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Knowing Too Late: Silence, Recovered Histories, and Public Testimony in Farzana Doctor's Seven

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Abstract

Criticism of Farzana Doctor's Seven (2020) has read its treatment of khatna, the genital cutting of girls in the Dawoodi Bohra community, as activism voiced through many perspectives (Arora, 2025). This article argues that the novel is organized around a different problem: the gap between possessing knowledge, recognizing harm, and having the power to act. Close reading informed by postcolonial trauma theory shows that silence is a rule enforced among women; that Sharifa learns of her own cutting late, and that her knowledge of the risk to her daughter Zee, though joined to parental decision-making authority, cannot become control over access, so that Zee is cut; and that the ancestral strand works as a selective narrative archive, in Stoler's (2002) sense of a site that produces authority, which Sharifa's blog and Zee's symposium address attempt to circulate. Readings of "just the right amount" and of Zee's address show how a language of calibration manages the child while concealing its criterion, which Zee's account restores. The study concerns one novel and proposes no general framework.

Keywords: Farzana Doctor; Seven ; khatna; female genital cutting; postcolonial trauma; archive; testimony; narrative form.

Introduction

In India, the genital cutting of girls has been most visibly contested within the Dawoodi Bohra community, a small, hierarchically organized Ismaili Shiʿa community whose members call the practice khatna or khafd (Blank, 2001; Khan et al., 2019). Since 2011 it has been widely debated, and many Bohra women have defended it in the language of autonomy and modernity (Subramanian, 2023). The debate concerns who may speak, who is believed, and who is told.

Farzana Doctor's *Seven* (2020) makes that last question the structure of a novel. Sharifa, a New York mother, travels with her husband and *Seven* -year-old daughter Zee to Mumbai to research her great-great-grandfather Abdoolally, whose story alternates with hers. In Gujarat her cousin Fatema lets slip that Sharifa was cut as a child (Doctor, 2020, Chapter 36). Sharifa fears at once for Zee (Doctor, 2020, Chapter 37), helps her cousins expose a doctor who performs khatna, and still fails to protect her daughter: Zee is cut by Sharifa's aunt during an hour in which she is left in the aunt's care (Doctor, 2020, Chapter 52). Zee tells it a decade later, in an epilogue set at a symposium (Doctor, 2020, Epilogue).

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Sharifa does not know, then knows, and still cannot prevent recurrence. What separates her from Zee's fate is not ignorance alone but the gap between knowing and being able. I distinguish five terms. Knowledge is information about the risk; recognition is understanding the practice as harm and identifying who is answerable; decision-making authority is recognized entitlement to determine what happens to a child; *access* is practical control over where the child is and who is with her; capacity to intervene is the ability to turn the other four into effective protection. Sharifa has the first three, and the community's own rhetoric grants her the fourth's precondition, authority; she lacks access, and so capacity. I argue that *Seven* is organized around this gap, and that its form both represents it and attempts to close it. Subordinate claims: the silence is socially enforced; the ancestral strand is a selective archive redeployed in public address; and the novel's language of calibration manages the child without disclosing its criterion, which Zee's account restores.

Critical and Theoretical Positioning

Terminology is contested (Khan et al., 2019; World Health Organization, 2008); I use "khatna" for the Bohra practice and "female genital cutting" generally. Mohanty (2003) criticizes Western portrayals of women in the global South as uniform victims, and Abu-Lughod (2013) warns that rescue narratives obscure the conditions of Muslim women's lives; any account must avoid both condemnation that silences and relativism that makes harm unspeakable. Subramanian (2023) shows that Indian defenders present khatna as a long-standing rite, call it a women's matter, portray critics as Westernized, invoke biomedicine to recast harm as manageable risk, and place consent with the mother rather than the child.

The most extended study of the novel that I located is Arora's (2025), which reads it as literary activism through diaspora theory, feminism, sexuality studies, and Bakhtinian dialogism. Arora treats the novel's plurality of voices as a refusal of single verdicts: the characters' different perspectives are "not partial, but rather complementary truths" (p. 116). She also registers differences of power, among them the clerical hierarchy, women as enforcers of men's rules, and elder women who bind girls to secrecy (pp. 111, 115–117), and she argues that violence must be brought out of silence into public space (p. 117) and that literature must go beyond exposure toward collective advocacy (p. 120). My contribution is to ask what the novel's structure shows about who knows, who may decide, and who controls access, and what testimony needs once told. Where Arora finds complementary truths, I read the same voices as complementary in perspective but unequal in knowledge and in capacity to act. The claim rests on one close study; other criticism may exist.

