

# Unveiling the Shadows of PTSD within Hijra Community: Revathi's a Journey through the Margins

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## ABSTRACT

**Aim of the Study:** This paper primarily aims to understand Post-Traumatic Stress Disorder (PTSD) within the Asian hijra community, which includes transwomen, intersex individuals, and gender-nonconforming men. The PTSD of its members visibly evidences their chronic structural stressors of discrimination, violence, stigmatization, and internalized self-hatred. The absence of culturally competent mental health support and the societal pervasiveness of invisible hijra vulnerabilities are also discussed, calling for greater inclusion within the dynamic of responsive mental health practices.

**Methodology:** In this framework, the theoretical basis of the study relies on Minority Stress Theory (Frost & Meyer, 2023) and Discourse Analysis (van Dijk, 2015). The analysis is based on autobiographical texts-the Truth About Me by Revathi-and supplemented with secondary data from empirical and psychological studies. Discourse Analysis examines hijra experiences in reference to language, culture, and policy, while Minority Stress Theory explains the psychological effects of social exclusion.

**Findings:** Studies show that hijras face ongoing stress from systemic oppression, leading to complex trauma and post-traumatic stress disorder. Even the cultural stigma and insensitive mental health systems that have disregarded their issues have further disallowed their sufferings from being true; added to that is the myth of hijra resilience that can practically silence their very pain when they relate their stories. Such conditions thereby lead to under diagnosis and lesser care.

**Conclusion:** Accordingly, the hijras have a different trauma owing to their cultural erasure, exclusion, and unavailability of healthcare. Inclusive and culturally informed mental healthcare is recommended to support well-being and to restore their dignity and rights.

**Keywords:** Post-Traumatic Stress Disorder (PTSD), Cultural Stigma, Systemic Oppression, Mental Health, Social Exclusion, Trauma, Culturally Competent Care.

## Article History

Received:  
December 24, 2024

Revised:  
March 15, 2025

Accepted:  
March 19, 2025

Online:  
March 23, 2025

## 1. INTRODUCTION

Hijras are, a separate social group in South Asia, defining a third gender, including transgender women, hermaphrodites, or effeminate men. Although they are officially acknowledged in countries such as India, Pakistan, and Bangladesh, they are still subjected to widespread discrimination, violence, and social ostracization. Furthermore, the marginalization that they experience results in psychological trauma and mental health problems including PTSD, which is mostly unnoticed because of cultural, social, and institutional obstacles in South Asia (Pantalone et al., 2020; Abinaya & Chanthiramathi, 2023).

Minority Stress Theory (Frost & Meyer, 2023) describes that bickering groups have held be enduring stress from unbearable conditions along with being inside them, which ultimately supports different kinds of psychological problems such as PTSD. For this reason, the considerable amount of this is human excuse with the initial family effect, public embarrassment, and the inequality brewing up among them from the issues of employment, education, and healthcare. So the different stresses that hijras endure are getting frightened by this of the society that they are different thus the kids are taught what is so called right, and that is happening from the authoritative structure that is oh gradually and the daughters grow to see them as such (Frost & Meyer, 2023; Hinchy, 2022).

Van Dijk (2015) outlines how discourse analysis studies the interconnections of language with a society's structural formation and individual identities. Through the discourse, i.e. the language or culture that the films generally portray, hijras have been severely traumatized and dehumanized, so they are beyond the scope of media, criminal systems, and other healthcare initiatives, which still seem to be out of reach of them. A while later the Society both turns a deaf ear to their miseries and helps them forget it (Prabhu, 2014; Dwivedi, 2016).

This research is about finding out why PTDS has an avenue that is far from transparent for hijras in India, even though transgender groups mostly suffer bullying and even more types of discrimination. The cultural awareness and stigma create a tougher impediment (Pantalone et al., 2020). Through the use of Minority Stress Theory and discourse analysis, one of the purposes of this study is to expose the intimidation of trauma and the possible ways to help and intervene in mental health care of the people in the hijra run a positive campaign (Frost & Meyer, 2023; Van Dijk, 2015; Pantalone et al., 2020).

### 1.1 *Problem Statement*

The hijra community in South Asia, made up of trans women, intersex individuals, and gender-nonconforming males, constantly faces structural oppression, its toll most visible in its members' mental health. Their psychological pain remains largely ignored because of enormous trauma-related issues, like PTSD, compounded by cultural stigma and the non-receptiveness of existing mental health support. The present healthcare systems are not in any way equipped to identify the needs of hijras and provide proper care. Due to the myth of hijra resilience, pain is further silenced, leading to underdiagnosis and neglect. This study, therefore, sets out to bring to light the urgent need for the provision of culturally competent, inclusive mental health care for the hijra individuals.

