Support the Elimination of Caste-based Forced Labour—Sugarcane plantations, Spinning Mills, Sanitation work:** UN Agencies including ILO, UNDP, UNICEF are urged to conduct labour assessments in Maharashtra, Tamil Nadu, and Karnataka, support ILO Convention implementation, promote alternative livelihoods for women in sugarcane and spinning industries, and aid sanitation mechanization and manual scavenger rehabilitation.
8. **Make Dalit Women’s Digital Safety a UN Priority:** UN Agencies including UN Women, ITU, UNESCO are urged to support online safety protocols for Dalit students and activists, run youth digital-literacy campaigns on caste-based hate, and work with tech platforms to recognize caste as a protected category.
9. **Establish a Dalit Women & Girls Civil Society Advisory Group to the UNCT:** UNCTs urged to establish an advisory council including AIDMAM, ensure Dalit women’s input in the annual CCA, and secure their representation in UN Women, UNICEF, and WHO consultations.
10. **Facilitate engagement between Indian government and UN human rights bodies:** UNCTs urged to support India’s reporting to CEDAW, CRC, CERD, and UPR with caste-specific data, facilitate multi-stakeholder dialogues on caste-based gender violence, and provide technical assistance for implementing treaty and UPR recommendations.
11. **Use the UNCT’s convening power to promote a multi-state “Dalit Women’s Protection Initiative”:** UNCTs urged to should collaborate with Bihar, Haryana, Maharashtra, Uttar Pradesh, Andhra Pradesh, Telangana, as well as other states with high rates of migrant workers to align interventions with SDG 3, 5, and 8, while ensuring corporate accountability in sugarcane supply chains.
12. **Build Capacity of Panchayats and Local Governance Bodies to Prevent Caste-based Violence:** UNCTs urged to train Dalit women Panchayat leaders, establish local committees to monitor discrimination in schools, GBV, SRHR access, and employment guarantee schemes, and provide grants for community-led oversight initiatives.

Recommendations For Civil Society Organisations and Funding Agencies

1. Civil Society Organizations are urged to integrate a caste-based gender and SRHR lens across programmes by recognising caste–gender hierarchies as structural drivers of marginalization, moving beyond beneficiary-based approaches to affirm Dalit women and girls as rights-holders, and strengthening Dalit leadership within development programmes and organizations.
2. Funding agencies are urged to prioritise and support programmes that address caste-based gender inequality and SRHR, and to encourage partner organisations to internalise a caste perspective while advancing their respective development objectives. They are also urged to support and convene platforms for sustained dialogue on the structural impacts of caste across all areas of development, and to invest in Dalit leadership development within communities and CSO teams, recognising Dalits as rights-holders.

CONCLUSION

Tackling caste-based gender inequality requires national institutions to drive structural reform, with Dalit women's leadership central to policy, governance, and justice delivery. International agencies must reinforce these efforts through accountability, technical expertise, and support for community-led initiatives. With such coordination, India can progress towards SDG 5 by 2030 in its truest sense—where gender equality is substantively realised for Dalit women on the ground.



Chapter 1

Introduction

Contextualising Caste in SDG 5 Agenda



SDG 5, one of the 17 Sustainable Development Goals adopted by the UN in 2015, aims to achieve gender equality and empower all women and girls by 2030. Guided by the vision of “Leaving no one behind,” it addresses multiple dimensions of gender inequality, including discrimination, violence, harmful practices, unpaid care work, women’s leadership, and access to sexual and reproductive rights.

A decade on, progress remains slow, with some setbacks. Women still earn less, shoulder unpaid care, and face sexual violence and exploitation—inequalities worsened by COVID-19. At the current pace, the UN warns, it could take centuries to end child marriage, remove discriminatory laws, and ensure equal representation for women. (UN-SDG)

In India, achieving SDG 5 is further complicated by intersecting identities within gender, as caste, class, religion, region, and language influence the forms and intensity of gender inequality. Although India has committed to the SDGs and implemented several gender-focused reforms, full gender equality will remain unattainable without addressing intersecting identities within gender.

1. SDG-5 GOALS FOR INDIAN CONTEXT

Achieving gender equality in India is deeply intertwined with the influence of the caste system. An individual’s privileges or deprivations are shaped by their socio-economic and cultural-religious position within the caste hierarchy. The intersection of caste and gender produces distinct and compounded forms of disadvantage, necessitating targeted strategies to realise SDG 5 in the Indian context.

Gender inequality is evident across nearly all spheres of life — from access to education and healthcare to economic opportunities, political participation, and protection from violence. For Dalit (Scheduled Caste) women, these inequalities are further exacerbated by caste-based exclusion, discrimination, segregation, and exploitation.

Deep-seated structural inequalities and entrenched social norms continue to hinder the effective implementation, accessibility, and impact of policy measures aimed at advancing Dalit rights and entitlements. For Dalit women and girls in particular, these systemic barriers constrain progress toward achieving the targets of SDG 5 in India. It is therefore essential to critically examine the complexities of Dalit women’s lived realities at the intersection of caste and gender-based inequalities.

Deep-seated structural inequalities and entrenched social norms continue to hinder the effective implementation, accessibility, and impact of policy measures aimed at advancing Dalit rights and entitlements.

The persistent practice of untouchability; denial of access to basic services; restrictions on mobility; exclusion from leadership and decision-making; and subjugation to harmful practices such as child marriage and the Devadasi system continue to undermine the autonomy of Dalit women and girls. They are also disproportionately subjected to physical and sexual violence — often employed as a means to reinforce caste hierarchies and patriarchal control — alongside domestic abuse. As a result, Dalit women and girls remain at the bottom of most developmental indicators, except in a few areas where Adivasi (tribal) women fare worse.

The policy frameworks aimed at addressing intersectional oppression against Dalit women and girls often lack sensitivity and perspective towards their lived realities. This results in low implementation impact, weak institutional responses, and the persistence of deeply ingrained social biases. Consequently, international SDG monitoring reports for India have primarily focused on state-level variations in SDG performance (Pandey et al., 2025), comparing intra-state differences. For instance, Assam records the poorest maternal mortality index, while Kerala performs the best. Similarly, under-five mortality rates are highest in Madhya Pradesh and lowest in Kerala. However, even these reports tend to overlook the structural inequalities and outcome disparities across sub-groups such as SCs, STs, Adivasis, OBCs, and others, or fail to examine them in sufficient depth.

To further discuss the status of Dalit women and girl's equality, we need to first examine caste-system in India and the intersection of caste and patriarchy – **Brahmanical Patriarchy**.

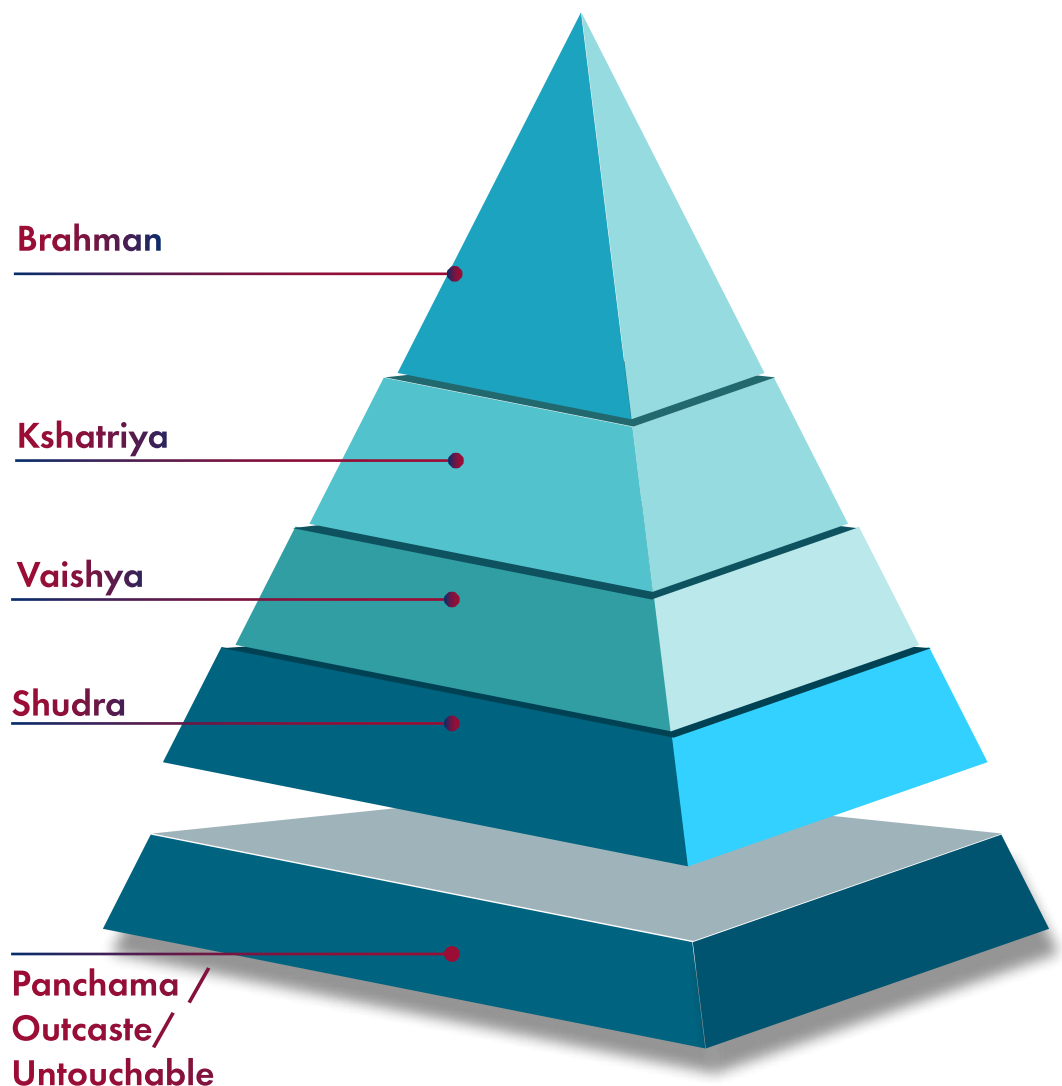
2. CASTE SYSTEM IN INDIA

The institution of caste finds its earliest mention in the Rig Veda during the early Vedic period (BC 1500–BC 1000) as Varna. In the four-fold Varna system, the Brahman holds the supreme position, ascribed priesthood and teaching positions. Kshatriya follow next in the hierarchy, ordained to govern aristocracy and soldiers. Vaishyas, next, are prescribed conducting agriculture, trade, and business. The lowest caste group in the hierarchical varna system, Shudras, are relegated to services and manual work. In later ages, each of the four Varna further subdivided into numerous occupational and functional groups (jatis) and maintained their socio-economic position in the caste hierarchy through caste endogamy. Under varna- or caste-ordained social classification, caste-ordained occupation was hereditary, passing through male successors only, and women were treated as 'wombs,' generating future members of a particular caste group (Ambedkar, 1987, p. 112). The Panchamas – formerly called "untouchables" were out of the varna system and were only assigned jobs in-service to the other caste-groups, including jobs associated with impurity and pollution. (Ambedkar, 1948).

Dr. Ambedkar pointed to women being subjugated to endogamy in order to maintain caste-purity through intra-caste marriage. Consequently, their well-being and socio-economic outcomes too followed graded inequality, as one moved from the so call high to the low castes.

Inspired by the egalitarian ideology and anti-caste movement of the 19th and 20th centuries led by Mahatma Jyotiba Phule and Dr. Ambedkar, Dalit communities in India have secured fundamental human rights since the pre-Independence period. After Independence, the depressed classes were officially categorised into the 'Scheduled Castes' (SC) under Article 341 of the Indian Constitution. Similarly, tribal communities were deemed under Article 342 as Scheduled Tribes (ST).

The Indian constitution provided reservations for SC/STs in higher education, federal employment, the legislative assembly, legally to stime social practices such as, mainly untouchability, but also bonded labour, and manual scavenging. Numerous other legal safeguards, have been instituted, but for Dalit women, no specific laws were created, to address their triple systemic oppression. Post-Independence, it is theorised that the Dalit movement became masculine (Sharmila Rege, 1998, page: 42; Vimal Thorat, 2001), and the feminist movement became Brahminical. As a result, many castes specific harmful practices remain inadequately addressed.



3.

Understanding Caste-Patriarchy Intersection – ‘Brahmanical Patriarchy’

Dalit women are subjected to multiple axes of discrimination and violence—economic, social, sexual, and symbolic. They continue to face social and economic inequalities, including limited access to land and income-generating assets, engagement in informal labour - primarily low-wage agricultural work, or stigmatised occupations such as manual scavenging. Low levels of educational attainment further contribute to high unemployment and poor health outcomes.

In addition, Dalit women disproportionately experience caste-based violence and exploitation. This includes religious practices targeting them, such as the Devadasi system (Youdle, A. et al., 2023), which remains prevalent in southern states like Telangana, Karnataka, Andhra Pradesh, and Tamil Nadu. They are also subjected to bonded labour in the plantation sector, for example in Maharashtra’s sugarcane plantations (Shukla & Kulkarni, 2019; Rajagopalan & Inzamam, 2024, New York Times). These and other forms of marginalisation and vulnerability have been further exacerbated by the COVID-19 pandemic, which led to the denial of basic necessities and heightened discrimination (Acharya, Mukherjee, & Singh, 2023).

Dalit women’s experiences of violence and oppression cannot be understood solely through the lens of either caste or gender. Drawing on Kimberlé Crenshaw’s theoretical framework of intersectionality, it becomes possible to position Dalit women as the ‘outsider within’ marginalised communities (Sharma & Geeta, 2021). Their caste-based oppression is sustained through socio-religious norms and mechanisms of purity, pollution, and endogamy. This intersection of caste, class, and gender manifests on Dalit women’s bodies - as sites for the reinforcement of caste dominance, patriarchal control, and masculine insecurities.

Scholarly critiques of Brahmanical patriarchy interpret normative codes in scriptures such as the Manusmriti, which define legal and penal transgressions. These codes impose the sexuality of upper-caste women while simultaneously leaving Dalit women sexually vulnerable to upper-caste men. In doing so, they effectively legitimise sexual violence against Dalit women. Heinous acts of violence, such as rape against Dalit women, are often weaponised to settle disputes and reinforce caste hierarchies (Diwakar, 2020; Sharma & Geeta, 2021). At the same time, Dalit men also exert domestic violence over their women to assert their masculinity and dominance in response to upper-caste male-oppression. This dual burden renders Dalit women’s bodies as sites of violence.

Dalit women are therefore subjected to a multitude of layers of oppression, which are reinforced by dual patriarchies: Brahmanical patriarchy and Dalit patriarchy (Pan, 2022). Pan argues that the dominant narratives of atrocities against Dalit women, such as the Khairlanji massacre in Maharashtra (2006), are often reduced to either a caste or gender issue, rather than approaching them through intersectionality. Moreover, neither mainstream feminism, which mainly focuses on Savarna women’s experiences, nor Dalit politics, which largely centres on caste oppression faced by Dalits in general, addresses the multi-layered form of oppression faced by Dalit women (Pan, 2022).

A recent study of Bihar has revealed that gender and caste-based inequalities and discrimination continue to prevail, and Dalit women stand at the crossroads of both identities, experiencing both historically persistent and new emerging forms of exclusion, discrimination, and violence. Datta and Satija (2020) identify three significant patterns of violence and discrimination against Dalit women in Bihar: (1) development has reinforced patriarchal norms, such as the dowry practice, which has become a display of wealth and status, renewing gender-based violence. Increased dowry demands have led to a related rise in abuse, domestic violence, marital rape, and sex-selective abortions; (2) another emerging form of violence is associated with Dalit women's rejection of caste-based demeaning and exploitative labour, such as manual scavenging and carcass disposal. They face hostility from upper-caste communities in the form of exclusion from essential resources and violence to reassert hierarchical dominance; (3) moreover, the persisting prevalence of old forms of violence, such as witch-hunting and menstrual taboos, continues to marginalise Dalit women.

Another new and emerging form of violence against Dalit women and girls is Online Violence – a continuum of violence from physical spaces to digital ones, aiming once again to silence them—and Dalit women and girls face this even more intensely. AIDMAM's observations show that social media has opened a space for marginalised groups to speak openly and share their experiences, disrupting dominant caste norms that have long suppressed their voices. In response, Dalit women are subjected to harsher online attacks: casteist slurs, rape threats, and dehumanising comments such as, 'I need to wash my phone after seeing such chamar people on my screen.' This online hostility is rooted in Brahmanical patriarchy, which positions Dalit women as the easiest targets. Just as in physical spaces, Dalit voices online challenge caste hierarchies, provoking a toxic wave of caste-based hatred and vitriol.

Another structural and systemic form of caste-based discrimination of Dalit women (and men) is the almost exclusive recruitment of Dalits in sanitation work including manual scavenging. In India, sanitation work remains deeply tied to caste. Nearly 98% of sanitation workers, whether permanent or contractual, belong to Dalit communities. While not all sanitation work involves manual scavenging—the banned practice of manually cleaning, carrying, or disposing of human excreta—the use of human labour for such tasks continues openly despite legal prohibitions. Around half of all urban sanitation workers are women, primarily employed in sweeping streets, collecting municipal waste, and cleaning school toilets. Dalit sub-caste groups dominate the entire sanitation value chain, with little to no social mobility across job types. This entrenched association of caste with sanitation work isolates these sub-castes even within the broader Dalit community, compounding their exclusion and reinforcing multiple layers of discrimination. (ADRF, 2021).

Dalit women in sanitation and manual scavenging labour face a triple burden of caste, gender, and class. In sanitation work, they are concentrated in sweeping, waste collection, and school toilet cleaning, often working at night without empathetic supervision or access to restrooms. As manual scavengers, they clean dry latrines, carry excreta in leaking baskets, clear sewage, handle placentas, and work on railway tracks. The practice is hereditary: young brides are expected to join mothers-in-law, and resistance leads to social ostracization. A Jan Sahas study (2014) found 85% of women scavengers were married, many earning only ₹10–₹20 per month or receiving only festival food. Severe health impacts—from gastrointestinal and respiratory conditions to skin infections and cancers—are worsened by limited access to healthcare, PDS, Anganwadi services, and housing. The government has yet to release gender-disaggregated data on these deprivations. (Dalberg, 2019; Jan Sahas Social Development Society, 2014; Kumar & Preet, 2020).

India's caste system has travelled along with Indian immigrants to the Indian diaspora, manifesting subtly or overtly in workplaces, education, housing, religious spaces and social interactions. The 2020 Cisco (California) lawsuit by an Indian-American engineer alleging caste discrimination by his dominant caste Indian superiors opened a Pandora's box of covert and overt caste discrimination in workplaces.

As Dr. B.R. Ambedkar once said, "Wherever a Hindu goes, he will take his caste with him," caste-based discrimination—largely invisible in mainstream immigration discourse—continues to be pervasive within immigrant communities. A 2018 survey by Equality Labs found that inequalities linked to caste status, ritual purity, and social exclusion are embedded within major South Asian American institutions. These inequities also extend into mainstream American institutions with significant South Asian immigrant populations, including schools, workplaces, businesses, and religious spaces.

A stark example of the persistent and brutal violence faced by Dalit women and girls is the rape and murder of a 19-year-old Dalit girl in Hathras. The case shows how systemic caste discrimination, institutional apathy, and impunity reinforce such crimes.



Caste, Crime and Impunity - The Hathras Tragedy

Uttar Pradesh, 2020

The Hathras case (2020) remains one of the most disturbing examples of how systemic neglect and caste bias can silence victims of violence in India. The 19-year-old Dalit woman was brutally sexually assaulted while working in the fields, suffered multiple fractures, strangulation, paralysis, and deep injuries to her tongue. She died two weeks later after fighting for both life and justice. Yet even in death, dignity was denied to her and her family.

The response of the police and judiciary—from investigation to trial—revealed significant lapses in how justice is delivered to Dalit women. When these failures became public, AIDMAM and other civil society groups highlighted the gaps in the state’s response and demanded a fair, impartial inquiry. Due to sustained public pressure and media attention, the State administration eventually ordered a CBI investigation. AIDMAM’s local team continued supporting the family throughout this period and even submitted a memorandum to the UN Special Rapporteur on Violence Against Women and the UN Special Rapporteur on Racism to draw urgent global attention to the case.

When the young victim was found critically injured on 14 September 2020, the police delayed registering the FIR under the appropriate IPC sections, initially reducing the assault to an “attempt to murder” rather than rape. Her statement naming the four upper-caste accused was recorded only after significant delay and family pressure between 19–20 September. She died on 29 September. The most egregious act followed the very next night, 30 September, when police and administrative officials cremated her body without the family’s consent. This violated her dignity and obstructed potential forensic examination—amounting to destruction of evidence. On 13 October 2020, the Allahabad High Court observed: “Article 21 of the Constitution includes the right to live with dignity even after death. The manner in which the cremation was carried out prima facie infringes this right of the victim and her family.”

Even after the CBI confirmed rape and murder in December 2020, justice remained elusive. The trial dragged on, evidence was questioned, and in 2023, the court acquitted three of the four accused. The Hathras district court convicted Sandeep Thakur only under IPC Section 304 (culpable homicide not amounting to murder) and relevant provisions of the SC/ST Act, while acquitting him of rape and murder. The family’s hope for justice was broken again. Meanwhile, officials responsible for the forced cremation continue without meaningful accountability.

In March 2023, the victim’s family appealed the district court verdict, challenging the acquittals and demanding recognition of rape and murder based on the CBI chargesheet and the victim’s dying declarations. The appeal remains pending before the Allahabad High Court.

Five years later, the family is still waiting. Promised housing, security, and employment remain largely unfulfilled, apart from the ₹25 lakh compensation granted in 2020. The Hathras case is no longer just about one woman—it reflects how the most vulnerable are repeatedly failed by institutions meant to protect them. It stands as a stark reminder that justice delayed and denied is not only a legal failure but a profound human one.

4.

Manifestations Of Caste-Based Gender Inequalities Among Dalit Women And Girls

Despite almost eight decades of independence, Dalit women and girls in India continue to face persistent caste-based gender discrimination and violence, with both historic and emerging forms. The study delves deeper into exploring the mental health and sexual reproductive health impacts of the Dalit women and girls trapped in persistent forms of exploitation and violence.

Child Marriage

Despite the legal age of 18 for women and 21 for men - 25 percent of women and 15 percent of men marry early, especially in eastern states like West Bengal, Tripura, and Bihar. Child marriages, driven by cultural norms, economic duress, and protection from upper-caste violence, contribute to maternal and child health complications. (NFHS-5)

Devadasi/Jogini System

Predominantly in southern states, girls particularly from Dalit (SC) communities are married to temple deities at an early age, becoming Jogini or Devadasi, and sexually exploited by priests and community members. In later life, they are abandoned and forced to earn a livelihood through prostitution, begging, or menial work. Justice Raghunath Rao Committee estimated over 70,000 Devadasis in Karnataka and 80,000 in Andhra Pradesh and Telangana - 93 percent of them from Dalit (SC) communities. Karnataka has instituted rehabilitation schemes for former Devadasis, whereas Telangana has not done so. (NHRC 2012; Youdle, A. et al., 2023).

Caste-Based Gender Violence

According to the National Crime Records Bureau (2015–23), total crimes against Scheduled Castes under the SC/ST Act rose from 38,564 to 57,789 — a 50 percent increase. Crimes against Dalit (SC) women and girls increased from 5,713 to 8,529, marking a 49 percent rise, with nearly 15 percent of all crimes against Dalit (SC) community involving women. Rape cases rose by 81 percent, and Assault on Women to Outrage Modesty by 33 percent. States such as Uttar Pradesh, Madhya Pradesh, Rajasthan, Maharashtra, Andhra Pradesh, and Haryana reported the highest rates. High pendency of trials, low conviction rates, and weak law enforcement contribute to poor deterrence. Sexual violence by dominant caste landowning men continues to serve as a tool for maintaining caste-based power hierarchies and controlling Dalit women's assertion and mobility (NCRB, 2015–23).

Hysterectomy of Sugarcane Workers

In 2023, 115 women sugarcane workers have undergone hysterectomies to avoid work disruption due to menstruation or pregnancy. Official data from Beed district shows 1,183 such surgeries in 2024 alone, mostly among seasonal migrant workers (June 2025). Earlier, in 2019, Health Minister Eknath Shinde admitted that over 4,600 surgeries were performed between 2016 and 2019, raising alarm. Maharashtra's sugarcane industry, notorious for bonded labour, forces women to work from early morning till midnight, even during menstruation or pregnancy. Private hospitals often recommend hysterectomies for women above 35 (Shukla, Abhay & Kulkarni, Seema. 2019). Most workers were married as children and began working soon after. Major corporations like Pepsi and Coca-Cola depend on this exploitative sugar economy, where losing even a day's wage drives women to such surgeries (Megha Rajagopalan & Inzamam, Q. 2024, New York Times). Dalit women's bodies thus become sites of both caste and corporate exploitation.

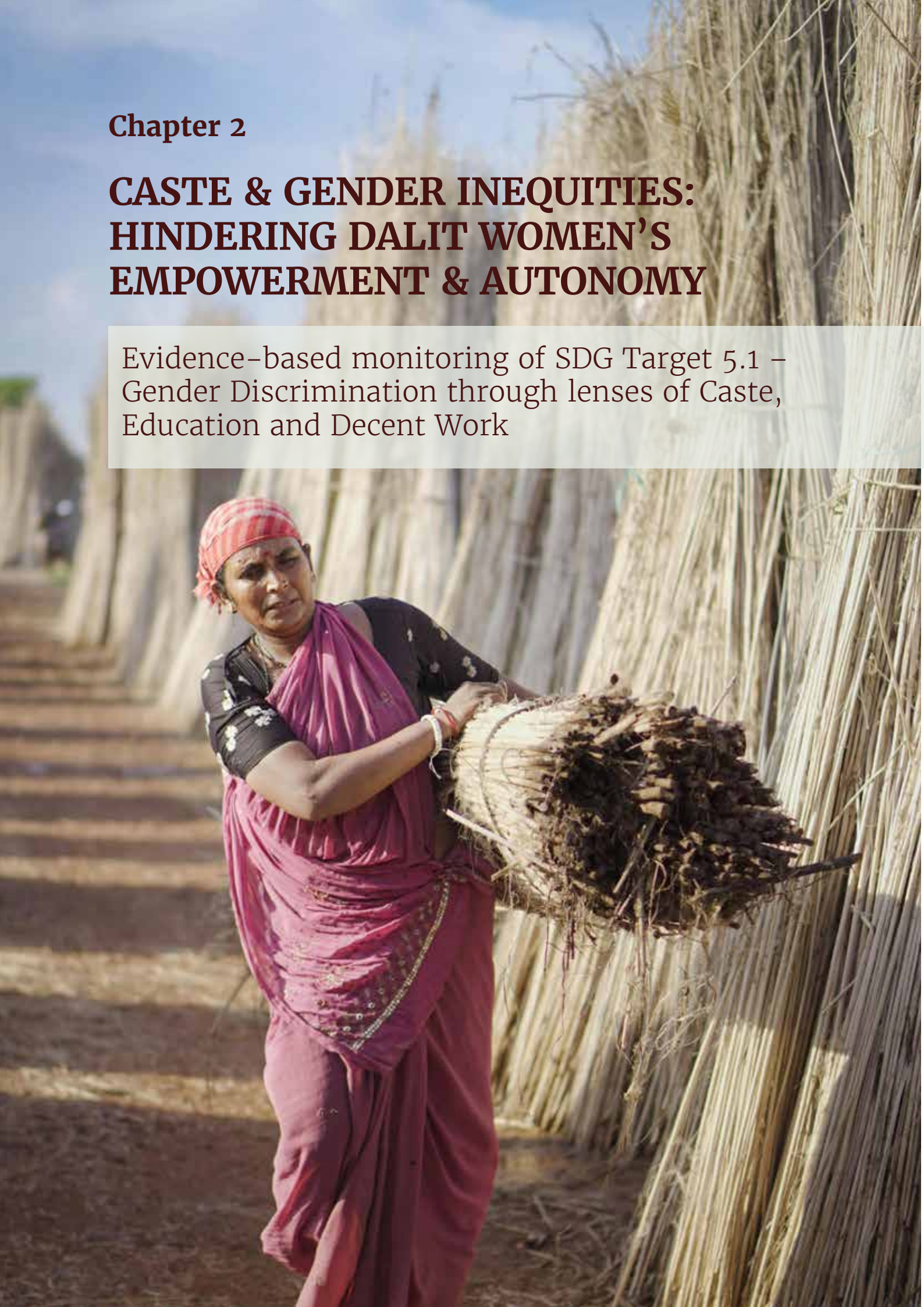
These persistent and emerging caste-based gender inequalities faced by Dalit women and girls have immediate and generational impacts on their agency, empowerment and well-being, affecting their health and sexual and reproductive health, education, food and economic security, safety, participation and other developmental outcomes. The study in following chapters explores through primary and secondary evidence the status of SDG 5 for Dalit women and girls in India.



Chapter 2

CASTE & GENDER INEQUITIES: HINDERING DALIT WOMEN'S EMPOWERMENT & AUTONOMY

Evidence-based monitoring of SDG Target 5.1 –
Gender Discrimination through lenses of Caste,
Education and Decent Work



Low development outcomes often stem from, rather than coincide with, caste and gender inequities, further impacting Dalit women’s empowerment and autonomy—a key parameter for Gender Equality.

This chapter explores the status of SDG Target 5.1 – ‘Ending all forms of discrimination against all women and girls everywhere’ – through the lenses of caste and gender. It examines how development outcomes often stem from, rather than coincide with, caste and gender inequities, further impacting Dalit women’s empowerment and autonomy—a key parameter for Gender Equality.

The developmental outcomes are understood through analyses of Dalit women and girls’ status in (1), education attainment (2), decision-making over finances and ownership of resources (3) access to information, and (4) access to livelihood opportunities. Insights are drawn from quantitative secondary data analyses of government records including NFHS 3,4 &5, PLFS 2017-18, 2023-24, NSSO 75th round on Education, UDISE Plus², and existing qualitative literature. These are substantiated by qualitative primary data.

The findings are further illustrated through two sectoral/ thematic case studies which captures the direct relationship between development outcomes and caste and gender inequities.

1. EDUCATION ATTAINMENT AMONG DALIT GIRLS

Educational attainment—beyond the basic ability to read and write, serves as an indicator of skills, opportunities and chances for social mobility. It forms a key foundation of empowerment, enabling Dalit women to challenge systemic barriers and claim their rights. This study assesses the educational attainment of Dalit girls using official secondary data, and examines the reasons behind these outcomes through primary field data.

As per the 2011 Census, the Dalit literacy rate stands at 66 percent, below the national average of 74 percent. Among Dalit women and girls, only 56.4 percent are literate—52.6 percent in rural areas and 68.6 percent in urban areas—highlighting that nearly half of Dalit women remain illiterate, reflecting deep educational exclusion and systemic discrimination.

Enrolment ratio of Dalit girls at primary and middle school levels is high and is similar to other social groups (with average of 98 percent for all-girls, and 99 percent for both Dalit girls and

2 National and Family Health Survey, Periodic Labour Force Survey, National Sample Survey Office and Unified District Information System for Education

Among Dalit women and girls, only 56.4 percent are literate. 52.6 % in rural areas and 68.6% in urban areas

boys, Table 1), indicating that most Dalit girls are completing at least 8 years of schooling as on 2017. However, the enrolment ratio of Dalit girls and boys shows a fall at the secondary and higher secondary levels³ – indicating dropouts after primary and middle school level. At this level, the enrolment ratio of Dalit girls is 73 percent – lower than OBC and general category girls, but higher than Adivasi and Muslim girls (with average of 76 percent for all-girls, and 73 percent for Dalit boys, NSSO 75th round on Education, 2017, Table 2). This shows a high dropout among Dalit girls after Class 8th.

Enrolment ratio of Dalit girls at higher education level is very bleak – indicating significant dropout after higher secondary level (ie. after class 12th). Only 16 percent Dalit girls are enrolled in higher education – slightly more than Adivasi and Muslim girls but much lower than OBC and general category girls (with average of 21 percent for all-girls, 20 percent for Dalit boys, Table 3)

Table 1
Gross Enrolment Ratio in Primary and Middle School across Social Groups, India, 2017

Social Groups	Male	Female	Total
ST	98.2	95.2	96.9
SC	98.6	99	98.8
OBC	101.1	98.3	99.9
Others	99.5	98.2	99
Muslim	95.8	96.6	96.2
TOTAL	99.3	98	98.7

Source: NSSO 75th round on education, 2017

Table 2
Gross Enrolment Ratio in Higher Secondary School across Social Groups, India – 2017

Social Groups	Male	Female	Total
ST	71	62.6	67.1
SC	73.2	72.6	72.9
OBC	84.1	79.4	82
Others	93.8	94.5	94.1
Muslim	62.3	59.5	61
TOTAL	79.3	76	77.8

Source: NSSO 75th round on education, 2017

Table 3:
Gross Enrolment Ratio in higher education across Social Groups in India- 2017

Social Groups	Male	Female	Total
ST	17.5	11	14.4
SC	19.6	15.6	17.7
OBC	26.7	22.3	24.6
Others	35.9	34.4	35.2
Muslim	16.8	12.1	14.5
TOTAL	24.7	20.7	22.8

Source: NSSO 75th round on education, 2017

3 Primary school level (Class 1-5), Middle School or Upper Primary level (Class 6-8), Secondary (Class 9-10) and Higher Secondary (Class 11-12)

Education Attainment Data Indicates:



Nearly half of Dalit women remain illiterate, reflecting deep educational exclusion and systemic discrimination.

Only about 2 in every 10 Dalit girls are able to access higher education – as is also the case for Dalit boys

Significant dropout after higher secondary (class 8th) shows that girls may be dropping out owing to economic pressure or need to be engaged in paid work, transition barriers between schools, safety or transport issues, low prioritization for girls' education, early marriage, sibling and/or elderly care responsibilities, lack of higher secondary schools in neighbourhood or accessible distances, among other reasons. Caste-based discrimination may also have a key role in dropouts of Dalit girls after middle school (8th) and higher secondary (12th) levels.

Dropouts may also reflect inadequate mechanisms for student retention, quality of education and poor school infrastructure leading to disengagement by students.

Less years of schooling has a direct relationship with low development outcomes and choices as is revealed in findings in following chapters.

Low levels of education among Dalit women and girls are both a consequence and driver of caste and gender-based discrimination, reinforcing their exclusion from opportunities, decision making and upward social mobility.

Primary Findings on Reasons for Dropouts among Dalit students in Bihar and other issues

Focus group discussions with adolescent girls and community interactions in Haryana and Bihar reveal following reasons for high school dropouts among Dalit girls and boys after Class 8 and above.

Limited access to secondary and higher secondary schools:

Most villages have government primary and middle schools but lack secondary and higher secondary schools. As a result, many Dalit children drop out after completing middle school, as long travel distances—combined with safety concerns and other social factors—discourage parents from allowing their daughters to continue their education. Where only private higher secondary schools exist, families often cannot afford the fees, further discouraging girls from continuing education beyond middle school.

Restrictions on attending school due to family fears and responsibilities:

Several girls were kept out of school because they were expected to care for younger siblings or manage household duties. Families often restricted their schooling due to fears of caste conflict, concerns about safety, and worries that girls might become involved in relationships, which they feared could lead to situations like elopement. In homes marked by frequent quarrels or violence, girls were asked to stay back to support their mothers or aunts, further interrupting their education.

Financial hardship:

Financial hardship played a major role in limiting girls' education. Many families could not afford school-related expenses, and in some cases, the cost or distance of travel made regular attendance impossible. Without adequate financial support, schooling became inconsistent or had to be abandoned altogether.

Caste-based harassment on the way to and from school:

Girls described facing persistent caste-based harassment, including casteist remarks and discriminatory behaviour from dominant-caste children at school. The journey to and from school was also unsafe, as dominant-caste boys and men frequently harassed them on the way home, creating a hostile and intimidating environment.

Girls' participation in household earnings:

Many Dalit girls drop out after middle school because they are expected to contribute to the household income. Their families rely on their labour—whether in wage work, agriculture, or domestic tasks—leaving little scope for continuing education.

Living with extended family and limited support:

Girls living without parents, or with only one surviving parent, often stayed with grandmothers, aunts, or extended relatives. In such arrangements, their education was rarely prioritised, resulting in irregular attendance, neglect of schooling, or complete withdrawal from education.

Lack of toilets and other infrastructure:

Lack of adequate and functional toilets for girls in schools discourages attendance, especially after puberty. This infrastructural gap often leads to absenteeism and contributes to dropout rates among adolescent girls.

Other issues expressed by adolescents:

Girls reported stress, anxiety, and physical development issues arising from harassment, family pressures, and the overall hostile environment.

AIDMAM's Observations on additional reasons for school dropouts and the influence of School Management Committees in reinforcing discrimination- further contributing to dropout reasons:

Influence of Dominant-Caste Control in School Management Committees (SMCs):

In several schools, dominant-caste presence and control within SMCs and school management significantly shape how SC/ST children experience the school environment. Their influence manifests in multiple discriminatory ways:

- **Pressure on Teachers and School Staff:** Dominant-caste SMC members often override or discourage teachers' attempts to adopt inclusive practices, limiting their ability to support SC/ST students effectively.
- **Discriminatory Mid-Day Meal Practices:** Some SMC members instruct that SC/ST children sit separately during mid-day meals, reinforcing caste segregation and deepening feelings of exclusion and humiliation.
- **Classroom Segregation:** Influence extends inside classrooms, where separate seating for Dalit and Adivasi students is encouraged or enforced, creating a hostile and unequal learning environment.
- **Ignoring SC/ST Concerns in Decision-Making:** With SMCs dominated by upper or dominant castes, the specific needs, rights, and grievances of SC/ST students are routinely sidelined or dismissed.

Psychological Impact on SC/ST Children:

Continuous discrimination contributing to school dropouts—whether during meals or in the classroom, such segregation in schools, deeply affects children's confidence, sense of belonging, and motivation to remain in school. Faced with repeated exclusion and pressure, many Dalit and Adivasi children feel unsupported and unwelcome, which contributes to higher dropout rates.

Similar experience in Anganwadi centres:

These issues are not limited to schools; similar patterns of discrimination are seen in many Anganwadi centres. When the Anganwadi worker belongs to a dominant caste, she often does not run the centre regularly. Even when it is open, her priority is to admit children from dominant caste families first. Dalit and Adivasi children are considered only if seats remain unfilled. As a result, many Dalit/Adivasi children are unable to attend Anganwadi at the appropriate age, depriving them of early childhood education, nutrition, and the foundational development they are meant to receive during these formative years. This early exclusion further widens gaps in their growth and learning as they progress through school.

2.

DECISION MAKING POWER OVER FINANCES AND OWNERSHIP OF RESOURCES

An individual's decision-making power over finances and ownership of resources is a key indicator of their agency, autonomy, and empowerment. It reflects their ability to influence household priorities, exercise bargaining power and assert themselves within the family, use personal or household income independently, navigate gender norms and patriarchal expectations, and protect themselves from economic or sexual exploitation, among other factors.

This study examines Dalit women's status of decision-making power and ownership of resources through official secondary data and locate its evidence through primary data, as follows:

The National and Family Health Survey (NFHS) provides women empowerment data on women's capacity in decision-making, which is quantified in terms of having access to a bank account, access to or control over cash earnings or household income, access to a micro-credit programme, the ability to use a mobile phone for monetary transactions, and the ability to go alone to the market, health centres and outside villages.

Across the three NFHS rounds over last two decades, there has been a steady but slow improvement in most indicators of autonomy among SC women, particularly in financial inclusion and household decision-making.

Dalit women's financial autonomy shows a mixed trend — working women's decision-making on spending own income has slightly declined (from 20.2% to 17.6%), the share of women who can decide where to spend money has increased (from 43.1% to 51.2%). Access to bank accounts rose sharply from 11.6 percent in 2005–06 to 79.4 percent in 2019–21, likely driven by government financial inclusion schemes. Awareness of microcredit programmes has grown modestly, though actual credit uptake remains low (rising only from 4.7% to 13%).

Women's decision-making power within households improved substantially. The share of women deciding on major household purchases rose from 53.1 to 79.6 percent, and those making healthcare decisions increased from 63 to 81.1 percent. Similarly, more women can now visit family or relatives freely (from 60.3% to 81.2%), indicating enhanced mobility and social participation. Ownership and access to assets and technology have expanded but remain limited. Nearly half of SC women (48.3%) now own a mobile phone, while ownership of a house (43.3%) and land (30%) in their name is still low.

However, freedom of movement remains constrained — only 44 percent of Dalit women can go alone to markets, health centres, or outside the village. Encouragingly, acceptance of wife-beating has declined from 58.4 to 48.6 percent, reflecting gradual attitudinal change toward gender-based violence. (Table 5)

Overall, progressive gains in financial access, decision-making, and mobility among SC women are reflected during the SDG period (post 2015), but persistent gaps in control over income, property ownership, and independent mobility indicate that true autonomy remains limited.

This indicates that –

- Dalit women’s decision-making power specially in financial inclusion and household decision-making has seen steady but slow improvement in last 2 decades.
- Women continue to have less say and control over household finances, own incomes, ownership of property and independent mobility – indicating that true autonomy remains limited.
- No or less control over one’s own incomes is revealed in survivor narratives in the following sections (see Chapter 5), where sugarcane cutters are recruited in pairs, and wages are paid to husbands or partners – but not to the women themselves.
- Dalit women’s mobility is restricted to family visits and remains limited for other purposes like healthcare, markets, etc., reveals that women’s movements continue to be guided by familial approval, supervised environment, and patriarchal expectations of movement within domestic or safe spaces. While concerns about safety and protection from violence—also reflected in survivor narratives in Chapter 3—are often cited as reasons for restricting the mobility of women and girls, these restrictions emerge from systemic patriarchy as well as from the lived reality of violence they face. When families feel that external factors are beyond their control, limiting women’s mobility becomes one of the few ways through which they believe they can exert some control over risk and vulnerability. However, whatever the reason for women’s restricted mobility—whether perceived safety concerns or gender discrimination—the long-term effects are disempowering. Restricted mobility weakens women’s confidence, agency, and personal autonomy. It also reduces their access to education, work, social networks, health services, and civic participation, creating an unmotivating environment for their overall development.

3. ACCESS TO INFORMATION: Media Exposure and Internet Access

NFHS 5 shows a clear and sharp gender-based digital divide. Media exposure and access to technology have declined sharply among women from all social groups including Dalit women. Newspaper readership among Dalit women fell from 27 percent in 2015–16 to 11 percent in 2019–21. The share of Dalit women with no access to any media—TV, newspapers, or radio—has increased, and post-COVID, newspaper consumption has further declined, with social media partially replacing it; yet women without personal smartphones remain excluded (Table 6). Internet access also reflects a stark gender and caste divide. Only 27 percent of Dalit women have ever used internet, with more usage among Dalit men (47 percent). Mobile ownership largely remains with men, leaving Dalit women with the least access to modern technology and social media (Table 7).

Low access to information through technology and media hampers Dalit women’s awareness of rights, opportunities, and support systems. It restricts avenues for decision-making power, social networks, and increases their dependence on authority figures within family or community. In today’s world where digital access can open diverse avenues of opportunity for women’s empowerment – the lack of it hinders Dalit women’s ability to seek help, education, and employment, further impacting their autonomy and empowerment.

