

## THE INTERSECTION OF CASTE, CLASS, AND LGBTQ SUICIDES IN INDIA

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### ABSTRACT

*The phenomenon of suicides among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals in India constitutes an under-documented public health crisis, intensified by intersecting socio-economic disparities and caste-based exclusion. Although the decriminalization of homosexuality in 2018 via Navtej Singh Johar v. Union of India marked a significant legal advancement, entrenched structural inequalities continue to disproportionately burden LGBTQ individuals from marginalized caste and class backgrounds. This paper investigates the confluence of caste and class as determinants of heightened vulnerability to mental health crises and suicide among these populations. Drawing on data from the National Crime Records Bureau (NCRB), case studies, and intersectional sociological frameworks, it critiques the inadequacies of current suicide reporting mechanisms, examines the role of economic precarity, and elucidates how social stigma exacerbates psychological distress. The analysis advocates for inclusive policy reforms, enhanced mental health infrastructure, and an intersectional paradigm in suicide prevention strategies tailored to India's socio-cultural context.*

**Keywords:** LGBTQ suicides, caste, class, India, NCRB data, social stigma, mental health, intersectionality.

## INTRODUCTION

The escalating incidence of suicides among LGBTQ individuals in India represents a critical yet underexplored socio-political and public health issue. The landmark ruling in *Navtej Singh Johar v. Union of India* (2018), which struck down Section 377 of the Indian Penal Code and decriminalized consensual same-sex relationships, was heralded as a transformative moment for sexual minorities. However, this legal reform has failed to dismantle the deeply embedded social structures rooted in caste hierarchies, economic disparities, and systemic marginalization that perpetuate the oppression of LGBTQ individuals, particularly those from historically disadvantaged communities. Suicide among these populations transcends individual psychopathology, emerging instead as a manifestation of intersecting oppressions that have been historically sedimented within India's social fabric.

The National Crime Records Bureau (NCRB), tasked with compiling national suicide statistics, provides a critical yet incomplete dataset that omits explicit categorization by sexual orientation or gender identity. This omission obscures the interplay of caste and class dynamics in driving LGBTQ individuals toward mental health crises and, ultimately, suicide. Employing an intersectional lens, as advanced by Crenshaw (1989), this paper interrogates how these axes of identity and structural inequality converge to amplify vulnerability. It argues that addressing this crisis necessitates a reorientation of policy frameworks toward inclusivity, bolstered by robust data collection and intersectional mental health interventions.

## CASTE AND LGBTQ SUICIDES

### Historical Marginalization and Systemic Discrimination

Caste, as a hierarchical system of social stratification, has long governed access to resources, dignity, and agency in India (Ambedkar, 1936). For Dalits, Adivasis, and other marginalized caste groups, systemic exclusion has been compounded by intersecting identities, including non-normative gender and sexual orientations. LGBTQ individuals from these communities experience a dual marginalization, wherein caste-based discrimination intersects with stigma surrounding their sexual or gender identities, creating a matrix of oppression (Bhatia, 2021). This compounded exclusion is not merely additive but multiplicative, as articulated in intersectionality theory, wherein overlapping identities amplify social disadvantage (Crenshaw, 1989).

Traditional caste ideologies enforce rigid heteronormative expectations, particularly around marriage and familial roles, which serve as mechanisms of social control (Bose, 2020). For LGBTQ individuals from lower castes, defiance of these norms often precipitates severe repercussions, including physical violence, ostracization, and economic dispossession. Empirical studies underscore that Dalit LGBTQ individuals are disproportionately subjected to familial rejection, loss of livelihood, and harassment, all

of which correlate strongly with elevated rates of suicidal ideation (Narain and Gupta, 2018). These findings highlight the necessity of situating LGBTQ suicides within the broader context of caste-based violence and exclusion.

### **Honor-Based Violence and Coerced Conformity**

The caste-driven construct of "family honour" frequently manifests in coercive practices aimed at suppressing non-heteronormative identities. Forced heterosexual marriages, a pervasive phenomenon among LGBTQ individuals from marginalized castes, exemplify this intersection of caste and sexual oppression (Bose, 2020). For Dalit and Adivasi LGBTQ persons, such marriages are often imposed as a corrective measure to restore familial and community honour, amplifying psychological distress. The trauma of coerced conformity, coupled with the threat of social isolation, significantly heightens suicide risk (Reddy, 2005).

Transgender individuals from lower castes face particularly acute forms of violence. Case studies document instances of Dalit transgender persons enduring brutal assaults from family members and community enforcers, underscoring how caste norms exacerbate gender-based violence (Bhatia, 2021). These patterns of honour-based violence illuminate the urgent need for intersectional analyses that account for the interplay of caste and gender identity in shaping mental health outcomes.

## **CLASS AND ECONOMIC DISPARITIES IN LGBTQ MENTAL HEALTH**

### **Access to Mental Health Resources**

India's mental health infrastructure remains woefully inadequate, with access to care heavily stratified by class (Patel et al., 2016). For LGBTQ individuals from lower socio-economic strata, the scarcity of queer-affirmative mental health services compounds their vulnerability. Professional therapy and psychiatric care, often prohibitively expensive, are largely inaccessible to those lacking financial resources. Public healthcare systems, while ostensibly free, rarely offer specialized support tailored to LGBTQ needs, leaving individuals reliant on informal or community-based coping mechanisms (Narain and Gupta, 2018).

