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Female Circumcision in Hibo Wardere's Cut: A Trauma-Informed Reading

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ABSTRACT

This research analyzes Hibo Wardere's memoir (which is a non-fiction genre) entitled Cut: One Woman's Fight Against FGM in Britain Today (2016) through the lens of Judith Herman's trauma recovery theory in her seminal book Trauma and Recovery (1992). Wardere's narrative of undergoing female genital mutilation (FGM) at age six and her journey of healing is examined in light of Herman's three-stage recovery model: establishing safety, remembrance and mourning, and reconnection. Using close reading of the memoir alongside trauma theory, the analysis demonstrates how Wardere's testimony exemplifies each stage of recovery – from reclaiming control over her body and environment, to breaking years of silence by narrating her trauma, to transforming her pain into activism and community engagement. The study highlights the therapeutic power of testimony and the memoir's dual impact as a survivor's healing narrative and a form of social witness against FGM.

Keywords: female circumcision or FGM; Hibo Wardere; memoir; Judith Herman; trauma recovery

ختان الاناث في كتاب "القطع" لهيبو واردير: قراءة مستنيرة بنظرية الصدمة

سراء اكرم رزج ذهب[1]، أ.د. لمياء أحمد رشيد[2]
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المُستخلص

يهدف هذا البحث إلى تحليل مذكرات حقيقيه (غير خياليه) للكاتبة هيبو واردير "القطع: نضال امرأة ضد تشويه الأعضاء التناسلية الانثوية في بريطانيا اليوم" (2016) من خلال عدسة نظرية التعافي من الصدمة كما صاغتها جوديث هيرمان في كتابها "الصدمة و التعافي" (1992). تستعرض المذكرات التجربة الشخصية التي خاضتها واردير عند إخضاعها لعملية تشويه الأعضاء التناسلية الأنثوية (الختان) وهي في السادسة من عمرها، ومسار تعافيها اللاحق من تلك التجربة المؤلمة. وتُفكك هذه الدراسة السردية الذاتية في ضوء النموذج الثلاثي للتعافي الذي قدمته هيرمان، والذي يتكون من: بناء الأمان، الاستذكار والحزن، ثم إعادة الارتباط. ومن خلال قراءة تحليلية دقيقة للنص مقرونة بإطار نظرية الصدمة، يُظهر التحليل كيف تُجسد شهادة واردير الشخصية المراحل الثلاث للتعافي؛ بدءًا من استعادة السيطرة على جسدها وبيئتها، مرورًا بكسر حاجز الصمت الممتد لسنوات عبر الإفصاح عن معاناتها، وصولًا إلى تحويل ألمها إلى فعل نضالي ومشاركة مجتمعية فعالة. وتُبرز هذه الدراسة القوة العلاجية الكامنة في الشهادة، كما تؤكد الأثر المزدوج الذي تُحدثه هذه المذكرات بوصفها سردًا تعافويًا فرديًا من جهة، وأداة توثيق اجتماعي في وجه ممارسات تشويه الأعضاء التناسلية من جهة أخرى.

الكلمات المفتاحية: ختان الاناث او (تشويه الأعضاء التناسلية الأنثوية)؛ هيبو واردير؛ مذكرات؛ جوديث هيرمان؛ التعافي من الصدمة

1.1 Introduction

Hibo Wardere is a British-Somali educator and anti-FGM activist whose memoir *Cut: One Woman's Fight Against FGM in Britain Today* (2016) recounts her experiences as a female circumcision survivor and her subsequent healing and advocacy. Born in Somalia in 1969, Wardere underwent Type III FGM (infibulation) at the age of six – an event that inflicted profound physical pain and psychological trauma. *Cut* is both a personal testimony of surviving this ordeal and a call to end what she describes as "the cruel practice" (Wardere, 2016, p. 2). In the memoir, Wardere vividly depicts the lasting damage of FGM: the immediate terror and agony of the cutting, the sense of betrayal as her mother participated, and the decades-long struggle with medical complications, shame, and emotional isolation. Crucially, Wardere also narrates her path to recovery and activism, showing how she transformed her trauma into "one woman's fight" against FGM (Wardere, 2016, p. 3). This journey from victim to advocate provides a powerful case study in trauma and resilience.