4. ACCESS TO LIVELIHOOD

The overall employment of women remains significantly lower than that of men across all social groups and in both rural and urban areas. Only about 31 percent of women are employed, compared to 56 percent of men (WPR). A significant gender gap exists across all social groups, with over 31 percent Dalit women employed (WPR) – a change from 24 percent in 2017-18 (WPR, PLFS 2023–24; Table 8)

The unemployment rate among women across all social groups has declined over the past two decades – from 9 per cent in 2004 to 3 per cent in 2023. Notably, urban women’s unemployment rate is higher than that of rural women across all social groups, indicating limited job opportunity despite education, a mismatch between qualifications and available jobs, job preferences, and gendered barriers in the urban labour market, among other factors. Rural women, by contrast, may engage in informal or agricultural work even if poorly paid. The unemployment rate of Dalit and Adivasi women is lower than other groups, indicating engagement in jobs even if poorly paid. (Table 9)

Employment by sector and type: More than half of working Dalit women are self-employed in rural agriculture, rather than in salaried or casual work. Between 2017 and 2023, there has been a marked shift from casual work to self-employment. This is seen through the decline in the share of casual work from 42 percent in 2017 to 27 percent in 2023, compared to the increase in self-employment from 38 percent to 56 percent. (Table 10, PLFS 2017–18 & 2023–24)

The decline in casual sector work coincides with an increase in Dalit women’s participation in rural agriculture, which rose from 17 per cent to 26 per cent between 2017 and 2023. However, there has been little change in their employment in rural and urban industry and the service sector. While more rural Dalit women are engaging in agriculture, Dalit men’s movement across sectors and types of work has remained relatively stable. (Table 11, PLFS 2017–18 & 2023–24)

This trend suggests that as more Dalit women enter the workforce, the industrial and service sectors are not absorbing them, and their entry into agriculture is largely out of compulsion, not choice. Self-employment—mostly in rural agriculture—neither guarantees minimum wages nor provides social security. As men migrate towards higher-paying non-farm work, women are left to manage farm labour. This may lead to the feminisation of agriculture, but it does not necessarily translate into greater control over land, credit, or markets. (Table 5) Further, Dalit women continue to have the least access to land and formal credit and limited control over cash earnings.

Moreover, the low absorption of Dalit women in salaried jobs reflects their limited access to higher and professional education. Notably, Adivasi women are the least represented in salaried employment. Although Dalit and Adivasi women record higher overall employment and labour force participation rates compared to other social groups, these figures—when analysed alongside other development indicators—point to distress-driven employment, forcing them into low-paid and insecure work.

OVERALL OBSERVATION ON DALIT WOMEN'S AUTONOMY AND EMPOWERMENT

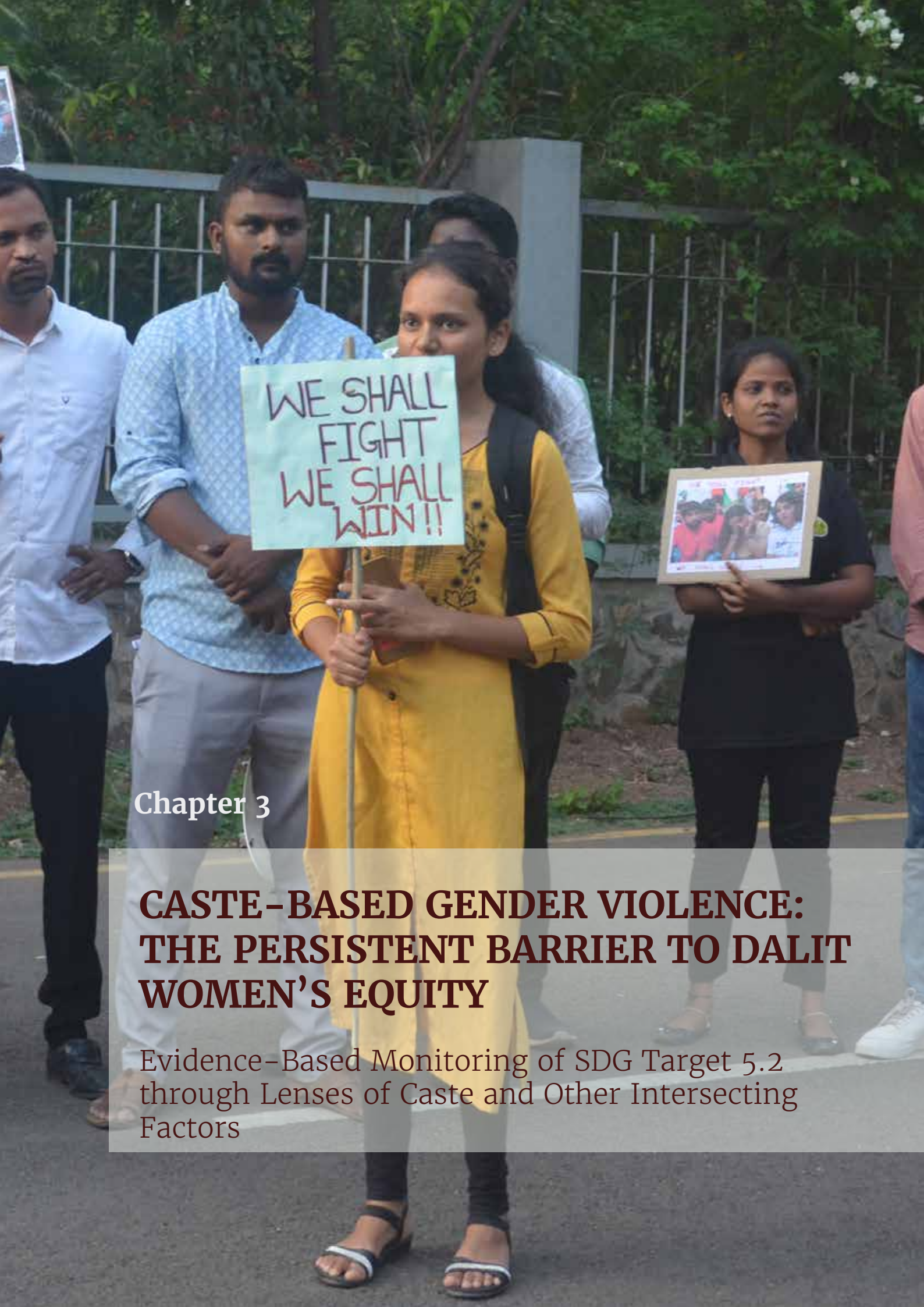
How low education levels and limited financial inclusion restrict Dalit women's access to decent and adequate livelihood opportunities.

As illustrated earlier, Dalit girls continue to face disproportionately high dropout rates, shutting them out of education and pushing them into poorly paid, insecure work. Their recent rise in labour force participation is not a sign of empowerment but a reflection of desperation—concentrated in self-employment within agriculture, where wages are meagre and social protection is absent. Stripped of access to land, credit, and decision-making, Dalit women remain workers without control over their own labour. Early school dropout and the systemic denial of skills training block their entry into industrial and service sectors, perpetuating their confinement to low-value work. On top of this, limited media exposure and restricted internet access isolate them from opportunities to learn and organise.

These intersecting deprivations explain why Dalit women continue to be exploited as contractual, daily wage, or bonded labourers in informal sector work, including plantations, construction, domestic work, sanitation, and various other informal occupations. Far from being accidental, these conditions are sustained by caste patriarchy and an economic system that thrives on their dispossession.

Historically, bonded and forced labour has been passed from one generation to another. Sanitation and manual scavenging remain hereditary occupations of the formerly known “untouchable” castes. In violation of their basic human rights, Dalit women are physically abused and threatened by the community for refusing to carry out caste-based tasks. Like their male counterparts, they face discrimination when seeking other forms of employment and are largely unable to escape their designated occupations, even though such practices have been abolished by law.

In the following sections (Chapter 5), the study explores how low autonomy among Dalit women exposes them to exploitative labour practices, often including bonded and forced labour as well as child labour in sugarcane harvesting. These labour conditions have far-reaching consequences, affecting children's education, and women's sexual and reproductive health, as well as their mental well-being.



Chapter 3

CASTE-BASED GENDER VIOLENCE: THE PERSISTENT BARRIER TO DALIT WOMEN'S EQUITY

Evidence-Based Monitoring of SDG Target 5.2
through Lenses of Caste and Other Intersecting
Factors

This chapter presents evidence on the status of **SDG Target 5.2— “Eliminating all forms of violence against women and girls” by persons other than intimate partners—through the lenses of caste and other intersectionalities**. It examines the multiple ways in which violence shapes the everyday lives of Dalit women and girls, the roadblocks they face in accessing justice, and the nature and scale of caste-based violence. It also discusses the factors that perpetuate such violence and the institutional environment that influences their access to justice.

The status of state response in eliminating caste-based gender violence is assessed through secondary analyses of government records, including National Crime Records Bureau (NCRB) Crime in India reports from 2015–2023. These analyses are further substantiated with primary findings drawn from in-depth interviews with survivors, their families, and key informants such as police personnel, lawyers, Child Welfare Committee members, and local self-government representatives, as well as insights from legal case analyses and interventions.

Evidence from secondary and primary study is discussed here in 5 parts

Section A	Nature and Scale of Caste-based Gender Violence and Perpetuating Factors
Section B	Everyday Struggles of Survivors Beyond the Legal Process, Findings from Survivor Narratives
Section C	Legal Challenges faced by Survivors, Findings from Primary Legal Interventions and Survivor Narratives
Section D	Elements of Caste-based Gender Violence and Triggers or Excuses That Sustain It
Section E	Status of Institutional Response in Eliminating Caste-Based Gender Violence

SECTION A : Nature And Scale Of Caste-Based Gender Violence And Perpetuating Factors

1. NATURE AND SCALE OF CASTE-BASED GENDER VIOLENCE

Crimes against Dalit women and girls are recorded by the National Crime Records Bureau (NCRB) under relevant legislations for offences including – Assault on women and girls to outrage modesty, rape, attempt to rape, insult to modesty, kidnapping and abduction to compel for marriage, and procurement of minor girls.

Government data from 2023 paints a grim picture - 12 Dalit women and girls are raped every day in India. Three in every ten of these rape cases involve minors. Even in incidents of assault to outrage modesty, two in ten victims are underage — emphasizing the deep vulnerability of Dalit girls to sexual violence.

In 2023, 8,529 crimes were recorded against Dalit women and girls – a nearly 50 percent rise from 2015, when the number stood at 5,713. (Table 12). During the 9-year period from 2015 to 2023⁴ – coinciding with start of SDGs, the NCRB recorded a total of 66,199 incidents of crimes against Dalit women and girls – showing an increase by nearly half (49%) in 2023 over 2015. The total crimes against Dalit community as a whole during the same 9-year period (2015-2023) is recorded at 427,286 incidents – with a similar increase by half (50%) in 2023 over 2015. Crimes against Dalit women and girls constitutes 15 percent of total crimes against the entire community. (Table 12)

In terms of types of offences, assault to outrage modesty and rape together account for 91 percent of all crimes committed against Dalit (SC) women and girls during the 9-year period, comprising 30,354 incidents of assault to outrage modesty and 29,700 incidents of rape. (Table 13). **This concentration of offences highlight how sexual violence remains the predominant form of caste-based gender crimes against Dalit women and girls.**

Notably, the increase in incidents of rape against minor Dalit girls has been particularly significant since category began to be recorded. (NCRB started documenting rape crimes specifically against Dalit girls in 2017). During this period, the number of reported rape incidents more than doubled - from 656 cases in 2017 to 1,379 cases in 2023.

The sharp rise indicates both an escalation in vulnerability of Dalit minor girls and possibly improved reporting mechanisms following CSO intervention and other interventions and disaggregation of data by age and caste. Cases of ‘attempt to rape’ receive little attention and often go unreported or unnoticed. Yet, this offence deserves recognition, as it represents an interrupted act of rape. **The limited attention to such cases points to gaps in recognising and responding to sexual violence that does not result in completed rape but carries the same intent and harm.**

Observation:

- Sexual violence is one of the most pervasive forms of caste-based gender crimes against Dalit women and girls—but the critical question is why. Why do dominant-caste men view Dalit women and girls as easy targets? This violence stems from a deeply entrenched belief that Dalit women’s bodies are accessible and vulnerable without consequence.
- Such assaults are not only acts of misogyny but also weapons of caste domination. Dominant-caste men often use violence against Dalit women to “put Dalit men in their place,” reinforcing caste hierarchy through the control of women’s bodies. When a Dalit man is perceived as assertive or “rebellious,” the women in his family become even more vulnerable—targeted as a form of retaliation or punishment. In this way, Dalit women’s bodies are used as tools of revenge, and sexual violence becomes a means of attacking the dignity and collective pride of the Dalit community.
- Therefore, crimes against Dalit and Adivasi women must be understood through a caste-based lens. These acts are not isolated incidents of gendered violence; they are manifestations of systemic caste oppression. This is precisely why the SC/ST (Prevention of Atrocities) Act was instituted—to acknowledge the caste-specific nature of such violence and provide legal safeguards against these historically rooted and structurally reinforced crimes.

Table 12

Number and percentage of crimes committed against SC Women from 2015 – 2023 (SC/ST Act)

Year	Total crimes registered - SCs	Total crimes registered - SC Women & Girls	% SC Women & Girls to Total SCs
2015	38,564	5,713	14.81%
2016	40,774	6,501	15.94%
2017	42,969	6,347	14.77%
2018	42,539	6,818	16.02%
2019	45,922	7,510	16.35%
2020	50,268	7,397	14.71%
2021	50,879	8,221	16.15%
2022	57,582	9,163	15.91%
2023	57,789	8,529	14.75%
TOTAL	427,286	66,199	15.49%

Table 13

Forms of Offences against SC Women & Children (2015 - 2023)

Crime Head	2015	2016	2017	2018	2019	2020	2021	2022	2023	TOTAL	% change in 2023 over 2015
Assault on Women to Outrage the modesty (Sec 354 IPC)	2800	3172	2903	3091	3375	3373	3764	4160	3716	30354	32.71%
Assault on Adult Women to Outrage the Modesty	2800	3172	2617	2719	2946	303	3214	343	306	2701	
Assault of Children (POCSO Act)	0	0	28	372	429	336	550	721	647	3341	
Rape (Sec. 376 IPC)	2326	2541	2714	2936	3486	3372	3870	4241	4214	29700	81.17%
Rape of Women	2326	2541	2058	2067	2369	2317	2585	2835	2835	21933	
Rape of Children (Sec 4 & 6 of POSCO Act)	0	0	656	869	1117	1055	1285	1406	1379	7767	
Attempt to Rape (Sec 376/511 IPC)	74	148	105	132	124	90	100	104	64	941	(13.51) % (decrease)
Insult to Modesty (Sec 509 IPC)	58	81	72	148	143	144	157	226	197	1226	239.66%
Kidnapping & Attempt to compel her for marriage (Sec 366 IPC)	455	559	527	493	357	394	309	408	314	3816	(30.99) % (decrease)
Procuration of Minor Girls	0	0	26	18	25	24	21	24	24	162	(7.69)% (decrease)
Total	5713	6501	6347	6818	7510	7397	8221	9163	8529	66199	

States with High Reporting of Crimes Against Dalit Women and Girls

States with high incidents of caste-based gender violence in 2023 include, (in order) - Uttar Pradesh, Rajasthan, Madhya Pradesh, Maharashtra, Karnataka, Haryana, Kerala, Andhra Pradesh, Telangana, Gujarat, Odisha and Chhattisgarh. (Table 14). In terms of absolute numbers of crimes against Dalit women and girls, in 2023 - Uttar Pradesh, Rajasthan and Madhya Pradesh recorded the highest number of incidences, constituting over 50 percent of the total crimes recorded. For almost two decades (2004-2023), the pattern has remained unchanged. Together UP, Rajasthan and Madhya Pradesh have always recorded 50-60 percent of total crimes against Dalit women and girls. Other states shift positions within this troubling atrocity list but rarely exit it. (Table 15, 16)

Bihar's case is curious. The state shows extremely low incidents of crimes against women, yet AIDMAM's legal work reveals high levels of sexual violence but very low reporting. The organisation often must persistently follow up with senior authorities to get FIRs registered, as police do not act promptly when survivors' families approach them.

Without external intervention, delays or refusals to file FIRs are common. AIDMAM also finds that when sexual violence occurs alongside broader violence against Dalit families, police often persuade families to register cases only for physical assault, leaving out the sexual-violence component. Low reporting does not mean sexual violence does not occur—it is often deliberately subsumed within broader incidents of violence against the community.

Notably, the overall crime incidents against entire Dalit community in Bihar is high, while reported crimes against women and girls is extremely low (Table 17). As discussed earlier - that crimes against women and girls likely get subsumed in broader crimes against the community - it is therefore essential to interpret NCRB data on crimes against women alongside overall crimes against Dalit communities to capture the true extent of such violence.

Caste-based Gender Violence and Its Impact on SRHR and Mental Health

In terms of absolute numbers of crimes against Dalit women and girls, in 2023 - Uttar Pradesh, Rajasthan and Madhya Pradesh recorded the highest number of incidences, constituting over 50 percent of the total crimes recorded. For almost two decades (2004-2023), the pattern has remained unchanged.

SECTION B : Barriers In Accessing Justice – Legal Challenges Faced By Survivors

Evidence and Findings from Primary Legal Interventions and Survivor Testimonies

The following section documents challenges faced by the survivors and their families in accessing justice owing to gaps in procedures followed during reporting, compensation, medical assistance, investigation, filing of chargesheet, and trial of cases. Other challenges faced by the survivors and their families as a result of filing the criminal case against perpetrators from dominant caste groups are also discussed.

The evidence presented here is informed by AIDMAM's experience of legal intervention in atrocity cases committed against Dalit women and girls. It includes fact-finding of atrocity cases and assistance to survivor/ families at the stage of FIR registration, medical assistance, investigation, filing of charge sheet, assistance during trial, compensation, as per the provisions of the SC & ST (PoA) Act. The findings here are also published in AIDMAM's study titled "Dalit Women Rise for Justice" (2021). The case studies aim to demonstrate the various ways in which barriers to justice manifest.

1. FIR REGISTRATION

Police frequently delay or refuse to file complaints, and in many instances, survivors or their families are subjected to casteist abuse, humiliation, and threats discouraging them from reporting. In one of the fact-finding missions, FIR for attempt to rape of 16-year-old Dalit girl was registered after 41 days of intensive intervention with senior police and state authorities.

Survivor Narrative # 1

Attempt to rape on Dalit minor for drinking water from village tap Madhya Pradesh, 2020

In this incident, a Dalit minor girl from Chhatarpur district, Madhya Pradesh (2020), who had "dared to touch the tap water" from the dominant caste neighbourhood was first verbally abused using casteist slurs, then beaten up, molested and a rape attempt by 4 men from the dominant caste of the village. Her family who tried to rescue her were also assaulted. Despite 4 days of continuous requests, the police refused to file the FIR. On the contrary they made casteist comments and drove them away. In fact, a false counter FIR was registered by the accused's father. Series of written submissions to District Collector, Superintendent of Police, Member of National Commission for Scheduled Castes (NCSC), and Deputy-Inspector General (DIG), Madhya Pradesh were made by family and AIDMAM, only after which FIR was finally lodged after 41 days of intensive follow-up.

2. DELAY BY POLICE IN PRODUCING SURVIVOR BEFORE MAGISTRATE FOR RECORDING STATEMENT

Police are found to delay producing the survivor before Magistrate for recording her statement under section 164, CrPC (now section 183, BNSS). As per Criminal Amendment Act, 2013, the police are duty bound to produce the rape survivor to nearest Magistrate for recording her statement. The statement of the survivor in front of Magistrate is to ensure that survivor is protected from pressure or intimidation from police, or accused and reduces the chances of her testimony being discredited during trial. This procedure is therefore essential for prosecution. Any delay in recording the statement gives the accused an opportunity to flee or intimidate the survivor and her family. Another of our fact-finding mission of rape of 11-year-old Dalit girl from Aurangabad district, Bihar, demonstrates this.

Survivor Narrative # 2

Open defecation – a frequent site of rape and abuse, Bihar

In this incident, 11-year-old Dalit girl from Aurangabad district, Bihar, was raped by a 33-year-old known man from dominant caste community of the same village. The minor girl had gone out of her house for open defecation, where the accused followed her.

Though the police registered the FIR under SC/ST (PoA) Act and relevant IPC sections, it was only upon continuous insistence by AIDMAM activists that the police produced the survivor before Magistrate for recording her statement.

3. RETALIATORY FALSE COUNTER CASES AGAINST SURVIVORS AND HER FAMILY

False and fabricated counter-cases are often filed against Dalit survivors of caste-based gender violence by the accused, trapping them in legal complications. This distracts and discourages survivors and their families from pursuing their own case. In many instances, as observed in fact finding missions, the police support or even advise the perpetrators in filing such cases. While prompt action is taken in counter-cases, delays and negligence are evident in cases reported by Dalit women, reflecting deep-seated bias and insensitivity of the police.

Survivor Narrative # 3

Fake charges on Dalit woman for resisting beating and humiliation

Madhya Pradesh 2020

A 30-year-old Dalit woman and her family from Madhya Pradesh worked for a dominant caste employer who often withheld their wages and did not grant leave. Upon taking an unsanctioned leave to attend a wedding, they were beaten, abused, and forced to clean human excreta. After she filed an FIR, the accused retaliated with a false land forgery case. She was jailed for over three months before getting bail in June 2020.

4. MONETARY COMPENSATION TO SURVIVORS

- Rule 12(4) of the SC/ST (PoA) Act mandates providing immediate relief—cash, kind, or both—within seven days to atrocity victims, including essentials like food, shelter, and medical aid. However, Dalit survivors of caste-based gender violence are often denied this right. Our experience shows that compensation is usually released only after repeated follow ups and submissions to the District Magistrate and District Welfare Officers.

Survivor Narrative # 4

Part compensation to 13-year-old Dalit rape survivor and teenage mother

In June 2021, a 20-year-old Dalit woman from a village in Bihar was raped by a dominant-caste man while her parents were away. The accused threatened her into silence, and the assault came to light only four months later when she became pregnant. Despite pressure from the accused's family and local influential actors to suppress the case and force a compromise, her father succeeded in registering an FIR in September 2021.

The survivor later gave birth, and the child is now cared for by the survivor's mother. The family, already living in deep poverty and dependent on daily wage work, has received only one instalment of compensation under the SC/ST (PoA) Act. No additional financial assistance, rehabilitation support, or aid for the child has been provided.

Social stigma, fear of retaliation, and complete institutional neglect have further isolated the family. The case illustrates the intersecting realities of caste-based gender violence, economic vulnerability, and the chronic failure of state mechanisms to support marginalized survivors—particularly in ongoing cases where even legally mandated compensation remains undelivered.

5. DELAY IN ARREST OF THE ACCUSED

- Arrest of the accused is legally mandatory once FIR is registered under SC/ST Act, yet police often delay or avoid arrests, causing charge sheet delays and witness tampering. Our 2021 study of 81 sexual violence case analyses found that for most arrests - submissions and representations had to be made by Dalit women leaders to the DGPs, SPs, DSPs and other officials to expedite the arrest the accused.

Survivor Narrative # 5

Police inaction on sexual harassment escalates violence, Bihar, 2020

A 13-year-old Dalit girl from Jehanabad, Bihar, was sexually harassed by two drunk men from the dominant caste while returning home after open defecation. When her family intervened, over 20 dominant-caste men joined, abusing them with caste slurs and assaulting them, causing severe injuries, including head injury to the survivor girl. Emboldened by police inaction, the group later damaged crops and looted the family's home. After two months of persistent follow-ups and submissions to authorities, only the two perpetrators were arrested, while the larger group remained free (2020) them, causing severe injuries, including head injury to the survivor girl.

6. OMISSION OF APPROPRIATE SC/ST (POA) ACT SECTIONS IN FIR, WEAKENS PROSECUTION

Incidents of caste-based gender violence should be investigated under the SC/ST (PoA) Act, with appropriate sections included in the FIR and charge sheet. Failure to invoke appropriate sections in charge sheet can weaken the prosecution. Our experience shows that the police often deliberately omit these sections from the FIR, or include weak sections of SC/ST (PoA) Act, or remove them from the charge sheet to weaken the case and protect the perpetrators. Such sabotage of reporting and investigation by the police deprives survivors of relief, rehabilitation, and other legal entitlements. The 2021 AIDMAM study of 81 case analyses found that, among the cases registered, only 12 percent invoked any/appropriate sections of the SC/ST (PoA) Act. Consistent follow-up by Dalit women leaders ensured the inclusion of appropriate sections in the remaining 68 cases.

Survivor Narrative # 6

Non-invocation of appropriate SC/ST Act sections for Dalit minor's gang rape, Bihar, 2020

16-year-old Dalit minor girl in Patna district, Bihar, was gang-raped by four dominant-caste men from her village. The police initially refused to file an FIR, allowing the perpetrators to continue victimising her for over six months. Medical examination and recording of her statement (u/s 164 CrPC) before a Magistrate occurred only after six months. The FIR, finally registered after activist intervention, failed to invoke rape charges – for a crime of gang rape, including only minor IPC and SC/ST (PoA) Act sections. Persistent submissions and representations to the DSP, SSP, National Commission for Scheduled Castes, IG, and a Patna High Court petition eventually compelled the police to include the appropriate IPC, POCSO, and SC/ST (PoA) Act sections in the chargesheet—nine months after the crime (2019).

7. DELAY IN FILING OF CHARGE SHEET WITHIN THE MANDATED 60 DAYS FIR REGISTRATION

Rule 7(2) of the SC/ST (PoA) Act mandates that the charge sheet be filed in the concerned Special Court or Exclusive Special Court within 60 days of FIR registration. Among the 81 cases reviewed in AIDMAM 2021 study, charge sheets were filed in only 39 cases (50% of 77 FIRs), while several cases from 2018 remained under investigation, pending for over two years.

Survivor Narrative # 7

Delay in filing chargesheet for rape and murder of 72-year-old Dalit woman, Bihar

A 72-year-old Dalit woman, Yamuna Devi (*name changed*), from a village in Patna district, was raped and brutally murdered on April 18, 2023, by an OBC man, following a long-standing caste-based dispute over drainage water. The accused had repeatedly harassed Yamuna Devi and her family with casteist slurs and violence linked to the conflict, and they had also faced severe social and economic exclusion.

On the day of the attack, she was beaten with stones and iron rods; her body was later found partially unclothed, indicating sexual assault prior to her death. Police registered an FIR under IPC Sections 302 and 34, and the accused was arrested. However, the charge sheet was filed after a delay of over 12 months, and the case has remained on trial for more than a year.

AIDMAM has called for the application of relevant atrocity laws, swift arrests, protection for the family and witnesses, and adequate compensation and state support. The case starkly illustrates how caste-based oppression, gendered violence, and systemic institutional neglect converge to endanger Dalit women's lives in rural India.

8

PROLONGED TRIAL

- Section 14(2) SC/ST (PoA) Act speaks about the disposal of the case within the period of two months. The persistently high pendency of crimes against Dalit women and girls—over 91 percent every year for the last nine years—highlights serious gaps in implementing the SC/ST Act. It directly undermines justice for Dalit women and causes survivors to lose faith in the criminal justice system.

Survivor Narrative # 8

Trial delays turn justice into punishment for gang rape survivor, Haryana, 2021

A 14-year-old Dalit girl from Panipat district, Haryana, employed as domestic help in a dominant caste family, faced a horrific ordeal of sexual violence and abuse and continues to await trial (as on report date, 2021). The minor was trafficked, kidnapped, repeatedly gang-raped, forced into prostitution with multiple partners, blackmailed, and threatened with death by her dominant-caste woman employer, where she worked as a domestic help. Her parents had left her at the employer's home, as is common among many poor families. Suspecting something was wrong, they brought her back home, but she was soon kidnapped again by the employer and forced into prostitution at a local hotel.

The Dalit family then lodged an FIR against the employer. However, only kidnapping charges were registered, while sections under the SC/ST (PoA) Act were omitted. No police action was taken against the dominant-caste employer, who was known to the local police. The family continued to face harassment, and the employer even

coerced the survivor into recording a false statement against her parents before the Magistrate when produced by the police. A medical examination later revealed that the survivor was four months pregnant.

Local Dalit leaders helped obtain permission for the minor's abortion, and after a series of follow-ups with authorities, the police finally filed the charge sheet eight months after the FIR, including kidnapping and gang rape under IPC sections and atrocity charges under the SC/ST (PoA) Act. As of the report date (2021), the case was still pending trial.

9. CONVICTION UNDER IPC SECTIONS, WHILE IGNORING SC/ST (POA) ACT UNDERMINES THE INTENTION OF THE ACT

It has been observed that in cases where convictions are awarded, the accused are often sentenced under sections of the Indian Penal Code or other Acts, while completely bypassing the SC/ST (PoA) Act. Failing to sentence the accused under the SC/ST (PoA) Act undermines the very objective of the law — to establish that the offence was driven by caste-based motivation. Such judgments dilute the Dalit struggle that consistently asserts caste as a major factor in gender-based violence against Dalit women and girls. This pattern reflects systemic bias in the implementation of the law and highlights the reluctance of the justice system to acknowledge caste as a driving factor in gender-based violence.

Survivor Narrative # 9

Selective application of SC/ST Act reinforces caste-based gender violence, Bihar, 2019

The conviction of the perpetrator for the rape of a 16-year-old Dalit girl from Gaya district, Bihar, under IPC sections, albeit after two and a half years of legal proceedings, marks a victory in the survivor's fight for justice. Yet, it is crucial to note that the omission of sentencing under the SC/ST (PoA) Act reflects institutional resistance to recognising caste-based motivation in crimes against Dalit women and girls.

The teenager was raped by her teacher in the school premises. In this instance, the police were prompt in registering the FIR and filing the charge sheet, invoking sections under the IPC, POCSO and the SC/ST Act. The perpetrator was convicted under IPC and POCSO sections, and compensation was provided to the survivor under the Victim Compensation Scheme. The judgment explicitly rejected the application of the SC/ST (PoA) Act in sentencing, stating that the FIR neither mentioned nor established the victim's caste, nor that the rape was committed on account of her caste identity.

Such selective application of the law not only denies survivors full justice but also reinforces caste hierarchies that continue to silence Dalit women's experiences (2019).

10. ACCESSING MEDICAL CARE AND EXAMINATION - A HARROWING EXPERIENCE

The Government of India's Medico-Legal Care Guidelines for Survivors of Sexual Violence (MoFHW, 2014) direct medical professionals to act with sensitivity, humanity, and without discrimination. Examiners must avoid comments or assumptions about a survivor's caste, religion, or personal life, and limit questions to those relevant to care. In caste or communal conflicts, health workers should sensitively identify signs of sexual violence, hear survivors' accounts—including caste-linked details—and ensure medical care and documentation remain free from police or state interference.

However, our experience through interventions in Bihar, Odisha, Uttar Pradesh, and Madhya Pradesh reveal that these protocols are rarely followed in spirit. Dalit women and girls who survive caste-based gender violence continue to face neglect, insensitivity, and bias from medical professionals. Survivors have described being treated with indifference, spoken to disrespectfully, and made to feel disbelieved or blamed. Such practices not only violate the government's medico-legal framework but also strip survivors of dignity and compassion at a time when they most need care and trust.

Survivor Narrative # 10

Hospital's medico-legal violations deepen survivor's trauma, Odisha, 2020

A 25-year-old Dalit woman from Cuttack district, Odisha, was gang-raped by four men and later thrown down the stairs, leaving her with broken limbs and critical condition, until she was rescued by a passerby. She was admitted to S.C.B. Medical College and Hospital (government hospital) but remained in the accidental ward unattended by medical staff for over seven days.

Three of the perpetrators, from the dominant caste in her village, had lured her to the city under pretext of employment; the fourth perpetrator was the hotel owner. Over the course of a month, she was repeatedly raped in a hotel in Cuttack city.

The family, informed of the "accident" by one of the perpetrators, were confined by the hospital administration—not allowed to leave or discuss the case for over one and a half months. Their plight was extreme – with difficulty in accessing food and water. At one point, they were even told by the hospital staff to drink 'water from the toilet.'

Local Dalit activists intervened after learning about the case through newspapers. Following complaints to the Ministry of Health, Odisha, the survivor, whose condition was deteriorating daily, was shifted to the ICU and underwent limb surgery. The FIR was finally registered after a long delay, invoking only IPC sections while ignoring the SC/ST (PoA) Act. As on the report date (2021), only one accused had been arrested, while two members of the survivor's family were falsely implicated and arrested in a counter-case.

11.

FAMILIES DUPED OR PRESSURED INTO “COMPROMISE”, DENYING THE SURVIVOR AGENCY IN LEGAL PROCEEDINGS

In loose usage, the term “compromise” refers to the coercion of a survivor into turning hostile—by testifying during trial that the accused named in the FIR and facing trial is not the real perpetrator. In practice, such “compromise” often involves intimidation of varying kinds, threats of bodily or other harm, psychological pressure of social boycott, and other forms of coercion or inducement. Many families are duped into signing stamp papers labelled as “compromise,” which, though legally invalid, deceive illiterate or vulnerable victims into believing the document carries legal weight.

A police key informant in the study (mentioned in section E) observed that lawyers from both sides, including those representing the survivor, are sometimes involved in facilitating such “compromises.” When hush money is offered as part of the arrangement, parents or guardians rarely disclose the reason openly, though it often becomes apparent through interactions. Whatever the reason or enticement, when such “compromises” are struck, it is the survivor who ultimately pays the price.

These practices also reinforce the narrative of “false cases” and the generalized assumption that victims fabricate allegations of sexual violence to claim compensation under the SC/ST (PoA) Act, as observed by one of the police key informants.

SECTION C : Everyday Struggles of Survivors Beyond the Legal Process

Caste-based Gender Violence and Its Impact on SRHR and Mental Health

The everyday struggles of survivors of caste-based gender violence, largely invisible in official records, reveal how systemic barriers continue to deny survivors not only justice in law, but also justice in life.

The long and arduous road to justice shapes the lives of survivors and their families, pushing them further to the margins. While legal remedies are central to the pursuit of justice, for Dalit women and girls who survive caste-based gender violence, the struggle does not end with the filing of an FIR or the conclusion of a trial. In reality, the legal process is only one part of a much longer and more exhausting battle for dignity, safety, and survival.

Social ostracism, recurrent intimidation and harassment from perpetrators and the dominant caste community supporting them, financial burden from loss or restricted earnings during legal

follow-ups, stigma affecting present and future relationships, and long-term reproductive and sexual health consequences—together deepen the trauma already inflicted by the violence. Families too bear the brunt, facing economic hardship, displacement, and community backlash.

These everyday struggles, largely invisible in official records, reveal how systemic barriers continue to deny survivors not only justice in law, but also justice in life. Some of these non-legal challenges and struggles faced by survivors and their families are discussed in the following section. The insights are drawn from survivor and family testimonials collected through in-depth interviews (2025), as well as AIDMAM's extensive engagement with survivors and their families during more than two decades of mobilization, Dalit leadership development and legal intervention.

Locale of Primary Qualitative Data Collection Through In-Depth Interviews of Survivors and Key Informants

Bihar and Haryana were selected for the primary survey on evidence-based caste violence against Dalit women and girls due to their high incidence of sexual violence, although actual reporting in Bihar remains low. Cases addressed through AIDMAM's legal interventions in both states further highlight distinct rural–urban and regional patterns in crimes against Dalit women and girls.

Bihar shows high levels of caste-based violence despite low reporting, shaped by a history of organized caste atrocities, weak state response, and persistent socio-economic deprivation. It also has a strong legacy of Dalit assertion, often provoking backlash from dominant castes. Haryana, though economically advanced and highly urbanized, records high crime rates against Dalit women and girls, reinforced by rigid rural caste hierarchies and the influence of Khap Panchayats. Khap panchayats are traditional, all-male clan assemblies found mainly in northern India, especially Haryana. Though lacking legal authority, they function as caste-driven, regressive bodies that act as shadow governments, enforcing patriarchal and outdated customs in the name of tradition. Despite higher reporting, justice delivery in Haryana remains poor.

Pattern of Violence per Primary Findings–Bihar & Haryana

There are nine survivor testimonies from the two states- five from Gaya, Bihar and four from Sirsa and Hisar, Haryana.

The study documents five survivors' narratives from Gaya district in Bihar – which records the highest sexual violence cases, albeit with low reporting. All the five cases are of rape/ gang rape from 2020 onwards and AIDMAM is assisting the survivors through legal intervention. Two cases are of married women between 20–30 years and three cases of school going minors aged 15–16 at the time of rape. Two of cases followed land dispute matters, two occurred when the survivors were returning home from the farm and coaching centre (in separate incidents), and the fifth one involved kidnapping and rape by an acquaintance. Each of the incidents was accompanied by casteist slurs, and the rape/gang rape left long-lasting mental and psychological trauma on the survivor.

The socio-economic backgrounds of the survivors are similar – all live in mud houses, in village pockets with no or inadequate amenities. One of the survivors has a pre-existing mental illness, which worsened to the point of her attempting suicide during the ordeal of legal proceedings. Another survivor suffered a miscarriage following a physical attack by the dominant caste perpetrators. Among the minors - two of them entered into early marriage - at 18–19 years, as an escape mechanism from stigma, persistent harassment, and fear, and possibly as ‘perceived protection’ from further violence. Both of them are also pregnant now – with their teenage marriage resulting in teenage pregnancy. Parents of the third minor will also get her married early whenever they find her a partner. All families are extremely poor and engaged in outmigration-based informal sector work.

In Haryana, we documented four rape/gang rape survivor narratives from Sirsa and Hisar district, which records the highest rate of crimes against Dalit women and girls in the state. All cases are part of AIDMAM’s legal interventions. The survivors are minor girls aged 13-16 at the time of incident. One lives in an urban slum of Hisar, while the others are from nearby villages. In three cases, the perpetrator was known to the survivor – a friend, a father’s friend, and a neighbour – all from dominant caste communities. The fourth survivor was raped when she went for open defecation. All families are extremely poor, their families relying on informal labour. All of them discontinued their schooling after the rape/ gang rape – unable to bear victim-blaming and shaming by peers, community, and even family, along with declining grades.

A supportive family environment is crucial for survivors; its absence worsens mental health struggles. In these cases, while two families were supportive, the others struggled to cope, often blaming the survivor for the incident or for remaining silent. As with other survivors of sexual violence, migration or marriage became a means of escape. Three married early, leading to teenage pregnancies in two cases, while one migrated to the city to continue her education with NGO support. Among the three girls who entered into early marriage, one of them was driven out of her husband’s home after they learned about her rape and the ensuing legal battle. For the other two, domestic violence would not be unheard of if the family were to learn about the rape.

Each survivor faced serious mental, sexual and reproductive health impacts, and other consequences that directly affected their autonomy in varied ways. Survivor narratives are organized under thematic headings to highlight the diverse ways in which sexual violence impacts their lives.

IMPACTS ON SURVIVORS TOLD THROUGH NARRATIVES

1. MENTAL HEALTH – PSYCHOLOGICAL IMPACT AND RETRAUMATIZATION

Survivors' mental health has been deeply affected by the sexual violence, the prolonged legal process, and the retrauma of living in the same village as the accused. The impact has been long-lasting—continuing from the time of the incident to the present—despite survivors' attempts to move on with their lives in whatever way they can.

All survivors reported anxiety, depression, nightmares, sleeplessness, and an intense fear of facing the perpetrator again. For some, reliving the incident during trial was so distressing that they would break down or scream in court. For one survivor, the combined burden of social pressure and the protracted legal ordeal intensified her trauma, and the subsequent unfavourable judgement in her case drove her to attempt suicide.

Changes in survivors' mental states were visible in their appearance and behaviour—altered dressing and hygiene, frequent mood swings, and emotional outbursts, like laughing, screaming, and crying uncontrollably. Many became withdrawn, avoiding interaction and refusing to step out of their homes unless accompanied. Among school-going girls, academic performance declined; one failed her exams and two others dropped out altogether. Two survivors—one minor and one adult—stopped bathing, combing their hair, or changing clothes. In one case, a survivor's condition worsened to the point that she ran away from home for several days. Her distressed family did not know how to help her. Tragically, she was later subjected to further sexual assault, resulting in pregnancy.

Beyond individual trauma, survivors and their families face deep social stigma and exclusion. Restrictions on mobility, early school dropout, and community ostracism intensify psychological distress, leaving long-term scars that often persist into adulthood. Addressing these issues requires more than just counselling - which in itself is inadequate. It demands sustained social awareness, community support, and collective responsibility. Silencing survivors—especially adolescent girls—has lasting consequences. When violence is normalized during formative years, it risks perpetuating acceptance of gender-based violence later in life. This may partly explain why many women continue to justify domestic and non-domestic violence and blame victims rather than perpetrators.

Survivor Narrative # 11

Trauma of Gang Rape and Legal Ordeal Drives Asha Devi to Attempt Suicide, Bihar, 2020

Thirty-year-old Asha Devi (*name changed*) from Bihar, was gang raped in 2020 by three dominant caste men from her village while she was returning from the farm in the evening. The horrific violence left her deeply traumatized, and the subsequent unfavourable judgement in her case compounded her despair, driving her to a point of utter hopelessness and pushing her to attempt suicide.

Asha Devi and her husband are extremely poor and live in a mud house. They have not benefited from any government welfare schemes. Temperamentally, Asha Devi had been somewhat slow in performing her daily chores, but she was independent and active; this changed drastically after the gang rape, which left her withdrawn and struggling with everyday tasks.

The police registered the FIR only after sustained pressure from the Dalit community. While procedural formalities were eventually completed, the accused were not arrested for three months. It was only after intensive follow-up by activists with senior authorities that appropriate legal sections were invoked and the three accused were arrested.

While the Dalit community largely stood in solidarity with Asha Devi and her husband, some members succumbed to fear and threats from the dominant and influential Yadav caste group. A few attempted to broker a “compromise.” In a welcome turn, the judgment was delivered in Asha Devi’s favour, and the three accused were sentenced to 20 years’ imprisonment.

However, this victory was short-lived. The accused were granted bail by the Patna High Court upon appeal. Such was their influence that even the Bar Association Chairperson represented them during the bail hearing. The granting of bail to those earlier convicted for 20 years pushed Asha Devi once again to the edge.

During the trial, her mental health had already begun to deteriorate — she would scream, cry, and laugh uncontrollably in court, and suffer from frequent nightmares at night. After learning of the accused persons’ bail, she attempted suicide but was rescued in time. Her husband, who had stood by her through the ordeal, has since migrated from the village in search of work, while Asha Devi now lives temporarily with her mother.

2. FEAR OF DISCLOSING SEXUAL VIOLENCE INCIDENT WITH FAMILY INTENSIFIES TRAUMA

One critical impact of caste-based gender violence, particularly sexual violence against Dalit women and girls is that it instils fear of disclosing the incident with family, as survivors anticipate disbelief, retaliation, or social stigma, leaving many abuses unaddressed and perpetuating cycles of harm. All of the survivors who were minors at the time of rape/ gang rape – remained silent about the violence against them – for various reasons. For one, they were all intimidated by the perpetrators with threats of them and their family members being harmed or killed. Most perpetrators were known to the families, were much older, and also belonged to dominant caste – which made few of the young girls fearful whether their word would be believed over the men. The men in these cases were not just known to the family, but were also on friendly terms with the family – in one case a neighbourhood shopkeeper with daily interaction with family and in another, a drinking buddy of survivor’s father who would often frequent her house. In such a case, mustering courage to talk about a taboo subject, is understandably difficult.

Tragically, in one of cases, the young survivor's silence led to an escalation of violence against her. The 'neighbour uncle' who was sexually abusing her for a prolonged period of 8-9 months, escalated the crime to gang raping the minor, along with three of his cronies.

The case of Mamta is discussed below to demonstrate how silence over a crime may embolden the perpetrator, leading to escalation of crime.