Caste-based economic disparities further exacerbate this divide. Dalit and Adivasi LGBTQ individuals, disproportionately represented among India's poorest populations, face structural barriers to accessing care, including geographic isolation and limited awareness of available services (Bhatia, 2021). Moreover, pervasive ignorance or prejudice among mental health practitioners often results in harmful interventions, such as conversion therapy, which have been widely discredited by global psychological associations (APA, 2009). This confluence of economic precarity and inadequate care

underscores the class dimensions of LGBTQ mental health crises.

### **Employment Discrimination and Economic Precarity**

Economic marginalization constitutes a significant driver of psychological distress among LGBTQ individuals, particularly transgender persons. Employment discrimination is rampant, with studies indicating that transgender individuals especially those from Dalit and lower-class backgrounds face systemic exclusion from formal labour markets (Reddy, 2005). Denied access to stable employment, many are relegated to precarious livelihoods such as begging or sex work, exposing them to violence, exploitation, and police brutality (Narain and Gupta, 2018). This economic insecurity not only undermines mental well-being but also traps individuals in hostile familial or relational environments, foreclosing avenues of escape.

The nexus between economic precarity and suicide is well-documented. For LGBTQ individuals lacking financial autonomy, dependence on unsupportive families or abusive partners heightens feelings of entrapment, a known precursor to suicidal behaviour (Joiner, 2005). This economic dimension, intertwined with caste-based exclusion, amplifies the structural violence experienced by marginalized LGBTQ populations.

## **INTERSECTIONS OF CASTE, CLASS, AND LGBTQ IDENTITIES**

### **Case Studies and Empirical Insights**

High-profile cases illuminate the lethal intersections of caste, class, and LGBTQ identity. The 2021 suicide of a Dalit queer activist in Tamil Nadu, for instance, drew attention to the compounding effects of social alienation, economic distress, and caste-based discrimination (Bhatia, 2021). Similarly, the death of Anjana Hareesh, a bisexual Dalit woman, in 2020 following coerced conversion therapy, exemplifies how caste and class converge to exacerbate mental health struggles (Narain and Gupta, 2018). These cases underscore a stark disparity: LGBTQ individuals from privileged caste backgrounds often possess social or economic capital to mitigate discrimination, whereas those from marginalized castes and classes lack such buffers, rendering them more susceptible to suicide.

These empirical examples align with intersectional frameworks, which posit that overlapping identities produce unique forms of disadvantage (Crenshaw, 1989). The absence of protective resources whether familial support, financial stability, or access to affirming care amplifies the psychological toll of discrimination, culminating in elevated suicide risk.

## Legal and Policy Frameworks

While legal reforms such as the *Navtej Singh Johar* ruling and the *Transgender Persons (Protection of Rights) Act, 2019* signal progress, they remain insufficiently attuned to caste and class disparities within the LGBTQ community. The Transgender Persons Act, for instance, has faced criticism for its failure to address caste-based discrimination or provide economic safeguards for transgender individuals from marginalized backgrounds (Reddy, 2005). Moreover, the absence of disaggregated NCRB data on LGBTQ suicides hampers evidence-based policymaking, perpetuating systemic neglect of this crisis.

## Challenges in Data Collection and NCRB Limitations

The paucity of reliable data constitutes a formidable barrier to addressing LGBTQ suicides. The NCRB's failure to disaggregate suicide statistics by sexual orientation or gender identity obscures the scale and specificity of this phenomenon (NCRB, 2022). Deaths are frequently misclassified under vague categories such as “family disputes” or “unknown reasons,” erasing the socio-cultural factors—caste stigma, economic stress, or identity-based violence—that precipitate these tragedies (Narain and Gupta, 2018). Furthermore, pervasive stigma deters families from reporting LGBTQ suicides accurately, contributing to systemic underrepresentation.

This data gap not only undermines epidemiological understanding but also impedes the formulation of targeted interventions. Without granular insights into how caste and class intersect with LGBTQ identities, policymakers remain ill-equipped to address the root causes of this crisis.

## RECOMMENDATIONS FOR POLICY AND ADVOCACY

To mitigate the crisis of LGBTQ suicides, particularly among marginalized caste and class groups, the following evidence-based recommendations are proposed:

- Enhanced Data Collection:** The NCRB must revise its methodology to include sexual orientation and gender identity as variables, alongside caste and socio-economic status, to enable comprehensive tracking of LGBTQ suicides.
- Queer-Affirmative Mental Health Services:** State investment in accessible, culturally competent mental health infrastructure—particularly in rural and low-income regions—is imperative to address disparities in care access.
- Anti-Discrimination Legislation:** Robust legal protections must be enacted to combat caste-based and LGBTQ discrimination in education, employment, and housing, fostering economic empowerment.
- Public Awareness Initiatives:** Campaigns challenging caste hierarchies and heteronormative biases can shift societal attitudes, reducing stigma and promoting acceptance.

**5. Community-Based Support:** Establishing safe spaces, peer networks, and crisis intervention centres tailored to marginalized LGBTQ individuals can provide critical lifelines.

## CONCLUSION

The interplay of social hierarchies, economic status, and sexual orientation significantly influences mental health outcomes in India, with those from marginalised backgrounds facing the greatest challenges due to entrenched inequalities. Although legal progress has expanded the rights of sexual minorities, these changes have not yet addressed the deep-rooted structural violence present in caste and economic systems. An approach to suicide prevention that incorporates improved data collection, fair access to mental health resources, and advocacy led by the community is crucial for addressing this silent epidemic. Without implementing these measures, the issue of LGBTQ suicides will continue to be overlooked, prolonging the distress experienced by some of India's most at-risk communities.

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