The framework is hierarchical. Postcolonial trauma theory is primary. Caruth's (1996/2016) belated, unrepresentable trauma is the baseline from which Balaev (2008), Craps (2013), and Visser (2015) depart, arguing that it neglects cultural context and ongoing structural violence. The archive is the formal framework. Whitehead (2004) notes that trauma fiction often uses repetition and dispersed narration that seem to mimic trauma's effects; this is a tendency, not a rule. I distinguish two tendencies, not an exhaustive or exclusive pair: a symptomatic logic, where discontinuity originates in a subject's consciousness and the text addresses the self or intimates, from an archival logic, where discontinuity lies in the gaps of a record, a reconstructing subject organizes the fragments, and the text addresses someone outside the group that held the knowledge. The question is which organizes the architecture. For the archive I follow Stoler (2002), who treats archives not as neutral repositories but as sites that produce knowledge and authority, and I narrow the term to a narrative archive, a structure within the fiction that converts held knowledge into transferable authority through three operations: gathering partial testimonies from more than one position; restoring what an authoritative account excludes; and addressing the assembled record to someone outside the group that held it. Unlike "counter-genealogy," which names what is restored, or polyphony, which names plurality, the archive concept also names selection, verification, and withholding. Postmemory and implication are supporting concepts. Hirsch (2008) defines postmemory as the relation of a later generation to experiences before its birth, mediated by imaginative investment rather than recollection; I use it only in that sense. Rothberg's (2019) implicated subject, developed for beneficiaries of historical violence, is adapted here, for one task, to women who are themselves injured.

The method is close reading, attending to temporal organization, who knows what and when, the addressee of each narrative act, and diction. The novel is cited by chapter, which is stable across editions; quotations were checked against a complete text of the novel.

Analysis

Withheld Knowledge

In Chapter 36 Fatema, arguing with Zainab about khatna, asks Sharifa, "And how about you, Shari? How did it affect you?" and "looks startled by her own words." Sharifa learns of her cutting as a question. That night:

> I allow my hand to slide down my pelvis and rest over my underwear. A cut was made there thirty-three years ago, according to Fatema. It's odd to not remember and to know in my heart that her words are true. This story both belongs to me and does not. (Doctor, 2020, Chapter 37)

The grammar does the work. "Allow" makes the gesture permitted rather than reflexive. The hand rests "over" the underwear, a touch mediated by cloth as the knowledge is mediated by words. "A cut was made" is an agentless passive that supplies a precise duration, "thirty-three years," yet no one who cut; the only source named is "according to Fatema," which restores an informant but not an agent. Belief rests on affect ("know in my heart") because no memory can test it. What Sharifa has been given is a "story," not an event or a wound: a gap between a body that was cut and a self that was never told.

This is belatedness, but not Caruth's. Sharifa has no latent experience to return; she "completely blanked it out." The next morning Zainab recalls that "we were told never to talk about it," and Fatema specifies: "your mother warned both of us . . . to never talk to our parents about it, that it would cause trouble" (Doctor, 2020, Chapter 37). The adult who cut the girls also instructed them in silence. Fatema told her own mother, who confronted Zainab's mother, Tasnim, so angrily that the households never recovered, but "there was pressure to not make trouble" and the news never reached Sharifa's mother, who had forbidden the cutting and believed her wishes respected (Doctor, 2020, Chapters 30 and 37). Knowledge failed to pass between branches. This supports the argument that unspeakability is shaped by cultural context rather

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than intrinsic to trauma (Balaev, 2008; Craps, 2013; Visser, 2015), and, as in Banerjee's (2022) reading of Mahasweta Devi, the violence is speakable once someone speaks; here speech arrives late and by accident.

The novel does contain symptomatic elements, such as the "pinprick of pain" Sharifa feels (Doctor, 2020, Chapter 37), which can be read as triggered memory. But they occasion the larger architecture rather than organize it. Her "imagine-remember[ed]" scene of the cutter's flat is a reconstruction conscious of being one: she knows some details "must be false" and writes them down anyway (Doctor, 2020, Chapter 46).