Survivor Narrative # 12

Silence over Prolonged Child Sexual Abuse Leading to Escalation of Crime against her, Haryana, 2020

Thirteen-year-old Dalit girl Mamta (*name changed*) was repeatedly raped by her 45-year-old dominant caste (OBC) neighbour, whom she called 'Uncle'. Her single mother worked long hours, leaving Mamta in charge of her younger siblings. The man ran a neighbourhood shop that Mamta and her siblings often visited. It was during one such visit that he first raped her. Intimidated by his threats that no one would believe her, Mamta remained silent.

Over the next few months, he assaulted her again, each time with renewed threats. Emboldened by her silence, he later returned with three cronies and gang-raped her. The ordeal came to light only when Mamta's mother found a pregnancy kit at home. Mamta confided that the shopkeeper had given her pills—her FIR later recorded use of pregnancy termination pills.

In the chaos that followed, police persuaded her mother to file only against the shopkeeper, excluding the other perpetrators. What ensued was a period of intimidation—her mother was attacked at work and her leg broken, while men impersonating police officers pressured her to withdraw the case. Despite this, Mamta's mother remained resolute and refused to concede.

The prolonged trial took a toll on Mamta's mental health. During court proceedings, she often broke down in distress, screaming and crying under immense psychological strain. Facing daily harassment and social ostracism, Mamta and her mother eventually left the village. With support from an NGO, Mamta resumed her studies and completed her graduation.

The case concluded with a 20-year imprisonment for the main perpetrator, though the others escaped trial. Now married and expecting a child at 18, Mamta's life reflects both the pressures of early marriage and her continued struggle to heal from her trauma-filled adolescence.

One critical impact of caste-based gender violence, particularly sexual violence against Dalit women and girls is that it instils fear of disclosing the incident.

3.

PERSISTENT HARASSMENT, INTIMIDATION AND VICTIM-BLAMING RETRAUMATIZE SURVIVORS

The legal process and societal attitudes often become a punishment in themselves for survivors and their families. Beyond fear and intimidation by the perpetrator and his supporters, survivors face backlash from peers and neighbours. Schoolgoing girls are ridiculed for supposed “affairs,” and prolonged violence is misread as consent. Some families initially receive strong support—including protests or sit-ins to push the police to file an FIR—but this solidarity often collapses as cases drag on. Dominant and influential groups often manage to break this solidarity through forced compromises, threats or collective social exclusion. Families are frequently boycotted after filing an FIR—from denial of access to common resources to difficulties in buying daily amenities. In many instances, families also blame the survivor, deepening her anguish and trauma.

As seen through survivor narratives, some of them do not report crimes out of fear and threats of physical or sexual harm, including murder – of self and family members, or fear of being disbelieved. Cases of Online Harassment have emerged where morphed sex videos of survivor have been circulated - leading to continued stigma and living in fear for survivor (See survivor narrative 19). Many cases have also emerged where the rape/ gang rape of survivor has been filmed on video. These sex videos are used as tools of intimidation for silencing survivors from reporting or for blackmailing them into continued and aggravated sexual violence (See survivor narrative 20). The following case demonstrates how sex video of rape of Dalit teenager silenced her from reporting the crime.

Survivor Narrative # 13

Sex video of Gang Rape Prolongs Manu’s Trauma, Fear and Harassment, Sirsa, Haryana, 2025

Manu (*name changed*), a 15-year-old Dalit girl from Sirsa, Haryana, was trapped in a terrifying cycle of deceit and violence. Two dominant caste men who ran a food stall outside the Geeta Bhawan temple, noticed her visiting regularly with her mother. Over days, they spoke to her kindly, earning her trust.

Then, under the excuse of a birthday celebration, they lured her away, promising safety and fun. They took her to a nearby hotel, offered her a cold drink mixed with an intoxicating substance, and as she drifted into unconsciousness, one of them raped her. When she awoke, disoriented and in pain, she realized the horror of what had happened. The accused stole her phone, showed her obscene photos and videos, and warned her to stay silent—or they would release the footage publicly. Frightened and ashamed, Manu returned home in silence, carrying the weight of trauma no teenager should ever endure.

Days later, her mother, sensing something terribly wrong, found blood-stained belongings that confirmed her worst fears. With courage, Manu finally told her mother everything. A complaint was immediately filed, under the Bharatiya Nyaya Sanhita, POCSO Act, and SC/ST Act at the Women’s Police Station, Sirsa. She underwent a medical examination, and police began their investigation.

Despite mounting threats from the accused and pressure to compromise, Manu and her family have refused to give in. Supported by the AIDMAM fact-finding team and human rights advocates, they continue to fight for justice. Manu's story highlights the brutal intersection of caste and gender violence, where powerful men exploit vulnerability with impunity.

Her story also shows how rape of young girls are filmed and either circulated as sex videos or threatened to be circulated. The existence and circulation/ fear of circulation of such sex videos – silence survivors from reporting and adds to their trauma.

4 SEXUAL AND REPRODUCTIVE HEALTH

- The immediate health consequence of rape/ gang rape were physical injuries and heavy vaginal bleeding, with abdominal pain and period delay after the incident. One of the women survivors who was four months pregnant, suffered a miscarriage as a result of physical assault on her. Prolonged child sexual abuse of three minors (13, 14 and 16 years) resulted in teenage pregnancies followed by unsafe abortions. In one of the cases, the prolonged abuse was over a period of 8-9 months and a pregnancy kit was found by family, which had led to disclosure of her sexual abuse, pregnancy and termination of pregnancy. T

he trauma of bearing so much of pain – in such a young age is unimaginable. The 45-year-old perpetrator had administered the abortion pill in this case – highlighting the series of SRH issues faced by girls in such circumstances – risk of STIs, including HIV, other infections, teenage and early pregnancy, risk of taking unprescribed abortion pills, unsafe abortions through surgeries, and complications arising out of unsafe abortions, among other risks. In one of the teenage pregnancy case of a minor (13 years) following prolonged sexual abuse over months, the family made her go through an unsafe abortion, which resulted in excessive bleeding and infection. The minor was hospitalised for over ten days due to this.

The case of Sushma Devi is discussed below to show how assault led to involuntary abortion.

Survivor Narrative # 14

Miscarriage Following Repeated Assaults and Arson by Dominant Caste Couple, Bihar, 2020

Thirty-six year-old Sushma Devi (*name changed*) and her husband, residents of Gaya district, Bihar, were physically assaulted multiple times, and their house was twice set on fire by a dominant OBC couple from their neighbourhood. The OBC family did not want Dalits living near their home and used various tactics to drive them away. On the day of the incident, Sushma was repairing her mud house when the OBC couple renewed their casteist taunts. The man hurled explicit sexual insults, describing gruesome acts of sexual

violence against her. When Sushma retaliated, she was beaten and sustained a head injury. Four months pregnant at the time, she suffered a miscarriage and was hospitalised for over two weeks.

Although her physical injuries have healed, the trauma of losing her child and the constant fear of renewed assault have left her deeply distressed. In addition, she feels very weak and has persistent back pain, making physical labour difficult for her. Her sister-in-law and her family were also attacked in separate incidents by the same OBC couple, for the same reason — their refusal to let the Dhobi (Dalit) community live in the vicinity.

Sushma can no longer sleep peacefully. She remains anxious and fearful that their house or livestock may be burnt again and that her family may face further violence. She also worries that the regular taunts directed at her daughter by the couple could escalate. They often say, “Dekho, Dhobi ki beti ja rahi hai” (“Look, the daughter of a Dhobi woman is passing by”).

Legally, several civil and criminal cases have been filed against the OBC man, including charges for the assault on Sushma’s relatives. However, his arrest was delayed, and only weaker sections of the SC/ST (PoA) Act were invoked in the FIR. As of now, the accused is out on bail and continues his casteist abuses.

5. CHILD AND EARLY MARRIAGES AND RESULTING TEENAGE PREGNANCY

For many survivor families, marriage is seen as a way to protect girls from further social stigma or as an escape from the trauma and legal aftermath of sexual violence. However, this coping mechanism often pushes girls into new cycles of exploitation and abuse.

Leaving the village often appears to be the only way out, but for most families whose livelihoods are tied to the land, relocation is not an option. As a result, marrying off daughters—often to families far away—becomes the easiest solution. Most girls are married between 18 and 19, and in some cases even earlier, in secrecy. At times, the groom’s family is unaware of the rape incident; when they learn of it later, survivors are again subjected to domestic violence, as demonstrated in the following testimony (survivor testimony # 15).

Early marriage limits girls’ agency in decisions affecting their rights, health, and education. Many face early pregnancy, poor maternal health outcomes, and social isolation. The financial and emotional strain of medical expenses, coupled with lack of awareness and support, falls largely on parents. What begins as a family’s desperate attempt to safeguard honour often results in a lifelong cycle of deprivation for the survivor.

Dalit Teen Isolated and Victim-Blamed After Rape, Leading to School Dropout, Early Marriage and Teenage Pregnancy Bihar, 2021

Fifteen-year-old Dalit girl Shilpa (*name changed*) was kidnapped and raped by a 22-year-old OBC (dominant caste) man who had befriended her. Her village lacks basic amenities such as roads and electricity, which is why Shilpa was living with her grandmother in a nearby village. Smart and outspoken, she had earlier scolded the man for stalking girls and watching them while relieved themselves in the open fields. Over time, he befriended her and they occasionally spoke.

One day, when Shilpa was returning from her parents' house, he offered her a lift but instead took her to a shed on his farm, where he confined and raped her for three days. After learning from Shilpa's friends that the man had taken her, her mother lodged an FIR naming him. When his family heard of it, they urged him to kill Shilpa to silence her.

What followed deepened her trauma. Shilpa's own family blamed and shamed her for going with the accused. The man tried to manipulate her into withdrawing the case, promising marriage to pacify her angry parents. Confused and broken, Shilpa told police she would live with him instead of her parents. She was later sent to a shelter home, where she stayed for two and a half months.

When Shilpa returned home, she was withdrawn, ridiculed by neighbours, and haunted by nightmares. She stopped her schooling, refused to step outside. The accused even filed multiple retaliatory cases against her relatives. Her physical injuries healed in a month, but her trauma kept her isolated for over two years. Gradually, she recovered, learnt stitching, and even trained 25 women.

Six months later, the perpetrator was released on bail and resumed threatening her. Like many survivors, Shilpa was married off early—at 19—and is now pregnant.

For many survivor families, marriage is seen as a way to protect girls from further social stigma or as an escape from the trauma and legal aftermath of sexual violence. However, this coping mechanism often pushes girls into new cycles of exploitation and abuse.

6.

EXPOSURE TO DOMESTIC VIOLENCE

Child or early marriage often leads to domestic violence, particularly for survivors of sexual abuse who may not have disclosed or fully understood their experience at the time of marriage. Such marriages strip girls of agency over their lives and choices. For survivors, the risks multiply — violence, stigma, and legal proceedings deepen their vulnerability.

In one case, Savita was expelled from her husband’s home while four months pregnant after her in-laws learned of her rape and ongoing legal case. Early marriage also shapes the survivor’s relationship with her husband and his family, often marked by suspicion, victim-blaming, and verbal, physical, sexual, economic, or psychological abuse. Survivors may also develop fear or aversion toward sexual relations. In the absence of empathy or awareness of the survivor’s mental health condition on the part of the husband, such fear often intensifies. These aspects, however, could not be explored further, as the survivor’s mental health condition visibly worsens whenever she revisits her trauma.

Survivor Narrative # 16

Child Marriage Following Rape Exposed Savita to Domestic Violence Haryana, 2021

20-year-old Dalit girl Savita (*name changed*) has faced unimaginable trauma over the past four years. She was lured, raped, beaten, drugged, forced into multiple abortions, and married off before she turned 18. We met her late one night, a year ago while she was being chased by men on motorbikes. A resident of an urban slum in Hisar, Haryana, Savita and her mother narrated her ordeal. Since then, we have been assisting her with mental health treatment and related support.

At 16, Savita was befriended by a 24-year-old man who lured her into living with him. He drugged her, forced her to consume alcohol, and made her commit petty thefts. He also assaulted and raped her multiple times. Savita eventually managed to escape and return to her parents’ home. By then, she was pregnant, and her family forced her to undergo an abortion.

The family later filed a delayed FIR, detailing her ordeal and the abortion. During the trial, Savita’s mental health deteriorated sharply. She became irritable and withdrawn, often picking fights, neglecting hygiene, and wearing the same unwashed clothes. Her emotions were volatile—she would scream, laugh, and cry uncontrollably. During one hearing, she shouted, “I want justice!” prompting the judge to leave the courtroom.

The accused was eventually convicted and sentenced to ten years in prison. However, before Savita turned 18, and even before the judgment, her parents married her off to a man in another city—perhaps as a protection mechanism against further abuse, or from the belief that marriage could “cure” her suffering, or simply to transfer the “responsibility,” as they struggled to manage her deteriorating mental health.

Savita’s new family, upon learning about her past, could not accept her. She was soon ousted from her husband’s house and returned to her parents’ home, four months pregnant. When we met her the night she was being harassed by men on bikes, she would have had undergone the second forced abortion by then. She becomes agitated and anxious when recounting her experiences. Her mental health remains fragile, requiring sustained treatment and a change of environment.

7. MOBILITY RESTRICTIONS

Sexual violence has a direct and immediate impact on the mobility of girls and women. In rural villages, where survivors often live in the same neighbourhood as the perpetrators, fear, intimidation and humiliation restrict their movement to schools, markets and workplaces. Survivors and their families are frequently accosted by the perpetrator and his supporters after a case is filed, which is one reason many school going girls drop out. In some instances, survivors become so anguished that they fear stepping out of their homes and must be accompanied everywhere by family members, abruptly curtailing their independence. Some families who are able to migrate do so to escape the ordeal, leaving behind their lives and livelihoods.

Survivor Narrative # 17

Rape Survivor Limits Mobility Out of Fear of Assailants, Bihar, 2021

Meghna (*name changed*) was 15 when a mob of 50-60 men from the dominant caste (OBC) attacked her family over a land dispute, assaulting her relatives, causing serious injury and demolishing their home. Three of them dragged her to a nearby field and gang-raped her.

She suffered heavy vaginal bleeding for over a week and took about a month to recover. The psychological impact, however, continued. Four years later, Meghna still struggled with trauma, anxiety, nightmares, disturbed sleep, and depression. Living in the same village as her assailants kept her anguish alive. Like other survivors, she too had become reclusive, irritable, and withdrawn. She found it difficult to control her emotions and would cry most of the time. Fearful of coming face to face with her assailants, she would rarely go out alone, almost always accompanied by her aunt.

Part of her family migrated to avoid harassment, while her immediate family could not, as their livelihood was tied to the land. As a way out—or perhaps an escape—Meghna was married off early, at 19. Her new family is aware of her traumatic experience and has been supportive.

The pursuit of justice has been slow and painful. Only POCSO and weaker sections of the SC/ST Act were invoked. The police convinced Meghna's father not to mention gang rape in the FIR. The Arms Act was also not invoked, even though gunshots were fired by the OBC group during the mass assault. It was only after intensive follow-up by activists that the three accused were arrested. Recording of her statement before the Magistrate took two months (which should have been done within 24 hours), while the forensic report and chargesheet filing each took over two and a half years. Meghna has received only a small portion of her compensation so far, and the case remains under trial.

8.

SCHOOL DROPOUT

As discussed earlier, sexual violence severely disrupts the schooling of girls. Fear, intimidation and constant harassment by the perpetrator and his supporters after a case is filed often force school going girls to drop out for their safety. Families may restrict a girl's mobility as a way to protect her, and while the intention is rooted in fear, it effectively curtails her independence and confidence. Our findings show that girls aged 14 to 17 are most targeted, which explains the higher dropout rates in upper primary and secondary levels—especially among Dalit girls.

Survivor Narrative # 18

Victim-Blamed for Being Raped, Dalit Minor Girl Drops Out of School, Bihar

Divya (*name changed*), a 17-year-old Dalit girl, was gang-raped by three dominant caste men while on her way to her coaching centre early one morning, as part of her regular routine. The men had been stalking her for several days prior to the incident. They threatened to kill her if she told anyone, and out of fear, she stayed silent that day despite suffering from heavy bleeding throughout.

The next morning, on her way to the coaching centre, the accused followed her again, laughing and mocking her. Unable to bear it, Divya finally disclosed the incident to her family. Accompanied by supportive neighbours, the family filed an FIR. The police acted promptly in registering the complaint and arranging her medical examination and treatment the next day.

Divya's physical condition was severe, marked by heavy vaginal bleeding and delayed menstruation. Her mental health deteriorated, and she began getting into frequent arguments with everyone. At school, she faced ridicule and victim-blaming for the rape committed against her. The trauma affected her concentration and studies; she failed her Class Xth exams and eventually dropped out, unable to cope with the humiliation. Her parents, anxious about her future, are now trying to arrange her marriage—raising the risk of early marriage and its accompanying consequences for Divya.

Only two of the accused were arrested, while the third fled the village and remains at large.

9.

MIGRATION TO AVOID FURTHER HARASSMENT, RISK AND OTHER ORDEALS

Survivors and their families are often compelled to migrate after facing harassment, intimidation, social exclusion, or boycott following the registration of an FIR for sexual violence. Migration becomes a means to escape daily threats, humiliation, victim-blaming, or the fear of further violence. Those whose livelihoods remain tied to the village often live with restricted mobility and constant fear, while some survivors relocate through marriage as a means of leaving the place of violence, which in the case of minors often results in child or early marriage. In following testimony, Neha and her family had to migrate to escape fear and humiliation.

Migrated to escape humiliation and fear , Haryana, 2019

15-year-old Dalit girl Neha (*name changed*) was raped by her dominant caste neighbour when she had gone to relieve herself outside her home. Following the registration of the FIR, Neha's family was persistently pressured by the Khap Panchayat through death threats, false cases and intimidation to withdraw the complaint. During this period, they faced severe discrimination, social boycott and exclusion within the village. The stigma attached to sexual violence isolated them further and made Neha's younger sister increasingly vulnerable. Neha shared that she was repeatedly threatened by the accused and lived in constant fear for her own safety and that of her family.

With support from a local organisation, Neha and her sister left the village and stayed in the NGO's hostel in another city, where they completed their schooling and higher education. Neha has since finished her Bachelor's in Law and is now practicing in the district court.

While Neha turned her struggle into one of courage and hope, the perpetrator—who received 20 years' imprisonment under the SC/ST Act—continued to harass her. While out on parole, he circulated morphed sexual videos of Neha, extending her trauma from the physical world to the digital one.

10. COPING BY PARENTS AND EXTENDED FAMILIES

Parents and extended families of survivors often find themselves torn between offering support and struggling to cope with the trauma and stigma of sexual violence. Some stand by the survivor, while others—overwhelmed by social pressure, fear, and shame—resort to victim-blaming or take drastic steps such as marrying her off, seeing it as a form of protection or escape from social scrutiny.

Families are equally vulnerable. The prolonged legal process takes a heavy physical, mental, emotional, and financial toll. Most parents are unaware of legal procedures and easily misled, shunned, or duped. At a time when the survivor looks to them for strength, they themselves grapple with insecurity and helplessness. Intimidation, threats, and fear for their family and property are common. Several families reported damage to property, livestock, and even false counter-cases filed by the accused as tactics to exhaust them. Amid this turmoil, daily-wage work leaves little space for rest or recovery. Many parents must migrate for livelihood, leaving survivors without consistent support.

In the case of Asha Devi (survivor narrative #11), her husband though deeply caring, was forced to leave for work after her suicide attempt. In Shilpa's case (survivor narrative # 15), the family blamed her for befriending the perpetrator, worsening her fragile mental health condition at that point in time.

In Savita’s case (survivor narrative #16), her mother no longer wants to keep her — burdened by the shame of Savita being driven out of her husband’s home, her prolonged absences, and the uncertainty surrounding her pregnancy. She feels helpless and unsure of how to deal with Savita’s worsening mental health condition.

In Mamta’s case (survivor narrative # 12), her mother, a single woman, remained steadfast in face of intimidation and personal injury. She was attacked at workplace and her leg was broken. Collective pressure and scaremongering by the dominant caste community, including impersonation by fake police, failed to force her into a “compromise”. However, amid the initial chaos, she was persuaded by the police – real police, to file the case only against the main accused, thereby inadvertently letting the other perpetrators go uncharged for the gang rape they had committed.

The survivor’s struggle—their small and big wins in court, the backlash from the community, and the emotional toll—are borne equally by their families. The long and uncertain road to justice is theirs too. Some parents remain steadfast allies; others are victims of systemic injustice themselves.

SECTION D : Elements Of Caste-Based Gender Violence And Triggers Or Excuses That Sustain It

Underlying Factors Perpetuating the Cycle of Oppression – Findings from Primary Legal Interventions and Survivor Testimonies

Based on the survivor narratives drawn from in-depth interviews discussed earlier in Sections B and C, and drawing on AIDMAM’s two decades of experience, this study identifies key features of caste-based gender violence and the triggers/ excuses for inflicting violence.

FEATURES OR ELEMENTS OF CASTE-BASED GENDER VIOLENCE

- 1.** Caste-based domination remains a core driver of violence, where power is used to silence resistance and assertion by Dalit communities. For Dalit women, the intersection of caste, class, and gender results in compounded discrimination — exposing them to both direct and structural violence.
- 2.** Violence against Dalit women and girls does not occur in isolation. It is not episodic — it is continuous, waiting to surface through any pretext, whether a personal disagreement, land dispute, or act of defiance by a Dalit woman. It arises from an ever-present caste discriminatory sentiment that is always on the lookout for an excuse to assert dominance and inflict punishment. And when opportunity strikes – Dalit women and girls bear the brunt of the systemic domination. The social hierarchies that sustain caste-domination, normalise the use of violence as a means of control and subjugation.
- 3.** Violence against Dalit women and girls is also a form of “violence for punishment” not just to the affected woman and girl but to the community as a whole — a brutal attempt to teach them a lesson for daring to stand up, assert, and resist. It sends a message, through violence on women’s bodies, that any act of defiance will be met with subjugation. Such violence seeks to maintain the status quo of domination and uphold caste hierarchies.

4. The findings demonstrate that crimes against Dalit women and girls include – sexual violence, rape, gang rape, sexual harassment, assault, stalking, voyeurism, trafficking, kidnapping and abduction, and murder among others. These offences are almost always accompanied with casteist abuses, slurs and sexual innuendoes - often descriptive and extreme, to assert dominance and inflict humiliation. Findings also show that many times crimes against Dalit women and girls do not occur in isolation, but are a part of mob attacks on families and communities over some continuing dispute or issue. These attacks are also accompanied with physical assault, destruction of property and livestock, and arson among others.
5. In addition, any resistance to such crimes and assertion of rights by survivors/ Dalit families are often met with exclusionary tactics and social boycott with the intention of silencing them. Exclusionary tactics and social boycott include – preventing Dalit families from accessing common resources and spaces, from attending social/religious functions, buying amenities from local shops, and even exercising office of duty, where applicable. Others are also prevented from interacting with or do business/ work with the concerned Dalit families. Digital spaces are fast becoming new sites of gendered and caste-based violence.

In all documented incidents, survivors personally know the perpetrators. In rural areas, the perpetrators are typically from the same neighbourhood or from another hamlet within the same village, which creates a high likelihood that survivors will come face-to-face with them after the violence. In urban towns, however the perpetrator may not reside in the same neighbourhood but is usually known to the survivor.
6. Regional findings of rural Bihar and urban pockets of Haryana reveal that caste domination and caste as a key motivating factor for crimes against Dalit women and girls is more overt in rural areas compared to urban areas. In urban areas, the low socio-economic status of Dalit survivors, among other factors increase vulnerability to violence.
- 7.

TRIGGERS/ EXCUSES FOR CASTE-BASED GENDER VIOLENCE

Within this context, caste-based discrimination remains the underlying and persistent cause of violence. The so-called triggers or excuses – whether rooted in personal disputes, local conflicts, or community hierarchies – serve only to justify a deeper structural injustice. Systemic exclusion manifests in low literacy levels, poor economic status, and negligible political representation, all of which diminish Dalit women’s agency to respond or resist.

Their low legal literacy further compounds this vulnerability, restricting awareness of rights and protections under laws such as the SC/ST (Prevention of Atrocities) Act. As a result, reporting violence and navigating the legal system becomes an ordeal, often retraumatizing the survivor and her family. The findings identify three broad triggers and/or excuses for discrimination and violence against Dalit women and girls with the intention of maintaining caste domination and status quo – These are - (A) Dalit Assertion for Rights, (B) Dalit Resistance to Exploitation and (C) Dalit Participation in Local-Self-Government, as mentioned below –

- A. Assertion for Rights by Dalit communities** — whether claiming access to water, land, education, dignified work, or justice—often provokes violent backlash from dominant castes seeking to maintain control. Acts as simple as fetching water from a public tap, grazing cattle, or walking through dominant caste areas have triggered assaults, particularly on Dalit women and girls. Their pursuit of education or dignified work is perceived as defiance, while land ownership or visible progress indicating social mobility invites retribution. Cultural assertion too invites violent response—whether celebrating Dalit icons, embracing Buddhism, or leading marriage processions—through desecration, social boycotts, and mob attacks. Entrenched caste power, patriarchal dominance, and impunity within state systems together sustain this cycle of caste-based gender violence, silencing resistance and punishing assertion that threatens the existing social order.
- B. Resistance to Exploitation** - Dalit women who resist sexual advances or assert their rights face casteist abuse, disrobing, rape, and even murder, with digital spaces emerging as new arenas of humiliation through casteist slurs and sexist innuendoes, morphed videos, and threats. Such acts are enabled by misogyny and a deep social belief that Dalit women can be violated without consequence. Most affected persons/survivors know their perpetrators—dominant caste men who weaponize caste identity through slurs, sexual insults, and violence to enforce hierarchy. When survivors seek justice, they face intimidation, counter-cases, boycotts, and renewed attacks, often forcing them or their families to flee. Low legal literacy, systemic bias, and collusion between perpetrators and authorities further obstruct access to justice under laws such as the SC/ST Act.
- C. Dalit Participation in Local Self-Governance**- Despite constitutional guarantees of political participation and equality, Dalit women and men serving as office bearers (e.g., in panchayats) face systemic caste barriers in exercising their rights. Our experience shows that when they assert their powers, they often encounter persecution, harassment, violent attacks, and false charges from dominant caste communities, as observed in AIDMAM’s legal intervention cases from Haryana and Bihar.

Most affected persons/survivors know their perpetrators—dominant caste men who weaponize caste identity through slurs, sexual insults, and violence to enforce hierarchy. When survivors seek justice, they face intimidation, counter-cases, boycotts, and renewed attacks, often forcing them or their families to flee.

SECTION E : Status Of Institutional Response In Addressing Crimes Against Dalit Women And Girls

This section examines the state's response in addressing crimes against Dalit women and girls by analysing gender-responsive mechanisms and the actions of institutional actors. The insights draw on quantitative secondary data (NCRB), qualitative primary data from interviews with key informants—including police, lawyers, Child Welfare Committee members, and sarpanch—as well as findings from survivor narratives and AIDMAM's legal intervention experience.

1. STATUS OF POLICE RESPONSE

The police are the first institutional point of contact in cases of crime. Beyond legal compliance, their role is crucial in promoting trust and public confidence in the justice system. Accessibility, sensitivity, effectiveness, quality of investigation, and the protection and support provided to survivors are core expectations from a prompt and effective police response in eliminating caste-based gender violence, thereby contributing to the promotion of gender equality.

Key quantitative indicators of police response for offences that have already occurred include the status of FIR registration, filing of charge sheets, and pendency of investigations.

Key qualitative indicators of a caste-perspective include the degree of sensitivity and awareness demonstrated by police personnel in handling crimes against Dalit women and girls. Accordingly, this study examines police response to caste-based gender violence through three parameters: (1.1) promptness in registering FIRs and adherence to legal procedures, (1.2) charge-sheeting and pendency rates, and (1.3) police perspectives and sensitivity regarding caste-based discrimination and the consequent violence.

1.1 Registration of FIRs: As discussed in Sections B and C, survivor narratives and AIDMAM's legal intervention experience show that police are often slow to file FIRs in cases involving Dalit women and girls. FIRs are frequently registered only after persistent follow-up with senior authorities through submissions, petitions, or even dharnas. Delays in arrests and other mandatory legal procedures are also common. Importantly, reporting levels do not necessarily reflect actual crime incidence. High reporting may indicate greater legal awareness or more responsive policing, while low reporting does not always imply fewer crimes. AIDMAM's experience in Bihar, for instance, shows that sexual violence is widespread but often subsumed within larger incidents of crime against the community. Such low or slow police response is also linked to police bias and prejudice in recognising caste-based discrimination and violence, among other factors. This issue is discussed in the following paragraphs.

1.2 Charge sheet and Pendency Rates: NCRB reports charge-sheeting and pendency rates for each offence category every year. In 2023, the average charge-sheeting rate for crimes against Dalit women and girls is 75 percent, while the average pendency rate is 29 percent. In other words, 1 in every 4 cases remained at the investigation stage. (Table 18)

In terms of charge sheets per offence categories in 2023 - offences of rape, assault and procurement of minor girls have charge sheet rates above 80 percent, while the same for other

offences are low – insult to modesty (76 percent), kidnapping & abduction (68 percent), and attempt to rape (53 percent).

Similarly, pendency rates per offence in 2023 shows - pendency rates for offences of assault, rape and kidnapping & abduction (20-21 percent) are comparatively lower than that of other offences – attempt to rape (34 percent), insult to modesty (45 percent), procurement of minor girls (37 percent).

Table 18

Police Disposal of the Crimes/ Atrocities against SC Women and Children under SC/ST (PoA) Act r/w IPC from NCRB 2023

Form of violence	Pendency Rate (%)	Charge sheeting Rate (%)
Assault on women with intent to outrage of Modesty	21	84.4
Rape (Women & Minor girls)	20.1	88.1
Attempt to Commit Rape (Women & Minor girls)	33.7	52.5
Insult to the Modesty of women	45.1	75.9
Kidnapping and Abduction of Women to Compel her for marriage	20.2	67.7
Procuration of Minor Girls	36.8	83.3
TOTAL / AVG.	29	75

This indicates that –

While a relatively higher charge sheet rate, especially in rape and assault offences is a positive sign – a high pendency rate in other offences indicates that non-sexual offences are either not taken seriously or are trivialized.

Low chargesheet rate and high pendency for attempt to rape indicates that the offence is not taken as seriously as rape, considering that it is in fact an interrupted act of sexual violence carrying the intent to rape. Its limited recognition in data and discourse highlights continued systemic gaps in acknowledging and responding to all forms of sexual violence faced by Dalit women and girls.

Data Disaggregation: Police pendency and charge sheet rate is available for crimes against Dalit (SC) women and children from 2014 onwards. Prior to this period, some offences were clubbed with all-SC group, while some with all-women – but not specifically recorded for Dalit (SC) women and girls. As such, police pendency and charge sheet rate for offences other than rape and kidnapping & abduction is difficult to gauge.

Nine-Year Comparison (2015-2023)

A nine-year comparison of NCRB data (2015–2023) shows that in 2015 police charge sheet for all offences (except K&A) was above 90 percent. However, for all other years upto 2023, it has remained similar – showing not much change in police action over the years. (Table 19)

This indicates that –

The unusual spike in 2015 may be due to prompt police action following the 2013 Criminal Law (Amendment) Act, introduced after public pressure following the Nirbhaya gang rape and murder in 2012. While high charge sheet rate is good, an inconsistent spike possibly indicates police action under pressure, and not necessarily prompt investigation.

Table 19

Police Disposal of the Crimes/Atrocities against SC Women and Minor Girls under SCs & STs (PoA) Act from 2015-2023

Year/ Offences	Assault		Rape		Attempt to Rape		Insult to Modesty		Kidnapping & Abduction		Procurement of Minor girls	
	Pendency	Charge sheeting Rate	Pendency %	Charge sheeting Rate	Pendency %	Charge sheeting Rate	Pendency %	Charge sheeting Rate	Pendency %	Charge sheeting Rate	Pendency %	Charge sheeting Rate
2015	19.3	98	24.8	97.1	17	94.9	39.8	97.7	21	80.9	Not Available	
2016	20	86	26.4	86.2	19	64.4	63.9	72.7	19.5	65	Not Available	
2017	20	85.5	24.4	89.8	23.5	77.9	58.5	69.5	25.3	68.4	10.3	80
2018	21.2	84.6	24.3	88.8	19.6	71	53.7	57.9	21.4	66	19	64.7
2019	24	83.4	25.2	87.7	20.1	64.2	60.9	76.9	19.4	66	31	85
2020	25.5	82	25.5	88.7	14.6	54.3	43.1	70.1	21.3	64.7	42.4	78.9
2021	20.6	81.2	21.3	88.6	16.1	57.6	42.6	70.5	21.1	68.3	40	81
2022	20.4	81.2	18.8	87.1	20.3	52	34.4	68.1	20.6	66.2	36	70
2023	21	84.4	20.1	88.1	33.7	52.5	45.1	75.9	20.2	67.7	36	83
Average	21	87	23	89	20	65	49	73	22	68	31	78

1.3 Caste-Perspective and Sensitivity among Police – Key Informant Observations

Primary findings from in-depth interviews with three police personnel in Bihar and Haryana examined police attitudes and perspectives in responding to crimes against Dalit women and girls. While one officer acknowledged the presence of caste bias within the police, the other two revealed deep-seated caste prejudice and a tendency to dismiss caste as a motivating factor in caste-based gender violence. The study recognises that the views of three personnel cannot be generalised across the entire police department; however, they do illustrate how attitudes shape institutional action and behaviour.

Police Officer 1, Station House Officer (SHO), Female, Gaya district, Bihar Denied police discrimination, but acknowledged pressure by dominant caste groups

A woman SHO from a women's police station in Gaya, with over 20 years of experience and specialised training on SC/ST PoA procedures, gender-based violence, and trauma-informed and caste-sensitive policing, explained that SC/ST Act cases are registered only after verifying the caste certificate. This sometimes causes delays or leads to the Act not being applied due to missing documents. Most cases are reported by hospital staff, other police personnel, or family members, as survivors rarely approach the station directly. She stated that survivors are taken for medical examination within 24 hours, including pregnancy, HIV, STI, EC, and MTP tests, and that trauma counselling is routinely provided, although counsellors may have caste biases or may not always be available. She denied any discrimination at the police station in FIR registration, statements, referrals, or investigation, but acknowledged pressure from accused persons, dominant caste groups, and political actors as major challenges. Despite this, she believes timely action is key to securing justice for survivors.

Police Officer 2, Sub-Inspector, Male, Haryana Aware, Supportive, Yet Constrained

The second officer, a Sub-Inspector (SI), spoke informally in the court canteen, offering candid insights into the internal pressures of handling caste-related cases. He frequently lowered his voice when referring to the dominant caste presence within the department, revealing the unspoken fear and entrenched hierarchies shaping police behaviour. He acknowledged that while some SC/ST Act cases may be fabricated, many are genuine and require full attention. According to him, police personnel are generally sensitised to crimes against women, but this is limited to a gender lens, with little awareness of caste-gender intersections. Efforts are made to treat women survivors with dignity, but caste often remains overlooked. He also pointed out that the breakdown in justice often occurs in the courtroom, where advocates pressure survivors into compromise settlements, sometimes for commission. His tone reflected the stress of navigating dominant caste influence within the force. Despite these constraints, he appeared sincere and willing to support survivors within the limits of the system.

Police Officer 3, Male, Haryana - Dismissive and Biased

The third officer showed regressive views regarding caste-based gender violence cases. He claimed that most cases under the SC/ST Act are false and filed solely to obtain compensation. According to him, survivors often withdraw their cases after receiving financial support. His perspective was dismissive of the lived realities of Dalit women and reinforced the harmful stereotype that the Act is widely misused.

The responses indicates that –

Caste-based discrimination exists among police personnel while handling cases of crimes against Dalit women and girls. Denial of its existence reveals either caste-blindness or caste-bias itself.

Police often face internal pressures as well as pressure from dominant groups when handling caste-related crimes.

Police attitudes that centre on ‘false cases’ and claim that complaints are filed merely to obtain compensation reflect a dismissal of caste as a motivating factor in crimes against Dalit women and girls. More importantly, such views reveal that sexual violence against Dalit women and girls is not taken seriously, indicating that survivors are accorded low priority because they are Dalits - a reflection of entrenched caste hierarchies that shape institutional attention and response.

Discrimination is rampant in courts. Advocates from both sides frequently pressure survivors into compromise settlements, sometimes taking commissions even in genuine cases – reflecting deep-seated discrimination and institutional failure.

Biased and dismissive police attitudes, including the rejection of caste as a motivating factor in caste-based gender violence, provide clear evidence of the systemic challenges survivors face in accessing justice. Such attitudes compound existing gaps in police action, particularly regarding the timely arrest of accused persons and the conduct of adequate investigations before the filing of charge sheets. The challenges experienced by survivors—discussed in Sections B and C—include difficulties in registering FIRs, securing protection from harassment and intimidation by perpetrators or their supporters, recording statements before a magistrate, and accessing medical examinations following the incident.

Implications of police bias and dismissive attitude on Dalit women and girls: When sexual violence cases are not taken seriously by the police, it significantly undermines women’s agency. Dismissal or delays can make women feel that reporting violence is futile, weakening their ability to make decisions about their own safety and justice. Such police responses reinforce fear and silence, signalling that institutions will not support them and discouraging them from speaking up in the future.

Over time, inadequate police action normalises violence, making it appear acceptable or inevitable, and reducing women’s sense of control over their own bodies and lives. This often pushes women to depend more heavily on family or community structures—many of which operate within patriarchal norms—further limiting their autonomy. The absence of institutional support also narrows women’s mobility, access to education or work, and participation in public spaces. These are also substantiated by survivor narratives. As trust in state institutions weakens, so does their sense of citizenship and entitlement to rights, making it harder for women and girls to claim justice. In such circumstances, impunity emboldens perpetrators, heightening women’s vulnerability and diminishing even the limited agency they may have in negotiating safety.

Inadequate police action normalises violence, making it appear acceptable or inevitable, and reducing women’s sense of control over their own bodies and lives.

2. STATUS OF COURT DISPOSAL

The justice system—comprising lawyers, prosecutors, and courts—plays a crucial role in challenging the influence of entrenched caste hierarchies and patriarchal norms in institutional responses to violence. Effective disposal of cases can help break impunity, deter future offences, and demonstrate that the legal system recognises and will act against caste-based oppression.

Key **quantitative indicators** of an effective court response include conviction, acquittal, and pendency rates for cases that proceed to trial. **Qualitative indicators** include a caste-sensitive and survivor-centric approach, prevention of dilution, delay and witness intimidation, challenging caste-based stereotypes, and appropriate application of the SC/ST Act, among others. Based on these considerations, this study examines the court response to caste-based gender violence through three parameters: (2.1) conviction, acquittal, and pendency rates; (2.2) application of SC/ST Act provisions in judgments; and (2.3) the perspectives and caste-sensitivity of lawyers and public prosecutors.

2.1 Conviction, Acquittal and Pendency Rates: In 2023, according to NCRB, the court disposal of cases of crimes against Dalit women and girls under SC/ST Act and other legislations has a low average conviction rate of 23 percent, and a significantly high average acquittal rate of 72 percent. The average pendency rate of 94 percent is also high. (Table 20).

Conviction Rate per Offence: Convictions in 2023 are extremely low across offences - under 20 percent for attempt to rape and insult to modesty, and just 13 percent for procurement of minor girls. Conviction rates for assault, rape, and kidnapping/abduction are also low, though slightly higher than others (25%, 31%, and 36%, respectively).

Acquittal Rate per Offence: The acquittal rates across all offences is significantly high. - with assault and rape cases resulting in 69 percent and 64 percent acquittals, while the highest acquittal is for procurement of minor girls (88 percent).

Pendency Rate per Offence: The pendency rates are also significantly high across all offences - all above 92 percent.

Table 20
Court Disposal of the Crimes/Atrocities against SC Women and Children from NCRB 2023

Form of violence	Conviction Rate (%)	Pendency Percentage (%)	Acquittal Rate
Assault on Women with intent to Outrage her Modesty	24.8	93.2	68.73
Rape (Women+Minor girls)	30.5	92.3	64.36
Attempt to Commit Rape (Women+Minor girls)	17.4	95.3	82.60
Insult to the Modesty of Women	18.4	92.5	77.55
Kidnapping and Abduction of Women to Compel her for marriage	36.1	95.9	54.16
Procurement of Minor Girls	12.5	92.3	87.50
Total/Avg.	23	94	72.49

This indicates that –

For every 10 rape cases in a given year, as many as 6 perpetrators go scot-free, while only 3 are convicted—indicating severe gaps in investigation and trial, and failure of justice for the rape survivor.

Nearly 9 out of 10 cases - for all offences remain pending, suggesting severe delays in justice delivery.

Procuration of minor girls - The offence of 'procuration of minor girls' may be fewer in number, but it is gradually increasing over time, indicating that more Dalit minor girls are being forced into prostitution, human trafficking, forced marriage, and other forms of abuse. Yet justice is not being efficiently delivered even in the cases that already have complete charge sheets.

Nine-Year Comparison (2015-2023)

A nine-year comparison of NCRB (2015–2023) shows very high pendency and very low convictions – across all offences. Convictions for assault and rape are at an average 30 and 34 percent respectively. Procurement of minor girls is the lowest across all years; while kidnapping and abduction is marginally higher across years.

Curiously, 2017 saw comparatively higher conviction for procurement of minor girls (40%) – the year NCRB started recording this offence - but fell to under 14 percent to zero for all other years. The highest pendency rates are during 2020 and 2021 ranging from 95 percent (assault) to 100 percent (procurement of minor girls) – coinciding with the pandemic period when the courts had gone online. Another striking observation is the erratic conviction pattern across the nine years, with sharp dips and sudden spikes. Even after accounting for the pandemic years (when convictions fell) and the initial years of NCRB recording certain offences (when convictions rose), conviction rates for insult to modesty and for kidnapping and abduction still show abrupt fluctuations. (Table 21)

As discussed earlier, prior to 2014, NCRB only recorded offences of rape and kidnapping and abduction pertaining to Dalit women and girls. Notably, rape incidents of Dalit (SC) women and girls were merged with all-women incidents, and also not disaggregated for women and girls. Similarly, kidnapping and abduction offences against Dalit women and girls were merged with all-SC category, prior to 2014. Offence of procurement of minor girls came to be recorded in NCRB from 2017. Absence of recording and merging of offences means difficulty in gauging conviction and court pendency rates.

A nine-year comparison of NCRB (2015–2023) shows very high pendency and very low convictions – across all offences.

Table 21

Court Disposal of the Crimes/ Atrocities against SC Women and Minor Girls under SCs & STs (PoA) Act from 2015-2023, NCRB

Year/ Offences	Assault		Rape		Attempt to Rape		Insult to Modesty		Kidnapping & Abduction		Procuration of Minor girls	
	Con- vic- tion	Penden- cy %	Con- vic- tion	Pen- dency %	Con- vic- tion	Penden- cy %	Convic- tion	Penden- cy %	Con- vic- tion	Pendency %	Con- vic- tion	Penden- cy %
2015	28	83.3	34	85.9	25	88	17.6	85.7	47.3	89.4	Not Available	
2016	24	88.2	29	87.1	22.7	89.1	14.3	88.1	44.1	90	Not Available	
2017	31.5	88	33.5	89.4	41.2	93.2	10	86.2	42	93.8	40	86.1
2018	32.9	90.3	32.85	86	31.6	94.1	26.7	91.4	32.7	94.3	12.5	81
2019	29.4	90.5	32.2	91.4	40	93	15.4	89.6	48.2	94.6	0	88.2
2020	36.1	96.3	42.5	96.3	41.7	96.9	22.2	97.4	79.3	96.7	0	100
2021	29.7	95	28.8	94.9	30	97.5	10	95.6	43.3	96.9	0	96.1
2022	31.2	93.8	39.1	92.4	44.4	96.2	4.3	88.3	56.5	94.6	14.3	92.3
2023	24.8	93.2	30.5	92.3	17.4	95.3	18.4	92.5	36.1	95.9	12.5	92.3
Average	29.73	90.95	33.6	90.63	32.66	93.7	15.43	90.53	47.72	94.02	11.33	90.85

NCRB data thus indicates that –

Low conviction rates, with high acquittal and pendency rates for court disposal of crimes against all-women and girls, including Dalits, is a striking trend of our justice system, indicating the state of institutional apathy and denial of justice for survivors of caste-based gender violence.