This paper examines Wardere's narrative through the theoretical framework of Judith Lewis Herman, M.D., a distinguished American psychiatrist and pioneering figure in the field of trauma studies. She has been instrumental in shaping the contemporary understanding of psychological trauma, especially through her clinical work and scholarship that foreground the experiences of survivors of interpersonal violence. Herman received her medical degree from Harvard Medical School and has served as a Clinical Professor of Psychiatry at Harvard, as well as Director of Training at the Victims of Violence Program at the Cambridge Hospital in Massachusetts. Judith Herman's trauma recovery model, as outlined in *Trauma and Recovery* (1992). Herman's model describes a three-stage process for trauma healing: Stage One, establishing safety; Stage Two, remembrance and mourning; and Stage Three, reconnection (Herman, 1992, pp. 155–156). By

applying this framework to *Cut*, we can observe how Wardere's lived experience aligns with these stages of recovery. The analysis draws on trauma theory and a close reading of Wardere's testimony to illuminate the interplay between personal narrative and psychological healing. In doing so, it highlights Wardere's memoir as both a document of individual recovery and a form of collective testimony that contributes to broader conversations about survivor trauma and empowerment.

This study fills a scholarly gap by applying a Western trauma recovery model to a non-Western, culturally situated survivor memoir, thereby expanding both the theoretical scope of trauma studies and the interpretive methodologies available for analyzing autobiographical testimonies of gendered violence. It makes a case for viewing narratives like *Cut* as both psychological documents and acts of feminist resistance. According to previous studies, there is no existing academic study that parallels this research in applying Herman's trauma recovery framework to Hibo Warder's memoir or any other non-Western narrative. That makes this study not only pioneering but also timely and important for trauma studies, literary criticism, and survivor testimony research.

1.2 The Statement of the Problem

Despite global recognition of Female Genital Mutilation (FGM) as a violation of human rights, the practice remains prevalent in numerous communities, including among diaspora populations in Western countries. Survivors of FGM often endure long-term psychological trauma, compounded by cultural silencing, familial betrayal, and a lack of effective support systems. While legal frameworks exist to combat the practice, less attention has been given to the psychological recovery of survivors and how they navigate trauma across time and cultures. Hibo Wardere's *Cut* presents a unique autobiographical case of an FGM survivor who not only recounts her traumatic experience but also maps her recovery journey through writing and activism. However, there is a lack of sustained academic engagement with such memoirs as trauma texts, particularly through theoretical models like Judith Herman's trauma recovery framework. The present study addresses this gap by analyzing Wardere's memoir as a narrative of trauma and healing.

1.3 Aims and Objectives of the Study

This research aims to explore the psychological and narrative dimensions of trauma recovery in Hibo Wardere's memoir *Cut*, using Judith Herman's three-stage trauma recovery model as an interpretive lens. The primary objectives are:

- To identify and analyze how *Cut* depicts the psychological symptoms of trauma related to FGM.
- To examine the structure and content of Wardere's narrative in light of Herman's stages of recovery: safety, remembrance and mourning, and reconnection.
- To highlight the testimonial power of survivor narratives as vehicles for both personal healing and social awareness.
- To contribute to literary trauma studies by illustrating how survivor memoirs of culturally embedded violence function as both psychological documents and political interventions.

1.4 Research Questions

This study seeks to answer the following key questions:

- How does Hibo Wardere narrate her experience of FGM and its aftermath in *Cut*?
- In what ways does her narrative align with the stages of recovery outlined in Judith Herman's *Trauma and Recovery*?
- How does the act of testimony contribute to Wardere's healing process and her transformation from victim to advocate?
- What insights does this case study offer about trauma recovery in the context of culturally sanctioned violence?

1.5 Significance of the Study

This research is significant on multiple levels. Academically, it contributes to trauma studies by applying a clinically grounded psychological framework to a literary survivor memoir, thereby bridging the gap between psychology and literature. It also expands the field of feminist literary criticism by centering on a non-Western narrative of gendered violence, thus decolonizing trauma discourse and providing a voice to marginalized experiences. Socially and culturally, the study underscores the importance of testimonial narratives in breaking the silence around FGM, informing advocacy, and guiding public policy. Wardere's memoir, when read through Herman's model, offers a powerful example of how storytelling can facilitate psychological recovery and instigate social change.