### 1.2 *Significance*

The significance of this research draws precisely from its potential to direct attention to the area of trauma, marginalization, and mental health within the hijra community in South Asia, with a major emphasis on the connection between low reporting and low diagnosis of PTSD. The study identifies the existing problems in the understanding of the impact of social, cultural and institutional influences on the invisibility of hijra trauma and mental health issues. The study's main benefit is that it can attract more interest for hijra people by giving to them a better mental health, bring up conversations with society and between institutions through promoting their rights, and contribute to the establishment of the specific approaches to dealing with trauma and promoting the mental health of the individuals who are most vulnerable.

### 1.3 Research Questions

Following are the research questions that are answered in this research.

1. Why is PTSD underreported in the hijra community, despite the significant psychological trauma they experience due to social marginalization, discrimination, and violence?
2. How do cultural factors, such as internalized stigma and societal expectations of resilience, contribute to the silencing of trauma and mental health issues within the hijra community?

### 1.4 Research Objectives

This research aims to achieve two main objectives.

1. To analyze the impact of social exclusion on the mental health of the Hijra Community.
2. To explore the role of media representation and societal attitudes in shaping the mental stigma of Transgenders.

## 2. LITERATURE REVIEW

D. Rai's *Embodying Identity: The Centrality of the Body in Trans Stories* (2024) emphasizes how bodily experiences are critically important in the forms and expression of gender identity, especially with victims who are at risk from sexual assault, or because they survived one. So Rai works from this base on those questions, highlights extremely clearly: how do trans people confront their body dysphoria; how and what about the social pressures on gendered bodies that surround transition. Context provided by Rai on the experiences which transgender people have had of body dysphoria and transition, as well as those social pressures surrounding gendered bodies so integral to their lives, is important for explaining Hijra. This body-focused approach enables researchers can now ask whether bodily experiences, for instance discrimination, violence and societal invisibility--are related to mental health. By this measure, Hijras would appear less healthy than many think as most likely, they suffer from PTSD. The implications of such a body centered framework for deepening the analysis, in fact the entire conversation, is profound because it makes clear how trauma in gender-diverse societies is so intimately connected to embodied experiences and social marginalization that diagnosing or reporting symptoms of PTSD can be both hindered altogether. (Rai, 2024)

Hinchy (2022) says that the community of hijras in South Asia, which is its own kind of socio-cultural group, recognized as a "third gender" and complex text, has long been a part of the regional history. Nonetheless, they are marginalized and exposed to a host of forms of discrimination tied directly with their vulnerabilities. Despite recognition in some countries--like India--hijras continue to experience local attitudes that are excluding and ostracizing, in parallel with an overall ethos perpetuating their spiritual peril, material deprivation, and mental pain (Hinchy, 2022). While more attention has recently been focused on the discrimination and exclusion of hijras, their mental health challenges, particularly PTSD, tend to fall outside the scope. (Pantalone et al., 2020)

Hinchy (2022) says in his study, *Hijras and South Asian historiography*, the hijra community contains members who are transgender women, intersex people, homosexual men and effeminate males: historically, in the society of South Asia they were placed at a double disadvantage. For hijras, on the one hand they are respected as the bearers of blessings--somebody that even to this day has a fundamental and important ritual role within Indian religious life or indeed Muslim (such as blessing a new marriage with two women). But they are also the target for continuous abuse by both contempt and violence, which has caused their identity to become complexly painful and highly alienated from society. (Hinchy, 2022)

Dwivedi (2016) explore how these autobiographies recount appallingly hard journeys of individuals striving to come to terms with their gender identities and fit in with societal concepts. Hijra

autobiographies highlight the pain, discrimination, and unacceptance from society. In analyzing hijra autobiographical works such, *The Truth About Me*. When hijra autobiographies narrate their experiences, they talk about the inhumane treatment meted out to hijras, sexual violence and their being effectively killed. All these things contribute to what psychiatrists refer as PTSD. This sort of trauma is typically implicit in hijra narrative, concentrating on the positive side of things--the people in or nearby such situations are never ones to be adventuresome and depressive--rather than confronting psychological convulsions outright. The suppression of trauma in hijra narratives reflects the cultural and social pressures which would make it hard to speak out and say "I am mentally ill". (Dwivedi, 2016)

Chowdhury and Bhattacharjee (2018) explain in their work, *The quest for social acceptance in A. Revathi's The truth about me*, hijras are rejected by both their own family and the wider world they live in. The chronic stressors identified, given the theory on Minority Stress, certainly are present for hijras in some shape or form all the time. This leaves them emotionally as well as physically scavenged. Experiences begin early in life and continuing on into a long time add up to trauma. Hijras commonly undergo public verbal abuse as well as physical injury. They may even be kept out of employment opportunities and the wider educational market entirely. These experiences contribute significantly to the onset of such mental disorders as anxiety, depression, and PTSD. (Chowdhury and Bhattacharjee, 2018)