While the offence of procuration of minor Dalit girls may be fewer in number, it is gradually increasing over time, indicating the likelihood of Dalit minor girls being forced into prostitution, human trafficking, forced marriage and other forms of abuses. An abysmally low conviction rate of 11 percent over the 9-year period, is a striking reflection of justice being denied for the young Dalit girls.

Court disposals are influenced by national-level advocacy, reflected in higher convictions when a new law is in the public spotlight.

Special Courts under the SC/ST Act are mandated to complete trials within two months, yet the high pendency across all offences in High Courts sharply contradicts this provision.

Situation prior to 2014 is difficult to gauge because as mentioned earlier, crime recording of all other offences other than rape and kidnapping and abduction is merged either with all-SC category or all-women category.

2.2 **Omission of SC/ST Sections in Judgements undermines the intention of the Act:**

As noted in Section A, even when convictions occur, courts often rely on IPC or other laws while bypassing the SC/ST (PoA) Act. This omission weakens the law's core purpose of recognising caste-based motivation, dilutes Dalit assertions that caste drives gendered violence against Dalit women and girls, and reflects systemic bias and judicial reluctance to acknowledge caste in such crimes. (See survivor narrative # 9).

2.3

Functioning of Exclusive and Special Courts – Infrastructure and Reach

Annual Reports of Ministry of Social Justice & Empowerment, Government of India, show the progress in establishment of Exclusive and Special Courts in different states and union territories (2016-2023). The increase in numbers of Exclusive and Special Courts are from about 194 to 211 during this period - a +11.86% national increase. Geographic coverage improved as 23 new courts were added in states previously lacking them: Punjab (+10), Uttarakhand (+4), West Bengal (+3) and Uttar Pradesh (+1). Rajasthan (+3, from 12 to 15) and Tamil Nadu (+2, from 32 to 34) also expanded capacity.

Despite this, growth remains minimal relative to time passed, even as caste violence persists and remains underreported. Among the 12 original states/UTs with courts in 2016, 10 showed zero increase by 2023, including high-volume states such as Madhya Pradesh (26), Gujarat (25), Odisha (23), Telangana (20) and Maharashtra (16). This stagnation contributes to rising backlogs and reflects broader political neglect.

Compliance gaps also remain: Uttar Pradesh, despite recording the highest atrocity cases, reported no atrocity-prone areas in 2022, undermining targeted prevention and raising concerns about accessibility of legal aid. The purpose of Special Courts—speedy disposal—remains unfulfilled, especially in states with high caseloads.

While the numbers show progress in infrastructure set-up – the court disposal trends as discussed earlier, and the non-invocation of SC/ST Act in judgements, raise concerns on the reach of the Courts - highlight deeper systemic failures. Pendency stood at 91 percent in 2016, and increased to 94 percent in 2023. Low conviction rates and significantly high acquittal rates reveal persistent problems in investigation, prosecution, and judicial handling of caste-based crimes.

Overall, despite limited infrastructure expansion after the 2016 Amendment, the functioning of Special Courts remains constrained, failing to meaningfully improve justice delivery under the PoA Act.

2.4 Caste-Perspective and Sensitivity among Judiciary – Key Informant Observations

Primary findings from in-depth interviews with four legal professionals -one lawyer and three public prosecutors practicing in Bihar and Haryana High Courts examined attitudes and perspectives of judiciary in responding to crimes against Dalit women and girls. While three officials were critical of systemic bias and acknowledged caste as a discriminating and motivating factor in violence against Dalits, the fourth official expressed deeply prejudiced, victim-blaming views. The study recognises that the views of three officials cannot be generalised across the entire judiciary; however, they do illustrate how attitudes shape institutional action and behaviour.

Lawyer 1, Bihar

Aware and Rights-Oriented

An advocate at the Patna High Court described widespread institutional apathy and caste bias in handling caste-inflicted gender-based violence cases. He has practised law for ten years and represented more than ten such cases in the past three years, including serious assault and gang-rape cases. According to him, hearings are often deliberately delayed and trials frequently postponed, reflecting a system that does not prioritise justice for Dalit women and girls.

He noted that the SC/ST (PoA) Act is rarely applied at the complaint stage, as police routinely omit the caste-based nature of the violence, even though these crimes almost always carry caste-motivated intent. Special courts in Bihar, he added, are largely non-functional. Medical evidence is often collected without consent, and reports frequently contain victim-blaming language. While routine tests such as HIV and pregnancy checks are conducted, psychological counselling and trauma care are rarely provided—despite severe trauma affecting survivors' ability to testify or continue the trial. Concerns related to reproductive and maternal health are also largely ignored.

Survivors, he said, face social ostracism, pressure to compromise, threats from the accused, lack of police protection, judicial bias, and little support from family or community. Compensation is rarely granted. Judicial delays and the persistent denial of caste as a factor further erode the possibility of justice.

Public Prosecutor 1, Haryana

Experienced but Disillusioned

An experienced PP (55–60 years) shared concerns about deep caste bias within the judiciary. Although he has a dominant-caste surname, he belongs to a Scheduled Caste and recalled a judge questioning his involvement in atrocity cases—reflecting entrenched prejudice. He noted that SC/ST Act cases are often handled superficially, compromised early, or not pursued sincerely, leaving Dalit survivors unsupported. While acknowledging some false cases, he stressed that genuine survivors suffer more due to systemic bias. He appeared disheartened, believing the Act can work only when sensitive and responsible officials enter the system.

Public Prosecutor 3

Sensitive and Rights-Oriented

The third PP offered a more sensitive and balanced perspective. He critiqued patriarchal attitudes that blame women for their attire or phone use and saw these mindsets as barriers to justice. He believed the SC/ST Act is effective when implemented properly and emphasised that the main gaps lie in awareness and access. Acknowledging survivors' emotional and logistical burdens, he stressed that justice is possible when correct procedures are followed and support systems are strengthened.

The insights through interactions with Lawyers and Prosecutors indicate that –

Systemic and Institutional Caste Bias - Crimes against Dalit women and girls almost always have caste-based motives, yet courts rarely acknowledge this. Institutional apathy and caste bias among officials shape proceedings inside and outside the courtroom. Legal professionals who hold systemic prejudice tend to generalize and dismiss all caste-based gender violence cases as false cases filed with intention to obtain compensation. Such judicial bias contributes to survivors' fear, delays, and eventually hampers reporting.

Weak Legal Response and Procedural Failures - SC/ST Act cases are often handled superficially, and in some instances, lawyers are known to facilitate “compromises” between parties. The Act is not always applied at the FIR stage because police avoid acknowledging caste motives. Hearings are delayed- often deliberately, and trials frequently postponed. Special courts remain largely non-functional in Bihar. Survivors face challenges in obtaining compensation.

Barriers to Evidence and Witness Participation - Witnesses rarely come forward due to fear and proximity to the accused, weakening cases requiring proof of caste-based abuse. Medical evidence is often collected without consent, and reports may include victim-blaming language.

Lack of Survivor-Centred Support and Protection - Psychological counselling and trauma care are rarely provided, despite routine medical tests. Severe trauma, lack of support, and health concerns affect survivors' ability to testify or continue the trial. Victim-blaming culture among some legal professionals severely compromises survivors' access to justice. Survivors face ostracism, pressure to compromise, threats, and lack of police protection. Community and family support is minimal in many cases.

Need for Sensitization: The attitudes of legal officers vary widely – from hopeful and rights-based to regressive and harmful. This highlights the urgent need for training, sensitization, and accountability within the justice system.

Awareness as a Bridge: Access to justice is not only a legal issue but also a question of awareness, dignity, and institutional accountability. The system's design alone is not enough; it must be matched by ethical, informed, and empathetic implementation.

Internal Dimension of Marginalization: The position of Dalit women becomes even more precarious when they face violence from men within their own community—men who themselves are marginalised by caste—or from dominant caste men. This reflects an internal dimension of marginalisation, where Dalit women bear the compounded consequences of both external caste oppression and intra-community patriarchies. On one hand, dominant caste men exercise caste power and sexual entitlement over Dalit women; on the other, Dalit men, despite being oppressed by caste hierarchies, may reproduce patriarchal control and gendered violence within the community. As a result, Dalit women shoulder layered vulnerabilities, with limited pathways for justice, support, or redress.”

3. PERSPECTIVES OF OTHER INSTITUTIONAL ACTORS

Bias among other Institutional Actors who have a key role in addressing Caste-based gender violence -

3.1 Child Welfare Committee Member:

Child Welfare Committee Member: We met one member of Child Welfare Committee (CWC) in Haryana. The response stated that POCSO cases primarily involve “poor, labour-class families,” showing no recognition of caste as a structural factor and reflecting a systemic unwillingness to engage with the intersection of caste and gender in child protection. Interpretations of sexual violence and incest revealed deep-rooted misogyny and regressive attitudes, including the belief that the decline of joint families contributes to abuse. The use of inappropriate and unprofessional language further highlighted a lack of gender sensitivity among decision-makers responsible for child survivors of sexual violence. Despite having adequate infrastructure, another CWC office was found non-functional during working hours, exposing weak institutional discipline and poor accountability in handling urgent cases involving Dalit girl survivors.

The presence of such misogynistic and caste-blind mindsets within statutory bodies raises serious concerns about the quality and fairness of justice delivery, as these attitudes reinforce victim-blaming and perpetuate institutional apathy. Also considering that CWC is a key stakeholder in the child protection and justice system, such attitude is deeply troubling.

3.2 Sarpanch (Elected Community Leaders)

We met three Sarpanch from Bihar and Haryana. Two of the villages have a high Dalit population (over 70%), while one has a mixed population comprising Dalits, OBCs, and general groups. Two Sarpanch belong to dominant castes, whereas one is from the Dalit community. All three villages are located in districts with high incidences of caste-based atrocities—Gaya in Bihar and Hisar in Haryana.

Sarpanch 1, Bihar

Dismissive of caste as a motivating factor in violence

The Sarpanch of a village in Gaya district, Bihar was interviewed about caste-based gender violence. Although Dalits make up nearly 70 percent of the Panchayat, land ownership is concentrated among the 30 percent dominant castes (Yadav, Kurmi, Lohar, Nai, etc.). The Sarpanch downplayed the issue, saying, “Dalit, non-Dalit sab ke saath ho sakta hai” (it can happen to both Dalit and non-Dalit women). He attributed violence to people’s “mindset,” not caste-based factors, and argued that NGOs, community elders, and religious heads can influence this mindset, while institutions like the police and courts have only moderate impact. He denied any caste discrimination locally, despite NCRB data showing Gaya district reports the highest rape cases against Dalit women and girls.

Sarpanch 2, Young Dalit Sarpanch, Haryana

Aware and Motivated

The 37-year-old Sarpanch belongs to a Dalit-dominated village with roughly 3,000 SC households. He came across as politically aware and progressive, using respectful and politically conscious language throughout the conversation. He openly acknowledged the continued presence of caste in Indian society but believed that awareness, education, and representation are powerful tools for challenging caste-based discrimination. According to him, his village largely experiences caste harmony, and overt practices of untouchability no longer prevail.

A striking point he shared was that the village avoids renting houses to people from the Jat community—a detail that may reflect historical trauma or a renegotiation of local power dynamics by the SC community. He described several community developments with pride - the presence of a library, growing numbers of young people preparing for UPSC and other competitive exams, and migration trends in which youth leave for education or work but some return after several years. He was also sharply critical of mainstream media, which he viewed as a platform for misinformation. Overall, the Sarpanch was open, articulate, and enthusiastic about participating in caste-sensitization efforts, reflecting his commitment to progressive dialogue and community upliftment.

Sarpanch 3, Haryana

Defensive and Contradictory Sarpanch

The Sarpanch belongs to a dominant caste group and his village comprises mixed-social groups with Dalit, OBC and general caste households. His perspective on caste was defensive and contradictory. While he acknowledged that caste-based atrocities do occur, he quickly added that “many of these cases are manipulations.” He expressed a critical view of the SC community, blaming them for not taking education seriously and claiming that those who achieve some success “speak against their own community but not against upper castes.” He also felt that SC youth lacked solidarity and expressed frustration that many were involved in “petty crime.” On migration, he observed that young people who leave the village rarely return. Regarding social media, he held mixed opinions — recognising its potential but suggesting that it is often used for personal gain across caste and religious groups.

The interactions with the three Sarpanch indicates that

Dalit solidarity is a strong force in addressing caste-issues as a community. Cohesion gives strength to communities facing systemic discrimination.

Dalit leadership plays a transformative role in advancing community emancipation by centring lived experiences of caste oppression and reclaiming political voice and agency. It strengthens community solidarity, challenges dominant-caste narratives, and pushes for greater representation across institutions where exclusion has been the norm. Through legal literacy, rights awareness, and mobilisation around education, land, and labour rights, Dalit leaders create alternative power structures that redistribute authority and opportunity. Importantly, progressive Dalit leadership also confronts intra-community patriarchies, ensuring that struggles for justice are inclusive. Together, these efforts inspire socio-economic mobility and reshape aspirations for future generations.

Normally, acknowledgement or denial of caste discrimination often depends on one's own lived experience or that of their community. Those who face exclusion or violence recognise caste realities clearly, while those who have not—and who benefit from caste privilege—often deny discrimination, reinforcing biased attitudes that dismiss or invalidate marginalised communities' experiences. However, internalization of bias is also seen among Dalit communities themselves as in case of Dalit Public Prosecutor mentioned earlier.

INSTITUTIONAL BIAS AND STEREOTYPES IMPEDE DALIT WOMEN AND GIRLS' ACCESS TO JUSTICE

Across justice and governance institutions, respondents revealed deep-seated caste and gender bias—both within the system and in officials' own attitudes. Interviews with police, lawyers, prosecutors, CWC members, and Sarpanches showed a stark divide: some acknowledged the high prevalence of caste-motivated violence and how discriminatory attitudes shape FIR registration, investigations, prosecutions, and even court outcomes where caste is ignored and SC/ST Act provisions diluted. Others dismissed caste as irrelevant, framing cases as false, compensation-driven, or rooted in individual "mindsets," reflecting caste blindness that normalises systemic discrimination.

This bias is further reinforced by the nexus and collusion between dominant caste groups and state authorities, creating conditions of near-total impunity. Delays, non-accountability, false procedures, and discriminatory policing shield perpetrators while exposing Dalits to retaliatory false cases, illegal detention, and custodial violence. Though occasional instances of prompt action exist, AIDMAM's experience shows they are rare; more often, institutional prejudice entrenches impunity and obstructs meaningful justice for Dalit survivors.

Key Informant observations and narratives also talk about how legal practitioners in collusion with the accused, brokered a 'compromise' or gave incomplete or misleading advice, which weakened many case proceedings. Caste-based discrimination and violence is often more overt in rural areas than in urban settings. While caste dynamics may not appear as visible in cities, the marginalization that Dalit communities face because of caste continues to shape their lives. This structural marginalization places Dalit girls and women in vulnerable situations, increasing their risk of exploitation.

The following survivor narrative of 16-year-old Nutan demonstrates how Dalit girls are rendered vulnerable to crimes against them—in this case, to prostitution rackets often enabled by law-enforcement officials.

Survivor Narrative # 20

Young Dalit Girl Deceived into a Prostitution Racket Enabled by Law-Enforcement Actors, Kaithal, Haryana, 2025

Nutan (*name changed*), a 16-year-old Dalit girl from Kaithal, Haryana, endured brutal sexual exploitation enabled by police and legal actors. Raised by her paternal aunt after her mother remarried, she later disclosed to AIDMAM activists that her aunt had attempted to push her into child prostitution. Unable to bear the coercion, she left home. Crying alone in a park, she was approached by a neighbour, a hotel manager, who pretended to help but instead raped her and video-recorded the assault—triggering months of organised abuse.

The manager used the video to blackmail her into prostitution. A common modus operandi in local sex rackets involves preparing “live-in relationship” affidavits to legitimise coerced prostitution. With help from a lawyer, a fake identity card declaring Nutan an adult was created, followed by an affidavit showing her in a live-in arrangement with a second accused. He took her to multiple “clients,” forcing her into sexual exploitation for about four months, sometimes up to three men in a day.

In the early weeks after she left home, her aunt filed a missing person complaint and informed police that Nutan was confined in the neighbouring hotel. Though the sub-inspector raided the hotel, Nutan had already been moved—raising questions about how hotel staff learned of the raid. She was shifted to another hotel, where the second accused continued soliciting Nutan. She later shared that threats of bodily harm and the fear that the sex video would be circulated kept her trapped.

After about four months of exploitation, she approached the same police station that had handled her missing case. The sub-inspector assured action but did nothing. When she complained again—this time to the Station House Officer—local media had already begun reporting on the case. The SHO acted immediately, initially arresting four perpetrators, including the hotel manager, the man named in the affidavit, the lawyer who forged her ID, and a panchayat secretary. A fifth perpetrator became the official government witness. Following a complaint from the lawyer’s wife to the Inspector General, the sub-inspector and a constable were also named in the FIR.

The police then completed mandatory procedures: her medical examination, statement before a magistrate, production before the Child Welfare Committee, and transfer to a state shelter home in Jind. AIDMAM traced her with difficulty and is now supporting her legal case and counselling her. Nutan hopes to live with her elder sister, and AIDMAM is assisting with permissions.

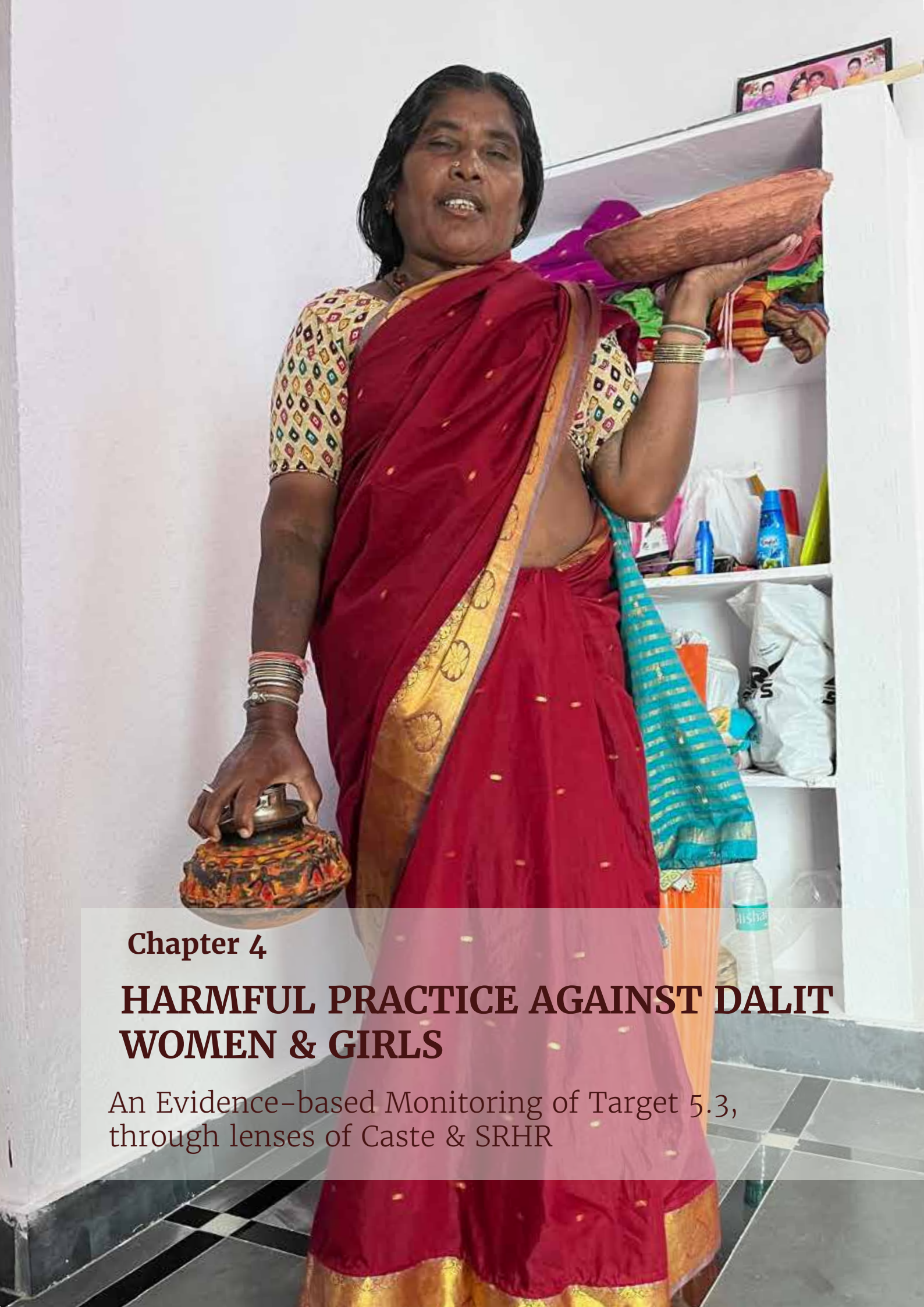
While six of the accused, including the two policemen, have been arrested, the charge sheet remains pending. Nutan remains under state protection, waiting for justice—her case reveals how girls from marginalized families are exploited through organised prostitution rackets enabled by some law-enforcement officials.



CONCLUSION

Each survivor narrative carries deep psychological scars that mere words cannot fully capture. For survivors and their families, the legal process becomes an ordeal—forcing them to relive their trauma at every stage. Justice, which should offer healing and restore faith in humanity, remains elusive when those entrusted with responsibility fail to fulfil it.

For many Dalits, violence remains an everyday reality, while access to courts, police, legal aid, or even basic institutional support continues to be overwhelmingly difficult. The legal system—its language, procedures, and spaces—often functions in ways that exclude those pushed to the margins by caste and class. Unless these structural barriers are addressed and the system is made genuinely accessible, justice will remain unevenly distributed. In such conditions, justice becomes less a right and more a privilege that many Dalit individuals are still unable to claim.



Chapter 4

HARMFUL PRACTICE AGAINST DALIT WOMEN & GIRLS

An Evidence-based Monitoring of Target 5.3, through lenses of Caste & SRHR

Harmful practices against women and girls in India are rooted in traditions, customs, and social norms – violating women’s autonomy, agency and human rights, and putting their lives, liberty, and dignity at risk. Such practices disproportionately impact Dalit women and girls, providing evidence that their bodies are sites of tradition-driven and systemic discrimination-based violence.

In India, harmful practices against women and girls include child, early and forced marriage, female genital mutilation, witchcraft accusations, and the ritualized sexual slavery of Dalit girls through the Devadasi or Jogini system. The persistence and repercussions of these practices reflect deeply entrenched patriarchal structures that position women in roles of dependency and vulnerability, reinforced by social, religious, and cultural norms that perpetuate intergenerational inequalities.

This chapter examines the status of achievement of SDG Target 5.3 – eliminating all harmful practices – by focusing on two practices that disproportionately affect Dalit women and girls - (A) child and early marriage, and (B) the Devadasi/Jogini system.

The chapter discusses the prevalence, perpetuating factors and consequences of harmful practices. Child and early marriage NFHS data is analyzed and substantiated through primary findings, while the Devadasi/Jogini system is examined through primary findings presented as a sectoral case study. Based on in-depth interviews with former Joginis, key informant insights, and over three decades of rights-based work by allies, the case study highlights intersectional links with child and early marriage, teenage pregnancies, and broader sexual, reproductive, and mental health impacts.

A CHILD AND EARLY MARRIAGE OF DALIT GIRLS

1. In India, child marriage is legally defined as the marriage of a girl under 18 and a boy or man under 21. However, this legal definition does not capture the full complexity of the issue. Many parents arrange marriages once girls reach 18, or close to it, meaning the risks associated with early marriage—limited negotiating power, lack of financial independence, restricted decision-making over contraception, and minimal legal knowledge—remain. A more nuanced understanding, which includes child, early, and forced marriages and unions (CEFMU), is essential to grasp the true nature of rights violations experienced by both children and young adults entering into these marriages. (SLIC 2022)

2. Extent and Prevalence

Men’s early marriage has significantly declined, but **India still has the largest number of child brides in the world** – 223 million, accounting for one-third of all child brides globally (UNFPA-UNICEF 2020). **Approximately one in four girls in India is married before she reaches the age of 18 years** (SLIC 2020).

The median age at marriage is 18.8 years for women and 24.9 for men. Overall, 25 percent of women (18-29 years) and 15 percent of men (21-29 years) get married before reaching the legal age of marriage (18 for women and 21 for men); and more than 40 percent of women from West Bengal, Tripura and Bihar get married before reaching the legal age at marriage. (NFHS-5)

NFHS and Census of India does not provide child marriage data of different social groups - SC, ST, OBC and general. It however provides detailed data on teenage pregnancies and median age at marriage across parameters of rural-urban, schooling, religion and wealth among others. Pertinent factors determining women's age at marriage include - rural-urban residence, schooling status, family wealth, religious and caste backgrounds, and state of residence, among others.

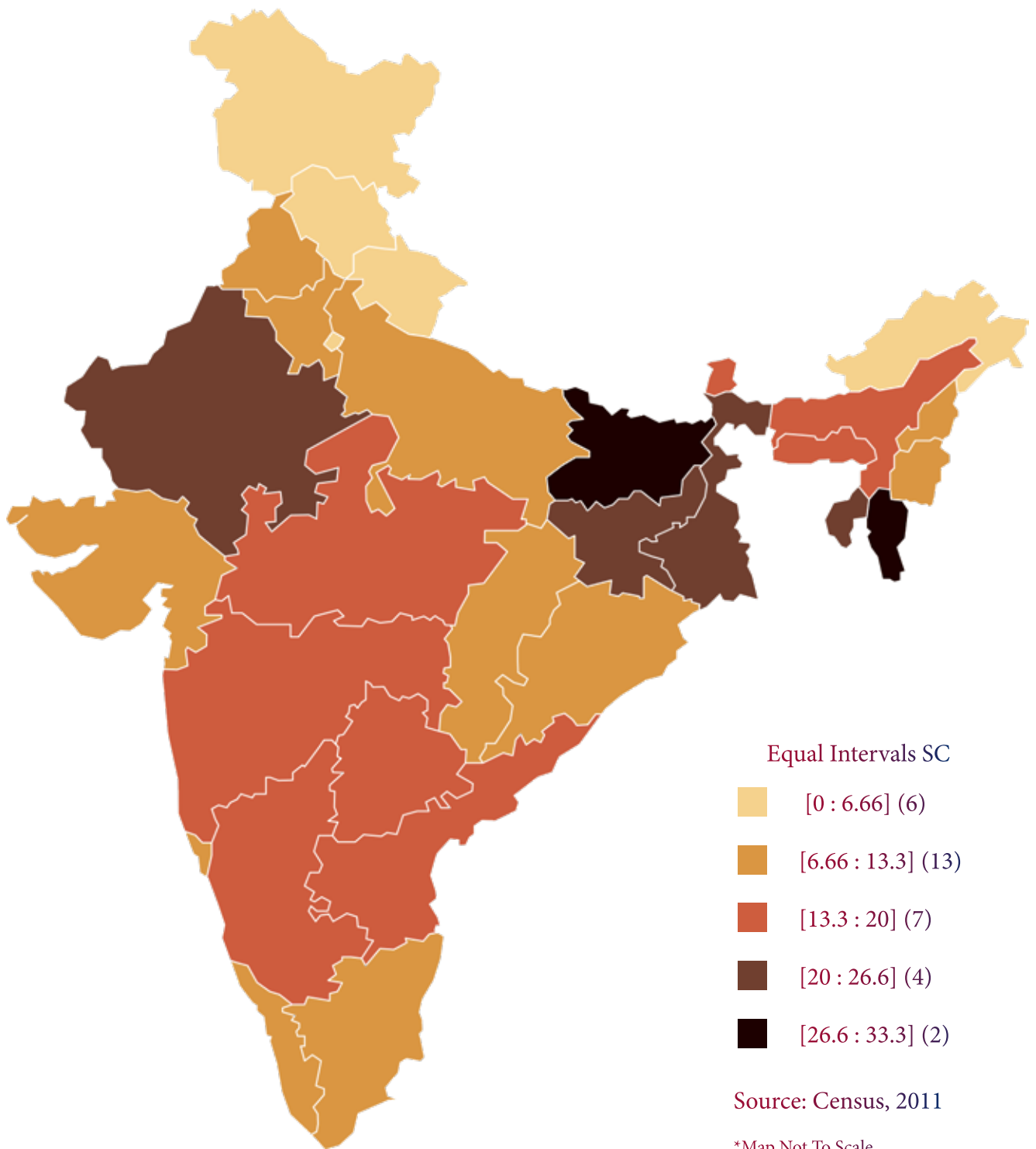
The median age at marriage for girls in urban areas (20.7 years) is nearly two years higher than in rural areas, reflecting the urban advantage in education and awareness. Schooling has a strong delaying effect on marriage-girls with no education marry at a median age of 17.1 years, while those with 12 or more years of schooling marry much later, at 22.8 years. Religion, too, shapes marriage patterns — Hindu and Muslim girls marry earlier (18.7–19.7 years) compared to Christian, Jain, and Sikh girls (21.2–22.7 years). Economic status is another determining factor, with girls from the highest wealth quintile marrying at 21.1 years, significantly later than those from lower quintiles (17.5–19.3 years), highlighting the influence of poverty and low-income status in perpetuating child and early marriage. (NFHS-5)

Additionally, **NCRB records a total of 10,913 registered cases of child marriage across all social groups from 2015-2023** – indicating a twenty-fold increase (1961% increase) during 9 years from 293 cases in 2015 to 6038 cases in 2023. This official data is doubly problematic since it does not give disaggregated number of girls and boys who have entered into child and early marriage, in addition to not providing disaggregated data for social groups.

While it may be difficult to ascertain the true picture of Dalit girls in child and early marriage, evidence from NFHS-5 mentioned earlier shows that higher levels of schooling, middle or higher income levels, and urban residence, among other factors, delay the median age of marriage for girls across all social groups. **Considering that Dalit girls are positioned at the disadvantaged end of this spectrum, their likelihood of entering into child and early marriage is higher.**

Map 1:

Percentage of SC Women currently married under 18 years, 2011



3. Perpetuating Factors

Child and early marriage in India is rooted in structural inequalities shaped by poverty, education status, patriarchal control, caste-based endogamy, weak law enforcement. These intersecting factors deny girls their right to autonomy, education, and dignity, keeping them trapped in cycles of inequality and deprivation. Dalit girls face an additional layer of vulnerability where caste and gender discrimination intersect, pushing families to marry them early as a perceived safeguard against caste-based violence and sexual exploitation, deepening their marginalization and loss of agency. This factor is substantiated by the survivor testimonies shared in Chapter 3. This, in turn, deepens their marginalisation and loss of agency.

- **Poverty and Lack of Education** - For families living in poverty, early marriage is often seen as a means to ease financial burden or secure a daughter's future. Girls are viewed as liabilities and deprioritized in education and health, while poor schooling, limited livelihoods, and parental illiteracy restrict their choices. NFHS-5 data shows that girls from poor and low-income families, especially those with no schooling, marry earlier.
- **Control over women's bodies and sexuality** - Patriarchal control over women's bodies and sexuality remains central, with families fearing premarital relations, violence, or stigma and viewing marriage as protection. Control then shifts to husbands and in-laws.
- **Reinforcing endogamy through caste system** - The caste system enforces endogamy to preserve caste purity and patriarchal lineage. Fear of inter-caste unions makes women's sexuality a site of control, leading to early marriages. Dowry expectations further fuel the practice, turning marriage into an economic transaction that overrides girls' rights and well-being.
- **Weak Law Enforcement** - Despite the Prohibition of Child Marriage Act (2006), enforcement remains weak due to poor funding, awareness, and accountability. In rural areas, poverty, debt, and panchayat influence sustain child marriage as a "customary practice," reinforcing caste and gender hierarchies over girls' rights and dignity. (SLIC 2022)
- **Caste-based gender violence intersecting with other factors** - Survivor testimonies of Dalit minor girls reveal that following sexual violence and the resulting stigma, harassment, and fear of escalation, families often marry them off before or at 18—leading to teenage pregnancies and, in some cases, domestic violence once the abuse becomes known.

4. Impact Of Child And Early Marriage On Girls & Women Including Dalits

Child and early marriage has severe physical and mental impacts. Girls are disproportionately affected, burdened with care work, domestic responsibilities, and early pregnancies, while boys face pressure to provide for a family at a young age. These impacts are compounded for Dalit families, who already face deep socio-economic and cultural disadvantages.

- **Constraints on girls' agency and autonomy:** Child and early marriage limits girls' education, access to paid work, and opportunities for leadership, while perpetuating female subjugation and domestic violence. Delaying marriage enables girls to complete schooling, acquire skills, and pursue healthier, empowered lives.
- **Child Trafficking for Marriage:** In regions with skewed sex ratios, such as Haryana, Punjab, Rajasthan, and Uttar Pradesh, child trafficking for marriage is increasing. Girls from Jharkhand, West Bengal, and the northeastern states are particularly at risk, though official data on the scale of this practice remains limited. (SLIC 2022)
- **Impact of child marriage on maternal and child health:** Child and early marriage have a direct, devastating, and multi-generational impact on maternal and child health, their well-being, and ultimately, societies. They are closely linked to early and high-risk pregnancies that lead to complications, maternal and child mortality, and other long-term health consequences. Anaemia, nutritional deficiencies, and low body mass index (BMI) among pregnant teenagers or young women both contribute to and result from early childbearing, increasing risks for mothers and their children. More than 3 percent of Dalit and Adivasi women of 15-49 years of age group (childbearing age) have severe anaemia, which is higher than the national average (2.7), and other social groups (2.3). Over 30 percent of Dalit women in this age group have moderate anaemia, while 26 percent have mild anaemia. Anaemia among Adivasis is higher than Dalits.

States with high prevalence of early marriages (West Bengal Tripura, Odisha, Jharkhand, Haryana, Assam, and Bihar) recorded more than 60 percent Dalit women with anaemia.

Due to overall improvement in infant and child healthcare – the Infant Mortality Rate (IMR) and Neo natal Mortality Rate (NNMR) has declined for all social groups in the last two decades for all social groups (2005-2021, NFHS-3-5). However, this decline is slow and low for all – signifying poor maternal health.

The NNMR and IMR for Dalit children continues to be below national average at 29 percent and 41 percent respectively in 2019-21. The decline over 2005-06 has been very low for Dalit children – faring slightly better than Adivasi children. (Tables 22 and 23). Neo natal mortality and infant mortality is closely associated with maternal health, and access to antenatal care (ANC) and postnatal care (PNC) services. Therefore, lowest decline in neo natal mortality in the last years among the Dalits and Adivasis show that maternal health and health care services are not improving.

Significant low decline in Neo Natal Mortality and Infant Mortality rate among Dalits indicate low access of maternal health and healthcare services.

- **Teenage Pregnancies, abortions and childbearing:** Teenage pregnancies in India are strongly linked to early and child marriage (NFHS-5). The median age at marriage is 18.8 years for women and 24.9 for men, with first sexual intercourse typically within a month of marriage—showing most girls begin sexual activity soon after marriage and rarely before.

While childbearing among teenage girls in India has declined in the last two decades—from 16 percent in 2005 to 7 percent in 2021, the occurrence shows teenage girls who have already given birth or are currently pregnant. Dalit and Adivasi girls have the highest rate of teenage childbearing (7 percent and 9 percent respectively). (Table 24). In the five years preceding the survey, for Dalit women - 3 percent of pregnancies were terminated and 7 percent ended in miscarriage, similar to national average. Nearly half the abortions (48 percent) for all-women were due to unplanned pregnancies, indicating major gaps in contraception, family planning, and access to safe abortion. (NFHS-5, Vol I, Chapter 6, p 207)

Data obtained from NFHS (5), 2019-21, shows regional variation in teenage childbearing among women of the 15-19 years age group. High fertility states (above 10% childbearing during teenage) are Tripura (22%), West Bengal (16.8%), Andhra Pradesh (12.6%), Assam (11.7%), Bihar (11%), and Jharkhand (9.8%). These states are concentrated in the eastern and north-eastern parts of India, where early marriage is a norm.

- **Exposure to Domestic violence:** Child and early marriage undermine girls' agency and autonomy, leading to subjugation and reduced ability to resist domestic violence. NFHS data over the past two decades show that domestic violence remains widespread across all social groups. In 2019, over 27 percent of women in India reported experiencing violence at home — an improvement from 2005, if it can be called one - when 40 percent faced physical, sexual, or emotional abuse at home. Dalit women remain particularly vulnerable, with 32 percent reporting domestic violence in 2019, compared to 48 percent in 2005 – highest across all social groups (Table 25). In both NFHS surveys, the husband was identified as the perpetrator in 82 percent of physical and sexual violence cases. The decline observed between 2005 and the following years may be attributed to the enactment and implementation of the Protection of Women from Domestic Violence Act, 2005, after which the situation has remained almost status quo.

Marriage in India reinforces gender roles and upholds patriarchal and caste norms, often viewing women as dependents and men as protectors. Child marriage deepens this control, limiting girls' agency over their bodies, education, and life choices. Seen as a means to preserve family honour and control sexuality, it leaves child-brides with little negotiating power, no economic resources, and few options to exit abusive relationships. While primarily sustaining patriarchal power, it also restricts boys' and men's freedom to choose their partners. Marginalisation of women in general, and of marginalised women in particular, leads to the perpetuation of poverty, inequality, and underdevelopment for all.

Marginalization of women in general, and of marginalized women in particular, leads to the perpetuation of poverty and inequality, hampering development for all.

B • Case Study illustrating the role of caste along with other intersections of poverty, illiteracy, and disability in perpetuating child sexual abuse and slavery under the guise of tradition and religion.

CASE STUDY # 2

JOGINI/ DEVADASI SYSTEM – RITUALISTIC SEXUAL SLAVERY OF DALIT WOMEN AND GIRLS



The Jogini or Devadasi system, a form of sexual exploitation under the guise of tradition and religion, is deeply rooted in superstition, entrenched caste-based hierarchies, and religious customs. The practice disproportionately affects girls from marginalised socio-economic backgrounds – particularly Dalits, exposing them to lifelong vulnerability, exploitation, and stigma.

The practice of dedicating prepubescent girls to gods and goddesses is an ancient practice that is deeply entrenched in history, mythology, culture, religion and rituals. Literally meaning 'female servant or devotee of god/goddess, 'dedication' means that the girls were/ are symbolically married to the deity, after which they were/are expected to lead a life of devotion and celibacy.

In earlier times, and even now in practice, the minor girls are treated as the property of the temple – and by extension, of the priests and dominant caste patrons. Beyond performing religious rituals – which are now few – such as cleaning the temple or begging alms on certain days, Devadasis were/ are expected to provide sexual services to priests and patrons, making the system one of deeply entrenched exploitation masked as religious duty.

Dedication of girls as Devadasis is prohibited in India. Over the past four decades, sustained government rehabilitation efforts and mass awareness campaigns have largely curtailed new dedications, though some still occur in secrecy. Today, the main concern is the continued sexual exploitation, stigma, and exclusion faced by already dedicated Devadasis, mostly aged between their mid-30s to 60s.

The Devadasi practice is known by different names across states – Jogini in Telangana, Mathamma, Basavis and Devudammas in Andhra Pradesh, Basavi in Karnataka, Devar Adigalar in Tamil Nadu, and Matangi in Maharashtra. Regardless of the name, it remains a system of exploiting Dalit girls and women for sexual and personal gratification.

The situation of practicing and former Devadasis, along with secret new dedications, violates key Sustainable Development Goals:

- **SDG 3 – Good Health and Well-being:** Devadasi women face severe mental, physical, and emotional health issues due to abuse and exclusion, with poor access to healthcare
- **SDG 5 – Gender Equality:** The system itself is a grave violation of gender rights, institutionalising violence and discrimination against women under the guise of religion.

This system is not only a socio-economic problem but also caste-based violence on women. It is a systemic violation of all possible human rights of women and children.

Although there are no official national statistics, the National Human Rights Commission of India estimated around 450,000 Devadasis in a 2008 UN review.

Over 85 percent, and in some studies up to 95 percent, of girls and women in the Devadasi system were Dalits - predominantly from sub-castes such as Mala, Mang, Madiga, Mathika, Arunthathiyar, Isaivellalar, Holey, Mythiri, Kamble, Dasar, Magar, Sambar, and Chakkiliyar. The remaining 5–15 percent in the studies, belonged to Backward Classes and Tribal communities. A large majority – around 70–80 percent – were minors when dedicated, and more than 70 percent had their first sexual partner by the age of 17.

For most young Devadasis, prostitution remains the primary source of livelihood — with 94 percent depending on it, according to a Karnataka government. In later years, many are forced to survive through begging or by dedicating their own daughters, thereby continuing the cycle of exploitation and violence across generations (ADRF 2021).

In Telangana, according to V. Raghunath Rao's One-Man Commission on the Devadasi System, there are approximately 14,863 Joginis. In the combined Mahabubnagar District alone, 2,879 Joginis were identified, with Narayanpet District having one of the highest concentrations.

The primary study was conducted in Narayanpet District to gather first-hand evidence of harmful practices against Dalit women and girls and to examine the intersectional factors that perpetuate discrimination and violence. The district, located about 165 km from Hyderabad, has a history of the practice of dedicating girls to temple deities and has rehabilitated many Joginis who now reside in a government-built housing colony established in 1985. As the study was conducted in Telangana, it uses the local term 'Joginis' to refer to Devadasis.

FINDINGS FROM PRIMARY STUDY ON JOGINI (DEVADASI) SYSTEM IN TELENGANA

According to key informant Mr. Neelaiah Jyothi, a Dalit Human Rights Defender and Founder of NGO Aashray, the situation regarding the dedication of pre-pubescent girls—primarily Dalit girls, locally called Joginis—has improved in terms of new cases over the past 25 years. Intensive civil society advocacy, community resistance, awareness campaigns, and legal measures have nearly ended the dedication of pre-pubescent girls. Community whistleblowers have also helped curb the widespread sexual abuse of young Dalit girls. Although occasional one-off dedications still occur discreetly, the government now undertakes appropriate protective measures.

However, despite the near cessation of new dedications being a major success, Joginis who have already been dedicated and identified by the government under rehabilitation programmes continue to live in penury, facing discrimination, abuse, stigma, and exclusion.

The findings derived from survivor narratives discuss the patterns of dedication, the impact on the lives of women dedicated as Joginis, and the gaps in legal provisions.

(A) ABOUT JOGINI DEDICATION AND PROFILE OF FORMER JOGINIS

Age At Dedication, Reasons, and Caste: Of the twelve former Joginis interviewed, three were under 30 and the rest between 40 and 60. All had been dedicated before the age of twelve, two as young as eight. Most were unaware of the ritual or its implications. Their experiences point to key factors sustaining the practice — intergenerational tradition, poverty, superstition, disability, and caste. All were Dalits – eight from Madiga and two from Mala sub-castes.

Sexual Initiation at Puberty: All the women reported being sexually abused by dominant caste men upon reaching puberty. There was no uproar, no protest for what was in reality rape of young Dalit girls, and any legal recourse was unheard of, considering the social acceptance of practice, fear of retaliation, as well as culpability of the family themselves. The abuse was normalised within the community under the garb of religious or customary sanction - followed by years of unsafe sex and sexual exploitation.