Distributed Knowledge

The novel does not locate transmission in one agent. Zainab "assumed it was harmless" (Doctor, 2020, Chapter 37). Sharifa's mother, cut herself, opposed the cutting and trusted her sister to respect that (Doctor, 2020, Chapter 30). Tasnim, who took the three girls to the cutter and later takes Zee, acts from what she calls "a mother's decision and her duty" (Doctor, 2020, Chapter 48) and a conviction that girls must be kept within the community's bounds (Doctor, 2020, Chapters 30 and 61). Sharifa's cost is stated in her own words: "But now my community feels like nothing because, while the men might have made the rules, it is the women, women I've loved, who've enforced them" (Doctor, 2020, Chapter 37).

The recognition returns, hedged, after she confronts Tasnim and thinks of her grandmother, "a kind grandmother. Was she?": "I suppose kind aunts and grandmothers can also cause harm" (Doctor, 2020, Chapter 61). "I suppose" concedes more than it asserts. "Also" presupposes a prior category of harm-doers, men or clerics, and adds women to it, so the sentence performs a reclassification. "Kind" does not cancel the harm; Sharifa's reconstruction of her own cutting shows the promised treat serving deception (Doctor, 2020, Chapter 46). "Aunts and grandmothers" turns individuals into roles, locating harm in the domestic sphere of care, as Subramanian (2023) finds.

Responsibility requires care. The implicated subject names positions that sustain a harm without authoring it, but treating all women as equivalently implicated would reproduce the victim–perpetrator binary. Four criteria distinguish positions: knowledge, power, constraint, and deception. By these, Tasnim's concealment of an outing's purpose from a child is deliberate agency, not structural implication; Zainab's defense reflects belief and communal standing. Her ignorance is a product of the silence, yet she confesses that she has "defended my community," "tolerated" its men, and not opposed them because they "haven't before interfered with my life directly" (Doctor, 2020, Chapter 37). Here implication in Rothberg's limited sense applies: she benefited from belonging without examining its price. Deception is not confined to one side: Sharifa and Murtuza draft a false email asking Tasnim for a referral for Zee (Doctor, 2020, Chapter 46). The polyphony registers these inequalities rather than smoothing them, so the voices are plural but not, as Arora (2025) has it, complementary.

Belonging complicates the picture. Chapter 37 begins the night's meditation with "I have always loved my community, my Dawoodi Bohra community," and Chapter 39 returns in a mosque: "Despite its shortcomings, I still want to belong." The indictment sits in a subordinate clause the main clause does not erase. Belonging is not consent, and critique is not exit, which answers the claim that critics are Westernized (Subramanian, 2023) and fits arguments that criticism should not disown women's communities (Abu-Lughod, 2013; Mohanty, 2003). Belonging is also what Sharifa thinks her aunt was giving her: "Maasi wanted me to belong" (Doctor, 2020, Chapter 61).

The Archive as Counter-Genealogy

Sharifa's project, the history of a patriarch, meets its limit in a remark to Fatema: "By the way, men dominate history in the U.S., too. The women get erased" (Doctor, 2020, Chapter 11). She adds that she will be "gathering memories of memories." The ancestral strand answers by giving space to Abdoolally's mother Amtabai, his wives, and his daughter Rumana, whose histories show how khatna took hold and was resisted. The blog says of Amtabai, "She is the great woman of this story, is she not?" (Doctor, 2020, Chapter 63).

The first two operations are visible. The strand restores what the authoritative account excluded and, with Sharifa's interviews, gathers partial testimonies. Banu, Rumana's granddaughter, holds the story of Zehra's false khatna and Rumana's resistance, which she had from her grandmother: "My daadi told me everything about that" (Doctor, 2020, Chapter 56). Rumana, in the ancestral strand, remembers "the two visits to the khatna lady" and resolves that "she wouldn't allow her daughters or granddaughters to be broken by khatna" (Doctor, 2020, Chapter 60). Sharifa's relation to them is postmemory in Hirsch's (2008) strict sense. An account in which form mirrors trauma (Whitehead, 2004) explains why the novel moves back and forth, but not why the second strand concerns omitted women or why the novel ends in public address. By the three questions above, these features are archival: the discontinuity is in a record, with "very little online or in books" (Doctor, 2020, Chapter 11), a reconstructing subject organizes it, and it is addressed outward. The logics interact: the archive explains the symptom by showing the history that produced the silence.