1.6 Methodology

This study employs a qualitative, interpretive methodology grounded in trauma theory. Judith Herman's *Trauma and Recovery* (1992) forms the primary theoretical framework, specifically her three-stage model of trauma recovery. The memoir *Cut* is examined using close textual analysis, with attention to narrative structure, thematic development, and symbolic motifs. The research applies a trauma-informed literary analysis, identifying direct and indirect expressions of trauma, symptoms, memory patterns, and recovery strategies in the text. Direct and block quotations from both the memoir and Herman's theoretical work are used to substantiate analytical claims. Secondary sources from trauma studies, feminist theory, and literary criticism are incorporated to contextualize findings and support interpretations.

1.7 Discussion of Trauma Recovery in Wardere's *Cut*

Stage One – Establishing Safety

According to Herman's model, the first task of recovery is to establish the survivor's safety: "Nothing can happen until this is accomplished" (Herman, 1992, p. 159). In practical terms, establishing safety involves securing physical security, emotional stability, and a safe social environment for the survivor (Herman, 1992). A traumatized individual cannot begin to process or heal from trauma while still in danger or lacking basic control over their life. In Wardere's case, achieving safety was an extended journey given that her trauma originated within her family and community. As a child in Somalia, immediately after the cutting, she remained in the very environment that sanctioned and inflicted the trauma. The people who were supposed to protect her – notably her mother – were complicit in the act, leaving young Hibo in a state of prolonged fear and insecurity. In the immediate aftermath of the mutilation, she was physically incapacitated and emotionally shattered. Wardere describes being left in a hut for days with her legs bound after the cutting, feeling utterly abandoned (Wardere, 2016). Her sense of safety was annihilated: the

family context that should have offered comfort had become a source of terror. As Herman (1992) observes, "traumatic events… overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning" (p. 33). For Wardere, the ordinary system of maternal care was inverted into danger, resulting in profound feelings of helplessness and abandonment.

Because the trauma was perpetrated and perpetuated in her home environment, Wardere could not truly begin to heal until she was removed from that context. This opportunity came years later under extraordinary circumstances. As a teenager, Wardere fled Somalia's civil war and sought asylum in London at age 18. This displacement, while triggered by conflict, ironically provided her with an escape from the cultural environment of FGM. She recalls arriving in the UK with a sense of liberation, describing it as the moment she could finally take charge of her own life: "I have described it as a freedom… I was in charge of my life and I could decide what I did with it. It was an amazing feeling" (Wardere, 2016, p. 64). This turning point marked the first time since childhood that Wardere felt a basic level of control and safety. In Herman's terms, she began moving from helplessness to empowerment – a cornerstone of stage-one recovery (Herman, 1992). No longer under threat of being cut again or forced to inflict FGM on future daughters, Wardere could start reclaiming ownership of her body and destiny. She even made a resolute oath with her husband that any future daughters would never be subjected to FGM, ensuring that the cycle of violence would end with her generation.

Herman emphasizes that "establishing safety begins by focusing on control of the body and gradually moves outward toward control of the environment" (Herman, 1992, p. 161). Wardere's story illustrates this progression. Upon resettling in Britain, one of her priorities was addressing the lingering physical damage of female circumcision so that her body could truly be "her own" again. Many FGM survivors in diaspora seek medical interventions once they have access to better healthcare, and Wardere was no exception. She eventually underwent reconstructive surgery to open her infibulated scar, which alleviated some of her daily pain and health complications. In an interview, she rejoiced that she could finally "pee without pain" (Wardere, 2016, p. 106) after the procedure. Medical literature notes that survivors like Wardere have benefitted from such surgery to restore basic bodily functions (Easo & Muraleedharan, 2020). Regaining physical comfort was a critical step toward bodily safety for Wardere, as it meant she no longer lived in constant agony or fear of infection. Indeed, reasserting control over her own body – undoing some of the cutter's damage – was foundational to her recovery. Only with her body safe and relatively healthy could she begin to tackle the psychological healing ahead (Herman, 1992).

