

# A Pinch of Skin and a World of Hurt: Reading Selected Personal Narratives of Genitally Mutilated Bohra Women as Counter Narratives

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## Abstract

Traumatic events never happen in vacuum and are intricately interwoven into the socio-cultural milieu in which these transpire. Most often they are concurrent with the societal norms that dictate what is to be articulated or silenced in the public sphere. Life narratives entail an exposition of the relation between the individual and the collective context. Traumatic testimonials offer a better understanding of personal trauma, considered and analysed within a social context, and of the power structure that shapes gendered subjects and how they are manifested in individual narratives. This paper attempts to deliberate on the impact of culturally induced trauma subsequent to Female Genital Mutilation in the lives of Dawoodi Bohra women, a sub sect of Shia Muslims in India. Focus is laid upon how the digital narratives published by the organisation SAHIYO act as counter narratives that challenge the dominant discourse. By breaking the silence around the act, the select narratives lend voice to millions of mutilated women hitherto suppressed in dominant academic discourse. The study also investigates the manner in which the body of a child becomes a site of control, and how women use their body to resist the oppression and to celebrate female sexuality. Deliberation upon how SAHIYO assumes the role of an intellectual to mediate the experience, to offer possible solutions to the violation of autonomy and imprint a collective identity to the mutilated Bohra women across the world are also the purposes of the study.

**Keywords:** Collective Identity; Counter narratives; Female body; Female Genital Mutilation; SAHIYO.

“As with any kind of child abuse, the pain does not end when the act does. There are long-term physical scars that need to heal not to mention the psychological ones”.

Hibo Wardere

Trauma, 'a wound, hurt or a defeat' in contemporary critical thought describes an extensive range of physical or emotional injuries, from victimization and suffering at the personal level as in the case of child abuse, rape, Female Genital Mutilation etc. to the long-term effects of largescale cataclysmic events such as Holocaust, affecting entire societies over a period of many years. Trauma by this definition can be used as an all-encompassing term to include a psychological response to a deeply anguishing event that interferes with a person's or community's sense of self. It is both a physical and a psychic piercing or wounding characterized by "perpetual presentness" (31) a term used by Griselda Pollock in her book *After Affects, After Images: Trauma and Aesthetic Transformation in the Virtual Feminist Museum*, to describe the ever-present effect of post trauma on an individual. The perpetual presentness of trauma manifests truly in the life of Genitally Mutilated women, to which the Somalian woman survivor of Female Genital Mutilation, Hibo Wardere's above quote bears testimony.

Female Genital Mutilation, the non medical cutting or mutilating of the female genitals is a cultural ritual mostly practised in African countries, Middle East and South Asian countries. The Fact Sheet of WHO details FGM as "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" (1). FGM is classified into four types as per the Fact Sheet. Type 1 is the partial or total removal of the clitoral glans which is a sensitive part of the female genitals and which is believed to be the part that can heighten sexual pleasure in a female body. The second type involves the partial or total removal of the clitoral glans and the labia minora. Type 3, specifically called as infibulation is the cruelest form of act which is the narrowing of the vaginal opening through the creation of a covering seal. The seal is created by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans. Type 4 refers all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising,scraping and cauterizing the genital area (WHO).

The socio-cultural construct around FGM claims that the ritual initiates a girl to womanhood; makes her 'clean' and advances her marriage prospects. A mutilated girl is considered to be brave and earns respect for her family. An uncut girl is thus culturally alienated, who is a misfit according to the prevalent social standards. Though the dominant discourse propagated by patriarchy discursively constructed, legitimized, naturalized and reinforced FGM through these communal linguistic expressions, the underlying ideological apparatus is to control child libido and to preserve

the chastity. Even though euphemized as 'rites of passage' and normalized under the aura of cultural and religious ritual by the patriarchal society, it is a gender-based violence and a gross violation of human rights of the child victim. It violates the rights of a child to lead a healthy life.

In an Interagency Report on Eliminating Female Genital Mutilation, the UNICEF and others signatories argue that it is an International Violation of the Human Rights of Women and Children. The Report states,

Communities that practise female genital mutilation report a variety of social and religious reasons for continuing with it. Seen from a human rights perspective, the practice reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. Female genital mutilation is nearly always carried out on minors and is therefore a violation of the rights of the child. The practice also violates the rights to health, security and physical integrity of the person, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (7).