The archive is also selective. Banu tells a second story: Rumana arranged for a cutter, Ummul, to perform sham cuts for families who asked for a "special khatna," a practice her descendants continue (Doctor, 2020, Chapter 56). Banu permits publication of only the first: "[y]ou must not say anything about Ummul, or else you could cause trouble," and Sharifa promises twice. The blog keeps the promise, naming Zehra and Rumana and omitting Ummul (Doctor, 2020, Chapter 63). What reaches the public is a protected selection, withholding what would endanger a resistance that depends on invisibility. The clinic contrasts: Dr. Rubina Master says, "We simply call it a checkup in our records. There is no record whatsoever" (Doctor, 2020, Chapter 58). A record endangers practitioners and resisters alike; the journalist cannot run the exposure without "a source that verifies the information" (Doctor, 2020, Chapter 55), and it depends on Zainab's secret recording. Converting private knowledge into public authority requires evidence, exposes those named, and forces choices about what must go unrecorded.

The third operation, addressing, draws on what the strand licenses. Genealogy establishes who counts as part of a legacy, and the novel redeploys that instrument rather than rejecting it. The close of Sharifa's blog turns the strand toward a public:

> If Abdoolally's story has taught me anything, it's that we each have the power to be a part of our community's legacy. We have the power to leave archaic practices behind, create new wealth for our women. We can

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> protect future generations of daughters, not allow them to be broken by violence. (Doctor, 2020, Chapter 63)

"Power" names what the earlier sections show to be missing. "Legacy" converts genealogy from a record of descent into a field of action in which a dissenting woman is also an heir, speaking as a member of the lineage and not against it. It is communal ("we each") and prospective ("future generations"). "Broken by violence" echoes Rumana's vow, "broken by khatna," with the cause now named. The strand supplies a ground for dissent in the family's own idiom.

Knowing and Being Able

The causal chain is specific. Sharifa has knowledge from the first night, when she tells Murtuza, "She's Seven . Murtuza. Seven !" (Doctor, 2020, Chapter 37), and she has recognition: she tells Murtuza not to leave Zee with "Tasnim Maasi. Not any of your relatives." Her mother reaches the same conclusion: "You must never, I mean never, leave Zee alone with that woman!" (Doctor, 2020, Chapter 52). She also has decision-making authority. The community's rhetoric places the decision with the mother (Subramanian, 2023), and Tasnim's email itself calls khatna "a mother's decision and her duty" (Doctor, 2020, Chapter 48). What she lacks is access, and the novel shows how access is taken without overriding authority. On the day it belongs to Tasnim's granddaughter Nafeesa, who has, as far as the text shows, no knowledge of the danger; she leaves Zee with her grandmother to meet a boyfriend and explains, "I saw her going shopping. And Zee loves the fruit market. So I thought it would be fine" (Doctor, 2020, Chapter 52). The parents have knowledge, recognition, and authority but no access; the cousin has access but no knowledge; the aunt, with no authority under the rule she invokes, has the child. Kinship distributes access independently of authority, and deception lets the aunt exercise it without contesting authority.

Three further constraints turn this gap into harm. First, what Sharifa can communicate is limited. She tells Zee to "ask us first" before going anywhere with an adult offering "ice cream or cake," but cannot say what she means: "I want to say don't trust anyone, don't ever leave my sight. But I can't say that. I don't want to scare Zee" (Doctor, 2020, Chapter 29). Second, what she can verify is limited. The outing is concealed behind an errand and the cutting behind a scraped knee and a bandage; after it she asks whether "the pee sting" and whether there was "any blood," sees only confusion, and concludes: "I'm overreacting, aren't I?" (Doctor, 2020, Chapter 52). Third, the child is bound to secrecy ("never tell my parents"), and the harm becomes knowable only when Zee speaks, weeks later, after looking at photographs of her parents at a rally (Doctor, 2020, Epilogue). Knowledge is real here, but it is not self-executing: it protects only when joined to access and to a child who can be told enough to report what happens.

This qualifies the assumption that confronting and narrating trauma is enough to break a cycle. Narration may be necessary, as Arora (2025, p. 117) argues; the novel shows that Sharifa's private confrontation was not sufficient. The remedy it proposes, as an aim and not an accomplished result, is power exercised collectively, as heirs of a legacy, in public. Postmemory describes Sharifa's relation to the ancestral women, not to her own cutting, which she knows only through testimony.

Calibration: "Just the Right Amount"

In Chapter 3, on a crowded bus, Sharifa reflects: "When we immigrated, we had to assimilate but just the right amount — my parents didn't want me to become too Western. I wasn't ever sure where the balance point was on that see-saw, but I followed their lead the best I could." Arora (2025, p. 110) reads this as diasporic duality and anxiety. It also shows how norms are transmitted. "We had to" is an obligation imposed from outside; "assimilate but" is concessive, a modernity granted on condition; "just the right amount" borrows the idiom of dosage, converting identity into a quantity, and "too Western" names the feared excess. The second sentence is more revealing. She "wasn't ever sure where the balance point was"; the see-saw makes balance a matter of position without a fixed point; and she "followed their lead." The child receives a norm of calibration without the criterion by which it is calibrated.