Parallel to establishing physical security, Wardere gradually built a life of emotional and interpersonal safety in the U.K. as if it were her home, as Mashkoor (the author of a research entitled "Female Psychic Disintegration in the Post-colonial context of Jean Rhys's *Wide Sargasso Sea* (1966)" (2025) states in her conclusion, "One of the most important factors determining one's home, a place of belonging and feel safe" (Mashkoor, 2025, p. 1303). She found stability in everyday routines and roles that had been impossible in her fractured childhood – learning English, continuing her education, and eventually working as a teaching assistant. She also created a supportive family environment. Soon after arriving in Britain, Hibo met and married a Somali-British man, Yusuf, whom she credits as being "extremely supportive and understanding" (Wardere, 2016, p. 91). This trusting relationship was a restorative emotional experience that helped counteract her earlier betrayal trauma. Unlike the family members who had hurt or failed her, Wardere's husband provided consistent care and respect. Having a partner who accepted her fully – including the physical scars of FGM – and who shared her commitment to protecting their children, gave Wardere a new sense of security in relationships. Over time, she became a mother

of three, and her role as a parent further solidified her sense of purpose and safety: she could raise her children in an environment free from the threat of female circumcision.

It is important to note that establishing safety for Wardere was not an overnight transformation but a protracted process. She spent roughly two decades in London living in relative physical safety, yet still carrying "latent trauma" before she felt ready to confront her past (Wardere, 2016, p. 131). During those years, her coping mechanism was largely avoidance and emotional suppression – she tried to behave as if the traumatic past were behind her, even though it quietly haunted her. Wardere admits that she "stayed away" from thinking or talking about FGM for a long time: "I wasn't ready to tackle that… I wasn't ready to face what was happening" (Wardere, 2016, p. 131). This kind of deliberate silence and denial is a common trauma response (American Psychiatric Association, 2013). By avoiding reminders of the event, survivors attempt to protect themselves from overwhelming emotions. Wardere not only avoided her own memories; she also avoided community situations that might trigger them. For years, she isolated herself from discussions about FGM in the diaspora community, even though she occasionally heard "rumours in the London Somali community about girls going to be cut" (Wardere, 2016, p. 131). As she later reflected, "You are always running from it… It is there, but you don't want to face what happened" (Wardere, 2016, p. 131). Trauma scholar Laurie Vickroy (2002) notes that survivors often withdraw socially because ordinary interactions no longer feel safe or comprehensible after trauma. Wardere's self-imposed isolation can be seen as her instinctive way to maintain psychological safety – by avoiding potential triggers, she could carry on with daily life without constantly reliving her pain. In Herman's framework, this prolonged avoidance indicates that while Wardere had established external safety (a secure environment), she had not yet achieved inner safety with regard to her traumatic memories. That task would belong to the next stage of recovery.

Stage Two – Remembrance and Mourning

Once a foundation of safety is in place, Herman (1992) explains that the survivor can move into the second major stage of healing: "remembrance and mourning" (p. 175). In this phase, the central task is for the survivor to actively confront and process the traumatic memory and to mourn the losses associated with the trauma. Herman famously writes, "Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims" (Herman, 1992, p. 1). In other words, breaking the silence and giving voice to the trauma are crucial for recovery. During stage two, the survivor works to transform the trauma from an unspeakable, suppressed experience into a coherent narrative that can be integrated into their life story (Herman, 1992). This process often requires immense courage, as it means revisiting pain that has long been avoided. It involves "telling the story of the trauma… completely, in depth and in detail" (Herman, 1992, p. 175) and also grieving for everything that was lost – whether that includes lost loved ones, lost innocence, shattered trust, or years of one's life overshadowed by trauma. Through remembrance, the survivor reclaims their voice; through mourning, they begin to release the burden of unexpressed sorrow and acknowledge the ways the trauma changed their life.

Hibo Wardere's transition from avoidance to active remembrance did not occur until roughly twenty years after her FGM. The catalyst was an encounter in 2012 that forced her to face her past. While working as a teaching assistant at a London primary school, Wardere became involved in the case of a 10-year-old Somali-British girl – pseudonymously called "Halima" – whose parents were planning to take her back to Somalia, presumably to have her cut (Wardere, 2016). Confronted with a child in the same peril she once faced, Wardere could no longer keep her own

trauma buried. All the emotions she had suppressed for years surged to the surface. She describes this turning point vividly:

You are always running from it… We didn't want to confront it, we normalized it. But sometimes you get tired and you stop and take a deep breath and have to confront it. For me, that came in the shape of a 10-year-old girl (Wardere, 2016, p. 131).