The cultural notion that FGM makes the girl serene has to be reverted as the cutting off of the healthy tissue from the female genitals interferes with the normal functioning of girls and women's bodies. The physical and psychological disorders including painful childbirth, urinary infections, fragmented self-esteem, anxiety disorders, psychic disorders and post-traumatic stress disorders are a few of the known effects of the practice. Violence on the body of a girl child at an age of six or seven or even much less deprives girls and women from making an autonomous decision about an intervention that has an abiding effect on their bodies and infringes on their autonomy and exercises control over their lives. The essential psychological effect of losing authority over one's body imprints long lasting psychic irregularities that reverberate throughout their life.

The practice of circumcising females has received wider critical attention and scrutiny when compared to male circumcision. Male circumcision is the surgical removal of the prepuce, or foreskin, that covers the glans of the penis. Male circumcision has been around for thousands of years and has been associated with religious practice and ethnic identity. Circumcision of a male is performed by removing the prepuce from the end of the penis and is a recommended act for maintaining religious purity as per the word of Prophet Muhammed. Bjälkander et al in their article "Health complications of female genital mutilation in Sierra Leone" argues that

Male Circumcision's greater acceptance can be attributed to its medical benefits and less severe risk factors than FGM. The primary reasons for male circumcision are for religious reasons, a belief that it is more hygienic, or for aesthetics. Male circumcision is not done as a way to control a male's sexual activity, ensure virginity and marriageability, or to oppress them as is the case with FGM. Unlike FGM, male circumcision has health benefits for the male himself, and in some cases his partner (322-323).

Sorokan et al in their article "New born male circumcision" states that

circumcised men have a lower risk of developing urinary tract infections. The enclosed structure of the preputial sac provides an ideal environment for organisms to thrive which may lead UTIs to develop. Removal of the prepuce may, therefore, lessen this risk. Some males may be more prone to the development of UTIs due to their sexual anatomy, which is why this procedure might be a more appealing choice for parents. Circumcision may also reduce the risk of Human Immunodeficiency Virus (HIV) in males. The inner area of the prepuce contains an abundance of Langerhans cells which are subject to infection during intercourse, which is a primary factor in the development of HIV. Similar to the development of UTIs, the moist and protected environment is an ideal place for these pathogens to survive and grow.

Removal of this environment, therefore, lessens the possibility of their development and survival, reducing the risk of HIV (311-315).

Taking into consideration the constructs around both acts and the risks/benefits around the two, one ought to reach the conclusion that the potential risk of harm during male circumcision is less likely than FGM and the medical benefits of male circumcision outweigh the dangers associated with the surgical procedures. Given these arguments male circumcision can be medically justified while FGM cannot; therefore, any attempt to equalize or normalize FGM with male circumcision has to be vehemently discouraged.

In recent times, the idea of the body as a fixed, unitary, primarily physiological reality has been replaced with it being a "historical, plural, culturally mediated form" (Susan Bordo 265). It is the site where various emotions, power structures, identities and agencies meet. Body becomes the space where cultural meanings are inscribed. Thus 'able bodies', the ones

that adhere to the dominant discourses are produced, maintained and sanctioned. Female body thus becomes a particular target of disciplinary power – specifically femininity is constructed to produce bodies and identities that operate as an effective form of social control.

Female Genital Mutilation is one such cultural practice done solely to control female sexuality. The hegemonic male society believed that the sexuality of a woman has dangerous appropriations if left untamed. Hence the female body has to be disciplined; inscribed with culturally and historically specific practices and subject to political and economic forces with the resultant effect of producing docile bodies. The clitoris is considered to be part of the female genitals that is extremely sensitive and which can heighten the sexual pleasure in a female body. Myths related to FGM shows how the clitoris is a potential danger – some elucidate the ways in which the clitoris would grow long between the legs of a girl chocking the head of a new born, how it is even a threat to penis while having an intercourse and so on. People, Culture and myths vary - but the essential foundation remains the same – the control over the body of the women.

The discourse on Female Genital Mutilation states that a girl becomes 'clean' when the impure flesh (the clitoris) is pinched out of the body. Apart from the aesthetics of a mutilated vagina, a 'cut' girl maintains the culturally inscribed body. The woman thus becomes an object of pleasure for the man but is restrained from exerting her own sexuality. The Hosken Report on Female Genital Mutilation states

Clitoridectomy reduces or abolishes a woman's capacity for sexual pleasure and orgasm; It is defended as a method for controlling women's rampant sexuality. Excised women are said to be more manageable, better behaved and less likely to be interested in extramarital sex. Female sexuality is considered a threat to male control and a danger to marital stability (275).