Reason for Dedication: In most of the women's narratives, the decision to dedicate them was made by their parents. Their reasons included pressure and intimidation by dominant caste leaders or influential community members, the need to support male children through the money or benefits received from the dedication, the superstition that dedication would cure the ill health of the girl being dedicated, and deep-rooted religious beliefs reinforced by intergenerational tradition. Parents also complied out of fear, obligation, or belief that refusal would invite social boycotts or the wrath of goddess.

'Initiation' Ritual at Puberty leading to Dropout from School: At puberty, a second ceremony took place – this time for initiating girls into a lifetime of sexual abuse and exploitation. The initiation ritual closely resembled a traditional Hindu wedding – vermilion was applied to their foreheads, a *thaali*⁵ was tied around their necks, and bangles adorned their wrists. After the ritual, all of them discontinued schooling. Some were mocked for wearing vermilion and bangles, while others were withdrawn from school by their parents. Only one of the women had completed primary education; the rest could only sign their names.

Sustained Sexual Abuse after Initiation Ritual: After the rituals, the girls' lives changed drastically. Men from nearby villages and neighbourhood began visiting their homes, offering groceries, sarees, or money in exchange for sex. In this way, they become the main providers for their families. Even when Joginis wish to marry, community leaders object, believing that a Jogini marrying a mortal man would anger the goddess, making legitimate marriage impossible.

Relation of Jogini With Her Sexual Patron: According to key informant Neelaiah Jyothi, who has worked for decades on the rehabilitation and rights of Joginis – the Joginis in Telangana typically live with one man who is often formally married with someone else, while the former Jogini herself remains socially marginalised. He clarified that, unlike in some other states, Joginis in Telangana generally do not engage in prostitution for livelihood. Instead, they live as sexual partners to dominant caste men who treat them as their personal chattel under the socially sanctioned Jogini system. Many have children with these men, but the children are often denied their father's identity—either due to refusal or concealment. The former Joginis in study, affirmed the stigma faced by their children because they do not have a father. School authorities and the teachers are known to ridicule the children for not producing their fathers' name – often refusing admission, or making admissions/ schooling difficult.

Children: All the women in the study had 2–4 children, except one who lost hers in infancy. They raised their children single-handedly, with support from a local CSO that helped ensure their education. Some children now work in towns and cities, away from stigma. Most inspiring is the women's firm resistance to dedicating their daughters—marking a clear break from the Jogini system.

Rehabilitation: As part of the rehabilitation program from 1990 onwards, the then Andhra Pradesh government allotted houses and 2–5 acres of land to former Joginis, including those in study. However, the land remains uncultivated as it is saline.

Livelihood and Income: Younger women earn ₹3,000–₹5,000 per month as agricultural or daily wage labourers under MGNREGA⁶, and resort to begging or selling vegetables during lean seasons. Older women, unable to work due to age and ill health, rely on an old-age pension of ₹2,015. Some of the women previously rolled *beedis*⁷, a practice now discontinued. All former Joginis receive government pensions and are covered under the Aarogyashree health insurance scheme, with Aadhaar, voter, and BPL cards⁸.

Legal Awareness: All the former Joginis were aware that new dedications are banned under law and punishable by penalty and imprisonment. However, they noted that legal action is rarely taken. A key concern was that under the Devadasi Abolition Act, 1988, even parents of dedicated girls can be prosecuted. While the law aims to deter the practice, many parents in earlier times acted under social pressure, coercion, or deception. The women felt that in such cases, parents should not be treated as offenders; instead, the law should target those who initiate, organise, or profit from the dedication.

(B) IMPACT ON SEXUAL AND REPRODUCTIVE HEALTH AND MENTAL HEALTH JOGINIS

The impact on Sexual and Reproductive Health and Mental Health of the women dedicated as Joginis in their re-pubescent years have been derived from survivor narratives, as follows -

- **Abortions and Miscarriages**

Almost all the former Joginis, except one, have experienced abortions and miscarriages—ranging from two to several instances. These procedures were carried out by the local dai (traditional midwives) or private practitioners, typically in non-institutional settings that lacked proper medical protocols, thereby increasing the risk of infections, complications, and long-term reproductive health problems.

- **Menstrual Hygiene Management**

In their younger years, Joginis practiced inadequate menstrual hygiene—using old cloths, lacking clean water and sanitation, and unaware of infection prevention—often leading to reproductive and gynaecological problems.

- **Current Health Complaints**

Except for two, all respondents reported chronic health issues such as backache, knee pain, and vision problems. Though not life-threatening, these reflect years of hard labour, neglected healthcare, and poor access to age-appropriate medical services.

- **Psychological Trauma and Mental Health**

All the former Joginis, young and old, described feeling isolated, mentally disturbed, and traumatised in the early years after dedication. Though they gradually adjusted, distress, depression, and anxiety persist. Some suffer from trauma-related flashbacks, nightmares, and sleeplessness, while many drink local toddy at night to cope with pain and hopelessness.

(C) SURVIVOR NARRATIVES

Survivor narratives are not isolated incidents but represent the collective burden of caste-based gender violence institutionalised through the Jogini system. The women's lives are shaped by rejection, repeated violations, poor health, and a lack of dignity and safety. Yet within these stories lies a spark of hope—of resistance to harmful practices, of entrepreneurial aspiration, and of a desire for awareness and healing. The following narratives describe the different ways in which the Jogini system has impacted the lives of the former Joginis and their families.

- **Narratives on Sexual and Reproductive Health and Mental Health Impacts**

Survivor Narrative # 21 & 22

Yellamma 35, (*name changed*) and Muthavva, 56 (*name changed*) have suffered physical injuries that prevent them from engaging in agricultural labour—their sole source of income. Deprived of a dignified livelihood, they now depend on a modest government pension of ₹2,500 per month, though one of them aspires to self-reliance by starting a small kirana (grocery) shop. Both have undergone two abortions in private hospitals, reflecting health risks and the absence of supportive maternal care. Each is a single mother of three children, enduring mental distress marked by sleeplessness and emotional pain rooted not only in personal hardship but also in structural discrimination by dominant castes and, at times, their own Dalit communities, who have enabled or normalized their exploitation.

Survivor Narrative # 23

Tirupathamma 27, (*name changed*) lives with her five-year-old son, without family or state support, after being forced into the Jogini system at age eight under pressure from dominant-caste groups. After her initiation ceremony, which she recalls as resembling a wedding, she faced repeated sexual exploitation by dominant-caste men who, ironically, discriminated against her as a Dalit during the day. She describes her first experience as “irreparable and unbearable emotional damage,” leading to lasting trauma, stress, and depression. Working as a daily wage labourer, she struggles with poor nutrition, chronic illness, and gynaecological problems, including excessive bleeding and a past abortion. Isolated yet resilient, she draws strength from her son and hopes he can escape poverty and stigma through education. She aspires for skill training and pension support and is part of a Self-Help Group, though without financial assistance.

- **Narratives of Former Joginis with Disabilities**

Dedication of girls with disabilities adds another abusive layer to the caste-based sexual violence and gender inequality of the Devadasi/Jogini system. Two women in the study—28-year-old Poshamma and 60-year-old Chellamma (names changed)—who are differently abled were dedicated. They do not recall whether disability was the reason for their dedication, but they clearly remember the lifelong trauma of sexual abuse and exploitation that began at puberty.

Survivor Narrative # 24

Poshamma (*name changed*) was dedicated at eight, under pressure from her maternal relatives, and her sexual exploitation began soon after attaining puberty. She suffered excessive menstrual bleeding, weakness, and underwent two unsafe abortions carried out by a local dai; her only child died in infancy. Without prenatal care or nutritional support, her health deteriorated, and she now experiences chronic bleeding, white discharge, and persistent body pain. Years of abuse and ill health have left her dejected and indifferent to treatment, despite awareness efforts by a local NGO. She struggles with depression, anxiety, and trauma-related flashbacks, and drinks toddy at night to sleep. Due to her disability, she cannot sustain regular work and survives on a ₹4,000 monthly disability pension.

Survivor Narrative # 25

60-year-old Chellamma (*name changed*) has undergone several miscarriages and abortions, and has no living child to support her. Dedicated at 8 years, Chellamma recalls that unknown men started visiting her for sex ever since she had the initiation ceremony. The old lady lives alone in a government-provided land and house, and survives on the Devadasi (Jogini) pension of ₹2,500 per month.

- **Desire of Leaving Jogini System and Stories of Hope and Resistance**

The younger women who support themselves and their children through daily wage labour work and other informal jobs, express desire to leave the tradition and engage in occupation which will bring stable income. Thirty-five-year-old Yellama expresses a desire for opening up her own kirana shop (grocery store). Twenty-seven-year old Tirupathamma wants to take up skill training and earn a stable income. The Jogini system is a way of life for those who are now old. They rely on monthly government Devadasi pension of ₹2,500 and live alone in government-provided housing.

Three of the former Jogini have become change-makers – they have devoted their lives in fighting the cruel and inhuman system.

Survivor Narrative # 26

Fifty-two-year old Surotama (*name changed*) is a mother of two children who she brought up without anyone's support. When one of her fellow Jogini who was HIV+ died, Surotama realised that Joginis "do not have any social or physical security". She is now a strong advocate against child marriage, Jogini marriage, and second marriage. She reported that many Joginis die untimely due to HIV/AIDS and STIs, and the issue remains undetected. Despite her courage in speaking out against the harmful practice, she continues to face relentless sexual exploitation. Her mental anguish is severe—she cries herself to sleep each night. She describes being forced to open the door to any man who knocks at midnight, only for him to leave at dawn. This has become her everyday reality: a systematised and normalised cycle of sexual exploitation from which she has no protection.

Survivor Narrative # 27

Virangana (*name changed*) was dedicated as a Jogini at age 10 and lived in a government colony with 28 others. A mother of four, she vowed never to dedicate her daughters after witnessing her own suffering. With support from a local CSO, she raised and educated her children and later founded the Aadarsha Mahila Mandali, a collective of 29 former Joginis, to end new dedications. She helped connect Joginis with the Dalit Women's Self-Respect Movement and now serves as President of Aashray NGO, continuing her fight for dignity and justice.

(D) LEGAL PROVISIONS AND GAPS

The Andhra Pradesh (Prohibition of Dedication) Act, 1988 seeks to abolish the inhuman and discriminatory practice of dedicating young girls—particularly from Dalit and marginalized communities—to temples under the guise of religious tradition, and to punish parents, family members, abettors, and promoters involved. However, weak implementation continues to limit its effectiveness and intended outcomes. Key challenges faced in implementation of Act include:

- Dual responsibility of enforcement and punishment vested with the Executive Magistrates creates a serious conflict of interest and weakens the law.
- The law prescribes a punishment of three years' imprisonment and a minimal penalty of ₹3,000, which fails to serve as an effective deterrent.
- Importantly, the Act places misplaced liability on parents as "primary perpetrators." Instead

of targeting the actual conspirators and promoters—such as religious heads, community influencers, and organisers—the law ends up punishing poor and vulnerable parents. As a result, those who exploit the system go scot-free, while immediate family members are criminalised.

- Reporting is also a socially sensitive issue, as in most cases parents have been responsible for the dedication.

According to the experience of NGO Aashray, the state has responded promptly to reports of dedications by dispatching vigilance teams and registering cases against perpetrators and abettors. However, in most instances, parents were the first to be convicted, while the actual actors behind the dedication escaped punishment. In one case that was pursued vigorously until the final hearing, the proceedings ultimately collapsed: the victim's mother was convicted as Accused No. 1, while the real conspirators were let off. This resulted in grave injustice to the family and discouraged further reporting, as the community feared victimization.

RESISTANCE TO THE PRACTICE AND HOPE FOR THE FUTURE

None of the former Joginis have dedicated their daughters, and they are firmly determined to end the practice with their generation—as both a personal resolve and a social responsibility. This marks a significant shift in attitudes, breaking the cycle of intergenerational dedication. They strive to ensure their daughters are educated, independent, financially stable, and free to choose their own life partners—and, most importantly, free from the humiliation and trauma they themselves endured. And for themselves - they hope for compassion and acceptance from society.

Aashray, the local NGO working on the rehabilitation and rights of Joginis, has contributed significantly to these positive changes. Prior to Aashray's engagement, there were limited civil society interventions in the area, and dedications had already taken place. The NGO since the early 1990s has promoted English-medium education for Joginis' children—often placing them away from home to protect them from possible dedication—and has been instrumental in improving their access to formal employment. For the women in this study, the findings show that education and sustained support can enable women and girls dedicated in the Jogini system to move towards healing, justice, security, and dignified lives with agency and equal rights.

The Jogini/Devadasi case study shows that this system is not a relic of tradition but a continuing form of caste-based gender oppression and sexual exploitation. Evidence of coercion, early dedication, and post-puberty abuse underscores the need for rights-based interventions. Tackling its roots—poverty, caste dominance, and superstition—while empowering survivors is vital to dismantle this inhuman practice, which perpetuates marginalisation through intersecting caste and gender inequalities.

⁵ Thaali is a necklace worn by married Hindu women, symbolizing their marital status.

⁶ Central governments' flagship programme to enhance livelihood security in rural areas by providing at least 100 days of assured wage employment in a financial year to at least one member of a rural household.

⁷ Tobacco rolled on a particular type of leaves, smoked without filter

⁸ Aadhar card is a unique biometric identity number issued by the Government of India (GoI). BPL card – The Below Poverty Line (BPL) card, issued by the GoI designates households with incomes below a defined threshold as living in poverty.



CONCLUSION

Child and early marriage and the Jogini/Devadasi system severely limit Dalit women's and girls' empowerment. Early marriage cuts short education, restricts mobility, and increases dependence within families, reducing their ability to make decisions about their bodies, health, and livelihoods. Although formal dedications into the Jogini system have declined, many Dalit women who were dedicated in the past continue to face sexual exploitation by dominant caste men, with little protection or access to justice.

At the same time, persistent poverty, caste discrimination, and limited educational and livelihood options place young Dalit girls at continued risk of being pushed into such practices. These harmful structures deny Dalit women autonomy, reinforce economic insecurity, and restrict participation in public life. When such caste-rooted practices persist, the core aims of SDG 5—ensuring bodily autonomy, ending violence, and enabling full and equal participation for all women and girls—cannot be realised for Dalit communities, leaving gender equality fundamentally incomplete.



Chapter 5

ACCESS TO HEALTHCARE AND SRHR RIGHTS – HOW FAR ARE DALIT WOMEN AND GIRLS LEFT BEHIND?

Evidence Monitoring of SDG Target 5.6 through the lenses of Caste, SDG 3.7 Access to SRHR Services and SDG 8.7 Decent Work

Maternal and child healthcare has been a key focus in India since Independence, with several government initiatives to improve outcomes for women and children. The Integrated Child Development Services (ICDS), launched in 1975, prioritized antenatal and postnatal care, institutional delivery, immunization, anaemia control, and nutrition, among others.

The National Health Mission (NHM), launched in 2005, aims to ensure equitable, affordable, and quality healthcare, particularly for women and children. It integrates earlier programmes like NRHM and NUHM, focusing on Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCH+A) and communicable and non-communicable diseases. NHM also supports free, universal, community-based healthcare through preventive, curative, and rehabilitative services.

Implementation is primarily through Accredited Social Health Activists (ASHAs) – who are trained female community health workers and act as interface between community and public health systems. Considering that the selection of ASHAs is a community-driven process, the recruitment of Dalit women as ASHAs is often guided by village dynamics.

Despite the government’s commitment to universal access, Dalit women’s actual reach to quality maternal and child healthcare remains constrained by poverty, social exclusion, and structural inequalities. Key health indicators – such as mortality rates, anaemia prevalence, and body weight for both adults and children – are substantially lower among Dalits and Scheduled Tribes (STs), and Other Backward Classes (OBCs) compared with other social groups. Reproductive and sexual health measures – including rates and outcomes of pregnancies and deliveries, access to family planning, and STI prevalence – also remain noticeably poorer for these populations.

This chapter examines the health and SRHR status of Dalit women and girls, and explores how caste discrimination and caste-based gender violence function both as drivers and consequences of poor health outcomes. It looks at achievement of SDG 5.6 “Ensuring universal access to sexual and reproductive health and reproductive rights” alongside SDG 3 “Ensuring healthy lives and promote well-being for all at all ages” and SDG indicator 8.7 which aims to eradicate forced labour.

1. ACCESS TO MATERNAL AND CHILD HEALTH CARE

Reports highlight caste-based discrimination against Dalit women in accessing medicines, nutrition, and maternal care, as well as inequitable funding for health centres in Dalit-majority areas, contributing to higher maternal mortality. Access to mental health services also remains limited, despite Dalit women’s heightened vulnerability to violence and caste-based trauma, leading to psychological distress.

As per NFHS data, pregnancy registration among Dalit women increased from 87 percent in 2015 to 94 percent in 2021, and 97 percent received the Mother and Child Protection (MCP) Card⁹. Yet 7 percent still do not receive antenatal care.

⁹ The MCP Card (Mother and Child Protection Card) is a government-issued entitlement card that tracks a mother’s and child’s health, nutrition, and development from pregnancy to early childhood. It serves as a health passport, ensuring access to services like antenatal care, immunization, and growth monitoring.

While institutional deliveries rose to 87 percent in 2021, 17 percent of mothers and children do not receive postnatal check-up. IFA (Iron and Folic Acid) tablet coverage remains incomplete. Low male participation persists — fathers absent during antenatal care increased from 18 percent in 2005 to 20 percent in 2021 — reflecting limited engagement in family planning and maternal care. (Table 26)

2. TEENAGE PREGNANCIES

Teenage pregnancies in India are closely linked to early and child marriage, as revealed in the NFHS findings. The median age at marriage is 18.8 years for women and 24.9 years for men, with the median age at first sexual intercourse occurring within a month of marriage. This indicates that many girls are married as teenagers and begin sexual activity soon after marriage, with very little premarital sexual activity reported.

In the five years preceding the survey in 2019-21, 3 percent of pregnancies were voluntarily terminated and 7 percent in miscarriage. Nearly half of the abortions (48%) were due to unplanned pregnancies, highlighting significant gaps in contraceptive use, family planning, and access to safe abortion and healthcare services (NFHS-5, p 207).

Overall, nearly 7 percent of adolescent girls (15–19 years) in India had begun childbearing by 2019; 4.5 percent had a live birth, and 2.3 percent were pregnant with their first child.

Teenage pregnancy is higher among Dalit and Adivasi women—about 9 percent among SCs and 7 percent among Adivasis—compared to 5.8 percent among OBCs and 7% among others. Over 6.1 percent teenage Dalits had a live birth, and 3 percent were pregnant with their first child.

Between 2015 and 2021, teenage pregnancies declined across all social groups: from 10.5 percent to 8.7 percent among Adivasis, and from 8.8 percent to 7.3 percent among Dalit teens. However, teens from both groups continue to have the highest rates of early childbearing. (Table 23).

Regional variation also exists. According to NFHS-5 (2019–21), the highest rates of teenage childbearing (above 10%) are found in Tripura (22%), West Bengal (16.8%), Andhra Pradesh (12.6%), Assam (11.7%), Bihar (11%), and Jharkhand (9.8%). These states coincide with states with high child and early marriage.

3. MATERNAL AND CHILD HEALTH - MORTALITY, ANAEMIA AND BMI

As discussed earlier in Chapter 4 (teenage pregnancies), the Infant Mortality Rate (IMR) and Neo Natal Mortality Rate (NNMR) for Dalit children continues to be below national average at 29 percent and 41 percent respectively in 2019-21. This decline over 2005-06 has been very slow and low for Dalit children – faring slightly better than Adivasi children. (Tables 22 and 22A). This signifies low improvements in maternal health and access to antenatal care (ANC) and postnatal care (PNC) services.

Anaemia among children under five across all social groups remain alarmingly high, with minimal progress since NFHS-3 (2005–06). In fact anaemia among children under five somewhat declined between 2005–06 and 2015–16 but rose again in 2019–21. Among all groups, Dalit and Adivasi children are most anaemic – 70 and 72 percent respectively. These figures reveal persistent neglect of nutrition and healthcare among Dalit and Adivasi children, especially girls. (Table 27)

Among adults, Dalit women (15–49 years) continue to show anaemia (59 percent, NFHS-5) with little change from NFHS-4 (56 percent). Men (15–54 years) are far less affected (26 percent, NFHS-5; 12 percent, NFHS-4), reflecting nutritional inequity and gendered health burdens consequently leading to poor maternal and child health outcomes. (Table 28)

More Dalit and Adivasi women remain underweight, with little change since NFHS-4 (21 & 26 percent respectively in NFHS-5 and 25 and 31 percent respectively in NFHS-4) This indicates persistent malnutrition, poor nutrition intake, and low BMI linked to poverty, food insecurity, and heavy workloads. (Table 29)

Observation:

The slow and marginal improvement in IMR and NNMR over the past decade emphasizes persistent gaps in maternal and child healthcare for Dalit communities. These trends indicate that critical services—antenatal care, safe delivery, and early childhood health interventions—remain unevenly accessible. High levels of anaemia among children under five and Dalit women, along with continuing underweight status among Dalit women, further signal chronic food insecurity, inadequate nutrition, and weak implementation of health and nutrition schemes. These conditions reduce strength, energy, and concentration, affecting girls’ school attendance and learning, while for adult women they heighten pregnancy-related risks, including maternal morbidity and low-birthweight infants.

Despite these health challenges, many Dalit women continue to engage in informal, physically demanding labour, where anaemia and undernutrition intensify fatigue and long-term health strain. Collectively, these patterns reflect not only slow decadal change but also deep structural inequalities shaped by caste, poverty, and exclusion from reliable healthcare and social protection.

The implications are far-reaching - impaired childhood development, heightened maternal risks, and intergenerational cycles of malnutrition that limit educational and economic mobility. Without equity-centred interventions that address caste-based disparities and strengthen frontline services, progress toward national health goals and SDGs 3 and 5 will remain fundamentally incomplete for Dalit women and children.

The slow and marginal improvement in IMR and NNMR over the past decade emphasizes persistent gaps in maternal and child healthcare for Dalit communities.

4.

AWARENESS AND EXPOSURE TO STIs AND HIV/AIDS

Dalit and Adivasi women face a disproportionate burden of Sexually Transmitted Infections (STIs) and HIV/AIDS. Among Dalit women, STI prevalence increased from 1.5 percent (2005–06) to 5 percent (2019–21), with a corresponding rise in genital ulcers and abnormal discharge. (Table 9). HIV prevalence among Dalit women is 0.26 percent, slightly higher than 0.23 percent in 2005–06, while it is highest among Adivasi women (0.46%, NFHS-5).

Despite 85 percent of Dalit women being aware of HIV/AIDS, 81 percent lack comprehensive knowledge, and 80 percent have never been tested, though this is an improvement from 98 percent in 2005–06. Early sexual activity before age 15 has declined from 13% to 3%, yet remains a concern. (Table 30 and 31)

According to WHO, STIs and HIV largely stem from unsafe sexual practices, with early sexual initiation increasing vulnerability. These infections severely affect women’s reproductive health, causing infertility, stigma, pregnancy complications, and heightening HIV risk. Mother-to-child transmission can lead to stillbirth, neonatal death, or low birth weight.

The occurrence of STIs and HIV among Dalit women, along with early sexual initiation, indicates unsafe sexual practices—often linked to gaps in sexual and reproductive health (SRH) awareness, access, and prioritization; early marriage and teenage pregnancy; limited agency in SRH decision-making; and harmful practices, all exacerbated by adverse socio-economic conditions.

5.

SKewed FEMALE STERILIZATION AND THE BURDEN OF FAMILY PLANNING ON WOMEN

Family planning in India has primarily been a state-led initiative, shifting from a population control and family stabilization focus in the 1950s to a broader reproductive and child health approach since the 1990s. Reproductive autonomy—central to women’s empowerment—entails the ability to make informed decisions about one’s health and fertility. In India, where marriage is nearly universal and patrilocal norms prevail, women’s autonomy is strongly shaped by men’s attitudes and by caste- and gender-based social hierarchies. These hierarchies determine access to resources, mobility, and decision-making, including for healthcare within households.

An analysis of the National Family Health Survey (NFHS) data over a 15-year period (2006–2021; NFHS-3, 4, and 5) highlights trends in women’s access to and use of family planning methods, as well as male attitudes and participation.

According to NFHS-5 (2019–21), over 56 percent of couples use modern methods of family planning, while about 33 percent do not use any contraceptives—a pattern that remains similar across social groups. Although the overall use of modern contraceptive methods has increased since 2005–06, the rise has not been substantial. The use of non-invasive methods such as pills and condoms has shown a gradual increase over this period. Female sterilization, however, continues to be the most preferred method of family planning, with around 38 percent of women across all social groups opting for it in 2021—showing virtually

no change since 2006. Among Dalit women, over 40 percent continue to rely on sterilization, a trend similar among Adivasi and OBC women, while the preference is slightly lower among non-marginalised groups (31 percent in 2021) (Tables 32, 33, 34).

Male attitudes and use of contraception have worsened in the last 15 years. Only over 7-10 percent of men use condoms (2021) – little change from 2006. Compared to women, male sterilization rate is less than 1 percent across all social groups, with almost no change since 2006. (Tables 33, 34)

While over 22 percent of men in 2006 believed that “contraception is a woman’s business and a man should not have to worry about it”, over 35 percent of men believe so now, in 2021. **Such regressive attitudes are shared among men from all social groups, but are more prevalent among Dalit and OBC men (37% and 38%, respectively, in 2019–21).** Men also hold the attitude that “women who use contraception may become promiscuous.” Over 20 percent of men continue to believe so in 2016 and 2021); the change from one and a half decades earlier is minuscule (16% in 2005–06). (Table 35, NFHS-3,4 &5).

Such persistent regressive attitudes and the unwillingness to share the responsibility of family planning among men highlight patriarchal leanings and disregard for women’s well-being and health. They also emphasise the need for targeted behaviour change communication and awareness campaigns addressing men, to promote gender equality in reproductive health.

The skewed rate of female sterilization indicates that the burden of family planning largely rests on women. Despite the fact that vasectomy is simpler, safer, and less expensive, while female sterilization involves the usual risks of abdominal surgery and requires essential post-operative care, it is still women who undergo the procedure when a permanent method of birth control is chosen. This supposed ‘mutual decision,’ skewed towards women, reflects low agency and autonomy among women, including Dalit women.

Notably, NFHS-5 shows an increase in the proportion of women who report making decisions about their own healthcare—from 63 percent in 2005–06 to over 81 percent in 2019–21 (See Chapter 2, Table 5). While this appears to signal growing autonomy, the continued and disproportionate burden of family planning falling on women complicates this picture. The rise in “decision-making about one’s own healthcare” may not always reflect free or empowered choice but rather the expectation that women alone should manage reproductive responsibilities. This nuance highlights that despite statistical improvements, women still have a long way to go to achieve genuine autonomy in decisions concerning their health and bodily integrity.

NFHS-5 also shows that female sterilization is more prevalent among women from middle- and lower-income households than among those from affluent households (p. 177). The preference for sterilization is particularly high among women with no schooling or only 5–6 years of education, while it is comparatively lower among women who have completed 12 or more years of schooling—indicating the socio-economic factors shaping women’s reproductive health decisions. These surgeries are provided free of cost under government programmes, with compensation incentives for women who undergo the procedure as well as for ASHA workers who bring them to health centres for the surgery (NFHS-5, p187; IndiaSpend).

Men's persistent regressive attitudes and the unwillingness to share the responsibility of family planning highlight patriarchal leanings and disregard for women's well-being and health.

6.

HYSTERECTOMIES

Hysterectomy is a surgical procedure involving the partial or complete removal of a woman's uterus, and in some cases, the ovaries, fallopian tubes, or cervix. While it is necessary for conditions such as severe prolapse, cancer, or postpartum bleeding, it can often be avoided in cases of pain, heavy menstrual bleeding, or fibroids.

Studies, grassroots observation and media reporting in the last decade and a half have highlighted the high numbers of hysterectomies in few states and the prevalence of "unnecessary hysterectomies" performed on women – meaning the medical condition could have been managed with alternative treatment.

A public interest litigation was filed in 2013 by Dr. Narendra Gupta, drawing attention to the widespread occurrence of "unnecessary hysterectomies" in the states of Bihar, Chhattisgarh, and Rajasthan, particularly those conducted under the Rashtriya Swasthya Bima Yojana and other government healthcare schemes. To monitor the prevalence of unnecessary hysterectomies among women as young as 29, reported widely since the 2010s, NFHS-4 and NFHS-5 collected self-reported data across India's states and union territories.

NFHS-5 shows that 3 percent of women aged 15-49 have had a hysterectomy, with median age 34.6 years in 2019-21. In terms of age group – 3 percent of women between 30-39 years and 10 percent of women between 40-49 years have had hysterectomy, with more prevalence among urban women (37%, rural 34%).

The number of women who have had hysterectomies are similar across all social groups, with Adivasi women a little less than all other groups (SC 3.1%, ST 2.2%). More than two-thirds (70%) of women who have undergone a hysterectomy had the operation in a private health facility. However, women in lower income levels have used public facilities more than the wealthier women (35% and 65% respectively). Similarly, Dalit and Adivasi women have used public health facilities more than other groups.

States and UTs with hysterectomy prevalence similar to national average are - Ladakh (3.6%), Karnataka (3.4%), Punjab (3.2%), and Maharashtra (3%), while few states have very high prevalence – double or more than the national average. These are Andhra Pradesh (9%), Telangana (8%) and Bihar (6%).

Case reports from Andhra Pradesh, Rajasthan, and Chhattisgarh show that many poor, unorganized-sector women—often young and pre-menopausal—underwent hysterectomies to relieve pain or bleeding after completing their families, mostly in private clinics. Common across studies is that women belonging to the lower strata of society and working in the unorganized sector opted for hysterectomy to rid themselves of pain and bleeding and to continue working regularly. Many of these women were very young and pre-menopausal at the time of surgery.

Doctors frequently recommend hysterectomy to low-income women of reproductive age suffering from menstrual disorders, fibroids, endometriosis, or uterine prolapse. A combination of factors—financial constraints, doctors’ preferences, cultural taboos, work pressures, women’s desire to lead a normal life, and the availability of government-sponsored health insurance schemes—influence the decision-making process. Most NGOs reported that these surgeries were conducted in private clinics, and the costs often pushed such households further into debt. Another study in Chittoor district, Andhra Pradesh, further identified a lower prevalence among women working in public and private sectors than among working-class women—8 percent among daily wage labourers and 14 percent among agricultural workers—indicating greater vulnerability among women engaged in informal sector labour work. (Singh, Chauhan, Tripathi, 2024)

Health Impacts on Women undergoing Hysterectomy:

While hysterectomy may provide short-term relief in some cases, it carries significant risks. Short-term complications include intra-abdominal adhesions, postoperative infections, pelvic dysfunction, and thromboembolic events. Long-term risks include - cardiovascular disease, hypertension, stroke, urinary and thyroid cancers, incontinence, pelvic prolapse, fistula, urinary infections, ovarian failure, and premature menopause. Consequences of estrogen decline—like bone loss, vasomotor symptoms, frailty, depression, and cognitive decline—are also reported. Removing the uterus and ovaries causes notable physical and psychological harm; hence, hysterectomy should be used only when other treatments fail.

In response to PIL filed in 2013, the Supreme Court directed states and union territories to adopt health guidelines by the Central government, acknowledging that unnecessary hysterectomies are a serious violation of right to health which is an intrinsic part of the right to life under Article 21 of the Constitution. (Gupta Vs Gol, 2023)

In 2022, the Health Ministry issued guidelines to all states to ensure appropriate use of the hysterectomy procedure – with the aim of preventing unnecessary surgeries. All states are directed to share data of hysterectomy surgeries performed along with compulsory audits.

Maharashtra – Increased Hysterectomies among Dalit Women Sugarcane Harvesting Labourers:

In Beed district, Maharashtra, media reports, NGO observations and independent research have highlighted a troubling pattern of pre-menopausal women working as sugarcane cutters undergoing hysterectomies. This trend is linked both to coercive tactics by labour contractors—enabled by exploitative working conditions—and to medical advice for gynaecological issues that might have been treatable through alternative methods.

Following media reports on the surge in hysterectomies in Beed, the National Commission for Women issued a notice to Chief Secretary UPS Madan. The Maharashtra Health Department then formed a seven-member committee, led by Neelam Gorhe, to investigate authorised and unauthorised hysterectomies over the past three years. It also ordered inspections and “guptpane dekhrekh” (secret monitoring) of all private hospitals in the district. The committee conducted the survey in June–July 2019 covering 82,309 migrant sugarcane-cutting women in Beed. Of the 13,861 who had undergone hysterectomies, over 45% (6,314) later reported mental and physical distress, including sleep difficulties, depression, headaches, joint pain, back pain, and persistent fatigue. Independent studies corroborate these findings, noting that hormonal imbalances after hysterectomy can lead to depression, anxiety, and varied physical side-effects (Shukla and Kulkarni 2019, PFI, Makaam).

Additionally, a court-appointed inquiry (Year) found evidence of child labour, debt bondage, and “atrocious” working conditions that severely harmed women’s health. The inquiry also identified a pattern of hysterectomies, noting that “since menstruation leads to a fall in productivity, it was more convenient for the women workers to get their uterus removed”. State agencies response to this inquiry dismissed Neelam Gorhe Committee report on hysterectomies as “overblown”. (Fuller Project).

In June 2025, Dr. Medha Vishram Kulkarni raised an Unstarred Question in the Rajya Sabha about whether migrant women sugarcane workers in Beed were being pressured or economically coerced into hysterectomies to avoid menstruation during harvesting. The Ministry of Women and Child Development replied that all hysterectomies require prior approval from district medical authorities and are done only with clinical justification.

Between 2022 and March 2025, 211 approved hysterectomies were performed in Beed. Independent studies find that - pregnancies, menstruation and other gynaecological related problems, illnesses and any emergencies may require women to skip labour intensive work, leading to wage cuts, penalties and further debts. The exploitative working conditions enforced by the labour contractors often compel women to undergo hysterectomy to rid themselves of pain and excessive bleeding and to continue working regularly. Hence, while the contractors do not directly coerce the women to get the surgeries, the working conditions created by them, and by extension the sugar mills, which coerce women sugarcane cutters to have their pishvi (uterus) removed. (Shukla & Kulkarni, 2019, Fuller Project).

Perhaps in a rights-based, worker-friendly setup—with access to proper gynaecological advice and familial support that eases their unpaid work burden—women sugarcane cutters would not have been pushed to resort to hysterectomies for short-term medical or gynaecological relief.

To understand existing findings from a caste perspective—given the high participation of Dalit families in sugarcane harvesting—and to examine the impact of hysterectomy on women’s sexual, reproductive and mental health, we conducted in-depth interviews with female sugarcane cutters from Beed district, Maharashtra, who work in Karnataka’s sugarcane plantations. The findings are presented in the following section as a case study.

Case Study demonstrating intersections of caste, gender, exploitative labour conditions and lack of women's autonomy in SRHR

CASE STUDY # 3

EXPLOITATIVE SUGARCANE HARVESTING LABOUR AND PRE-MENOPAUSAL HYSTERECTOMIES AMONG DALIT WOMEN, MAHARSHTRA



Independent studies show that pregnancies, menstruation and gynaecological illnesses force women to miss labour-intensive work, resulting in wage cuts, penalties and deeper debt. These exploitative conditions—created by labour contractors and, indirectly, sugar mills—push many women to undergo hysterectomies to manage pain, heavy bleeding and maintain continuous work, even without direct coercion (Shukla & Kulkarni, 2019; Fuller Project). Given the high participation of Dalit families in sugarcane harvesting, this study conducted in-depth interviews with women cutters from Beed, Maharashtra, working in Karnataka to examine the sexual, reproductive and mental health impacts. The findings are presented as a case study.

KEY FINDINGS FROM PRIMARY STUDY

1. Prevalence of hysterectomy among pre-menopausal women, often with strong indications that the surgeries were medically unnecessary, leading to significant sexual and reproductive health consequences.
2. Child and early marriage among women workers results in multiple teenage pregnancies, severe gynaecological problems, low access to maternal and child healthcare services, and long-term mental health impacts.
3. Exploitative labour arrangements resembling bonded or forced labour, including child labour, trap entire Dalit families—women, men and children—in cycles of dependency and deprivation.

- This is not an issue confined to one district, one state, or a single plantation sector. It is a national problem, linked to the interstate migration of informal-sector labourers, who face similar exploitative recruitment practices and harsh working conditions across multiple casual labour sectors, and low maternal and child healthcare access in both source and destination states.
- 4.

Profile of Women Sugarcane Cutters (Respondents in Primary Study)

All study participants began working as sugarcane cutters between the ages of 10 and 13. They belong to Dalit (SC) Mahar families and reside in Beed district. Their families migrate for long periods—six months or more at a stretch—to sugarcane plantations in Western Maharashtra, Andhra Pradesh, Tamil Nadu, and predominantly Karnataka. All but one participant come from families engaged in sugarcane cutting for three to five generations.

The current ages of participants range from 15 to 52 years, covering young to older women. Except for the minor girl, all others are married and had child marriages. Each of them has 3–5 children and underwent sterilization in their twenties as a family-planning method. Three of the four women have had hysterectomies in their early thirties; the fourth has been advised to undergo the procedure and is contemplating it. These surgeries were carried out on medical advice due to excessive bleeding and pain, yet they have not brought relief. Instead, the hormonal changes from pre-menopausal hysterectomies have led to severe psychological impacts, including depression and mental fatigue. The minor girl continues her studies whenever migration allows, while the other women received no schooling, having entered plantation work from the age of 10 onwards.

Exploitative labour arrangements resembling bonded or forced labour, including child labour, trap entire Dalit families.

About Sugarcane Cutting Labour Work – Recruitment, Wages and Working conditions:

Migration and Living Conditions:

Sugarcane planting is normally seasonal, but in some states, including Maharashtra and Karnataka, it continues almost year-round due to staggered crop cycles. Workers migrate in groups from their villages to the sugarcane fields—referred to by them as the factory—travelling 400 to 700 kilometres with their children and carrying all daily necessities, including bedding, clothes, food grains, pulses, and even goats. On arrival, they set up small huts (*paal*) measuring about 8×8 or 8×10 feet, usually within a kilometre of the fields. These makeshift shelters lack basic amenities such as clean drinking water, toilets, or water for other uses. Workers live here for six months, from October to March, labouring under harsh weather conditions and required to complete one full row of plantation per day to earn their wage.

Labour Recruitment/ Organisation – *Toli, Jodi, Mukadam*:

Groups of eight to ten workers from a single village form a team, known locally as a *toli*. From within each *toli*, one person is appointed as the sub-head, the *phoot mukadam*, who oversees and maintains control over the group. Sugarcane cutting and loading are done in pairs (*jodi/koyata*)—husband–wife, mother–daughter, mother–son, father–daughter, brother–sister, or even a child aged 10–11 working alongside a parent. Eight to ten such *jodi* together form one *toli*.

Labour contract amount for one-season of work by entire family:

The main labour contractor (*mukadam*) negotiates the work arrangement, or *uchaal*, directly and exclusively with the male head of the household; women and other family members are not allowed to intervene. The deal amount for one *jodi* is usually ₹50,000–70,000 for the six-month season, which translates to roughly ₹330 per day for the pair (₹165 per person). All agreements are oral—there are no written contracts, no records of instalments, and no written acknowledgment of debts. The *mukadam* provides money in instalments based on the workers' needs and keeps only a verbal account. When families require additional funds, the *jodi* takes extra advances, deepening their debt.

Cycle of Indebtedness through Labour Exacted for Advance Taken:

Owners provide an annual advance, or *dadam*, which workers must repay through labour. In some instances, part advance (around ₹20,000) is paid at beginning of starting work – to meet living expenses – while rest is paid in instalments. In any case, any advance taken must be repaid through work. If the debt is not repaid within the six-month work cycle, workers are often confined and held hostage. They may be locked in a room, with only one person allowed out to arrange repayment or borrow again with interest. The *mukadam* may then provide an additional ₹50,000–1,00,000 beyond the original deal, trapping workers in a cycle of recurring debt and deepening their dependence on exploitative labour arrangements.

Absence of Leave and Other Entitlements:

Throughout the six-month season, workers have no weekly off, no leisure time, and no access to medical care. Fields are located far from taluka towns and near small villages with minimal or no health facilities. Even minors are required to work equally hard if the *uchaal* has been taken in their name.

Penalties Tie Workers to a Cycle of Debt:

For each missed workday, a penalty of ₹500–600 is imposed and deducted from their instalments. If one member of a labour pair takes leave (*phada*), the fine is ₹500–600 for that person—₹1,000–1,200 for the pair. In practice, most of the instalments that workers receive from the *mukadam* are exhausted on penalties, medical expenses, or needs of children and elderly parents. All calculations—how much the deal was for, when and why money was borrowed, and the balance due—are done orally and simply conveyed to the worker.

All in a Day's Work:

Workers refer to the sugarcane fields as the factory. Men, women, and their children reach the factory by 6 a.m. to begin their long workday. The men cut the sugarcane, while the women gather the cut stalks and tie them into bundles (*mooli*), each weighing roughly 30 kilograms. When trucks or trollies arrive, the women take on the heavy task of loading. Two men lift each *mooli* from either side and place it on the woman's head, after which she walks to the truck and climbs a wooden ladder placed at a slope to reach the loading area. Over the course of a single day, the group loads one to two tons of sugarcane.

The workday stretches from 6 a.m. to between 9 and 10 p.m., amounting to 14–17 hours of continuous labour. Workers get only two half-hour breaks—one at 9 a.m. and another at 2 p.m. After the long day, they pack up and return to their *paal*, the small temporary huts where they live during the season. Additionally, if the trucks or trollies do not arrive in the afternoon or evening but come at midnight or later, the *phoot mukadam* (sub-contractor) wakes the workers and takes them back to the factory to load them. In such conditions, they must remain available around the clock—essentially on call 24×7 for the entire six-month season.

Child Labour and Children Accompanying Parents at Worksites:

Children accompany their parents to the sugarcane fields, where they begin helping as early as five or six years old. They assist their parents both at worksites and at household chores. They pick up sugarcane from the ground, assist with household chores, look after younger siblings, and tend to goats. By the age of 14, many girls start carrying 30-kg bundles on their heads. Parents do not leave their children—especially adolescent girls—back in the village because no one is available to care for them, and they find it difficult to take responsibility for their safety.

While all worker families are not able to break the cycle of intergenerational sugarcane harvesting labour and express despair at being caught in this “systemic trap,” some women like Jyotsana and Tulja have managed to keep their children away from this labour.

Jyotsana has two married daughters, one son is bedridden with a disability, while her other son works elsewhere and helps her in paying off a 4 lakh loan that she had incurred. She shares that – “I am happy that my children studied and did not have to go into sugarcane cutting”. (Narrative # 31).

Forty-five-year-old Tulja's four children worked as sugarcane cutters for three to five years, along with her. Tulja shares that she did not like them doing this hard labour and ensured that

they finished their schooling. Today, both of her daughters have studied up to Class 12, one son works as a teacher after completing his Diploma in Education (D. Ed), and the other is a police constable. (Narrative # 32). Fifteen-year-old Kanti – who continues to work as a sugarcane cutter, is supported by her parents to delay early marriage and continue her schooling in between long periods of migration. (Narrative # 29).