In this moment, Wardere acknowledges the exhaustion that comes from decades of running away from her memories. Eventually, she gets tired of the silence. The sight of young Halima, who stood to suffer the same fate, became a mirror and a stop sign for Wardere. She realized she had to confront her trauma at last. This decision marks her entry into the remembrance phase: she is choosing to face what she did not want to face before.

Immediately after this incident, Wardere took a momentous step: she began to narrate her trauma for the first time. That very night, she went home and wrote down the story of her own FGM experience, staying up into the early morning hours, her "eyes red with tears" as she poured her memories onto paper (Wardere, 2016, p. 132). What started as a personal writing exercise – initially intended as a short piece for an anti-FGM training – turned into the seed of her full memoir. In choosing to write, Wardere was enacting exactly what Herman prescribes for stage two: she was transforming her "implicit, unspeakable" memories (Herman, 1992, p. 1) into language, giving them narrative form. For years, the trauma had lived inside her as inchoate pain, flashbacks, and nightmares. Now, by telling the story, she began to integrate those fragments into a cohesive account. Herman (1992) notes that in this stage "the survivor tells it [the trauma] completely, in depth and in detail" so that the traumatic memory can be processed and woven into the fabric of the survivor's life (p. 175). Wardere's all-night writing session suggests that once she opened the gates of memory, a flood of detail came pouring out – the depth and detail Herman speaks of. The fact that she wept through the writing indicates how painful yet cathartic this act of remembrance was. It was not easy for Wardere to relive the horror, but doing so was necessary for her healing to progress.

The memoir *Cut* itself is the product of Wardere's stage-two work of remembrance. On the page, she does not shy away from the harrowing truth of what happened to her. She narrates her trauma with unflinching detail, almost cinematic in its vividness. This narrative strategy serves a dual purpose: it authentically conveys the horror of FGM, and it exemplifies the therapeutic act of giving voice to what was previously unspeakable. For instance, Wardere graphically describes the moment of cutting in her memoir, recreating it in the present tense as if it were happening anew:

She lifted up that dirty razor, the one that still had the dried brown residue of others' blood clinging to it, like filthy reminders of her previous work, and she cut straight through my flesh. The pain shot through me like a bullet… I screamed then, an almost inhuman scream, a sound I hadn't known I was capable of making… 'There's still some left,' she said. And she cut again, and again, and again… With each slice of her razor she took more and more of my flesh… I was not a child, not a soul, not a six-year-old begging for help (Wardere, 2016, p. 20).

In this passage, Wardere is actively reliving the trauma through narrative. The use of the present tense ("she cut… she took… I was not a child") collapses the distance between past and present, pulling both writer and reader into the immediacy of the event. Such visceral details – the "dried brown residue" of blood on the razor, the "sickly metal tang" of blood in the air (Wardere, 2016, p. 20) – show how starkly the memory was etched in her mind. Indeed, trauma researchers note that traumatic memory often persists as fragmentary sensory impressions and bodily sensations

rather than as a coherent story (van der Kolk, 2014). Wardere's recall of specific smells, sights, and sounds (e.g., the metallic smell of blood, the feeling of slicing pain) underscores this point. By writing her memoir, she was in effect translating these fragmented, sensory memories into a structured narrative. This act of narration is, as Herman emphasizes, the linchpin of recovery: it allows the traumatic event to be placed in time and context, rather than remaining an unprocessed flashback that intrudes at random. Through telling her story on her own terms, Wardere began to reclaim mastery over the memory; she turned the trauma from an unspoken nightmare into her story that could be told and understood.

Alongside the act of remembrance, Wardere also engages in mourning throughout her memoir – mourning not only the intense pain she suffered, but the many intangible losses that came with it. One profound loss was her childhood innocence. Wardere writes that after undergoing FGM, she felt "unloved, alone, isolated… worthless, a shell of yourself… you're not a child anymore" (Wardere, 2016, p. 26). This heart-wrenching reflection indicates how the violent act effectively ended her childhood at age six. In her culture, FGM is often seen as a rite of passage into womanhood, however cruel; for Wardere, it meant that her carefree days of being a child were abruptly over, replaced by pain and shame. Part of her healing process involved grieving that stolen childhood and the trust that was betrayed. She had to confront the reality that her own mother and community elders – whom she would normally rely on for protection – had irreparably broken her trust. Wardere notes that she "lost trust in others" after the mutilation (Wardere, 2016, p. 29) and withdrew from social contact out of fear. Mourning in her case meant acknowledging how FGM damaged her ability to form relationships and to feel safe with others. The memoir is imbued with sorrow for the years of life overshadowed by trauma: Wardere candidly laments the physical torment that haunted her monthly due to menstrual complications, the terror of intimacy in her early marriage, and the psychological toll of carrying this secret wound. By voicing these sorrows, Wardere is performing the mourning work Herman describes – she is honoring the gravity of what was lost (her health, her sense of normalcy, her trust) and in doing so, she creates space to heal those wounds. Importantly, her mourning is not done in isolation; it becomes part of a shared testimony to readers and her community. This openness helps convert personal grief into collective awareness, paving the way for the final stage of recovery, reconnection.