Infibulation, the worst among the four types and widely practiced in African countries, is performed to preserve the woman's virginity and loyalty for her husband by sewing up her vaginal opening, to be unsealed exclusively for her spouse on the wedding night. It ensures her fidelity as well as giving extra sexual pleasure to the man, thus contributing to serving the male desire. The body is thus altered for the male desire.

The contradictory part of the whole act is that though there is a large amount of suffering with this act, it is the female members of the commu-

nity who initiate the ritual for the girl. It is often the mother, grandmother or the aunts. Social conditioning and the interpellation of cultural ideas encourage these women to initiate the ceremony for the girl. If a woman does not undergo this ordeal, she will be treated as an outcast; someone who possesses the evil within herself. The fear of being ostracized within the social group guarantees that the act is passed down through generations. The whole act is endorsed in a cult of silence where no one speaks openly about it.

Chia Longman and Tamin Bradley in their edited text "Interrogating Harmful Cultural Practices: Gender, Culture and Coercion" argues that

Silence is the heart of FGM. The practice is sustained by the fear that surrounds it: young women retain the vivid memory of the pain and trauma, they live daily with the reminder of the violence performed on them. The practice is often described as having an aura of secrecy. Women do not talk about it with each other. Older women who uphold the practice are thought to be the hardest to get to speak about the practice, they maintain a stronger silence (44).

This secrecy around the act is embedded in all cultures. Social conditioning together with silence makes the practice of FGM prevalent even in developing countries like India. *The Hindustan Times* in an article written by Harinder Bhawaja calls it as "India's Darkest Secret". While there has been much debate and discussion recently over the various violence and challenges women in India face, there are still many practices that have been carried out under silence and which have not been articulated much. Female genital mutilation is one such practice. In India, FGM is practiced by the Dawoodi Ba community, a sub sect of Shia Muslims. The community, known as the Western Ismailis, belonged to the Fatimid dynasty which reigned Yemen around the 9th century. By the 14th century, they migrated to settle around the coast of Gujarat in India. As per the information received from the official web site "The Dawoodi Bohras",

The Dawoodi Bohras' today are generally highly educated, thriving business people and qualified professionals in numerous fields. Aggregating to around 1 million members, the Dawoodi Bohras' have settled in over 40 countries across the globe to practice their faith and lead meaningful and prosperous lives. Most Dawoodi Bohra community members live in India with large congregations also in Pakistan, Yemen, East Africa, and the Middle

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East as well as growing populations in Europe, North America, South East Asia and Australia.

The Bohra's refer to FGM as "Khatna" or Khatf/khafd. In the rite of passage ceremony performed upon the body of a girl at the age of seven, the traditional circumcisers remove the "haram ki boti" (the impure flesh) as they refer to the clitoris, to make the girl "serene". Astudy, titled "The Clitoral Hood A Contested Site", conducted by Lakshmi Anantnarayan, Shabana Diler and Natasha Menon, states that "75% of daughters (aged seven years and above) were subjected to FGM/C" (7). FGM practised among the Bohra Muslims involves the partial or complete removal of the clitoral hood or clitoris of women. Though the members are highly affluent and educated with their diasporas spread in many parts of the world, majority of the families believe that their girls should go through the "ceremonial ritual" in order to be a true Dawoodi though it would eventually hurt the girl. This interpellation marks the crux for the perpetuation of the practice even in the 21<sup>st</sup> century.

The paper investigates select narratives of FGM by Bohra women as counter narratives. These were published by *Sahiyo*, an Indian organization started in 2015 by five women from the Bohra Community in India. Even though Type 1 cutting is practiced among the Bohras', little or no information was available on the practice. The silence and fear encoded in the practice ensured that the practice was kept private which accounts for the absence of any personal print narratives or academic discourses around this. The organisation offered the Bohra women a platform to articulate their traumatic experiences hitherto repressed.

Attempt has been made to expose the traumatic effects of FGM on Bohra women, how the body of a child becomes a site of control, how the women use their body to resist the oppression, to challenge the dominant discourse and to celebrate female sexuality. Focus is also laid upon how *Sahiyo* assumes the role of an intellectual to mediate these traumatic experiences, and to offer possible solutions and conceive and construct a collective identity of the mutilated Bohra women across the world.