Women do not have control over own wages - gender bias in payment system:

Although women work equally—and often far more—than men, the payment system recognises only the male partner in the jodi. Wages for the couple are handed over solely to the husband, leaving women with no direct payment or financial autonomy. This is despite their undertaking some of the most strenuous tasks, such as carrying 30-kg mooli (bundles) and loading one to two tons of sugarcane onto trucks each day, on top of their household labour. The system reinforces women’s economic dependence and erases their contribution to the workforce. Dalit working women across India have articulated this issue of low control over own wages in the NFHS-5 findings – with a decline in an-already low decision-making power in 2021 over 2005 (20 percent in 2005-06, NFHS-3 and 18 percent in 2019-21, NFHS-5, Table 5). This limited control over own income even when employed substantiates the existence of low autonomy among Dalit women in India.

Women bear double burden of care work – unpaid, unappreciated and unrecognised:

Beyond cutting sugarcane, women shoulder an extensive load of household chores – i.e unpaid and unrecognised work. Their day begins around 3 a.m.—well before the men wake—and continues long after the family has gone to sleep. Each morning, women fetch water from sources often a kilometre away, complete cooking, cleaning, and self-care before 6–7 a.m., and only then begin 14–17 hours of back-breaking labour work in the sugarcane plantations. After returning from the farms late in the evening, they must again cook, clean, wash clothes, and care for children. Because they must wake two hours earlier and sleep later than men, women get far less rest. This relentless combination of paid and unpaid labour leaves them with no time for recovery, amplifying exhaustion and health risks. Articulating this endless work, Poonam shares “even in my sleep, I feel like I am working”. (Narrative 28).

Insecurity, harassment, and violence:

Women and girls face constant threats of rape and sexual harassment at the worksites. Fear of losing their jobs—or causing their families to lose work—prevents them from speaking out, resulting in widespread underreporting and silencing of abuse. Fifteen-year old Kanti – a third-generational sugarcane cutter mentions that she “does not like the behaviour of the trolley and truck drivers, who play sensual songs and pass comments on women in general”. She wants to stay back in the village and finish her schooling. Kanti has managed to continue her schooling despite long periods of migration along with her family.

She wants to be a Police after finishing schooling, “to protect women from bad men”. (Narrative # 29)

HARMFUL PRACTICE AND SEXUAL AND REPRODUCTIVE HEALTH IMPACTS ON WOMEN SUGARCANE CUTTERS

Child Marriage & Multiple Teenage Pregnancies:

Field insights reveal that women sugarcane workers are married off soon after puberty, typically at the age of twelve or thirteen. Their husbands too are very young—often around seventeen. In this context, child marriage is not only a social norm but also a structural feature of the sugarcane labour system, where workers are recruited and paid in pairs. Girls who start working early and become skilled at cutting sugarcane often receive multiple marriage proposals and are married by 12–13 years, as a married pair is more likely to be hired. Similarly, young male workers marry by seventeen because having a wife enhances their chances of being recruited. In this way, early marriage becomes both normalised and economically incentivised—“age of marriage is not only socially driven but also a factor to obtain work.” Child marriage then directly leads to teenage childbearing, with the first child often born at 14–15 years. Most young women have three to four children with minimal spacing of one to two years, resulting in multiple pregnancies by the age of twenty. This cycle places adolescent girls under extreme reproductive, nutritional, and health strain, reinforcing their vulnerability in the sugarcane labour economy.

Unsafe Deliveries:

Most teenage expecting mothers at sugarcane plantations have no access to prenatal care. They work until the day of delivery, without rest, medical support, or institutional facilities. Deliveries almost always take place inside makeshift huts at the worksites, conducted not by a trained dai (midwife) but by fellow women labourers. Poonam (name changed), went through multiple pregnancies as a married teenager—her second child was born in a moving truck on her way back from work, and the third in her small hut at 18. Now 30, Poonam was married at 12 and had her first child at 14 while working as a sugarcane cutter with her family in a Karnataka plantation. (Narrative # 28). Poonam’s narrative illustrates the extreme neglect and vulnerability these young mothers face. ASHA workers do not visit sugarcane fields, leaving pregnant women entirely outside the formal health system. Children born in the fields rarely have their births registered, as no hospital or municipal authority records the delivery. As a result, these children lack birth certificates, which later prevents them from enrolling in school and accessing basic entitlements. When miscarriages occur, women receive no medical care; many return to heavy labour within hours, as rest is neither permitted nor economically feasible. Together, these conditions reveal a cycle of reproductive injustice—where adolescent Dalit and migrant women experience childbirth without safety, recognition, or dignity, and where both mother and child are excluded from essential rights and services from the very beginning of life.

Menstrual Hygiene Management (MHM):

Menstrual Hygiene Management is a major health concern for women sugarcane cutters, whose harsh living and working conditions leave little room for safe or dignified menstrual care. During their months-long stay in the fields, women rely on traditional practices, often using and reusing old cloth because they cannot afford sanitary pads. These cloth pieces—frequently torn from the fabric used to cushion sugarcane bundles on their heads—cannot be washed or dried openly due to cultural norms that deem menstrual materials “impure.”

With no access to water, sanitation, or private spaces, women are forced to manage menstruation in extremely unhygienic conditions, heightening the risk of infections, STIs, and chronic reproductive health issues. Despite severe pain, heavy bleeding, or discomfort, women must continue working, and disposing of menstrual cloth silently becomes part of their routine. Over time, these conditions contribute to early and serious gynaecological problems, including the excessive bleeding that drives many toward hysterectomy in their early thirties.

Sterilization as preferred method of family planning:

All young mothers who had completed childbearing by the age of 20 opted for sterilization as a permanent method of family planning. Consistent with national trends—and regardless of their type of work, region, religion, or caste—sterilization continues to be the preferred method of contraception among young women sugarcane cutters. Despite the double burden of plantation work and unpaid work at home, women-sugarcane cutters also shoulder the burden of family planning.

Uterus Removal/ Hysterectomy :

Primary findings shows that women who have undergone hysterectomy are pre-menopausal (32-36 years). This early removal of the uterus is closely tied to lifelong gynaecological neglect—chronic, untreated reproductive health issues, teenage pregnancies, and the cumulative effects of poverty, malnutrition, and continuous physical strain. For most women interviewed - reproductive health complications started from their teens or early 20s - heavy menstrual bleeding – for weeks altogether for some women, accompanied with intensive body pain.

For women who work 15–17 hours a day without paid leave, menstrual pain, excessive bleeding, or related discomfort are not considered valid reasons to slow down or miss work; absenteeism often results in penalties. In such conditions, hysterectomy becomes a coping mechanism to manage unaddressed symptoms while meeting relentless labour demands. Yet, the procedure carries significant long-term health risks and requires postoperative care and counselling—support that is largely inaccessible to women living and working in exploitative environments. Field reports from districts like Beed, Sangli, and Satara, and parts of Karnataka, indicate that deceptive medical advice, fear of serious illness, and limited health literacy further shape these decisions. Together, these patterns reveal systemic failures in women’s health access, labour protections, and reproductive autonomy.

Mental Health Impacts on Women:

The long years of toil, physical pain and host of gynaecological related complications have profound mental health impacts on women. Some have articulated hopelessness and despair, while some mention depression, mental fatigue and even suicidal thoughts.

Thirty-year old Poonam who has been advised for urgent hysterectomy for the “swelling of her uterus”. Unending work, hysterectomy advice for excessive bleeding and pain following host of gynaecological problems – makes her feel scared and tensed.

She expresses that “she may not live long” – in which case – “who will take care of her children”. (Narrative # 28). Fifty-two-year Jyoti – a second generational sugarcane cutter - underwent hysterectomy at 32, upon doctor’s advice for her excessive menstrual bleeding and pain -

without explaining its consequences. Married as a child at 13, a mother of four by 22, underwent sterilization at 26, and hysterectomy at 32 - Jyoti has endured a lifetime of gynaecological complications. Even twenty years after the surgery, she has found no relief from persistent pain. Jyoti says she feels “trapped in the sugarcane harvesting labour system and often has suicidal thoughts”—held back only by the thought of her children. (Narrative # 30).

SUGARCANE HARVESTING WORK IS BONDED AND FORCED LABOUR OF DALIT FAMILIES – HERE IS WHY –

Under the Bonded Labour Abolition Act, 1976, a person is considered a bonded labourer when they, their family, or their descendants work in return for an advance taken in cash or kind, for a specified or unspecified period of time, with either no wages or only nominal wages. The agreement itself can be written or oral. The sugarcane harvesting system fits these criteria.

Dalit families are disproportionately engaged in this work. Their marginalised socio-economic position, landlessness, and caste-based exclusion leave them with limited livelihood options, pushing them into accepting highly exploitative conditions. Workers are recruited through a debtor–creditor relationship with *mukaddams* (contractors), who give a large advance (*dadán*) before the season. This binds families to six months of labour. They work in pairs for 14–17 hours daily, with no leave. Penalties for illness, absence, or unmet quotas are routinely added to their debt. Although wages are paid per ton, contractors apply multiple deductions, leaving workers with minimal earnings and forcing them to take a new advance each year—deepening an intergenerational cycle of indebtedness.

When advances are not cleared within the season, coercive measures are frequently reported: workers are restrained, confined to rooms, prevented from leaving worksites, or pressured to accept new high-interest loans, strengthening the debtor–creditor grip. Children migrate with parents and assist in tasks—a clear violation of child labour norms, despite Maharashtra government reports denying its prevalence.

When advances are not cleared within the season, coercive measures are frequently reported: workers are restrained, confined to rooms, prevented from leaving worksites, or pressured to accept new high-interest loans, strengthening the debtor–creditor grip.

STORIES OF TOIL AND DAILY STRUGGLE OF DALIT WOMEN SUGARCANE CUTTERS

Narrative of Sugarcane Cutter # 28

Delivery at the back of moving truck: narrative of child bride and child labourer at Sugarcane Plantation in Karnataka.

Poonam (*name changed*), now 30, was married at 12 and had her first child at 14 while working as a sugarcane cutter with her family in a Karnataka plantation. She went through multiple pregnancies as a teenager—her second child was born in a moving truck on her way back from work, and the third in her small hut at 18. Like most women in sugarcane fields, she received no pre- or post-natal care and returned to work just five days after childbirth. When she finally returned to her village in Beed, Maharashtra, she underwent sterilization.

Starting work at the age of 10, Poonam, her parents and her five siblings cut and loaded sugarcane for 14–17 hours a day to repay a ₹20,000 loan her father had taken from a labour contractor around 2005. The family was barely paid ₹150–160 per pair. Now, with her husband—who was just 17 at marriage—she earns ₹366 as a couple in Hudali, Belgaum district, Karnataka.

Poonam has suffered from severe menstrual bleeding and pain since her teens. For the past three years, her periods have lasted nearly a month at a time. Too fearful to confide in anyone, she was told by a doctor that she needs a hysterectomy for a “uterine swelling,” and advised medication and sexual abstinence. Terrified of dying from the surgery and doubtful of any relief—since her sister found none after hers—she is unsure about going through the surgery. The surgery cost of ₹50,000 is another barrier. Sleepless and exhausted, Poonam says she “feels as if I am working even in my sleep”.

Narrative of Sugarcane Cutter # 29

Fifteen-year-old Dalit girl Kanti – third generational sugarcane cutter – talks about harassment by lorry drivers at plantation sites

Kanti (*name changed*), a 15-year-old Mahar (Dalit) girl from Beed district, Maharashtra – is a third-generation sugarcane cutter. She began working in the fields at the age of 10. She dislikes sugarcane work but says she has no other choice. Managing her menstrual periods during fieldwork is extremely difficult; she uses both sanitary pads and cloth, often feels giddy and weak, and rarely gets sound sleep. She lives with a constant, unspoken fear and is quiet, reserved, and anaemic. She also dislikes the behaviour of truck and trolley drivers, who play vulgar songs and pass comments on women.

Kanti dreams of staying in the village and studying further. She wants to become a police officer so she can protect women from “bad men.” Although all her siblings are enrolled in school, they remain out

of school for six months due to migration. Her two older sisters are married and no longer in sugarcane cutting, while her younger brother, who has a steel plate in his hand, cannot work. Her parents have a debt of Rs. 4 lakh, which forces them to take Kanti along for fieldwork. They hope to repay it within two years. Her mother, Beena, is determined not to marry Kanti early and wants to support her education. Kanti herself is determined to finish her schooling. Despite migrating with her parents for six months each year for sugarcane cutting, she has managed to appear for her school exams and is currently enrolled in Class 10.

Narrative of Sugarcane Cutter # 30

Jyoti – an intergenerational sugarcane cutter – feels caught in a systemic trap

Jyoti, 52 (*name changed*), is from a village in Beed district, Maharashtra. Her grandparents performed caste-based menial work, while her parents were sugarcane cutters. Following the same pattern, her family migrates to Karnataka for six months every year, from October to March for sugarcane harvesting work. Jyoti's married daughter and her family are also engaged in sugarcane harvesting labour. Jyoti began sugarcane cutting at 11, when her father took the *uchaal* (work deal) in her name. She never attended school because she had to care for her siblings and help with household and farm work. She was married at 13, soon after her periods began, to a man five years older. The couple worked together in Karnataka's fields, where her workday stretched from 4 a.m. to 10 p.m. She loaded 1–2 tonnes of sugarcane a day and routinely worked 14–17 hours with no rest. She describes this system as a trap.

Jyoti became a mother early - her first daughter at 15, second at 17, third at 20, and her son at 22. She underwent sterilisation at 26. From age 18, she suffered excessive menstrual bleeding and lived in pain for years. At 30, a doctor advised hysterectomy without explaining its consequences. Her uterus was removed in 2008 when she was 32.

Today, she experiences severe physical pain—unbearable waist and leg pain, persistent headaches, stomach aches, giddiness, and constant weakness. These ongoing sexual and reproductive health complications have taken a toll on her mental health as well; at times, the pain pushed her towards suicidal thoughts, though thinking of her children helped her recover.

Jyoti feels her family is trapped in this cycle, with no escape for her daughters or granddaughters. She often regrets not having gone to school and wonders if education might have changed her life.

Kanti dreams of staying in the village and studying further. She wants to become a police officer so she can protect women from “bad men.”

Jyotsana's Relief That Her Children Break Away from Sugarcane Labour

Jyotsana, 34 (*name changed*), is a Dalit woman from a village in Beed district, Maharashtra. She was married at 13 and became a mother at 14. Her parents, along with her four sisters and one brother, worked as sugarcane-cutting labourers. By the age of 20, she had delivered four children and subsequently underwent a government sterilisation procedure.

Around age 32, she began experiencing severe bleeding, and doctors in Beed advised her to undergo a hysterectomy. At 34, she underwent the surgery because the abdominal pain and heavy bleeding had become unbearable.

Jyotsana has two sons and two daughters, both daughters now married. One son is bedridden and has a disability, while the other works in Pune. In 2021, she took a loan of ₹4 lakh, which her working son helps her repay; around ₹75,000–80,000 is still pending. Despite her struggles, Jyotsana feels relieved that her children are not working as sugarcane cutters and says that – “I am happy that my children studied and did not have to go into sugarcane cutting”.

Through education, Tulja was able to help her children move out of sugarcane harvesting work.

Tulja (*name changed*), a 45-year-old Mang woman from a Dalit family, never had the opportunity to attend school. With no work available in her village in Beed district, Maharashtra, she began working as a sugarcane cutter at the age of 13, often labouring for 14 to 17 hours a day. Her family traditionally engaged in caste-based occupations—tying brooms, preparing ropes, and delivering them to upper-caste households. In return, they received leftover grains often mixed with mud during harvest or cleaning. They were also expected to carry messages from one place to another as part of their caste-designated duties.

Tulja is the mother of two daughters and two sons. While her daughters worked with her in the fields for three years and her sons for five, she was determined that they should not remain in the sugarcane-cutting labour system. She ensured they continued their education: both daughters studied up to Class 12, one son completed his Diploma in Education (D. Ed) and now works as a teacher, and the other is a police constable. Like other sugarcane cutters, Tulja too underwent hysterectomy at the age of 36. Yet the surgery has not brought her relief from excessive menstrual bleeding and pain. But as she says – “I am proud and relieved that my children could study and are now settled. They no longer need to work as ‘oos kaamgaar’ (sugarcane labour) like I have to”.



CONCLUSION

The Case Study illustrates how Dalit working-class women remain trapped in exploitative labour systems such as sugarcane harvesting due to their marginalised position, low socio-economic status, and the absence of dignified livelihood alternatives.

Their labour is shaped by the intersection of caste-based exploitation, gender inequality, and deeply unequal work arrangements that demand long hours, harsh conditions, and debt-driven bondage. These structural vulnerabilities severely compromise their sexual and reproductive health, with early marriage, repeated pregnancies, sterilisation, and hysterectomy emerging as common outcomes. The relentless physical strain and constant insecurity also take a profound toll on women's mental health, reinforcing cycles of despair and entrapment.



Chapter 6

SAFEGUARDS ADDRESSING CASTE- BASED GENDER INEQUALITIES

Monitoring Constitutional and Legal Mechanisms
and Fund Allocations

The goal of legislations and other safeguards must shift from abolition to eradication—ending not just the practice, but the systemic injustice behind it.

The chapter examines the constitutional safeguards that ensure equality, non-discrimination, and justice for Dalits through various legal and policy measures. It also reviews budgetary allocations for implementing the SC/ST (PoA) Act, education, and related areas. Additionally, the chapter highlights observations by international human rights mechanisms on India's efforts to address caste-based discrimination, atrocities, and their emerging forms.

A. CONSTITUTIONAL SAFEGUARDS

The Constitution of India provides strong safeguards to ensure equality and protect Scheduled Castes and other marginalised groups from discrimination and exploitation. Article 14 guarantees equality before the law and permits special measures for substantive equality, while Article 15 prohibits discrimination based on religion, race, caste, sex, or place of birth and allows special provisions for disadvantaged groups, including Scheduled Castes and Scheduled Tribes. Articles 23 and 24 further prohibit human trafficking, forced and bonded labour, and child labour in hazardous occupations, forming a robust constitutional framework for equality and the protection of dignity.

Constitutional recognition of some Dalits and de-recognition of others — causing certain marginalized sections to lose their constitutional safeguards and affirmative measures.

In India, the Constitution (Scheduled Castes) Order of 1950 contradicts the constitutional guarantee of religious freedom under Article 25 by making religion a criterion for Scheduled Caste status. Paragraph 3 of the Order states that “no person who professes a religion different from Hinduism, Sikhism, or Buddhism shall be deemed a member of a Scheduled Caste,” thereby excluding Dalit Christians and Dalit Muslims. Consequently, Dalits who convert to Christianity or Islam lose access to constitutional protections and benefits available to Scheduled Castes. Multiple government commissions — including the Ranganath Misra Commission (2007), the National Commission for Scheduled Castes (NCSC), the Sachar Committee (2006), the NCSC, and the National Commission for Minorities (2008) — have documented the persistence of caste discrimination despite religious conversion and recommended making Scheduled Caste status religion-neutral. However, these recommendations remain unimplemented, and Dalit Christians and Muslims continue to be denied recognition and safeguards. Dalit converts still face caste-based discrimination—the very injustice many sought to escape through conversion. Yet, due to the Presidential Order, they lose constitutional safeguards such as those under the SC/ST (PoA) Act for caste-based gender and caste violence.

B. LEGAL MECHANISMS

Laws addressing gender and caste-based violence & harmful practices

I. The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 (SC/ST (PoA) Act)

SC/ST Act is to prevent atrocities against members of Scheduled Castes and Scheduled Tribes by criminalizing acts of discrimination, humiliation, and violence against them.

Gaps in Implementation

1. **Lack of Accountability for Officials (Section 4):** Although Section 4 penalizes wilful neglect of duty by public servants, police and district officers often evade accountability despite evident bias or negligence in cases involving Dalit women. Lapses in investigation and registration frequently delay or deny justice.
2. **Weak Enforcement of State Duties (Section 21):** Section 21 mandates state governments to implement measures such as monitoring committees and periodic reviews. However, committees rarely meet, and monitoring remains largely symbolic, limiting oversight of atrocities against Dalit women.
3. **Lack of Victim and Witness Protection (Rule 15 under Section 21):** Provisions for victim safety and rehabilitation are poorly enforced. Survivors often face intimidation, displacement, and further marginalization due to inadequate shelter and compensation.
4. **Substandard Investigation and Prosecution (Section 23):** Investigations are frequently delayed, incomplete or biased. Though Section 23 authorizes the central government to frame rules for effective enforcement, oversight of state compliance is minimal.
5. **Low Awareness and Poor Access to Legal Aid (Section 21 & Rule 4):** Many Dalit women remain unaware of their rights or available remedies. Legal aid, required under Section 21, is seldom functional at the local level.
6. **Low Conviction Rates and Case Pendency (Section 14):** Special Courts mandated for speedy trials often operate as regular sessions courts, causing delays, backlogs, and persistently low conviction rates in gender-based atrocity cases.
7. **Poor Implementation of Rehabilitation Provisions (Section 21 & Rule 12):** Despite mandates for monetary relief and rehabilitation, most states fail to ensure timely compensation or psychological support for Dalit women and girls.

II. Bharatiya Nyaya Sanhita (BNS) 2023 Sections (formerly known as IPC 1860, Indian Penal Code)

The Bharatiya Nyaya Sanhita (BNS) 2023, replacing the IPC, consolidates provisions on sexual offences, marriage-related crimes, and human trafficking. It retains and strengthens the 2013 and 2018 Criminal Law Amendments, enhancing penalties for rape (including of minors) and introduces progressive measures such as Zero FIR for immediate complaint registration.

Gaps in Implementation

1. Law enforcement under BNS depends largely on police discretion. Dalit women often face police negligence, intimidation, and denial of justice due to caste bias.
2. **Structural violence**—such as exclusion from land, water, and local governance—continues to exacerbate their vulnerability to gender-based violence.
3. The lack of **caste- and gender-sensitisation** among implementing officers leads to poor case registration and low conviction rates in crimes involving Dalit victims.
4. BNS sections on human trafficking (Section 143) do not specifically protect Dalit women, who constitute the majority of affected groups.
5. Difficulty in proving intent for offenses related to false promise of marriage, enticement, kidnapping (sections 80-87); exploitation of procedural delays; loopholes in marital rape not covered.
6. Offenses against children, relevant to young girls, trafficking (sections 93-99) - Inadequate inter-agency coordination; victims' poor access to protection and rehabilitation; insufficient preventive measures.
7. Lapses still occur in Zero FIR timely registration and follow-up.

III. Protection of Children from Sexual Offences Act, 2012, amendment 2019 (POCSO)

The POCSO Act protects children under 18 from sexual abuse, harassment, and exploitation, ensuring child-friendly procedures, special courts, and speedy, efficient investigation and trial.

Gaps in Implementation

1. **Legal ambiguity in age, medical examination, and consent:** The Act lacks standard guidelines for age determination and medical consent. Absence of female doctors, especially in rural areas and reliance on school records instead of medical proof often cause errors that can favour the accused.
2. **Criminalization of consensual adolescent relationships:** By defining anyone under 18 as a child, the Act criminalizes consensual relations between adolescents (16–18), often misused in elopement or inter-caste cases, turning social issues into criminal ones.

3. **Low awareness and inadequate training:** Awareness of the POCSO Act is low, and officials lack child-sensitive training, leading to poor investigations, repeated questioning, and secondary trauma for victims.
4. **Underreporting of cases:** Social taboos, victim-blaming, and family pressure discourage reporting, especially in rural or conservative communities and when the perpetrator is known to the victim.

IV. Prohibition of Child Marriage Act, 2006 (PCMA)

The Act prohibits the solemnization of child marriages, protect victims, and provide relief, while also enhancing punishment for those who abet or promote it. It defines the minimum legal age of marriage for women as 18 years, and 21 for men.

Gaps in Implementation

1. Section 16 mandates the **appointment of Child Marriage Prohibition Officers (CMPOs)**, yet many states either fail to appoint them or overburden them with other duties, weakening prevention and enforcement.
2. Sections 9–12 prescribe **penalties for promoting or performing child marriages**, but prosecutions remain negligible due to poor reporting, caste bias, and fear of social backlash in Dalit communities.
3. Section 3 **renders child marriages voidable rather than void**, requiring minors to seek annulment within two years of majority—an unrealistic expectation for Dalit girls lacking legal or financial agency.
4. Personal law exemptions create conflicting standards, undermining uniform enforcement across castes and communities
5. Awareness of the PCMA is **very low among Dalit women**, worsened by limited literacy and access to incentive schemes for delaying marriage.
6. Weak coordination between PCMA enforcement and caste-sensitive welfare schemes, along with documentation barriers and local discrimination, prevents Dalit girls from accessing child protection programs.

V. The Devadasi (Prohibition of Dedication) Act, 1982

The Act prohibits the dedication of girls and women, declares such ceremonies legally void, and prescribes a penalty of three years' imprisonment with a 3,000 fine. The offence is non-cognizable and non-bailable. Four states have special acts - Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu.

Gaps and Challenges in Implementation

1. **Dual role and responsibility of enforcement** (administrative function) and punishment (judicial function) with the Executive Magistrates creates serious conflict of interest and weakens the law. **Misplaced Liability on Parents** as “primary perpetrators” actual conspirators and promoters (such as religious heads, community influencers, and organizers), the law ends up punishing

poor and vulnerable parents.

Minimal penalty of 3 years imprisonment and fine of 3,000 only fails to act as a deterrent

The absence of official data on the number of Devadasis has resulted in inadequate government rehabilitation measures. Law enforcement remains weak across all four states due to several factors — police failure to take suo motu action, improper linking of offences with trafficking, child labour, child marriage, or sexual abuse, and non-application of relevant laws such as IPC sections, ITPA, JJ Act, Child Marriage Restraint Act, and PWDVA. Convictions in these states are almost negligible. Only Andhra Pradesh and Maharashtra have framed supporting Rules, while most states have ignored recommendations from government-commissioned studies. The Joint Women Programme of the National Commission for Women found that rehabilitation schemes for Devadasis neither address the full range of issues they face nor reach the intended beneficiaries. (ADRF 2021)

VI. The Bonded Labour System (Abolition) Act, 1976

The Act abolishes bonded labour, bans advance wages repaid through labour, and mandates vigilance committees for enforcement. It recognises bonded labour as a debtor–creditor relationship involving loss of freedom, movement, fair wages, and property rights, with implementation overseen by the district magistrate.

Gaps in Implementation

1. **Weak Enforcement and Low Convictions:** Despite being in force since 1976, prosecutions and convictions under the Act remain extremely low. Many officials assume bonded labour no longer exists simply because victims rarely report it, leading to administrative inaction.

Case: People’s Union for Democratic Rights vs Union of India – the Supreme Court broadened the definition of forced labour to include work below minimum wages, strengthening protections against disguised bonded labour.

2. **Inactive Vigilance Committees:** District and sub-divisional Vigilance Committees, mandated to identify, rescue, and rehabilitate bonded labourers, are mostly inactive, understaffed, and underfunded. Their inefficiency has led to systemic failure in local monitoring. PILs in the Supreme Court and High Courts have exposed widespread administrative negligence and corruption in implementing the Act.

3. **Delay and Inefficiency in Rehabilitation:** Rehabilitation efforts are slow and inconsistent. Victims often wait years for compensation, housing, or livelihood support. Between 2024–25, only 246 bonded workers were freed against an annual target of 1.3 million.

Case: Neeraj Chaudhary vs State of Madhya Pradesh (1984) – the Court criticised state inaction and reaffirmed the constitutional duty to identify, release, and rehabilitate bonded labourers.

4. **Ineffective Punitive Measures:** Penalties under the Act are outdated and lenient. Forcing bonded labour is punishable by up to three years’ imprisonment or a fine of 2,000—far too low to deter offenders given the seriousness of the crime.

Administrative Apathy and Lack of Awareness: Many enforcing officers remain unaware or indifferent to their responsibilities, allowing bonded labour to persist, especially in rural areas

5. where victims lack legal aid and awareness.
Case: *Bandhua Mukti Morcha vs Union of India (1984)* – exposed the inhuman conditions of quarry workers and revealed poor enforcement and rehabilitation mechanisms.
6. **Failure to Protect Marginalised Groups:** Over 80–90% of bonded labourers belong to Dalit or Adivasi communities. The Act fails to address the structural caste and class inequalities that sustain bonded labour, limiting its ability to dismantle systemic exploitation.

Other legislations pertinent to Dalit women and girls include –

VII. **Protection of Women from Domestic Violence Act, 2005;**

When violence is committed by own family members; The DV Act is law addressing gender-based violence within domestic relationships. It provides civil remedies and protection mechanisms for women facing abuse of any kind. Ambiguity in terms like “insults” and “jibes” under verbal and emotional abuse leads to interpretational issues and possible misuse. Since the Act offers only civil remedies, separate legal action is required for criminal offences, weakening immediate enforcement and protection

VIII. **Indian Mental Healthcare Act, 2017** does not specifically mention GBV, its provisions are crucial for survivors who may develop mental health conditions as a result of violence.

IX. Women are also **entitled to get maintenance and alimony** in case of divorce and separation.

X. For ensuring equal political participation at the village and urban local bodies 73rd and 74th Constitutional Amendment Act **reserved seats for women from SC/ST and OBCs** as well as general category. **Women’s Reservation Bill** has been passed at the Lok Sabha ensuring 33 percent seats for women at legislature. Some states already have enacted women’s seat reservation in the State legislative Assembly.

ONE STOP CENTRES (OSC)

One Stop Centres (OSCs), also known as ‘Sakhi Centres’, are set up in each state to provide support and assistance to women affected by violence and in distress, both in private and public spaces, under one roof. OSCs provide an integrated range of services including medical aid, legal aid and advice, temporary shelter (for a maximum period of 5 days), police assistance, and psycho-social counselling to women in need. Women needing longer-term care are referred to Shakti Sadan, where they can stay for up to three years and receive vocational training or skill-development support through recognised government training institutes. The centres are a 100% centrally sponsored scheme under the Nirbhaya Fund. Haryana has 22 centres, while Bihar has 38 centres, according to the Ministry of Women and Child Development, 2023. (PIB, MWCD 2023)

AIDMAM's experience in Haryana shows that the One Stop Centre in Hisar district operates with stark limitations. With only ten beds, survivors are often turned away or asked to leave early. Staff are sometimes absent, leaving women waiting in fear with no guidance, and the low boundary walls offer little sense of protection. Basic procedures — medical exams, documentation, coordination — get delayed, stretching urgent needs into long hours. Coordination across police, legal, medical, and counselling support is weak. Women are moved to Nari Niketan or referred to the CWC after 5 days.

Similarly, our experience in Bihar shows that the One Stop Centre in Gaya district — formed from the Mahila Helpline in 2022 — offers clearer processes and more patient engagement. Counselors help stabilise survivors and move cases forward, especially in domestic violence matters. But complaints involving caste-based assault, workplace harassment, or sexual violence often fall outside its frame, and Dalit women still face subtle prejudice in tone and treatment. Though the centre functions more smoothly, it remains constrained, welcoming only those whose suffering fits predefined categories rather than holding every survivor who seeks help — like caste-based assault, workplace harassment, sexual violence.

C • **FUND ALLOCATION AND UTILISATION FOR IMPLEMENTATION OF SC/ST (PoA) ACT**

The Ministry of Social Justice and Empowerment has allocated a special fund to implement the Protection of Civil Rights Act, 1955, and the SC & ST (PoA) Act, 1989, ensuring safety, security, and lawful relief and rehabilitation for SC and ST communities.

1. **Analysis Of Central Assistance To States For Implementation Of Act**

The fund allocation for all states in the last 11 years (2015 onwards) shows an increase of 283 percent, from INR 120.75 during 2015–16 to INR 463 crores in 2025-26 (Table 36), with following key observations –

- Year on year budgetary provision has no specific pattern of increase and decrease. Logically, rising caste-based crimes should lead to higher justice delivery budgets, but the opposite is happening—weakening protection and rehabilitation measures. Women bear the brunt, often left to face the aftermath of violence alone, without adequate relief or support.
- Utilizations by states reflects both over and underutilizations. High underutilizations of over 100 crores in 2022-23 and 2024-25 indicate lack of accountability, when fund allocations remain inadequate to meet the growing need for relief and rehabilitation of caste-based violence survivors.
- A significant share of the budget continues to be directed to schemes like Saksham Anganwadi and POSHAN 2.0, aimed at tackling malnutrition and improving early childhood care. Likewise, initiatives supporting first-time women entrepreneurs from SC/ST communities are commendable, but their allocations are not clearly reflected in the Gender Budget Statement (GBS). This lack of transparency raises concerns about the effectiveness and targeted implementation of these programmes.

- Only ₹138.90 crore has been allocated in 2025-06 for the scheme 'Strengthening of Machinery for Enforcement of the PCR Act, 1955 and PoA Act, 1989'. Although intended to support justice delivery for SC/ST communities, the funds are largely directed toward sensitisation activities, with limited focus on strengthening structural redressal systems or building robust protection mechanisms.

Table 36

Central Assistance released to all States for implementation of PCR Act and SC/ST (PoA) Act from 2014-15 onwards

Particulars (INR crore)	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Budget Allocated	120.75	223	300	403.72	530	550	600	500	500	550	463
Budget Expenditure	118.98	215	294.38	403.72	619.39	550	610.11	390.85	535.18	435.91	NA
Budget allocation over the previous year	-	84.65% increase	34.53% increase	34.57% increase	31.29% increase	3.77% increase	9.09% increase	16.67% decrease	0%	10% increase	15.82% decrease
Underutilization	1.77	18	5.62	0	-89.39	0	-10.11	109.15	-35.18	114.09	NA

2. EDUCATION BUDGET ANALYSIS

According to the Dalit Adivasi Budget Analysis 2025–26 by the National Campaign on Dalit Human Rights – Dalit Arthik Adhikar Andolan (NCDHR–DAAA), significant gaps persist in budgeting for educational opportunities for SC/ST communities, both in terms of adequate allocation and consistency, as well as in creating inclusive and enabling learning environments. The focus continues to lean toward quantitative targets rather than addressing deeper structural barriers.

Budget allocations for Post-Matric Scholarships (PMS), higher education programs, and the National Overseas Scholarship (NOS) have shown erratic increases without a clear upward trajectory. In contrast, the drastic cut in Pre-Matric Scholarships from 2023–24 onwards is particularly concerning, as it heightens the risk of early dropouts among Dalit and Adivasi students from poor households and restricts their long-term educational prospects. Such fluctuating and insufficient funding for education of SC/ST students risks marginalising them further. Education is a fundamental right in India, and it cannot and should not be compromised. (Table 37).

D • OBSERVATIONS BY INTERNATIONAL HUMAN RIGHTS MECHANISMS AND INDIA'S RESPONSE

Several UN human rights bodies have expressed concern about the situation of Dalit women and girls in India, noting that caste-based discrimination violates international human rights law. They have repeatedly urged the Indian state to address this issue comprehensively, including its intersecting dimensions.

Some of these Treaty Bodies include - Committee on Elimination of Racial Discrimination (CERD), Committee on Elimination of Discrimination Against Women (CEDAW), Committee on Economic, Social and Cultural Rights (CESCR), Covenant on Civil and Political Rights (CCPR), Committee on the Rights of The Child (CRC). The observations made for Indian state are discussed here.

CEDAW's recommendations over the years consistently highlight the structural discrimination and violence faced by Dalit women and call for stronger state accountability. The Committee urges India to improve legal literacy, strengthen Legal Services Authorities, ensure access to legal remedies and birth registration, and train health professionals to provide adequate care. In 2007, CEDAW stressed the importance of quality free legal services, effective implementation of the Domestic Violence Act with caste-disaggregated data, enforcement of the SC/ST (PoA) Act, and rehabilitation measures to eliminate manual scavenging. It also called for strict enforcement of laws prohibiting discrimination and practices such as the Devadasi system, along with affirmative action in education, employment, and health. Earlier, in 2000, CEDAW raised similar concerns and emphasized the need for clear timelines and monitoring mechanisms. Overall, CEDAW consistently demands stronger protections, better enforcement, and affirmative measures to address the caste-based gender violence and inequalities experienced by Dalit women.

The 2002 CERD General Comment No. 29 has categorically stated that caste-based discrimination falls within the scope of the Convention and therefore constitutes an effective framework to improve analysis and reporting on government's response. The 2007 CERD concluding observations recommend that India adopt comprehensive constitutional and legislative measures to address caste-based discrimination, with a particular focus on ensuring Dalits' access to health, education, resources, and political participation. They emphasize the need for effective prosecution and punishment of sexual violence against Dalit women, along with protective measures such as psycho-legal-medical assistance and victim compensation. The observations also call for full implementation of reservation policies in public employment and political representation, as well as guarantees for safe and secure voting rights.

Additionally, CERD urges improved reporting and prosecution of caste-based and gender-based violence, coupled with rehabilitation for survivors. India is further called upon to intensify efforts to eliminate the social acceptance of caste discrimination and promote social inclusion. The CESCR emphasizes the need for rigorous enforcement of the SC/ST Act to ensure prompt investigation and prosecution of caste-based violations, while the CCPR recommends incorporating educational programs to combat discrimination. The CRC highlights the right of Dalit children to non-discrimination and calls for the elimination of harmful practices such as the Devadasi system and other forms of child exploitation.

India's response to Dalit women's concerns raised at the UN has been largely unsatisfactory. The government has consistently avoided open discussion on caste-based discrimination at global human rights forums. When the UN Special Rapporteur Rita Izsák-Ndiaye released the first comprehensive report on caste discrimination in 2016, India dismissed it as beyond the UN mandate. This defensiveness echoes earlier reactions at international conferences where caste was linked to racism and discrimination. India has also rejected UN criticism regarding sexual violence against Dalit women, insisting such comments are "unwarranted." (Special Rapporteur, 2013; UNGA, 2016).

CONCLUSION

India's constitutional and legal framework provides strong guarantees for gender equality and protection against caste discrimination, offering critical safeguards for Dalit women and girls. Fundamental Rights ensure equality, dignity, and protection from untouchability, while Directive Principles call for social justice and welfare. Despite decades of advocacy and strong laws like the SC/ST Act and its 2015 and 2018 amendments, crimes against Dalit women continue to rise, and implementation remains weak.

UN bodies repeatedly express concern and recommend stronger enforcement, national-level action, and targeted campaigns to protect the rights of Dalit women. Civil society efforts and international pressure have contributed to legal reforms, but ending impunity and ensuring justice for Dalit women remains an urgent and unresolved challenge - one that is vital for securing meaningful equality and safety for Dalit women and girls.



Chapter 7

KEY FINDINGS

OVERVIEW OF THE STUDY

1. Achieving gender equality in India is deeply intertwined with the caste system, as an individual's privileges or deprivations are shaped by their socio-economic and cultural-religious position within the caste hierarchy. The intersection of caste and gender produces compounded disadvantage, requiring targeted strategies to realise SDG 5. Gender inequality in India is evident across education, healthcare, economic opportunities, political participation, and protection from violence. For Dalit (Scheduled Caste) women, these inequalities are further exacerbated by caste-based exclusion, discrimination, segregation, and exploitation. Structural inequalities and entrenched social norms continue to hinder the implementation, accessibility, and impact of measures aimed at advancing Dalit rights, constraining progress toward SDG 5 for Dalit women and girls.
2. Dalit women and girls face a continuum of caste-based gender inequality that begins early in life and shapes every sphere of their existence. Despite legal prohibitions, untouchability persists through exclusion, segregation, restricting access to services, mobility, and decision-making. High school dropouts, limited skills training, and exclusion from land, credit, and livelihoods push them into low-paid, insecure work with little control over their labour. They remain vulnerable to physical and sexual violence used to reinforce caste hierarchies, and to harmful practices such as child marriage and the Devadasi/Jogini system. Asserting their rights often triggers backlash, deepening fear and marginalisation. Poor access to quality sexual and reproductive healthcare—reflected in worse maternal outcomes, higher prevalence of anaemia, limited family-planning support, and poorer health indicators—further compounds these inequalities, leaving Dalit women and girls among the most disadvantaged across development indicators.
3. India's caste system has long tied specific occupations to particular groups, creating inherited patterns of work and control that persist across generations. Some are rooted in religious beliefs and caste-prescribed rituals, while others emerge from socio-economic deprivation and low agency imposed by caste. Restricted opportunities, caste norms, and power imbalances trap marginalized groups in exploitative work, reinforcing exclusion. This study highlights two areas where systemic exploitation of Dalit women and girls persists: the Jogini/Devadasi system of ritualised sexual exploitation and pre-menopausal hysterectomies linked to coercive labour—demonstrating that these labour systems are structured, institutional, and entrenched. (See Sectoral Case Studies 2&3).

CASTE AS A MOTIVATING FACTOR FOR DISCRIMINATION AND VIOLENCE AGAINST DALIT WOMEN AND GIRLS

4. Findings and case analyses of legal intervention demonstrate that caste has a clear and direct role in discrimination and violence committed against Dalit women and girls. Caste motivation is often debated in discourses—whether the crime is driven by gender, or by caste and gender. Findings show that almost all instances of violence against Dalit women and girls are accompanied by casteist slurs and abuses—often of a sexual nature and involving grievous hurt—and linked to earlier disputes over land and other resources. They are often in retaliation to Dalit assertion of rights and entitlements, or resistance to exploitation by dominant caste groups. Survivor testimonies suggest that discrimination and violence do not happen in isolation, but is a consequence of Dalit assertion and resistance on one hand, and a hegemonic hold of caste domination on the other.

5. Institutional apathy enables this—caste-based motives are often ignored, legal protections are diluted, delays weaken cases, and witnesses fear retaliation. Survivors encounter stigma, social exclusion and pressure to compromise, reflecting a broader belief that Dalit women’s suffering is expendable. These perceptions sustain a climate where caste-driven violence continues with impunity.
6. There exists a wider denial of caste-based discrimination in reporting, investigation and support processes, and a tendency to reduce violence to individual behaviour rather than structural caste–gender dynamics. Such attitudes, including overt victim-blaming and the refusal to see caste as a factor even in serious offences, reinforce harmful stereotypes and significantly weaken the credibility of Dalit survivors, ultimately constraining their access to justice.

STATUS OF SDG 5.1 - ENDING GENDER DISCRIMINATION, THROUGH CASTE LENS & OTHER INTERSECTIONS

7. **Overview:** Low development outcomes in educational attainment, financial inclusion, ownership of resources, and access to decent livelihoods often stem from—rather than merely coincide with—caste and gender inequities, further undermining Dalit women’s empowerment and autonomy, a key parameter for Gender Equality.
8. **Education Access, Dropout and Access to Jobs:** Educational attainment—beyond the basic ability to read and write—serves as an indicator of skills, opportunities and chances for social mobility, forming a key foundation of empowerment that enables Dalit women to challenge systemic barriers and claim their rights. Among Dalit women and girls, only 56.4 percent are literate—52.6 percent in rural areas and 68.6 percent in urban areas—showing that nearly half remain illiterate due to structural discrimination and exclusion from education. While enrolment for Dalit girls and boys is high at the primary level, with 99 percent completing eight years of schooling, dropout rates rise sharply thereafter. By Class 8, enrolment for Dalit girls falls to 73 percent, reflecting growing barriers related to safety, poverty, caste discrimination, and household responsibilities, and participation in higher education is even more limited, with only 16 percent enrolled—roughly 2 in every 10 Dalit girls—highlighting deep gaps in access and opportunity (NSSO 75th Round, 2017). These educational gaps are linked to Dalit women’s concentration in low-paid, informal sector work driven more by survival needs than choice – as seen among the informal sector sugarcane cutters in primary study. Dalit girls also face overlapping barriers—caste-based harassment, safety concerns, caregiving responsibilities, unaffordable schooling costs (if they opt for local private schools, considering the lack of access to higher secondary public schools in all villages), poor infrastructure, transition challenges, early marriage, and discriminatory practices in School Management Committees—as expressed by adolescent girls in the primary findings. These reasons make caste-based discrimination a central factor in dropout spikes after Class 8 and again after Class 12.
9. **Autonomy Gauged Through Control Over Finances, Mobility and Ownership of Resources:** The last 15 years (NFHS 2005-06 to 2019-21) show overall progressive gains in financial access, decision-making, and mobility among SC women, particularly from 2015 onwards. However, persistent gaps in income control, property ownership, and independent mobility indicate that true autonomy remains limited. Even when employed, many women have little control over their earnings. Survivor accounts from sugarcane harvesting reveal that couples are recruited together, but wages are paid only to husbands or partners, leaving women without command over the income they generate. Awareness and uptake of microcredit remain low,

and among those who own property, only 43 percent have joint ownership of a house and 30 percent of land. Mobility constraints persist - while visits to family or relatives have increased from 60 to 81 percent, less than half (44 percent) of Dalit women can travel alone to markets, health centres, or outside the village. Movements are shaped by patriarchal norms, familial approval, and the real threat of violence. These restrictions, whether framed as protection or control, reduce women's confidence, agency, and access to education, work, health services, and civic life, reinforcing systemic gendered and caste-based inequalities.