Stage Three – Reconnection

In Herman's model, the final stage of trauma recovery is reconnection. After establishing safety and processing the trauma, the survivor moves forward to reclaim their life, develop a new sense of self, and rejoin the world in a meaningful way (Herman, 1992). Herman describes this stage as one where the person is no longer defined solely by the traumatic past; instead, they integrate the trauma into their life story and often find renewed purpose or "survivor mission" through it (Herman, 1992, p. 207). The survivor begins to form new relationships or renew old ones on their own terms, and their sense of power and agency is restored. In Herman's words, "The final stage involves reclaiming one's life by building a new self, forming new relationships, and finding a sustaining faith, often through social action and community engagement" (Herman, 1992, p. 207). Signs of successful reconnection include the restoration of self-esteem, the ability to trust and experience intimacy, and the pursuit of meaningful work or advocacy that gives the survivor a sense of purpose (Herman, 1992). Crucially, reconnection does not mean the trauma is forgotten or that pain never recurs; rather, the trauma becomes an integrated part of the survivor's identity, one that can fuel positive action rather than only causing suffering.

Hibo Wardere's post-memoir life exemplifies the reconnection stage powerfully. After she broke

her silence and told the story of her FGM, she did not retreat into private life. Instead, Wardere publicly embraced an identity as not just a survivor, but a campaigner determined to protect others from FGM. In doing so, she reconnected both with her community and with her own sense of worth and agency. Wardere often says that speaking out about FGM "changed my life… It has been a healing process for me, talking about it and knowing I can help somebody else" (Wardere, 2016, p. 133). This statement encapsulates the essence of reconnection: by using her voice to help others, Wardere simultaneously furthers her own healing. She transformed her private pain into public action, thereby gaining a positive meaning from her trauma. Herman notes that many survivors reach a point where they

recognize a political or religious dimension in their misfortune and discover they can transform the meaning of their tragedy by making it the basis for social action… a gift to others (Herman, 1992, p. 207).

Wardere has done precisely that. She took what was a personal tragedy and made it the foundation of her activism and educational work, effectively turning her past into a "gift" of awareness for her community. For example, after publishing *Cut*, Wardere became an FGM educator and mediator in her London borough, working with schools, police, social workers, and health professionals to raise awareness about FGM and intervene in at-risk situations. She writes that she visited "every school" in her area to teach students about the harms of FGM, operating on the belief that "knowledge is the best way to eradicate FGM" (Wardere, 2016, pp. 133–134). Through these efforts, Wardere has likely prevented harm to other girls and helped shift community attitudes. Each time she shares her story in a classroom or a public forum, she reinforces her connection with others and gives her suffering a constructive purpose. This aligns with what trauma scholars call the "survivor mission" – the idea that survivors often find healing by channeling their experience into a larger cause (Herman, 1992, p. 207). Wardere's mission is clear: "As long as FGM exists, I exist to fight it" (Wardere, 2016, p. 133). This powerful declaration shows how thoroughly she has integrated her trauma into her identity as a source of strength. FGM is no longer just something that was done to her; it is an injustice that she is actively combating.

Another striking aspect of Wardere's reconnection stage is her newfound self-confidence and identity. After years of feeling shame and worthlessness, she emerges by the memoir's end as a proud, empowered woman. "I'm an extremely proud woman and I never felt like that before," she states in reflection (Wardere, 2016, p. 133). This is a remarkable transformation from the person who once felt like "a shell" of herself. It indicates that her self-esteem, badly damaged by the trauma, has been fundamentally restored – one of the key goals of recovery (Herman, 1992, p. 202). Wardere's pride stems from reframing herself not as a powerless victim, but as a survivor and fighter. Even the memoir's subtitle ("One Woman's Fight Against FGM…") reinforces this re-authored identity. By stage three, she is not defined by what was done to her, but by what she does: she fights back. In trauma recovery terms, she has reclaimed authorship of her story and her self. Herman (1992) notes that resolution is evident when a survivor has "reconstructed a coherent system of meaning that encompasses the story of the trauma" and regained self-worth (p. 202). Wardere has done exactly that – she has woven the trauma into a broader narrative of activism and meaning.