The narratives under the purview of the study are Saleh Patiwalla's *Female Genital Cutting exists to preserve patriarchy: A Bohra survivor speaks out*, Maria Ali's *I was stripped of many things the day I was cut*, Fatema Kabira's *They told me they will call a 'bhoot' if I didn't stop screaming*, and Shaima Bohari's *I feel dirty and violated: A Bohra survivor of Female Genital Cutting shares her story*. These four survivors, through the digital testimonies published un-

der the initiative of Sahiyo articulate the disruptive experiences of FGM. They represent a community of women whose lives have been veiled under silence and trauma only to please the dominant discourses constructed around the female subjects of their community.

Trauma when articulated after a long time becomes a testimony. Testimonials necessitate the presence of a mediator to articulate the trauma. These narratives mediated by Sahiyo shed light on the manner in which the dominant narratives have suppressed the voices and experiences of the survivors. In the narrative *Female Genital Cutting exists to preserve patriarchy; A Bohra survivor speaks out*, Saleha Patiwala testifies to her experience. A pinch of skin nibbled out of her vagina at the age of seven was absent from her conscious memory. As an adult, when in conversation with her friends about the FGM movement, the memory came rushing in all of a sudden and completely baffled her. She suddenly comes to the realization that she was a victim of this preposterous act and “was so utterly unaware and uneducated about it” (Patiwala). This silence and forgetting becomes a chief characteristic of the impact of trauma as Michelle Balaev in her essay “Trauma studies” argues: “. . . silence and forgetting are as much a strategic and self conscious gesture on the part of the subjugated as they are the product of the subjugating cultures demands and requirements” (364). She recalls how she was taken by her grandmother to the traditional circumciser and how without her consent or opinion her clit was cut off. For the child who screamed for life, a chocolate was the reward; a typical pacifier for any distressed child. The childhood memory remained latent but came out more powerfully as a vehement criticism against the act and the agency behind it when offered a platform for her emotional outlet. Saleha argues that though the argument behind FGM is to maintain purity, modesty and beauty,

The reason behind is to restrict female sexual experience. It is usually initiated and carried out by women who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut will expose the girls to social exclusion and generate rebellious nature. She argues that the entire practice is existent to ensure and preserve patriarchy in societies (Patiwala).

Even though Saleha’s story lacks poignant emotional outbursts and detailed explanations on the cut, a slice of the narrative language powered by the extensive use of comma articulates the extent of the trauma she suffered at an impressionable age. “And, then it happened, she cut my clit and put some antiseptic but that didn’t stop me from crying out in



pain and have abruised vagina” (Patiwala). She questions the dominant discourse when she maintains that “Practitioners often believe that the practice has religious support and is good for female health but there are no known health benefits” (Patiwala). Tremendous resilience stems out when she finally acknowledges to herself that her childhood and body had been violated: “we need to stand up for ourselves, ladies and show people that we’re not empty vessels and we can’t be controlled to do whatever another pleases. We are human too” (Patiwala).

Maria Ali, another Bohra FGM survivor narrates her experience of mutilation in *I was stripped of many things the day I was cut*. She reveals that she was taken to an unfamiliar apartment by her mother under the pretext of an excursion. There an old lady greeted her and soon Maria found the lady heating a knife on the stove. As a child she was always asked to stay away from knives as they could hurt them and this sight was terrible for the young one. The girl was soon asked to remove her underwear to which she dissented. But her mother assured that it was ok and the survivor writes, “I trusted her and did as she asked” (Ali). The old lady said she wanted to check something in the girl’s private parts and what resulted was a vivid, painful memory that filled her with anger whenever she recalled it.

I remember a sharp pain. An agonising pain. A pain that I can still vividly remember today. So intense that I still have a lump in my throat when I recall that moment. I instantly started sobbing, from pain, shock, confusion and fear. My next memory is that of blood; More blood that I have ever seen gushing out of my intimate area (Ali).

Trauma is an unclaimed experience which has no prior correlations with previous experiences and therefore it fragments the psyche, can cause dissociation and continuously wreak havoc. For Maria, the young girl, her body had been violated with the consent of her mother but she had no true knowledge of what it was and why it was done. No one explained what it was. It was a breach of trust: “In so many ways I was stripped of many things on that day. My rosy outlook on life, my childhood innocence, my right to dictate what happens to my body and my faith in my mother not harming me” (Ali). The memory was repressed and “it was never spoken about again” (Ali). Later in the company of female friends she understands that she had been mutilated. The intense phobia for blood that she later developed in her life can be seen as a post traumatic disorder. She argues, it must have been just a pinch of skin for them, but for her it was part

of her femininity and womanhood which not one had the right to violate.