Such low autonomy can be seen among the respondents of primary study. In the informal sugarcane-harvesting sector, the payment structure requires workers to be recruited in pairs, with wages routed to husbands, fathers, or male partners rather than paid individually. This male-controlled wage system reinforces women's financial dependence, despite their equal contribution to the labour. The situation of Joginis is such that they have no negotiating power with their sexual patrons for child support or any other assistance. They depend on daily wages and occasional customary alms for their livelihood and for solely raising their children. The violence survivors also belong to extremely low-income families—often living in mud houses with limited access to government entitlements.

10. Lack of Media Exposure & Digital Access: A sharp gender- and caste-based digital divide severely limits Dalit women's access to information and opportunities. Limited use of and access to newspapers and the internet among Dalit women reduce their avenues for awareness of rights, education, employment and support systems, restricting decision-making, social networks and autonomy. Newspaper readership among Dalit women has dropped sharply—from 27 percent in 2015–16 to just 11 percent in 2019–21—and only 27 percent have ever used the internet. In a digital age where connectivity can empower women, this exclusion reinforces dependence on family or community authority, deepening social and economic marginalisation and constraining Dalit women's ability to claim rights, seek help or engage in public life. (NFHS-4&5).

11. Employment: Rural employment among Dalit women is higher compared to urban areas, with an overall rise in the employment rate of Dalit women - from 24 percent in 2017-18 to 31 percent in 2023-24. However, this increase is nuanced. Rural women engage in informal or agricultural work even if it is poorly paid - reflecting distress-driven, low-paid, and insecure work rather than genuine economic empowerment. In contrast, higher urban unemployment among Dalit women indicates limited job opportunity despite education, a mismatch between qualifications and available jobs, job preferences, and gendered barriers in the urban labour market, among other factors. The trend suggests that as more Dalit women enter the workforce, the industrial and service sectors are not absorbing them, and their entry into rural agriculture is largely out of compulsion, not choice. (PLFS 2023–24 & 2017–19). Additionally, in rural areas, as men migrate to higher-paying non-farm work, women are left to manage farm labour. This may lead to the feminization of agriculture, but it does not necessarily translate into greater control over land, credit, or markets. Dalit women continue to have low access to land, formal credit, and control over cash earnings (NFHS-5).

Intersecting deprivations—landlessness, low education, caste-based exclusion, and lack of social protection—lead to Dalit women's continued confinement to contractual, daily-wage, or bonded labour in plantations, construction, domestic work, sanitation, and other informal occupations. Far from accidental, these conditions are sustained by caste patriarchy and an economic system that relies on their dispossession. This is demonstrated in the precarious work of Dalit sugarcane cutters, which closely resembles bonded labour—through recruitment arrangements of work-

in-lieu-of-advance, heavy deductions and penalties that trap workers in recurring debt, and coercion or confinement when payments fall short. Children also migrate and assist in tasks, in violation of child labour norms. Similarly, all families of survivors as well as Joginis are engaged in low-paid informal-sector work, keeping them in an intergenerational cycle of poverty and deprivation, which further reinforces their marginalization and vulnerability to exploitation and abuse.

STATUS OF SDG 5.2 - ELIMINATING VIOLENCE AGAINST WOMEN AND GIRLS, THROUGH CASTE LENS & OTHER INTERSECTIONS

12. **Nature of Crimes against Dalit Women and Girls:** Crimes against Dalit women and girls recorded by the NCRB and registered under SC/ST Act include offences such as assault to outrage modesty, rape, attempt to rape, insult to modesty, kidnapping and abduction for marriage, and procurement of minor girls.
13. **Scale and Magnitude:** Government data from 2023 paints a grim picture - 12 Dalit women and girls are raped every day in India. Three in every ten of these rape cases involve minors. Even in incidents of assault to outrage modesty, two in ten victims are underage — emphasising the deep vulnerability of Dalit girls to sexual violence. During the nine-year period from 2015 to 2023—coinciding with the start of the SDGs—the **NCRB recorded a total of 66,199 incidents of crimes against Dalit women and girls, reflecting a nearly 50 percent increase in 2023 compared to 2015**, with offences rising from 5,713 in 2015 to 8,529 in 2023. Crimes against Dalit women and girls made up 15 percent of all crimes committed against the Dalit community during 2015-2023 – nearly a 50 per cent rise over the period, mirroring a similar rise in crimes against the entire Dalit community.
14. **Predominant Offences Against Dalit Women and Girls:** Sexual violence continues to be the predominant expression of caste-based gender crimes. Together, **rape and assault to outrage modesty account for 91 per cent of the total 66,199 crimes reported against Dalit women and girls over the past nine years – as also in 2023 (93 percent)**. Particularly concerning is the escalation in vulnerability of minor Dalit girls, as cases of rape against them rose sharply since the category began to be recorded in 2017. It reflects increased vulnerability of Dalit minor girls and, to some extent, improved reporting mechanisms following data disaggregation and civil society interventions. Attempted rape represents interrupted acts of sexual violence carrying the intent to rape, yet its limited recognition in discourse highlights continued systemic gaps in acknowledging and responding to all forms of sexual violence faced by Dalit women and girls. (NCRB 2015-23).
15. **States with Consistent High Incidents of Crimes against Dalit Women and Girls:** States with high incidents of caste-based gender violence in 2023 include (in order) Uttar Pradesh, Rajasthan, Madhya Pradesh, Maharashtra, Karnataka, Haryana, Kerala, Andhra Pradesh, Telangana, Tamil Nadu, Gujarat, Odisha, Bihar, Chhattisgarh, Jharkhand, and Punjab. Together, UP, Rajasthan and Madhya Pradesh have always recorded 50-60 per cent of total crimes against Dalit women and girls. For almost two decades (2004-2023), the pattern has remained unchanged. Other states shift positions in the atrocity ranking list – but rarely exit it. For

states like Bihar, low reporting of crimes against Dalit women and girls must be read alongside crimes against the entire Dalit community to get a fuller picture. Here, low reporting does not mean sexual violence incidents is less—it is often deliberately subsumed within broader incidents of violence against the community. (NCRB 2004-23).

- 16. Police disposal of cases** – In 2023, according to NCRB, the police disposal of cases of crimes against Dalit women and girls under the SC/ST Act and other legislation has an average charge sheet rate of 75 percent and an average pendency of 29 percent. This means that 1 in every 4 cases is under investigation. Offences of rape, assault and procurement of minor girls have charge sheet rates above 80 per cent, while the same for other offences are low. While a relatively higher charge sheet rate, especially in rape and assault offences, is positive, a high pendency rate in other offences shows that non-sexual offences are not taken seriously or are trivialised. A low charge sheet rate and high pendency for attempt to rape indicate that the offence is not treated as seriously as rape, despite being an interrupted act of sexual violence carrying the intent to rape. Its limited recognition in data and discourse reflects systemic gaps in responding to sexual violence against Dalit women and girls. A nine-year NCRB comparison shows similar trends, with the unusual 2015 spike likely driven by pressure after the 2013 Criminal Amendment Act.
- 17. Court disposal of cases:** In 2023, according to NCRB, the court disposal of cases of crimes against Dalit women and girls under SC/ST Act and other legislations has a low average conviction rate of 23 percent, and a significantly high average acquittal rate of 72 percent. The average pendency rate of 94 percent is also high. Convictions remain extremely low across offences—under 20 percent for attempt to rape and insult to modesty, and only 13 percent for procurement of minor girls. Assault, rape, and kidnapping cases also see poor outcomes, with only 1 in 3 rape trials ending in conviction. Most cases are dismissed for lack of evidence, with very few ever reopened. Acquittal rates are high—69 percent for assault, 64 percent for rape, and the highest for procurement of minor girls. Pendency exceeds 92 percent across all offences, meaning nearly 9 in 10 cases remain unresolved, highlighting severe delays in justice delivery. Cases of procurement of minor girls are rising, indicating increased trafficking, forced marriage, and prostitution, yet even fully charge-sheeted cases rarely lead to convictions. NCRB data from 2015–2023 shows consistently high pendency and low convictions, with trends influenced by national-level advocacy, such as higher convictions in 2017 when “procurement of girls” first appeared.
- 18. Impacts of Caste-Based Gender Violence on Survivors:** Caste-based gender violence leads to wide-ranging impacts on survivors, reflected in adverse effects on sexual and reproductive health and constraints on autonomy, mobility and everyday participation. Dalit survivors of sexual violence endure severe and enduring mental health impacts, including anxiety, depression, nightmares, sleeplessness, withdrawal, emotional outbursts and neglect of self-care. Additionally, court proceedings, proximity to perpetrators, and repeated retraumatization exacerbate distress, causing school dropouts, declining performance, or in extreme cases, repeated victimization or suicide attempts. Minors often remain silent due to intimidation, threats, and the perpetrators’ dominant caste status, with fear of disbelief or social repercussions sometimes leading to prolonged abuse. Families and survivors face stigma, ridicule, victim-blaming, and harassment, while initial community support often collapses under prolonged legal processes, enforced compromises, or ostracism. Sexual and reproductive health consequences include injuries, menstrual irregularities, teenage pregnancies, unsafe abortions, miscarriages, and heightened risk of infections, including HIV. Survivors’ autonomy is drastically curtailed, with restricted mobility, curtailed education, migration, and child marriage reinforcing caste-based gender inequality, sustaining long-term vulnerability and social marginalization.

STATUS OF SDG 5.3: ELIMINATING ALL HARMFUL PRACTICES, THROUGH CASTE LENS & OTHER INTERSECTIONS

19. Child and Early Marriage: Early marriage or marriage of girls before 18 years and boys before 21 years is still a prevalent social problem in India. Men's early marriage has significantly declined, but India still produces one third of the child brides globally. Approximately one in four girls in India is married before she reaches the age of 18 years. Early marriage disproportionately affects girls, it leads to school dropout, early or teenage pregnancies and high fertility. Additionally, reproductive health outcomes followed by exposure of domestic violence are the major consequences of early marriages. Despite stringent law early marriage is high in certain parts of India and women from socially marginalized communities are severely affected by these cultural norms. Child and early marriage in India is rooted in structural inequalities shaped by poverty, education status, patriarchal control, caste-based endogamy and weak law enforcement. These intersecting factors deny girls their right to autonomy, education, and dignity, keeping them trapped in cycles of inequality and deprivation. Dalit girls face an additional layer of vulnerability where caste and gender discrimination intersect, pushing families to marry them early as a perceived safeguard against caste-based violence and sexual exploitation, deepening their marginalization and loss of agency.

The NCRB records a total of 10,913 registered cases of child marriage across all social groups from 2015-2023 – indicating a twenty-fold increase (1961% increase during the 9-years) from 293 cases in 2015 to 6038 cases in 2023. While the official data shows a strikingly multi-fold increase, it is doubly problematic considering that it does not provide (a) disaggregated number of girls and boys who have entered into child and early marriage, and (b) disaggregated data for social groups.

The NFHS and Census of India also do not provide disaggregated child marriage data for different social groups—SC, ST, OBC, and general, making it difficult to ascertain the true picture of Dalit girls in child and early marriage.

While it may be difficult to ascertain the true picture of Dalit girls in child and early marriage, evidence from NFHS-5 shows that higher levels of schooling, middle or higher income levels, and urban residence, among other factors, delay the median age of marriage for girls across all social groups. Considering that Dalit girls are positioned at the disadvantaged end of this spectrum, their likelihood of entering into child and early marriage is higher. Primary evidence from this study further shows that Dalit girls who have experienced sexual violence are more likely to enter into child and early marriage. Additionally, primary evidence indicates that Dalit families engaged in sugarcane harvesting labour tend to arrange child or early marriages for their daughters due to perceived safety concerns and/or recruitment requirements tied to worker-pair arrangements. Taken together, these structural disadvantages result in a high likelihood of child and early marriage among Dalit girls.

20. The Devadasi/Jogini system: The Devadasi/Jogini system—though legally banned—continues to exploit an estimated 4.5 lakh Dalit women and girls in Karnataka, Telangana, Andhra Pradesh, Tamil Nadu, and Maharashtra. While new dedications have declined, those already dedicated face lifelong poverty, stigma, and repeated sexual exploitation. Thousands of Dalit women and girls continue to live with the lifelong consequences of ritualised sexual exploitation, poverty, stigma, and poor health. Survivor testimonies from

Telangana reveal the deep, intersecting and enduring impacts of the caste-based practice. These testimonies show that girls were dedicated before age twelve, without consent, leading to school dropout, early sexual abuse, and continued exploitation by dominant caste men. Children born from these unions are denied paternal identity and raised only by their mothers. Although rehabilitation schemes offer housing, land, pensions, and health benefits, livelihoods remain unstable. Survivor testimonies offer hope, as many former Joginis have already refused to dedicate their daughters, signalling growing resistance and a break from intergenerational caste-based gender oppression. Additionally, specific legislation abolishes the practice but weak implementation continues to limit its effectiveness and intended outcomes.

The harmful practices of child and early marriage and the Jogini system, which disproportionately impact Dalit girls, consequently lead to early sexual initiation, teenage pregnancies, school dropouts, poor and/or serious sexual and reproductive health outcomes, and mental health impacts, among others. These practices strip girls of autonomy, agency, and dignity, and lead to lifelong and intergenerational marginalization.

STATUS OF SDG 5.6: ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, THROUGH CASTE LENS & OTHER INTERSECTIONS

- 21. Overview:** Sexual and reproductive health and rights (SRHR) are both a driver and a consequence of gender inequality. Limited access to SRHR services and autonomy reinforces Dalit women's marginalisation, while entrenched gender inequality further restricts their sexual and reproductive choices, creating a cycle of disadvantage.
- 22. Low Access to Maternal Healthcare:** Reports highlight caste-based discrimination against Dalit women in accessing medicines, nutrition, and maternal care. Limited mental health services further deepen their vulnerability to caste-based violence and trauma. NFHS data indicates overall improvement in maternal health access among Dalit women, yet gaps persist. Most Dalit women now register their pregnancies and receive the MCP card, but about 7 percent still do not access antenatal care. Institutional deliveries have increased, though postnatal care and IFA supplementation remain inconsistent. Dalit male participation in maternal care continues to be minimal, reflecting limited engagement of fathers in reproductive and family health responsibilities. Women in sugarcane harvesting work who migrate interstate mention lack of access to ASHA workers and ANMs. Consequently, expecting and new mothers do not receive pre and post-natal healthcare, impacting health and well-being of mother and child. Unsafe non-institutional deliveries -often of teenage mothers have been reported through testimonies. (see Case Study#4).
- 23. Teenage Pregnancies:** Teenage pregnancies in India are closely linked to early and child marriage, as revealed in the NFHS findings. Many girls are married as teenagers and begin sexual activity soon after marriage, leading to teenage pregnancies. In 2019, nearly 7 percent of adolescent girls (15–19 years) had begun childbearing. While teenage pregnancy across all groups has declined between 2015 and 2021, Dalit teenagers have the high rate of early childbearing (after Adivasis). In 2019-2021, 6 percent of teenage Dalits already had a live birth, and 3 percent were pregnant with their first child. Overall, there are significant

gaps in contraceptive use, family planning and access to safe abortion and healthcare services. NFHS-5 shows that of the pregnancies that were terminated, nearly half of the abortions (48 percent) were due to unplanned pregnancies. According to NFHS-5 (2019–21), states with high rate of teenage childbearing are – Tripura, West Bengal, Andhra Pradesh, Assam, Bihar, and Jharkhand (22-10 percent, in this order). These states coincide with states with high child and early marriage. Survivor narratives indicate that almost all of the teenage girls who were married to escape the harassment and risk of crime-escalation after the initial violence consequently became teenage mothers. Similarly, Joginis and sugarcane harvesting workers were exposed to early sexual initiation leading to teenage pregnancies -often multiple.

- 24. Maternal and Child Health** – Mortality, Anaemia and Weight (BMI): Dalit women and children continue to experience severe maternal and child health disparities. Neonatal mortality among Dalits (29 percent) remains higher than the national average (25 percent), with very slow decline since 2005. Over 3 percent Dalit women have severe anaemia (above the national 2.7 percent average), and more than 30 percent of Dalit women have moderate anaemia. Chronic malnutrition—driven by poverty, food insecurity, and strenuous labour—weakens maternal health, increases risks of maternal morbidity, and contributes to low-birthweight infants. High anaemia and undernutrition also reduce strength, concentration, and immunity, affecting girls’ school attendance, learning outcomes, and long-term wellbeing. For adults, these conditions intensify fatigue and strain, especially in informal labour. Persistent gaps in antenatal care, safe delivery, and childhood nutrition services reinforce intergenerational cycles of ill-health and limit mobility – also hindering health goals of SDG 3 and 5. Narratives of sugarcane cutters engaged in strenuous physical labour highlight chronic fatigue and persistent weakness, stemming from a combination of lifelong low nutritional intake, limited access to healthcare, and the physically demanding nature of their work. These factors not only exacerbate their health vulnerabilities but also reduce their capacity to recover, reinforcing a cycle of exhaustion and physical strain.
- 25. Prevalence of STIs and HIV:** The occurrence of STIs and HIV among Dalit women, along with early sexual initiation, indicates unsafe sexual practices—often linked to gaps in sexual and reproductive health (SRH) awareness, access, and prioritisation; early marriage and teenage pregnancy; limited agency in SRH decision-making; and harmful practices, all exacerbated by adverse socio-economic conditions. Jogini insights show the prevalence of HIV among them and the risk they face owing to low negotiation powers with their sexual patrons. Survivors of violence are also at risk of STIs and HIV given the forced nature of the crime.
- 26. Skewed Sterilization Rates:** The skewed rate of female sterilization indicates that the burden of family planning largely rests on women. Female sterilization, however, continues to be the most preferred method of family planning, with around 38 percent of women across all social groups opting for it in 2021—showing virtually no change since 2006. Among Dalit women, over 40 percent continue to rely on sterilisation, a trend similar among Adivasi and OBC women, while the preference is slightly lower among non-marginalised groups (31 percent in 2021). Compared to women, male sterilization rate is less than 1 percent across all social groups, with almost no change since 2006. (NFHS-3,4&5). Insights by sugarcane cutters also show that all women who opted for permanent family planning method chose sterilization.
- 27. High Rate of Hysterectomy,** also among pre-menopausal women indicating unnecessary hysterectomy surgeries performed: Over the past decade, studies, grassroots reports, and media investigations have exposed high rates of hysterectomies in several states, including many that were unnecessary and could have been treated through alternative care.

NFHS-5 shows that 3 percent of women aged 15–49 have undergone hysterectomy, with a median age of 34.6 years; prevalence rises to 10 percent among women aged 40–49 and is slightly higher in urban areas. Rates are similar across social groups, though Adivasi women report marginally lower levels. While 70 percent of procedures occur in private facilities, poorer Dalit and Adivasi women depend more on public services. High-prevalence states include Andhra Pradesh, Telangana and Bihar (9-6 percent, in this order). Independent studies from Andhra Pradesh, Rajasthan, and Chhattisgarh show many young, working-class, informal-sector women undergo hysterectomy—often encouraged by doctors—to continue working or manage menstrual disorders. These procedures push families into debt and carry serious long-term risks, making hysterectomy a measure of last resort.

28. **Hysterectomy among Dalit Informal Sector Sugarcane Harvesting Labourers**

– a latent form of coercion – a Sectoral Case study: Intersecting deprivations of resources, education and finance/ credit among others push Dalit women to exploitative work as contractual, daily wage, or bonded labourers in informal sector work. Findings from this study corroborate existing evidence of hysterectomy as a form of latent coercion in exploitative work conditions. The sugarcane-harvesting labourers in this study were Dalits, and many underwent hysterectomies due to excessive bleeding and pain—often opting for surgery because the demanding nature of the work, and the work conditions themselves, did not tolerate any absenteeism caused by pain or related health problems. While it cannot be verified whether the surgeries were avoidable, all women were pre-menopausal, operated on in private hospitals, and received no counselling for post-operative care. Survivor testimonies reveal extremely exploitative conditions—labour as pairs against advance paid, penalties for leave—forcing women to work through pain or opt for hysterectomy to avoid menstruation. The case study demonstrates the link between women’s decision to undergo hysterectomy and exploitative work conditions (SDG 8.7), a latent form of coercion. Interlinking factors include informal sector work, low socio-economic status, migration, and lack of sexual and reproductive healthcare. Notably, the women report no relief from pain, and their mental health is gravely affected by hard labour, living conditions, and limited escape from their situation.

DRIVERS OR KEY FACTORS THAT PERPETUATE GENDER INEQUALITY OF DALIT WOMEN AND GIRLS

29. **Overview:** Caste-based gender inequality emerges from interlocking structural, social, and institutional forces. Deep caste hierarchies and patriarchal norms control Dalit women’s labour, mobility, sexuality, and participation, reinforced by economic deprivation, landlessness, and dependence on dominant-caste employers. Untouchability, segregation, and everyday caste bias drive exclusion, while weak law enforcement and biased institutions enable impunity. Limited education, inadequate public services, informal work, poor financial inclusion, and low asset ownership diminish Dalit women’s agency, leaving them unable to negotiate safety, assert rights, or resist violence—entrenching intergenerational inequality.

30. The study findings categorise these perpetuating drivers as follows –

- Structural and Historical Power Relations – underlying discrimination
- Gendered Power Inequalities – gendered discrimination and triple fold discrimination
- Social Norms and Religious and Community Sanctions
- Low Socio-Economic Indicators including Educational Attainment, Incomes and Health Outcomes
- Economic Dependence and Labour Exploitation – financial independence
- Institutional Bias and Weak State Response

30 a. **Structural and Historical Power Relations:**

Structural and historical power relations embedded within the caste system continue to shape and sustain caste-based discrimination, producing deep and enduring inequalities. Rooted in Brahmanical Patriarchy, caste-based domination forms the basis for discrimination, violence, harmful practices, and exploitation, bringing about deprivation across multiple areas including access to land and other resources, education, mobility, health outcomes, and access to state institutions, among other areas. These hierarchies—built on norms of purity, spatial segregation, and hereditary labour—consolidate power among dominant castes while systematically marginalizing Dalit communities. They are reproduced through families, schools, markets, policing systems, and governance structures that normalize exclusion and legitimize differential treatment. As a result, caste-based inequality is not merely an individual or interpersonal bias but an institutionalised system that regulates opportunities, entrenches dependence and vulnerability, and constrains the lives of Dalit women and men across generations.

Certain inroads of Dalit Emancipation challenge this systemic caste-domination and are thus seen as “triggers” for retaliation by dominant caste groups seeking to maintain the status quo of social hierarchy and its emanating entitlements. The study identifies three key triggers – (1) Dalit assertion for rights (2) resistance to exploitation, and (3) participation in local self-government. Assertion of rights—over water, land, education, work, or access to justice—often provokes violent backlash, reflecting the threat perceived by dominant castes. Resistance to exploitation exposes Dalit women to sexual violence, harassment, and emerging forms of online abuse, while systemic bias and institutional failure obstruct access to justice. Dalit participation in local governance frequently leads to harassment, persecution, or false charges when exercising their powers.

30 b. **Gendered Power Inequalities within Caste Systems:**

The intersection of caste, class, and gender manifests sharply on Dalit women’s bodies, which become sites for reinforcing caste dominance, patriarchal control, and masculine insecurities. Their “triple burden” of caste-based discrimination, gender subordination, and economic exploitation exposes them to heightened vulnerability, policing, and violence. Caste-based gender violence operates not as isolated acts but as a mechanism to discipline, punish, and assert dominance over Dalit communities, using Dalit women’s labour, sexuality, and mobility as key arenas of control. This entrenched power asymmetry ensures that Dalit women remain disproportionately targeted, silenced, and exploited across both private and public spheres. This is evident in NCRB data, which shows an extremely high concentration of sexual-violence offences against Dalit women and girls—accounting for 91 percent of all crimes against them over the nine-year period from 2015 to 2023. Survivor narratives further reveal that such violence often follows long-standing disputes with Dalit families, functioning as a retaliatory measure by dominant-caste groups to ‘punish’ them or put them in their place. Gendered power shaping sexual violence is also visible in accounts where demands for leave or refusal to perform certain tasks led to physical assault and abuse of Dalit women and their families.

30 c. **Social Norms and Religious and Community Sanctions**

Child marriage is both a driver and a consequence of Dalit women and girls’ inequality. There is a high prevalence of child and early marriage among sexual-violence survivors—with marriage seen as a solution to escape intimidation, fear, stigma, victim-blaming and shaming, and the fear of escalation of the crime. The practice of the Jogini system exposes young girls to an early sexual union. Girls recruited into sugarcane harvesting work (like other similar informal-sector work) are also married as children to begin working as ‘pairs’—as a recruitment requirement, or for

perceived safety while at work. Consequently, child and young brides become teenage mothers, impacting their sexual and reproductive health, general health, and mental health. Survivors of violence who are married as children or at an early age are also exposed to domestic violence once the violence against them and ensuing legal proceedings become known to the new families.

30 d. **Low Socio-Economic Indicators including Educational Attainment, Incomes and Health Outcomes**

Low socio-economic indicators—such as poor educational attainment and low incomes—reinforce Dalit women and girls’ marginalization and vulnerability to exploitation.

School-going sexual-violence survivors often drop out to avoid persistent harassment and intimidation after the initial violence, or to escape victim-blaming and shaming, as also seen in the case of Joginis. School-going children of migrating sugarcane-harvesting workers (as well as other informal-sector workers) also drop out because they migrate for long periods. Some children continue schooling by appearing only for exams in between migration periods. Such long absences or dropouts have become normalized due to inadequate policy measures and weak implementation to prevent them. Actual learning is hampered, and schooling becomes only nominal.

Low household incomes increase Dalit women and girls’ dependence on dominant-caste employers and contractors, pushing them into exploitative, low-paid, or unsafe work where the risk of sexual exploitation is significantly higher.

30 e. **Economic Dependence and Labour Exploitation**

Economic dependence and labour exploitation perpetuate gender inequality by keeping Dalit women financially and socially subordinate. Marginalised socio-economic positions, landlessness, and caste-based exclusion push families into highly exploitative work, as seen among sugarcane cutters, which closely resembles bonded labour. Wages are often paid to husbands, fathers, or male partners, controlling women financially and limiting their autonomy. Gruelling 14–17 hour workdays, deductions, penalties, and advances trap families in debt, often across generations, while coercion, confinement, and child labour further reinforce structural gendered and caste-based hierarchies.

30 f. **Institutional Bias, Perceptions and Stereotypes:** Across justice and governance institutions, respondents revealed prevalence of deep-seated caste and gender bias, and also their own biases. In in-depth interviews with key informants – police, lawyers and prosecutors, CWC members and Sarpanch (elected self-government leaders) reveal bias in their attitudes towards Dalits or their acknowledgement of caste-bias in system. Some officials acknowledged high prevalence of caste-motivated violence, noting how FIR registration, investigations, and prosecutions are affected by discriminatory attitudes, and how courts often ignore caste as a factor, dilute SC/ST Act provisions, or allow delays and forced compromises. Others dismissed or rejected caste as a motivating factor, framing cases as false, compensation-driven, or individual “mindsets,” reflecting caste blindness that normalizes systemic discrimination. Child Welfare Committee members and Sarpanches (elected local self-government leaders) exhibited similar insensitivity, denying structural caste factors and portraying Dalits as negligent or deviant. Such institutional bias entrenches impunity and obstructs meaningful justice for Dalit survivors.

31. **Above-mentioned institutional gaps are echoed by survivors of violence – leading to impediments in their access to justice.**

They mention the following institutional and procedural gaps -

- **FIR Registration:** Police often delay or refuse to file FIRs, with survivors facing casteist abuse and intimidation; FIRs are usually lodged only after persistent follow-up by families and activists.
- **Delay in Magistrate Statement:** Survivors are frequently delayed from being produced before a Magistrate under section 183, BNSS (earlier section 164 CrPC), increasing possibility of intimidation and consequently weakening prosecution.
- **Retaliatory Counter-Cases:** Dalit survivors often face false counter-cases filed by perpetrators, sometimes with police support, which complicates their pursuit of justice.
- **Monetary Compensation:** Compensation is delayed, incomplete, or requires repeated follow-ups, violating the mandate for immediate relief within seven days.
- **Delay in Arrest:** Arrest of the accused under the SC/ST Act is often delayed – and often only after persistent follow-up by families and activists through submissions and other means, causing charge sheet delays and risks of witness tampering.
- **Omission of SC/ST Act Sections:** Police frequently omit or weaken relevant SC/ST (PoA) Act sections in FIRs or charge sheets, undermining prosecution and delaying legal relief.
- **Delay in Charge Sheet Filing:** Charge sheets are often filed well beyond the mandated 60 days, with half of cases remaining pending for over two years.
- **Prolonged Trials:** Trials far exceed the two-month period mandated by the SC/ST Act, eroding survivors' trust in the justice system.
- **IPC Convictions Ignoring SC/ST Act:** Convictions under IPC without invoking the SC/ST Act fail to acknowledge caste-based motivation, diluting the law's intent.
- **Medical Care & Examination:** Dalit survivors face neglect, discrimination, and insensitivity from medical professionals, violating medico-legal guidelines and compounding trauma.

SEXUAL, REPRODUCTIVE, & MENTAL HEALTH & OTHER IMPACTS OF CASTE-BASED GENDER INEQUALITY

32. **Overview:** The impacts of caste-based gender inequality are deeply interconnected, stemming from discrimination, violence, harmful practices, and precarious work. These inequalities shape every aspect of women's and girls' lives. Sexual and reproductive health is compromised through poor maternal and child health, teenage pregnancies, unsafe abortions, and non-institutional deliveries. The psychological toll is visible in the fear, trauma, and humiliation they endure. Child marriage remains both a cause and a consequence of this inequality. Mobility, migration, schooling, and decision-making are all restricted by entrenched gender and caste norms, limiting women's agency and autonomy and reinforcing dependence. Together, these factors increase vulnerability to domestic violence and abuse, including by non-intimate partners.

33. Specifically, the impacts are as follows -

33 a. **Mental Health Impacts:** Dalit women and girls experience profound and long-lasting mental health impacts arising from sexual violence, child sexual exploitation in the Jogini system, and years of exploitative labour marked by physical pain and gynaecological complications,

as discrimination of school going girls – within and outside school premises. Survivors report hopelessness, depression, nightmares, sleeplessness, and intense fear of facing the accused, worsened by retraumatization during trial and living alongside perpetrators. Visible changes in behaviour, social withdrawal, declining academic performance, and, in severe cases, self-harm or further abuse reflect deep psychological distress. Former Joginis similarly describe persistent isolation, anxiety, and trauma, often coping through alcohol use to manage pain and despair. For Dalit women sugarcane cutters, years of relentless toil, physical pain, and a host of gynaecological complications have profound mental health impacts, leading many to experience hopelessness, despair, depression, mental fatigue, and in some cases, even suicidal thoughts.

School-going girls, including survivors of violence and Joginis, report stress and anxiety caused by harassment on the way to and from school, victim-blaming by peers, and fear of further harm from caste-based conflicts. Segregation in classrooms and during meals, along with discrimination by School Management Committees dominated by higher-caste members, adds to their sense of neglect and unease, creating an overall hostile environment that heightens their fear and anxiety. These experiences also contribute to school dropouts.

33 b. **Sexual and Reproductive Health Impacts:**

Consequences of sexual violence against Dalit girls and women are severe and multifaceted. Survivors experience immediate physical injuries, heavy bleeding, abdominal pain, and menstrual irregularities. Prolonged sexual abuse of minors has led to teenage pregnancies, unsafe abortions, and miscarriages. In some cases, perpetrators themselves administered abortion pills, while families sought unsafe abortions, resulting in infections, excessive bleeding, and hospitalization. Survivors also face heightened risk of sexually transmitted infections, including HIV, and complications from unprescribed or unsafe medical interventions. Child and early marriage of violence survivors, sugarcane cutters and child-abusive Jogini-unions lead to a host of gynaecological consequences including – teenage pregnancies generally at 14-15 years and often multiple closely spaced births by age twenty.

Many former Joginis have experienced multiple abortions and miscarriages, often carried out in non-institutional settings by traditional or private practitioners, increasing the risk of infections, complications, and long-term reproductive health issues. In their younger years, inadequate menstrual hygiene—limited access to clean water, sanitation, and infection-prevention knowledge—further contributed to reproductive and gynaecological problems. Today, most report chronic health issues such as backache, joint pain, and vision problems, reflecting years of hard labour, neglected healthcare, and limited access to age-appropriate medical services. Narratives from sugarcane cutters reveal unsafe, non-institutional deliveries, sometimes in moving trucks or makeshift huts; Poonam (name changed, Survivor Narrative # 28) married at 12, had her first child at 14, the second in a truck, and the third in a hut at 18. Unsafe abortions, poor menstrual hygiene, and chronic reproductive issues—including heavy bleeding, infections, burden of family planning through female sterilization and pre-menopausal hysterectomy among the sugarcane cutters—reflect SRH burdens on women and systemic neglect.

Exploitative work, malnutrition, and social stigma further compound maternal, child, and mental health risks. These intersecting factors perpetuate cycles of reproductive injustice, denying safety, dignity, and essential health services to both mother and child from adolescence onward.

33 C. Other Impacts on Agency and Autonomy: Dalit women and girls experience profoundly restricted agency due to intersecting caste- and gender-based inequalities. Violence-survivors, school-going girls, Joginis, and women sugarcane cutters face barriers that limit their educational attainment, financial independence, mobility, status in the household, and informed decision-making. School-going girls and adolescent survivors experience dropouts due to early marriage, harassment, caregiving responsibilities, and discriminatory school practices, restricting learning opportunities and future prospects. Among sugarcane cutters, low wages, male-controlled payments, and exploitative labour arrangements strip women of financial control over their earnings, reinforcing dependence. Safety concerns for school-going girls and violence-survivors, social norms, and household responsibilities restrict mobility, limiting access to education, work, and public spaces.

In the household, Dalit women sugarcane cutters and Joginis shoulder a double burden of unpaid domestic work and long hours in the fields or exploitative settings—from before dawn until late at night—a relentless cycle of fetching water, cooking, cleaning, caring for children, and 14–17 hours of labour, leaving little rest and deepening exhaustion and health risks, as one woman notes: “Even in my sleep, I feel like I am working.” These constraints further limit informed decision-making around livelihood and reproductive health, as chronic economic dependence, lack of access to health services, and social stigma diminish their capacity to negotiate safety, family planning, or justice. These intertwined structural barriers create intergenerational cycles of disempowerment, curtailing autonomy in personal, social, and economic life.

INDIA’S RESPONSE IN ADDRESSING CASTE-BASED GENDER INEQUALITY

34. Constitutional Safeguards: The Constitution of India provides strong equality safeguards for Scheduled Castes and other marginalised groups. Article 14 ensures equality before the law and enables special measures; Article 15 bans discrimination and permits provisions for disadvantaged communities. Articles 23 and 24 prohibit trafficking, forced and bonded labour, and child labour, together creating a robust framework for dignity and protection. Notably, Dalit converts still face caste-based discrimination—the very injustice many sought to escape through conversion. Yet, due to the Constitution (Scheduled Castes) Order of 1950, they lose constitutional safeguards such as those under the SC/ST Act for caste-based gender and caste violence.

35. Legal Mechanisms: Despite strong legal provisions, implementation remains weak. SC/ST (PoA) Act enforcement is hindered by official evasion, non-functional monitoring, delayed or biased investigations, inaccessible legal aid, and inconsistent rehabilitation. Special Courts under SC/ST Act indicate progress in infrastructure—albeit slow—but court disposal trends and the frequent non-invocation of the SC/ST Act point to deeper systemic failures. Courts mandated for speedy trials often function like regular sessions courts, resulting in delays, backlogs and persistently low conviction rates in gender-based atrocity cases. Bharatiya Nyaya Sanhita (formerly IPC) remains ineffective due to police negligence, caste bias, and poor sensitisation, causing faulty FIRs, delays, and low convictions. Under POCSO, unclear guidelines on age and consent create loopholes benefiting the accused, while consensual adolescent or inter-caste relationships are criminalised. Child Marriage Act enforcement suffers from absent

or overburdened Child Marriage Prohibition Officers (CMPOs), minimal prosecutions, and remedies that remain inaccessible. Devadasi prohibition laws and the Bonded Labour Abolition Act face weak penalties, poor coordination, and negligible convictions. Collectively, these enforcement failures sustain caste-based gender inequality and leave Dalit women without meaningful protection. One Stop Crisis Centres (OSC) in Haryana (Hisar) and Bihar (Gaya) reveal fragmented and limited support to survivors of violence. Hisar OSC operates with severe capacity gaps, delayed procedures, and weak coordination, while the Gaya OSC, despite having clearer processes, largely confines itself to domestic violence cases and excludes caste-based assault, sexual violence, and workplace harassment — ultimately limiting the gender-responsive support it is meant to provide.

36. Fund Allocation: The Ministry of Social Justice and Empowerment allocates special funds for implementing the PCR Act and SC/ST (PoA) Act, but allocations over 2015–2026 show fluctuating increases without a consistent rise, despite growing caste-based crimes. Underutilisation—over ₹100 crore in recent years—and unclear reporting weaken protection and rehabilitation, especially for women survivors. Education budgets also fluctuate, with rising but inconsistent allocations for higher education and sharp cuts to Pre-Matric Scholarships since 2023–24, heightening dropout risks for Dalit and Adivasi students.

37. India's Response to Observations by International Human Rights Mechanisms: Several UN human rights bodies, including CEDAW, CERD, CESC, CCPR, and CRC, have repeatedly highlighted caste-based discrimination and violence against Dalit women and girls as violations of international law. They urge India to strengthen legal protections, ensure access to justice, enforce laws, provide rehabilitation, and implement affirmative measures. India, however, has largely resisted these criticisms, dismissing UN reports on caste discrimination and sexual violence as unwarranted or beyond its mandate, and avoiding open discussion at global forums.

CONCLUSION

Caste-based gender inequality remains one of the most entrenched and least addressed forms of structural violence in India. For Dalit women, gendered harm is inseparable from the hierarchies of caste that govern access to land, labour, safety, and justice. Whether through extreme forms of sexual violence, exploitative labour arrangements, coerced hysterectomies, or institutional apathy, these intersecting systems reinforce a continuum of control over their bodies, labour, and mobility. NCRB data, field studies, and decades of grassroots evidence all point to the same reality: discrimination is systemic, impunity is widespread, and accountability mechanisms routinely fail those most affected. Laws meant to offer protection remain weakened by poor implementation, hostile institutions, and chronic delays in justice delivery. Addressing caste-based gender inequality therefore requires confronting caste power itself—transforming institutions, expanding socio-economic rights, and prioritizing the voices and leadership of Dalit women. Without structural change that dismantles both caste oppression and patriarchal control, justice and dignity will remain out of reach for those pushed furthest to the margins.



RECOMMENDATIONS

The following recommendations outline comprehensive and actionable measures to address caste-based gender violence and systemic discrimination against Dalit women and girls, including practices such as child marriage, the Devadasi system, and exploitation of sugarcane workers. They emphasize strengthening state accountability, ensuring access to essential services, and advancing structural reforms to guarantee protection, justice, dignity, and long-term empowerment.

SPECIFIC RECOMMENDATIONS FOR NATIONAL BODIES

1. Ministry of Women and Child Development (MWCD)

The Ministry is urged to develop a National Action Plan on caste-based gender violence, ensuring strong coordination among all relevant departments for prevention, protection, mental health, SRHR, and long-term rehabilitation of Dalit women and girls. It must integrate caste and gender perspectives into the Beti Bachao Beti Padhao programme to address structural inequalities and strengthen its role in child marriage prevention through community monitoring, adolescent support services, and early-warning systems. In parallel, counselling services, safe shelters, and one-stop centres should be caste-sensitive, ensuring dignified support for survivors. Finally, protocols for Devadasi/Jogini rehabilitation, including pathways to financial independence, must be established and implemented.

2. National Commission for Women (NCW)

The Commission is urged to establish a Dalit Women's Violence Monitoring Cell in collaboration with Dalit women-led civil society to track and respond to cases systematically. It must conduct suo motu inquiries into aggravated sexual violence incidents and monitor medico-legal violations, including delays and refusals to record statements. In addition, the Commission should monitor and intervene in cases of forced or early child marriage involving Dalit girls, ensuring timely rescue and protection. NCW investigations should incorporate caste-sensitive procedures to ensure fairness and accountability at every stage.

3. National Commission for Scheduled Castes (NCSC)

The Commission is urged to conduct audits of SC/ST Prevention of Atrocities Act implementation across states, issue legally binding recommendations to police on proper FIR registration, investigate caste-based denial of services including education, sanitation, and SRHR, and push for the rehabilitation of Devadasi survivors. It must also document and address caste-driven factors contributing to child marriage among Dalit communities, recommending corrective measures to district administrations.

4. Ministry of Home Affairs (MHA)

The Ministry is urged to mandate caste-sensitive training for police and prosecutors, supported by an annual evaluation of each state's police response to caste-based gender violence to ensure sustained accountability. Dedicated fast-track courts for SC/ST Act sexual-violence cases must be established to prevent delays and strengthen prosecution. Alongside this, independent monitoring of forensic and medico-legal procedures is essential to address systemic lapses and ensure evidence integrity.

5. Ministry of Social Justice & Empowerment (MSJE)

The Ministry is urged to implement a national roadmap for Devadasi/Jogini eradication, ensuring coordinated action across states. Parallel efforts must provide livelihood diversification for sugarcane workers to reduce dependence on exploitative labour cycles. Additionally, SCSP allocations for Dalit women-led collectives should be expanded to strengthen community-driven leadership and support systems. These collectives should also be supported to monitor and prevent child marriage in high-risk Dalit settlements, ensuring timely referrals to protection agencies.

6. Ministry of Labour & Employment

The Ministry is urged to launch targeted inspections and prosecutions in sugarcane districts such as Beed, Osmanabad, and Solapur to address systemic labour violations. It must also regulate labour contractors who employ Dalit girls in spinning mills, ensuring strict oversight and penalties for exploitation. Clear labour codes prohibiting coercive hysterectomies are essential to safeguard women's bodily autonomy. Additionally, the state should partner with the ILO to enforce conventions on forced labour, child labour, and discrimination, strengthening compliance with international labour standards. Special attention must be given to the migration-child marriage link, ensuring that girls accompanying migrant labour families are not pushed into early marriage or labour exploitation.

7. Ministry of Health & Family Welfare (MoHFW)

The Ministry is urged to prohibit unwarranted hysterectomies through enforceable national medical guidelines and prioritise SRHR services in Dalit-majority blocks to address long-standing gaps in access and quality. It must also deploy mental health workers in violence-prone communities to ensure timely psychosocial support. SRHR outreach must include prevention of early pregnancy and child marriage, with adolescent-health workers trained to identify and report at-risk Dalit girls. In parallel, equity audits of Maternal Health, RMNCHA+N, and ASHA programmes are needed to identify systemic exclusions and strengthen service delivery.