Reconnection for Wardere also involved healing her relationships and rejoining her community after long isolation. Earlier in her life, she had avoided the Somali community out of fear that any engagement would "drag [her] emotions up" and trigger her trauma (Wardere, 2016, p. 131). However, once she entered stage two and especially stage three, she did the opposite: she immersed

herself in community work, specifically around the issue of FGM. She rebuilt connections with compatriots, parents, and local leaders through her outreach and mediation. By speaking on national media (such as the BBC) and at international forums about FGM, she also connected with a global community of survivors and activists. Through these interactions, Wardere essentially reclaimed her place in society – no longer hiding in the shadows, but standing front and center to drive change. Herman observes that a survivor in reconnection can form "new attachments" and experience genuine intimacy without the trauma controlling those relationships (Herman, 1992, p. 202). In Wardere's life, this is evident in her sustained marriage and friendships. Her marriage, which endured the challenges of her trauma's aftermath, is depicted as strong and loving in the memoir. She and her husband navigated the difficulties related to FGM (such as painful intercourse and emotional hurdles) with mutual support and understanding, ultimately growing closer. Additionally, Wardere's collaborations with colleagues in activism signify healthy new relationships built on trust and a shared mission. She is no longer "running off to be alone" with her pain; instead, she is actively engaging with others to address that pain at its root cause.

Finally, Wardere's reconnection is characterized by her finding meaning in her suffering. Rather than view her trauma as merely a personal tragedy, she has transformed it into a source of motivation and purpose. This resonates with the insights of trauma theorists and survivors like Viktor Frankl, who argued that finding meaning in trauma is pivotal to psychological survival. Wardere appears to have internalized a sense of purpose from her experience: she believes she survived for a reason – to speak out and save others. This infuses her life with a guiding meaning that counterbalances the senselessness of the violence done to her. However, Herman (1992) cautions that even positive activism should not become a way of avoiding one's own needs. In other words, reconnection should include not just public action but also reclaiming the ordinary joys of life. Wardere's narrative suggests she strikes this balance. Alongside her activism, she finds happiness in her family life and prides herself on the fact that her daughters "can live full lives without ever experiencing what [she] did" (Wardere, 2016, p. 134). By ensuring her children are safe and by enjoying normal family moments, Wardere healthily reconnects with the life cycle. She even reconciles with her cultural identity: while she vehemently opposes the practice of FGM, she still embraces positive aspects of her Somali heritage (language, food, traditions) in her British diaspora life. This nuanced stance shows that she has not rejected her entire culture due to trauma; rather, she has integrated her pre-trauma and post-trauma identities. She is both a proud Somali woman and a modern activist mother, a blend that represents wholeness after trauma. In sum, through reconnection, Hibo Wardere emerges as a healed yet continually healing individual – one who carries her trauma as part of her story, but also carries hope, pride, and a commitment to others.

Conclusion

Applying Judith Herman's trauma recovery framework to Hibo Wardere's *Cut: One Woman's Fight Against FGM in Britain Today* illuminates not only the universality of the healing process but also the unique cultural and personal dimensions Wardere brings to it. Her memoir validates Herman's model across contexts, demonstrating that despite differences in trauma origin – be it domestic abuse, war, or culturally-endorsed violence like FGM – the path to recovery shares common stages: safety, reconstruction of the trauma story, and reconnection with life. At the same time, Wardere's story adds depth to the model by showing how recovery can involve broader social change; her healing is intertwined with advocacy to heal her community. Ultimately, *Cut* stands as a testament to the resilience of the human spirit. It affirms that telling one's story is a powerful act of reclamation and that even the most brutal of wounds can become a source of strength and

solidarity. By bearing witness to her trauma and her recovery, Hibo Wardere has crafted a narrative that is both an indictment of a harmful tradition and a beacon of hope for survivors seeking their path to healing.

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