Fatema Kabira's narrative *They said they will call a 'bhoot' if I didn't stop screaming* is yet another testimony of trauma and her reflections on Khatna. Even though childhood memories were vague for Fatema, the memory of the Khatna was vivid in her. On the day of the cut, Fatema was taken to the traditional circumciser on the pretext that they were going to "sitabi", a celebration for women and girls. The young child of seven, who was particularly fond of celebrations, wore her favourite clothes happily for it. But she was deceived and against her will she was cut. Fatema recalls the traumatic memory thus,

They made me lie down and held my hands firmly to the ground. Next thing I remember is the sight of the silver blade and a sharp agonizing pain in my most intimate area. I screamed in terror. The Aunty told me to keep quiet or she will call the "bhoot" that stayed in her storage unit...I screamed and yelled and tried to free myself. It was all in vain. They did what they wanted to do. It was all over. I cried all the way home. It hurt every time I urinated. The sight of the blood made me sick. (Kabira).

The narrator describes how she lost a sense of security after this traumatic event. There were many psychological issues too - she felt disgusted, ashamed and angry. Her story becomes a counter narrative against Khatna when she argues that "there is no reason that justifies taking away women's inherent physical rights and ability to experience pleasure. Young girls are scarred for life and this needs to be stopped" (Kabira).

Shaima Bohari is yet another survivor of Khatna who has offered testimony to her experience through the narrative *I feel dirty and violated: A Bohra survivor of Female Genital Cutting shares her story*. Like every other girl in the community, her body too was violated with the sanction of culturally conditioned women members of the family. While vacationing in Indore, she was taken out by her grandmother to an old lady "who was to help [her] with something that was for [her] own benefit". The survivor narrates, "She used something like a glass to make a small cut and then pinched something near my vagina. I vividly remember screaming my lungs out and hitting and punching whoever was near my hands" (Bohari).

Repressing the painful memory was hard enough though that has not worked with her. She narrates the impact of this barbaric ritual upon her.

I suffer from a myriad of problems because of that one incident in my life. I still don't know how to deal with it. I suffer from pain in my vagina, I can't look at myself naked, I have self esteem and body issues because every time I look at myself I feel dirty and violated. I doubt I will ever be able to have a relationship with my future spouse if I decide to get married because I can't imagine it. I suffer from severe depression, which, at least partly, stems from this (Bohari).

Her voice becomes a vehement criticism of the patriarchal order when says

To all men who have the audacity to tell me that this barbaric mutilation of the female form is inconsequential and alright because it is a religious act: it's easy for you to say this since you haven't gone through the trauma. Also as we all know, this systematic brainwashing and torturing of women is a weapon in your hands" (Bohari).

She encourages survivors to narrate on FGM as talking about one's khatna helps the victims in believing that it was never their fault, a thought that might have been damaging their psyche over the years.

Emerging body writings like the personal narratives on khatna have helped reshape the existing bodily notions to create a new body discourse by breaking the silence around it. Such writings on the body help to expose social constructions around the female body and how the bodies are transgressed and violated without an individual's consent. Though a woman's body seems like an individual entity, the boundaries of this body are often demarcated and contoured by socio, political, economic and cultural norms. Both Aarefa and Shaima through their narratives exposed how the community has normalized this violent cultural practice.

These narratives problematize conception of the mutilated ideal body, initiating a new dialogue on khatna in the Bohra community.

Counter narratives point to those narratives that arise from the vantage point of those who have been historically or deliberately marginalized. The notion of "counter" itself signifies a platform of resistance against traditional domination. *The Routledge Handbook of Counter narratives* states: "Counter narratives can be interpreted as creative, innovative forces fostering beneficial social change; forces holding productive potential for..."

ethical issues such as justice and accessible resources" (23). The narratives mediated by Sahiyo emerge as counter narratives that question those in relative positions of power and stand in opposition to the master narrative around genital mutilation. Trauma narratives emerge from the margins, from the perspectives and voices of those individuals who had been denigrated to the periphery. Painful memories articulated in their own voice proffer alternate realities that make such narratives intricate and legitimate. By interrogating *khatna*, these testimonials challenge the ideology on which women's bodies are cut, shaped or broken into patriarchy's mould.