I propose a formal parallel, not an equivalence between assimilation and bodily harm. The shared mechanism is that adults fix an acceptable limit and the child is expected to comply without the criterion behind it. It recurs in a medical register. Tasnim's email measures the procedure in reassurances: "a tiny cut that Zee won't even feel," "less than twenty minutes," and "very safe, modern, and easy" (Doctor, 2020, Chapter 48). In Chapter 58 the doctor she names says the same: "I wish everyone would come to doctors for it. It becomes a safe, medical procedure. Like with boys." This asks not whether cutting should occur but how much modernity to admit to make it respectable, as in Subramanian's (2023) account of defenders who invoke biomedicine. The email promises a hospital, yet Zee is cut in a stranger's flat with a bandage as cover.

Zee's account restores the missing criterion: "She said the antiseptic might sting for a second, and told me to look out the window so that it would hurt less" (Doctor, 2020, Epilogue). "Might" and "for a second" minimize; the instruction to look away directs the child's attention from what is being done. Care and concealment are one gesture: the child is managed rather than informed. Zee adds, "I felt pain in both places, I was confused about what was hurting where. And why." The knee served as a second site of pain. The text supports concealment and management; I read the undisclosed criterion as the child's non-understanding because every instruction (look away, "nothing happened," "forget all about this," keep it secret) makes her ignorance the working condition of the act.

Zee's Address and the Public

The epilogue is Zee's speech at a fictional FGM symposium in New York, April 2026, and her first appearance as narrator. Three levels must be kept apart: the narrative event (Zee speaks within the fiction), the formal effect (the novel addresses readers through the speech), and any social outcome, which the novel does not demonstrate. Within the novel's imagined future she reports that "khatna was made illegal in India," with "dozens of court cases," "hotlines for victims, specialized therapies for survivors," then turns to "get personal": "Like every other khatna story you'll hear, it's about secrets, lies, and shame." She qualifies it at once: it "sounded better when I rehearsed," and "now it seems cheesy." The triad names mechanisms the novel has displayed: the secret that left Sharifa without memory; the lie of the market and the ice cream; the shame, which Maasi imposed at once: "never tell my parents about visiting the nurse, that it was our secret." "You'll

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hear" places the audience as future listeners within a corpus of such stories.

"Remember, this was a decade ago; I was only Seven." The imperative turns recollection into a request. The elapsed decade shows the speaker has outlived the event, and "only Seven" marks the child's incapacity to consent, the criterion the adults' measure omitted. The warning Sharifa could not fully phrase was remembered ("Mom told me to never let anyone touch me down there") and did not suffice: "A part of me wondered if she knew better, and so I complied." Obedience to a trusted elder outweighed the parent's instruction.

In archival terms, the speech is both an item in the collection and an address to those outside it: an attempt at the third operation, not a demonstration that it succeeds. It comes after the cutting of the third generation, and it reports both a decade of change (criminalization, prosecutions, hotlines, "more democratic communities," talk of the government seizing the high priest's funds) and, on "anecdotal evidence," continuing secret practice among those closest to the leader. The speech ends: "I'm not really sure what the full impact of khatna has been or will be on my life, but I'm glad I can speak to you about it today." Uncertainty and speech share one sentence. Nothing restores what was cut; hope lies in collective public action (Fatema's "The best lesson a Bohra girl can learn: to question authority" [Doctor, 2020, Chapter 27]; the blog's "future generations of daughters" [Doctor, 2020, Chapter 63]), and is non-therapeutic rather than non-political.

Conclusion

The reading changes how the novel's ending should be understood. Zee's address is not the cure for Sharifa's belated knowledge but an attempt to give private knowledge the one thing it lacked: a public in which it could count as authority. The archive is selective because that authority is risky for those who hold it, and calibrated language leaves the child without the criterion on which protection depends.

The study establishes a reading of one novel. It does not establish that testimony prevents harm, a general theory of postmemory or trauma fiction, or an empirical account of khatna among Bohras; the epilogue's developments belong to the novel's imagined future. Further work might test the distinctions among knowledge, recognition, authority, access, and capacity on other diasporic narratives of ongoing gendered violence.

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