8. Ministry of Education

The Ministry is urged to enforce anti-discrimination guidelines in schools and Aanganwadis and ensure mandatory caste-sensitivity training for teachers and School Management Committees. It must also introduce scholarships and support mechanisms to prevent the dropout of Dalit girls after Class 8 and Class 12. Reducing dropouts is essential to curbing child marriage; therefore, coordinated school-based monitoring should be established in high-risk districts. Additionally, mid-day meal programmes should be audited for caste-based discrimination, with penalties implemented for violations.

9. National Human Rights Commission (NHRC)

The Ministry is urged to conduct national inquiries on caste-based gender violence and monitor the implementation of the SC/ST Act and POCSO Act to ensure accountability. It must also establish a National Dalit Women Human Rights Observatory to systematically track violations. In addition, special reports on the Jogini/Devadasi system and the trafficking of Dalit women and girls should be issued to inform policy and protective interventions.

10. National Legal Services Authority (NALSA)

The Authority is urged to provide dedicated Dalit Women Legal Support Units in high-atrocity districts to ensure targeted assistance. It must also guarantee free legal support for survivors of rape and caste-based violence from FIR registration through trial. In parallel, victim-witness protection schemes for Dalit women should be implemented to safeguard safety and enable access to justice. NALSA should ensure legal aid and safe custody orders for Dalit girls at risk of or rescued from child marriage, including access to shelter, counselling, and protection services

RECOMMENDATIONS FOR UN COUNTRY TEAMS IN INDIA

These recommendations are intended for UN Country Teams in India, with key agencies such as UN Women, UNDP, UNFPA, UNICEF, WHO, ILO, and OHCHR leveraging their expertise and SDG technical support to exercise convening authority, coordinate with governments, and support civil society organisations.

TARGETED ACTIONS FOR UN COUNTRY TEAMS IN INDIA

1. Embed addressing the issue of Caste-based Gender Discrimination into UN's Cooperation Framework (UNSDCF) priorities

Basis: Findings show caste-defined barriers in SRHR, GBV, education, and labour.

Action: Dalit women and girls should be explicitly recognised as a vulnerable group under the Gender, Health, Education, Social Protection, and GBV pillars. The framework should also include indicators tracking caste- and gender-based violence, harmful practices, forced labour, and access to SRHR services to ensure systematic monitoring and accountability.

2. Support the Government of India to Generate Disaggregated Data by Caste – Gender, and Age

Basis: Findings highlight persistent invisibility of Dalit girls in NFHS, NCRB and SRHR data.

Action urged for UN agencies, including UNFPA, UNICEF, UN Women, UNDP.

Action: The UN should partner with MoWCD, MoHFW, and NSSO to generate caste-disaggregated SDG data, ensuring Dalit women are explicitly included in Gender Gap and SRHR assessments. It should also support states in piloting caste-sensitive data systems, with priority in Bihar, Haryana, Maharashtra, and Andhra Pradesh.

3. Position Dalit Girls' Safety and Inclusion As a Priority Within UN's Education Programmes

Basis: Findings document caste segregation, mid-day meal discrimination, SMC bias, dropout after Class 8.

UN agencies urged for Action: UNICEF, UNESCO.

Action: The UN should support the implementation of anti-discrimination guidelines in schools and Aanganwadis and partner with states to establish safe route-to-school programmes. It should also strengthen inclusion monitoring for mid-day meals, School Management Committees, and hostels, while ensuring teachers receive training on caste and gender sensitivity.

4. Address caste-based gender violence through joint UN GBV programming

Basis: The report highlights 49 percent rise in crimes against Dalit women and girls, forced settlements, police intimidation, medico-legal failures.

UN agencies urged for Action: UN Women, UNFPA, OHCHR, UNDP.

Action: The UN should establish GBV response and referral mechanisms in Dalit-dominated districts and strengthen police and prosecutor training on the SC/ST Act and POCSO. It should also support one-stop centres to implement caste-sensitivity protocols and develop a national Dalit Women GBV harms dashboard for systematic monitoring and accountability.

5. Support Targeted Programmes on Harmful Practices Like the Devadasi/Jogini System

Basis: Findings documents 70,000–80,000 Jogini/Devadasi women of whom over 93 percent are Dalits.

UN agencies urged for Action: UNFPA, UN Women, UNICEF, UNDP.

Action: The UN should work with Andhra Pradesh, Telangana, and Karnataka to implement a time-bound Devadasi/Jogini eradication strategy. It should also support rehabilitation schemes covering livelihoods, children's education, and SRHR access, while partnering with civil society organisations such as AIDMAM to lead community norm-change campaigns.

6. Prioritise Dalit Women in SRHR and Maternal Health Interventions

Basis: Findings show latent-coercion of hysterectomies, teenage pregnancies, anaemia, SRHR denial.

UN agencies urged for Action: WHO, UNFPA, UNICEF.

Action: The UN should strengthen maternal health services in Dalit-majority blocks and introduce social audits to monitor coercive hysterectomy practices. It should also deliver community-based SRHR education tailored to Dalit girls and expand access to mental health services for survivors

7. Support the Elimination of Caste-based Forced Labour—Sugarcane plantations, Spinning Mills, Sanitation work

Basis: Findings identify exploitative labour patterns, bonded labour, manual scavenging, increased hysterectomies among sugarcane harvesting labourers

UN agencies urged for Action: ILO, UNDP, UNICEF.

Action: The UN should conduct district-level labour assessments in Maharashtra, Tamil Nadu, and Karnataka and support government implementation of ILO Conventions 29, 105, and 182. It

should also promote alternative livelihoods for women in sugarcane fields and spinning mills and support the mechanization of sanitation work along with the rehabilitation of manual scavengers.

8. Make Dalit Women's Digital Safety a UN Priority

Basis: Prevalence of severe online caste-based hate and sexual threats.

UN agencies urged for Action: UN Women, ITU, UNESCO.

Action: The UN should help develop protocols for online safety for Dalit students and activists, build youth digital-literacy campaigns that address identifying online caste-based hate, and work with tech platforms to integrate caste as a protected category.

9. Establish a Dalit Women & Girls Civil Society Advisory Group to the UNCT

Basis: Under-representation of Dalit women's perspectives in formal policy-making.

Action: The UN should create a formal advisory council including AIDMAM, ensure Dalit women contribute to the annual UN Common Country Analysis (CCA), and guarantee their representation in UN Women, UNICEF, and WHO consultations.

10. Facilitate engagement between Indian government and UN human rights bodies

Basis: Reforms require State action; UNCT urged to convene Action for coordinated implementation.

Action: The UN should support India's reporting to CEDAW, CRC, CERD, and UPR with caste-specific evidence, convene multi-stakeholder dialogues on caste-based gender violence and harmful practices, and provide technical assistance for implementing treaty body recommendations and UPR commitments.

11. Use the UNCT's convening power to promote a multi-state "Dalit Women's Protection Initiative"

Basis: Issues to be addressed span multiple sectors—GBV, health, education, labour.

Action: The UN should work with the governments of Bihar, Haryana, Maharashtra, Uttar Pradesh, Andhra Pradesh, and Telangana, align interventions with SDG 5, SDG 3, and SDG 8 commitments, and ensure corporate accountability for spinning mills and sugarcane supply chains.

12. Build Capacity of Panchayats and Local Governance Bodies to Prevent Caste-based Violence

Basis: Local power structures often reinforce discrimination.

UN agencies urged for Action: UNDP, UN Women, UNICEF.

Action: The UN should support Dalit women Panchayat leaders with leadership training, create local committees to monitor school segregation, GBV, SRHR access, and the elimination of manual scavenging, and provide grants for community-led monitoring initiatives.

RECOMMENDATIONS FOR CIVIL SOCIETY ORGANISATIONS AND FUNDING AGENCIES

13. **Civil Society Organisations (CSOs)** are urged to internalise a caste-based gender and SRHR perspective across all programmes by recognising how marginalisation is structurally produced through caste–gender hierarchies, and by moving beyond viewing Dalit communities, women, and girls merely as beneficiaries or participants to recognising them as rights-holders. CSOs are also urged to build Dalit leadership within their programmes and teams
14. **Funding agencies** are urged to prioritise and support programmes that address caste-based gender inequality and SRHR, and to encourage partner organisations to internalise a caste perspective while advancing their respective development objectives. They are also urged to support and convene platforms for sustained dialogue on the structural impacts of caste across all areas of development, and to invest in Dalit leadership development within communities and CSO teams, recognising Dalits as rights-holders.

CONCLUSION

Tackling caste-based gender inequality requires national institutions to drive structural reform, with Dalit women's leadership anchored at the centre of policy, governance, and justice delivery. International agencies must reinforce these efforts through sustained accountability, technical expertise, and support for community-led initiatives. With such coordinated and long-term commitment, India can make meaningful progress towards SDG 5 by 2030 in its fullest and truest sense—where gender equality is not symbolic but substantively realised for Dalit women on the ground.

REFERENCES

- Ambedkar, B. R. (1987). The Hindu social order—Its essential features. In V. Moon (Ed.), *Dr Babasaheb Ambedkar's writings and speeches* (Vol. 3). Education Department, Government of Maharashtra.
- Ambedkar, B. R. (1948). *The untouchables: Who were they and why they became untouchables?* Amrit Book Co.
- Acharya, S. S., Mukherjee, M., & Singh, S. (2023). Casteing Gender in Violence against Dalit Women: Perpetrators' Impunity and Constitutional Responsibility of the State. In S. Pachauri, & R. K. Verma (Eds.), *Transforming Unequal Gender Relations in India and Beyond*. Singapore: Sustainable Development Goals Series. Springer.
- AIDMAM (2021, March) *Dalit Women Rise for Justice, All India Dalit Mahola Adhikar Manch-National Campaign on Dalit Human Rights*
- All India Dalit Mahila Adhikar Manch (AIDMAM), & All India Dalit Women's Rights Forum – NCDHR. (2024). *Caste-based gender violence against Dalit women and girls in India: Data analysis of the National Crime Records Bureau 2014–2022*. New Delhi: National Campaign on Dalit Human Rights
- Asia Dalit Rights Forum (2021, October), *Communities Discriminated on Work and Descent in South Asia – Status of Modern Slavery*
- Dalberg Advisors (2019, March 21), *Understanding Indian sanitation workers, and finding solutions for their challenges*
- Datta, A., & Satija, S. (2020). Women, development, caste, and violence in rural Bihar, India. *Asian Journal of Women's Studies*, 26(2), 223-244.
- Diwakar, J. (2020, October). Sex as a Weapon to Settle Scores against Dalits. *CASTE: A Global Journal on Social Exclusion*, 1(2), 121-134.
- Human Rights Watch. (1999). *Broken People: Caste Violence Against India's Untouchables*. HRW.
- Kumar, Shubham & Preet, Priyanka, June 2020, *EPW Engage, Manual Scavenging: Women Face Double Discrimination as Caste and Gender Inequalities Converge*
- Ministry of Statistics and Program Implementation (MoSPI, October 13, 2025), *Press Release*.
- M/s Hyderabad Karnataka Centre For Advanced Learning, Karnataka Evaluation Authority & Karnataka State Women's Development Corporation Ltd., Government of Karnataka, March 2017, *Evaluation of Rehabilitation of Devadasi Program, implemented by the Karnataka State Women's Development Corporation, Bengaluru 2016*
- National Crime Records Bureau (2015 to 2023), *Crime in India, Statistics, Volume I, Ministry of Home Affairs*.
- National Family Health Survey (NFHS-5, 2019-21; NFHS-4, 2015-16, and NFHS-3, 2004-05), *India Report, Volume I*.
- Pandey R., Sardeshpande. D., Khanna. R. (2025, March): *ICPD+30: India's Country Monitoring Report, Are the Sustainable Development Goals furthering the agenda of gender equality? Review of progress in India, Summary, SAHAJ, on behalf of Common Health*.
- Pan, A. (2022). After Violence: Dalit Women's Narratives and the Possibilities of Resistance. *Journal of International Women's Studies*, 24(6), 1-10.
- PIB 2023, Ministry of Women and Child Development, 6 Dec 2023
- Rajagopalan, Inzamam, *New York Times & The Fuller Project, Why Politicians Ignore Abuses in India's Sugar Industry: They Run It*, 11 October 2024
- Rege, S. (1998). Dalit women talk differently: A critique of 'difference' and towards a Dalit feminist standpoint position. *Economic and Political Weekly*, 33(44), WS39–WS46.
- Sabarwal, N. S. (2010). *Dalit women; Rights and Citizenship*.
- Sharma, B., & Geeta, K. (2021, October). Casteing Gender: Intersectional Oppression of Dalit women. *Journal of International Women's Studies*, 22(10), 1-7.
- Shukla, Abhay & Kulkarni, Seema. (2019): *Harvest of Uteruses, Economic & Political Weekly, July 20, 2019 Vol IIV no 29, pp.10-13*.
- Socio-Legal Information Centre, June 2022, *The Status of Child Marriage in India: A Guide for NGOs and CSOs on Using the Law to End Child Marriages in India*.
- Supreme Court Judgement, *Dr. Narendra Gupta v. Union of India and Others*, April 5, 2023 Writ Petition (Civil) No 131 of 2013.
- Thorat, V. (2001, April). Dalit women have been left behind by the Dalit movement and the women's movement.
- Youdle, A., Beryl, D'Souza Vali. B; Nathan. J; Anderson. P. (2023): *Factors associated with continued Jogini practice in Telangana, South India, Christian Journal for Global Health, Vol 10, Issue 2, pp.6-21 DOI: 10.15566/cjgh.v10i2.769*.
- UNFPA – UNICEF, 2020, *Global Programme to End Child Marriage, Country Profile India, 2020*
- UN-SDG <https://www.un.org/sustainabledevelopment/gender-equality/>

Annexure 1 – Tables

Table 1
Gross Enrolment Ratio in Primary and Middle School across Social Groups, India, 2017

Social Groups	Male	Female	Total
ST	98.2	95.2	96.9
SC	98.6	99	98.8
OBC	101.1	98.3	99.9
Others	99.5	98.2	99
Muslim	95.8	96.6	96.2
TOTAL	99.3	98	98.7

Source: NSSO 75th round on education, 2017

Table 2
Gross Enrolment Ratio in Higher Secondary School across Social Groups, India – 2017

Social Groups	Male	Female	Total
ST	71	62.6	67.1
SC	73.2	72.6	72.9
OBC	84.1	79.4	82
Others	93.8	94.5	94.1
Muslim	62.3	59.5	61
TOTAL	79.3	76	77.8

Source: NSSO 75th round on education, 2017

Table 3:
Gross Enrolment Ratio in higher education across Social Groups in India- 2017

Social Groups	Male	Female	Total
ST	17.5	11	14.4
SC	19.6	15.6	17.7
OBC	26.7	22.3	24.6
Others	35.9	34.4	35.2
Muslim	16.8	12.1	14.5
TOTAL	24.7	20.7	22.8

Source: NSSO 75th round on education, 2017

Table 4:
Gross Enrolment Ratio in higher education across Social Groups in India- 2017

Social Groups	Upper Primary (Grade VI-VIII)		Secondary Grade IX - X	
	2014-15	2021-22	2014-15	2021-22
	SC	5.04	3.8	
Non-SC/ST/OBC	2.95	1.55		10.77
TOTAL	4.49	3.31		12.2

Source: UDISE Plus 2014-15 to 2021-22

Table 5

Percentage of SC women having autonomy in personal and financial life, 2005-06, 2015-16 to 2029-21 – A reflection of change during SDG period (post 2015)

Indicators	NFHS-3 (2005–06)	NFHS-4 (2015–16)	NFHS-5 (2019– 21)	Changes in Autonomy
Women with earnings who can decide how to spend their wages	20.2	19.4	17.6	Slight decline in autonomy among earning women; reflects limited control over income even when employed.
Women who have some money and can decide where to spend it	43.1	40.6	51.2	Significant improvement in financial decision-making autonomy.
Women who can make their own health-care decisions	63	74.7	81.1	Increasing control over women's own healthcare.
Women involved in making major household purchases	53.1	74.1	79.6	Growing participation in domestic and financial decision-making.
Women who can visit their family/relatives	60	74.9	81.2	Increased mobility and social interaction.
Women having a personal bank account	11.6	54	79.4	Major increase in bank account ownership, possibly due to government schemes.
Women aware of micro-credit programmes	38.1	41.1	52	Rising awareness of financial mat
Women who have taken a micro-credit loan	4.7	9.2	13	Credit access remains low but is steadily improving.
Women owning a personal mobile phone	NA	38.3	48.3	Moderate improvement; mobile access is enhancing digital connectivity.
Women owning a house in their name	NA	36.8	43.3	Joint home ownership is increasing but remains limited.
Women owning land in their name	NA	26.8	30	Land ownership among women is rising but still very low.
Women with freedom of movement	34.7	41.1	4.4	Only 44% of women can travel alone to markets, healthcare centres, or outside the village; mobility remains restricted.
Women who justified wife-beating	58.4	56.7	48.6	Increasing rejection of gender-based spousal violence.

Table 6
Traditional Media exposure, NFHS 4&5

Women of social groups	Reads newspaper		Not exposed to any media (newspaper, TV/radio)	
	2015-16	2019-21	2015-16	2019-21
SC	27.2	10.5	34.6	43.4
ST	20.0	8.5	45.7	56.1
OBC	34.6	14.8	28.9	40.3
Others	36.4	19.8	28.8	35.1
TOTAL	32.2	14.5	31.6	41.2

Table 7
Percentage of men and women used internet, 2019-21

Social groups	Women	Men
SC	27	47.1
ST	20.6	38.7
OBC	33.3	52.6
Others	44.2	56.4
TOTAL	33.3	51.2

Table 8
WPR across Social Groups, PLFS, 2023-24

Social Group	Male	Female	Total
2023			
ST	58.2	46	52
SC	55.6	31.3	43.6
OBC	55.7	30.2	43
Others	57.6	24.9	41.5
MUSLIM	54.9	21.4	38.2
Total	56.4	30.7	43.7
2017			
ST	75.8	35.7	55.9
SC	72.2	23.9	48.5
OBC	71.3	23.1	47.4
Others	68.6	18.4	43.9
Muslim	71.5	12.8	41.8
Total	71.2	22	46.8

Source: Annual Report, Periodic Labour Force Survey, 2023-24

Note: 2023-24 refers to the period July 2023 – June 2024 and likewise for 2022-23 and 2021-22

Table 9

Unemployment rate (UR) (in per cent) according to usual status (PS+SS) for different social groups in PLFS (2017-18), and PLFS (2023-24)

	RURAL			URBAN			TOTAL		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2023-24									
SC	3.1	2	2.7	4.9	6.4	5.3	3.6	2.8	3.3
ST	1.6	1.2	1.4	6.7	7	6.8	2.2	1.5	1.9
OBC	2.7	2.1	2.4	4.3	7.6	5.2	3.1	3.1	3.1
General	3	3.5	3.1	4	6.9	4.8	3.4	4.7	3.8
TOTAL	2.7	2.1	2.5	4.4	7.1	5.1	3.2	3.1	3.2
2017-18									
SC	6.4	3.2	5.6	8.2	10.5	8.8	6.8	4.9	6.3
ST	4.9	2.2	4	7	7.6	7.1	5.1	2.6	4.3
OBC	5.7	3.8	5.3	6.9	10.9	7.8	6.1	5.7	6
General	6.1	5.9	6	6.8	11.2	7.6	6.4	8.1	6.7
Total	5.8	3.8	5.3	7.1	10.8	7.8	6.2	5.7	6.1
2009-10									
SC	9	9.8	9.2	7.6	9.3	7.9	8.6	9.7	8.9
ST	6.4	6.1	6.3	7	7.3	7	6.5	6.2	6.4
OBC	5.8	8	6.4	5.5	10.6	6.5	5.7	8.5	6.4
General	5.1	5.9	5.2	4.1	8.4	4.8	4.6	6.8	5
Total	6.4	7.7	6.7	5.3	9.4	6	6	8.1	6.5
SC	11.7	12.3	11.9	11.5	10.6	11.4	11.7	12	11.8
ST	6.6	6.1	6.4	6.9	8.6	7.3	6.6	6.3	6.5
OBC	7.2	8.5	7.6	7.5	11.9	8.4	7.3	9.1	7.8
General	6.5	6.8	6.6	6.1	12.1	7.1	6.3	8.5	6.8
Total	7.9	8.6	8.1	7.4	11.6	8.2	7.8	9.2	8.2

Source: Periodic Labour force Survey, National Sample Survey Organization (NSSO) 61st & 62nd round

Table 10

Workers by type of employment (15 years and above), 2023-24 & 2017-18

	Self employed			Regular salaried			Casual workers		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2023-24									
SC	40.6	56.4	46.2	22.9	16.4	20.6	36.5	27.2	33.2
ST	53.6	68.8	60.4	15.8	8.7	12.6	30.6	22.5	27
OBC	57.6	71.1	62.3	23.5	14.1	20.2	18.9	14.7	17.4
Others	56.4	69.1	60.1	32.6	24.9	30.3	11	6	9.5
TOTAL	53.6	67.4	58.4	24.9	15.9	21.7	21.5	16.7	19.8
2017-18									
SC	39.3	37.7	38.9	19.6	20.5	19.8	41.1	41.8	41.2
ST	56.6	54.8	56	14	11	13.1	29.4	34.2	30.9
OBC	55.5	56	55.6	22.1	19.3	21.4	22.4	24.7	22.9
Others	55.1	55.2	55.1	31.1	31.5	31.1	27.6	13.4	13.7
Total	52.4	51.9	52.3	23.4	21.2	22.9	24.2	26.9	24.9

Source: Periodic Labour Force Survey, 2023-24, 2017-18

Table 11

Work Participation of Scheduled Caste by Sector Percentage distribution of workers according to usual status (PS+SS) for 15 & above age-group for SCs, 2020-21 & 2017-18

SC only	Rural			Urban			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
2023-24									
Agriculture	37.2	26.1	31.7	3.5	3	3.3	29.4	20.7	25.1
Industry	24.9	5.9	15.5	29.8	7.5	18.6	26.1	6.3	16.3
Service	13.9	3.9	9	38.9	15.6	27.3	19.7	6.7	13.2
All sectors	76	35.9	56.2	72.2	26.1	49.2	75.2	33.6	54.6
Total	53.6	67.4	58.4	24.9	15.9	21.7	21.5	16.7	19.8
2017-18									
Agriculture	36.2	17.1	26.9	3.6	2	2.8	28.8	13.6	21.4
Industry	23.1	5	13.7	29.8	7.2	18.6	24.6	4.7	14.9
Service	13.4	3.1	8.4	37.4	13.7	25.7	18.8	5.6	12.3
All	72.7	24.2	48.9	70.8	22.9	47.1	72.3	23.9	48.5
Total	52.4	51.9	52.3	23.4	21.2	22.9	24.2	26.9	24.9

Source: Periodic Labour force Survey & Employment

Table 12

Number and percentage of crimes committed against SC Women from 2015 – 2023 (SC/ST Act)

Year	Total crimes registered - SCs	Total crimes registered - SC Women & Girls	% SC Women & Girls to Total SCs
2015	38,564	5,713	14.81%
2016	40,774	6,501	15.94%
2017	42,969	6,347	14.77%
2018	42,539	6,818	16.02%
2019	45,922	7,510	16.35%
2020	50,268	7,397	14.71%
2021	50,879	8,221	16.15%
2022	57,582	9,163	15.91%
2023	57,789	8,529	14.75%
TOTAL	427,286	66,199	15.49%

Table 13

Forms of Offences against SC Women & Children (2015 - 2023)

Crime Head	2015	2016	2017	2018	2019	2020	2021	2022	2023	TOTAL	% change in 2023 over 2015
Assault on Women to Outrage the modesty (Sec 354 IPC)	2800	3172	2903	3091	3375	3373	3764	4160	3716	30354	32.71%
Assault on Adult Women to Outrage the Modesty	2800	3172	2617	2719	2946	303	3214	343	306	2701	
Assault of Children (POCSO Act)	0	0	28	372	429	336	550	721	647	3341	
Rape (Sec. 376 IPC)	2326	2541	2714	2936	3486	3372	3870	4241	4214	29700	81.17%
Rape of Women	2326	2541	2058	2067	2369	2317	2585	2835	2835	21933	
Rape of Children (Sec 4 & 6 of POSCO Act)	0	0	656	869	1117	1055	1285	1406	1379	7767	
Attempt to Rape (Sec 376/511 IPC)	74	148	105	132	124	90	100	104	64	941	(13.51) % (decrease)
Insult to Modesty (Sec 509 IPC)	58	81	72	148	143	144	157	226	197	1226	239.66%
Kidnapping & Attempt to compel her for marriage (Sec 366 IPC)	455	559	527	493	357	394	309	408	314	3816	(30.99) % (decrease)
Procuration of Minor Girls	0	0	26	18	25	24	21	24	24	162	(7.69)% (decrease)
Total	5713	6501	6347	6818	7510	7397	8221	9163	8529	66199	

Table 14
State Ranking (2023)

Rank	State	Rape	Assault	K&A	Attempt to Rape	Insult	Total
1	Uttar Pradesh	645	742	379	4	0	1770
2	Rajasthan	630	561	136	35	8	1370
3	Madhya Pradesh	560	660	55	0	6	1281
4	Maharashtra	504	552	57	0	13	1126
5	Karnataka	213	259	5	1	8	486
6	Haryana	242	154	43	9	33	481
7	Kerala	210	229	5	1	11	456
8	Andhra Pradesh	156	170	16	7	87	436
9	Telangana	227	124	0	1	27	379
10	Gujarat	147	50	33	0	0	230
11	Odisha	189	0	5	0	0	194
12	Chhattisgarh	113	26	0	0	1	140

Table 15
State-wise Incidents of Crimes against SC women & girls (2004-2023)

Rank	State	2004	2010	2015	2023
1	Uttar Pradesh	349	559	1734	1770
2	Rajasthan	152	251	511	1370
3	Madhya Pradesh	369	385	1394	1281
4	Maharashtra	72	114	672	1126
5	Karnataka	16	43	309	486
6	Haryana	39	60	261	481
7	Kerala	49	79	178	456
8	Andhra Pradesh	94	118	301	436
9	Telangana	-	-	223	379
10	Tamil Nadu	28	49	174	258
11	Gujarat	45	62	178	230
12	Odisha	51	53	394	194
13	Bihar	20	36	44	191
14	Chhattisgarh	84	44	121	140
15	Jharkhand	14	25	76	48
16	Punjab	15	28	36	26

Note: Disaggregated data came to be recorded in NCRB from 2014. Earlier only rape and kidnapping cases for Sc women and girls were recorded - hence the difference in numbers between 2004-10 and 2015 onwards

Table 16
State Ranking – 9 Year Period (2015 - 2023)

Rank	State	Rape	Assault	K&A	Attempt to Rape	Insult	Total
1	Uttar Pradesh	4942	6032	3170	411	666	15221
2	Madhya Pradesh	4488	6737	494	222	156	12097
3	Rajasthan	4199	3827	198	85	69	8378
4	Maharashtra	3011	3730	226	69	53	7089
5	Telangana	1739	1760	185	31	63	3778
6	Haryana	1594	1515	140	21	92	3362
7	Kerala	1407	1459	60	12	35	2973
8	Karnataka	1194	1313	42	17	13	2579
9	Odisha	1498	805	61	16	15	2395
10	Andhra Pradesh	1039	863	22	13	21	1958

Table 17
Bihar – Across 4 periods (2023, 2015, 2010,2004)

Year	Total Crimes against All- SCs	Crimes against SC Women						
		Rape	Assault	K&A	Attempt to Rape	Insult	Total Crimes for SC women	Proportion Crimes W&G to Total Crimes All-SCs (%)
2023	7063	195	51	55	3	0	304	4.3
2015	455	42	0	0	0	0	42	9.2
2010	2548	16	*	20	*	*	36	1.4
2004	1813	14	*	6	*	*	20	1.1

Table 18 Police Disposal of the Crimes/ Atrocities against SC Women and Children under SC/ST (PoA) Act r/w IPC from NCRB 2023

Form of violence	Pendency Rate (%)	Charge sheeting Rate (%)
Assault on women with intent to outrage of Modesty	21	84.4
Rape (Women& Minor girls)	20.1	88.1
Attempt to Commit Rape (Women & Minor girls)	33.7	52.5
Insult to the Modesty of women	45.1	75.9
Kidnapping and abduction of women to compel her for marriage	20.2	67.7
Procuration of Minor Girls	36.8	83.3
Total/ Avg.	29	75

Table 19

Police Disposal of the Crimes/ Atrocities against SC Women and Minor Girls under SCs & STs (PoA) Act from 2015-2023

Year/ Offences	Assault		Rape		Attempt to Rape		Insult to Modesty		Kidnapping & Abduction		Procuration of Minor girls	
	Pen-dency	Charge sheeting Rate	Pen-dency %	Charge sheeting Rate	Pen-dency %	Charge sheeting Rate	Pen-dency %	Charge sheeting Rate	Pen-dency %	Charge sheeting Rate	Pen-dency %	Charge sheeting Rate
2015	19.3	98	24.8	97.1	17	94.9	39.8	97.7	21	80.9	Not Available	
2016	20	86	26.4	86.2	19	64.4	63.9	72.7	19.5	65	Not Available	
2017	20	85.5	24.4	89.8	23.5	77.9	58.5	69.5	25.3	68.4	10.3	80
2018	21.2	84.6	24.3	88.8	19.6	71	53.7	57.9	21.4	66	19	64.7
2019	24	83.4	25.2	87.7	20.1	64.2	60.9	76.9	19.4	66	31	85
2020	25.5	82	25.5	88.7	14.6	54.3	43.1	70.1	21.3	64.7	42.4	78.9
2021	20.6	81.2	21.3	88.6	16.1	57.6	42.6	70.5	21.1	68.3	40	81
2022	20.4	81.2	18.8	87.1	20.3	52	34.4	68.1	20.6	66.2	36	70
2023	21	84.4	20.1	88.1	33.7	52.5	45.1	75.9	20.2	67.7	36	83
Average	21	87	23	89	20	65	49	73	22	68	31	78

Table 20

Court Disposal of the Crimes/ Atrocities against SC Women and Children from NCRB 2023

Form of violence	Conviction Rate (%)	Pendency Percentage (%)	Acquittal Rate
Assault on Women with intent to Outrage her Modesty	24.8	93.2	68.73
Rape (Women+Minor girls)	30.5	92.3	64.36
Attempt to Commit Rape (Women+Minor girls)	17.4	95.3	82.60
Insult to the Modesty of Women	18.4	92.5	77.55
Kidnapping and Abduction of Women to Compel her for marriage	36.1	95.9	54.16
Procuration of Minor Girls	12.5	92.3	87.50
Total/Avg.	23	94	72.49

Table 21

Court Disposal of the Crimes/Atrocities against SC Women and Minor Girls under SCs & STs (PoA) Act from 2015-2023, NCRB

Year/ Offences	Assault		Rape		Attempt to Rape		Insult to Modesty		Kidnapping & Abduction		Procuration of Minor girls	
	Con- vic- tion	Penden- cy %	Con- vic- tion	Pen- dency %	Con- vic- tion	Penden- cy %	Convic- tion	Penden- cy %	Con- vic- tion	Pendency %	Con- vic- tion	Penden- cy %
2015	28	83.3	34	85.9	25	88	17.6	85.7	47.3	89.4	Not Available	
2016	24	88.2	29	87.1	22.7	89.1	14.3	88.1	44.1	90	Not Available	
2017	31.5	88	33.5	89.4	41.2	93.2	10	86.2	42	93.8	40	86.1
2018	32.9	90.3	32.85	86	31.6	94.1	26.7	91.4	32.7	94.3	12.5	81
2019	29.4	90.5	32.2	91.4	40	93	15.4	89.6	48.2	94.6	0	88.2
2020	36.1	96.3	42.5	96.3	41.7	96.9	22.2	97.4	79.3	96.7	0	100
2021	29.7	95	28.8	94.9	30	97.5	10	95.6	43.3	96.9	0	96.1
2022	31.2	93.8	39.1	92.4	44.4	96.2	4.3	88.3	56.5	94.6	14.3	92.3
2023	24.8	93.2	30.5	92.3	17.4	95.3	18.4	92.5	36.1	95.9	12.5	92.3
Average	29.73	90.95	33.6	90.63	32.66	93.7	15.43	90.53	47.72	94.02	11.33	90.85

Table 22 Neo Natal Mortality Rate (NNMR) changes 2015-2021

Social Group	2005-06	2015-16	2019-21	Change	
				(2005-6 to 2015-16)	(2015-16 to 2019-21)
SC	35	33	29.2	-2	-1.38
ST	29	31	28	2	-1.22
OBC	26.4	30.5	24.3	4.1	-6.2
Others	27.5	29.5	24.9	2	-3.7
Total	28.5	29.5	24.9	1	-4.6

Source: NFHS 3, 4 & 5

Table 23 Infant Mortality Rate changes 2015-2021

Social Group				Change	Change
	2005-06	2015-16	2019-21	(2005-6 to 2015-16)	(2015-16 to 2019-21)
SC	66.4	45.2	40.7	-21.2	-4.5
ST	62.1	44.4	41.6	-17.7	-2.8
OBC	56.6	42.1	34.1	-14.5	-8
Others	48.9	32.1	28	-16.8	-4.1
Total	57	40.7	35.2	-16.3	-5.5

Source: NFHS 3, 4 & 5

Table 24 Prevalence of teenage pregnancies (15-19 years), 2015-21

	Have had a live birth (15-19 years)			Are pregnant with your first child (15-19 years)			Percentage of women who have begun childbearing		
	2005-6	2015-16	2019-21	2005-6	2015-16	2019-21	2005-6	2015-16	2019-21
SC	15.5	5.7	4.9	4.3	3	2.5	19.8	8.8	7.3
ST	16	7.5	6.1	5.1	3	2.7	21.1	10.5	8.7
OBC	12	4.4	3.6	4	2.6	2.2	16	7	5.8
Others	8.7	5	4.9	3.2	2.5	2.2	11.9	7.5	7
Total	12.1	5.2	4.5	3.9	2.7	2.3	16	7.9	6.8

Table 25 Exposure to domestic violence by caste-groups - % of Married women (15-49 years) experienced domestic violence, 2015-16

	NFHS-3- 2005-06			NFHS-4- 2015-16			NFHS-5, 2019-21		
	Physical, sexual & emotional violence	Physical or sexual violence	Physical or sexual or emotional violence	Physical and sexual and emotional violence	Physical or sexual violence	Physical or sexual or emotional violence	Physical and sexual and emotional violence	Physical or sexual violence	Physical or sexual or emotional violence
SC	43.3	45.6	47.9	3.7	29.7	32.5	3.4	29	32
ST	41.8	43.7	47	3.7	26.7	29.8	2.9	25.8	28.8
OBC	36	37.6	40.4	2.6	25	27.8	2.8	25	27.7
Others	27.3	30	32.3	1.6	16	18.6	2.3	18.2	20.9
Total	35.1	37.2	39.7	2.6	23.7	26.4	2.8	24	26.8

Source: NFHS 5, pp. 663

Table 26 Percentage of SC women having access to maternal and child health care in 2015-16 and 2019-21

Maternal and child care services	NFHS-3- 2005-06	NFHS-4- 2015-16	NFHS-5, 2019-21
Pregnancy registration	NA	86.7	93.8
Mothers' given MCP card	NA	91.1	96.5
Received ANC	74	77.5	83
No ANC	25.9	17.7	6.7
Received IFA tablets	63	78.7	87.2
Father not present during ANC	17.8	18.1	20
Institutional delivery	32.9	78.3	87.3
No post-natal check up	62.9	30.6	17

Source: NFHS-3, 4 & 5

Table 27 Infant Mortality Rate changes 2015-2021

Social Group	2005-06	2015-16	2019-21	Change	
				(2005-6 to 2015-16)	(2015-16 to 2019-21)
SC	72.2	60.6	69.5	-11.6	8.9
ST	76.8	63.3	72.4	-13.5	9.1
OBC	70.3	58.6	65.2	-11.7	6.6
Others	63.8	54.2	65.8	-9.6	11.6
Total	69.5	58.5	67.1	-11	8.6

Source: NFHS 3-p289, 4-p320 & 5-p408

Table 28 Anaemia among women (15-49 years) and men (15-54 years) in India, NFHS-5 (2019-21) and NFHS-4 (2015-16) (%)

Social Group	WOMEN		MEN	
	Not anaemic	Anaemic	Not anaemic	Anaemic
NFHS-5 (2019-21)				
SC	40.8	59.2	73.9	26.1
ST	35.4	64.6	67.3	32.7
OBC	45.4	54.6	77.4	22.6
Others	43.6	56.4	74.5	25.5
Total	43	57.0	74.9	25.1
NFHS-4 (2015-16)				
SC	40.8	59.2	73.9	26.1
ST	35.4	64.6	67.3	32.7
OBC	45.4	54.6	77.4	22.6
Others	43.6	56.4	74.5	25.5
Total	43	57.0	74.9	25.1

Source: NFHS 3, 4 & 5

Table 29 Body Mass Index of 15-49 yrs women & 15-54 yrs men by Social Group in India, NFHS-5 (2019-21) and NFHS-4 (2015-16) (%)

Social Groups	Underweight	Normal	Overweight	Underweight	Normal	Overweight
	WOMEN			MEN		
NFHS-5 (2019-21)						
SC	15.5	5.7	4.9	4.3	3	2.5
ST	16	7.5	6.1	5.1	3	2.7
OBC	12	4.4	3.6	4	2.6	2.2
Others	8.7	5	4.9	3.2	2.5	2.2
India	12.1	5.2	4.5	3.9	2.7	2.3
NFHS-4 (2015-16)						
SC	15.5	5.7	4.9	4.3	3	2.5
ST	16	7.5	6.1	5.1	3	2.7
OBC	12	4.4	3.6	4	2.6	2.2
Others	8.7	5	4.9	3.2	2.5	2.2
India	12.1	5.2	4.5	3.9	2.7	2.3

Table 30 Percentage of SC women having knowledge and awareness about HIV/AIDS

	NFHS-3- 2005-06	NFHS-4- 2015-16	NFHS-5, 2019-21
Heard about HIV/AIDS	55.3	73	84.7
Comprehensive knowledge	12.7	16.6	19.1
Having sexual intercourse before 15	13.2	3.1	2.6
Never tested for HIV	97.6	85.2	79.7
Total	28.5	29.5	24.9

Source: NFHS 4&5

Table 31 Exposure to STI, HIV/AIDS & teenage intercourse, 2005-06 & 2019-21

SOCIAL GROUPS	Having sexual intercourse before 15		STI prevalence		HIV Positive	
	2005-06	2019-21	2005-06	2019-2	2005-06	2015-16
SC	13.2	2.6	1.5	5.2	0.23	0.26
ST	14.4	2.7	1.7	3.5	0.12	0.46
OBC	10.6	1.9	1.6	5.3	0.24	0.2
Others	6.5	2.3	1.4	4.9	0.18	0.14
Total	10.1	2.3	1.5	5	0.22	0.23

Source: NFHS 3 & 5

Table 32 Percentage of Women and Men using contraception, 2019-21

	NFHS-3- 2005-06			NFHS-4- 2015-16			NFHS-5, 2019-21	
	Modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Condom by husband	Not using
Women								
SC	57	39.8	0.3	4.7	1.9	0.6	8.7	33
ST	55.1	40.3	0.7	5	2.3	0.5	5	35.6
OBC	56.6	40.4	0.3	3.3	2	0.6	9	33.6
Others	56.4	31.3	0.2	8.4	2.5	0.6	12.7	32
Total	56.4	37.9	0.3	5.1	2.1	0.6	9.5	33.3
Men								
SC	57	39.8	0.3	4.7	1.9	0.6	8.7	33
ST	55.1	40.3	0.7	5	2.3	0.5	5	35.6
OBC	56.6	40.4	0.3	3.3	2	0.6	9	33.6
Others	56.4	31.3	0.2	8.4	2.5	0.6	12.7	32
Total	56.4	37.9	0.3	5.1	2.1	0.6	9.5	33.3

Source: NFHS5, pp. 176,177, 178, 179

Table 33 Percentage of Women and Men using contraception, 2005-06

	NFHS-3- 2005-06			NFHS-4- 2015-16			NFHS-5, 2019-21	
	Modern method	Female sterilization	Male sterilization	Pill	IUD	Injectable	Condom by husband	Not using
Women								
SC	47.1	38.3	1.1	2.8	0.8	0.1	4	45
ST	42.7	35.3	2.5	2.2	0.8	0.1	1.7	52.1
OBC	48	39.7	0.7	1.8	1.5	0.1	4.2	45.8
Others	51.4	34.1	1	5.1	2.8	0.2	8.2	38.2
Total	48.5	37.3	1	3.1	1.7	0.1	5.2	43.7
Men								
SC	42.2	29.7	0.8	3.9	0.6	0.1	7.3	50.6
ST	35.8	27.6	2.5	2.1	0.4	0	3.2	59.7
OBC	43.2	31.8	0.6	2.1	1.2	0	7.4	51.7
Others	46.8	25.8	0.9	5.7	2.2	0	12	44.4
Total	43.5	29.1	0.9	3.6	1.3	0	8.4	49.9

Source: NFHS3, pp. 122, 124

Table 34 Percentage of currently married women (15-49) undergone female sterilization (2015-16 to 2019-21)

Social groups	NFHS-3- 2005-06	NFHS-4- 2015-16	NFHS-5= 2019-21
SC	38.3	38.5	39.8
ST	35.3	36.5	40.3
OBC	39.7	37.3	40.4
Others	34.1	32	31.3
Total	37.3	36	37.9

Source: NFHS 4 & 5 Maharashtra State Report

Table 35 Male attitude towards contraceptive use

Social Group	Contraception is a women's business and a Man should not have to worry about it			Women who use contraception may become promiscuous		
	NFHS-3- 2005-06	NFHS-4- 2015-16	NFHS-5, 2019-21	NFHS-3- 2005-06	NFHS-4- 2015-16	NFHS-5, 2019-21
SC	21.9	39.2	36.6	17.1	20.7	18.1
ST	25.6	36	31.7	19.7	22.6	17.8
OBC	22.5	37.7	37.7	15.3	21	21.2
Others	19.6	35.7	31.4	15.7	18.1	18.8
Total	21.6	37.3	35.1	16.1	20.2	19.6

Source: NFHS 3, 4 & 5

Table 36

Central Assistance released to all States for implementation of PCR Act and SC/ST (PoA) Act from 2014-15 onwards

Particulars (INR crore)	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Budget Allocated	120.75	223	300	403.72	530	550	600	500	500	550	463
Budget Expenditure	118.98	215	294.38	403.72	619.39	550	610.11	390.85	535.18	435.91	NA
Budget change over the previous year	-	84.65% increase	34.53% increase	34.57% increase	31.29% increase	3.77% increase	9.09% increase	16.67% decrease	0%	10% increase	15.82% decrease
Underutilization	1.77	18	5.62	0	-89.39	0	-10.11	109.15	-35.18	114.09	NA

Table 37 Scholarship Budget Allocations since 2019-20

Scholarships		2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Pre- Matriculate Scholarship	SC	352.89	700.00	725	500	500	500	577.96
	Utilization	382.29	569.03	570.18	207.93	446.64	161.67	-
Post Matriculate Scholarship	SC	2926.82	2987.33	3415.62	5660	6359.14	6359.97	5900
	Utilization	2711.30	4008.90	1930.38	4388.32	5475.42	2486.42	-
National Overseas Scholarship	SC	20	20	30	36	50	95	130
	Utilization	28.56	32.92	20.33	86.59	88.56	55.50	0.01

Source: NFHS 3, 4 & 5



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