The select narratives transcend the boundaries of the personal and embody the pain and trauma endured by a whole community of girls whose autonomy and human rights have been violated in the name of a flawed dogma. They enlighten and educate a blinded society to stand for their younger generations, who are denied an opinion to choose and are doomed to live with the aftermath of mutilation forever. As Bell Hooks argues in her book *Feminist Theory: From Margin to Centre*, "Moving from silence into speech ..., is a powerful act for the oppressed, the colonized, the exploited, and those who stand and struggle side by side" an act that heals, that makes new life and new growth possible" (3). The digital narrative platform and the narration of the traumatic experience was a rewarding experience for the survivors where they could reclaim their agency over life. The narration of the experience in their own words, images and videos is definitely a reenactment of trauma; yet the authenticity undermines the traditional silencing of many such narratives. Sahiyo as a mediator of trauma, has encouraged these traumatised women to articulate their pain and negotiate themselves out of a 'cut' sanctioned and legitimized by the patriarchal socio-religious order.

In the essay "Intellectuals and Cultural Trauma", R. Eyerman discusses the role of intellectuals in the process of creating a dialogue on cultural trauma and the positive affect it can bring in contemporary society. He conceives the intellectual "as embracing the performance of a social role, one that involves in the articulation of ideas communicated to a broad audience ...with the aim of influencing public opinion" (456). Eyerman defines "the intellectual in terms of a social role, that of articulating ideas, including problems and their solutions in public discourses" (458). In this sense Sahiyo assumes the role of an intellectual that serves as a platform to mediate the experience of mutilated women. The digital repertoire representing the trauma of the mutilated helps to create a sense of collective identity and plays a central role in the discursive process against FGM.

Sahiyo shatters the silence around the Bhora women and the gender specific violence that is forced upon them. The digital collection is woven together by a united sentiment to protect future generations of girls from this mutilation. The organisation reflects the commitment of an intellectual to provide a forum for diverse gendered voices, allowing women to speak about their unique experiences hitherto excluded from dominant academic discourses. By rendering a platform to open up “the personal”, the organization clamours for an acknowledgement of the gross violation of human rights committed upon the body of an unsuspecting female child at an impressionable age.

The subsequent wound and the attendant pain and trauma entail a long-lasting physical and psychological quandary which necessitates larger political deliberations and legislations. In India, even though mutilation takes place on a daily basis within the community, its existence is hardly acknowledged. Breaking the silence, giving a voice to the survivors, taking part in their healing process and educating the wider public are the possible solutions Sahiyo offers.

To resist the normalizing directive is bravely going against the grain of the Bhora culture, at great personal risk, yet it is highly appreciable that many women have broken the silence. Thus writing about the traumatized self is not just a recording of unpleasurable experiences but foregrounding a spectrum of political and social concerns that should be addressed with immediacy. Women as embodied subjects use their body as a tool for resistance to challenge the hegemony of the discourses that shaped their lives.

These counter narratives is a compendium of poignant yet brave dialogue between individuals and communities where these survivors seek to be influenced and influence the public activism against the act which is but an international violation of the rights of child and women. The authenticity of these sample narratives undermines the muted selves and act as brave counter narratives leading to the creation of well-defined subjects. The act of narrating trauma encompasses a process of healing as well. As Susan D Rose, argues in her essay “Naming and Claiming: The integration of traumatic experience and the reconstruction of self in survivors stories of sexual abuse: Life Stories of Survivors”, “recovering from trauma is not just an individual act but a collective process”, in which the struggle of survivors towards “naming and claiming the experience of abuse and survival as their own story” requires a reciprocal willingness on the part of the others to listen, bear witness and share the burden of pain(163). To

speak out about the deeply distressing event is to “break through the silence” that surrounds it: a silence that is socially as well as psychologically determined, by defence mechanisms and survival strategies deployed by survivors, witnesses, and abusers themselves to minimize or deny the pain of abuse and the violence that caused it (164). Speaking out is a political as well as a therapeutic act, and as such, is a claim to power.

Even though India is a signatory of the United Nations to end all violence against women, it is saddening that culturally inscribed violence is forced upon the body of the children at an innocent age. As Mini P Thomas in her article “The Cut and the Hurt” argues, “Female Genital Mutilation in India is vagina monologue” (Mini); a hurt no one acknowledged and with which the survivors had a constant struggle. These mediated testimonials have bravely advocated for it being a dialogue. The dissenting and protesting nature of the select narratives cannot be ignored as they invariably project one of the flagrant human rights violations taking place in our country. In this context, the testimonials serve the noble function of exposing the gendered violence. Though deemed as a “pinch of skin”; a word so carefully used to diminish the intensity of the act, the result is “a world of hurt” for the children, a world which these narratives powerfully exposes and tries to challenge.

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