In addition to transcending victimization through resistance and survival, the hijra community also can overlook all the deep psychological wounds which go unaddressed. Abinaya and Chanthiramathi (2023) point this out. Beyond that larger societal discourse relating to hijras is dismissive of their emotional and psychological needs. Hinchy (2022) emphasizes that mainstream media, legal frameworks, and healthcare systems generally ignore the trauma faced by hijras. This only adds to the ways in which they remain unseen in our society. When hijra experiences are talked about in public discourse, they are often viewed through an objective gaze that aims to either sensationalize them or present them as strange. Certainly, empathy is out of place in such an environment. This lack of accurate portrayal not only sustains but extends the norms that have hijras excluded from discussions about their own wellbeing and thereby perpetuates a silence over their struggles. (Abinaya and Chanthiramathi, 2023)

Pantalone et al. (2020) argue that sexual and gender minority populations, including hijras, encounter significant barriers in seeking mental health care. The under-reporting of PTSD among hijras is also shaped by structural barriers within healthcare and society (Pantalone et al., 2020). These challenges include culturally incompetent healthcare, where mental health professionals can be ignorant of or have little understanding about transgender issues: their care becomes ineffective. In South Asia, detached from moral and economic figures, may also turn away hijras when looking for help (Dwivedi, 2016).

The threat of stigma and discrimination if they disclose what has actually taken place to hospital personnel is enough to keep hijras mute. In traditional society Hijras are seen as "outsiders", and the phaco-geysya to seek help is on one hand a confession of weakness, but also implies that one cannot stand up to life's blows as expected. This fear of yet more marginalization silences any openness about mental health issues. Traumas are not identified or treated. They are another element on the to-do list for everyone's consideration (and possibly relief). (Chowdhury and Bhattacharjee, 2018)

As discussed in his conversation with A. Revathi, Prabhu (2014) points out that the hijra community generally operates under a banner of resilience: strength and endurance are loaded, vulnerability and hurt stigmatized. This blending of vulnerability with strength can be traced back to the patriarchal society hijras inhabit. Under this form of social practice, there is opportunity for emotional pain to strike but no space in which to let it be shown or talked about; one just has to carry on as if nothing had happened. Although this culture of resilience may in some ways appear to fortify hijras, it has made mental health a difficult subject for them to talk about openly; and speaking frankly of the trauma they have felt is often discouraged or met with stigma. (Prabhu, 2014)

Moreover, Frost (2011) argues that another key factor contributing to the underreporting of PTSD among hijras is the internalized stigma felt by these people. People subject to frequent minority stress may also

come to internalize adverse and unjust social attitudes such that when their trauma is identified, they feel that it is not even worth being treated. If the hijras do experience overt PTSD symptoms but they feel embarrassed, because the distortions may become even stronger as society directs its gaze at this self-image and mantra itself deep into your head impassively--generated altogether from various oppressions they faced after all these years that are never addressed or admitted by anyone else in power realms for fear of losing control over us once more. (Frost & Meyer, 2023)

The autobiographies of hijras, such as, A. Revathi's *The Truth About Me*, provide critical pieces of information into the personal and collective trauma of the community. At the same time, these personal histories reflect on the broader social dynamics that silently allow hijras' voices. This study, therefore goes to underline the call for more identification of the psychological needs of hijras and creating culturally sensitive mental health services as it questions the role of discourse in the construction of perceptions of hijra trauma. The silence over hijra trauma breaks up with changes in societal attitudes as well as through empowering hijras to talk open about the experiences they are subjected to without expecting further marginalization. (Hinchy, 2022)

The article explores the differing layers of trauma within the hijra community, arguing that PTSD is seriously under-reported through the lens of Minority Stress Theory and Discourse Analysis, and also pointing out several social, cultural, psychological factors that work to suppress hijras' trauma. A central part of the discussion are key books: A. Revathi's *Hijra Life Story The Truth About Me*, autobiographically written but with an outsider's perspective; and critical studies on the texts of hijra narratives and health. (Revathi, 2010)

### **3. RESEARCH METHODOLOGY**

This article investigates the underreporting of PTSD amongst the hijra community in relation to Minority Stress Theory and Discourse Analysis as analytical framework and theoretical framework. The methodological framework is that of investigating the experienced load on the hijras of combined trauma and PTSD along with the way it burdens trauma and PTSD occurrence and invisibility in this population. The paper is grounded in classic research, autobiographies of hijras, studies of traumatic mental pathophysiology, and critical discourse analysis of the social identity account of individuals with atypical gender identity.

#### **3.1 Theoretical Framework**

The use of Minority Stress Theory (Frost & Meyer, 2023) in the study helps to interpret what kind of stressors is faced by such populations as hijras. Minority Stress Theory proposes that members of stigmatized minority groups experience chronic marginalization related stress. There is stress, on both external (e.g., discrimination, violence) and internal (e.g., self-stigmatization, internalized negative beliefs of the community) conditions. This concept is particularly relevant when discussing the experience of hijra, as they face severe social rejection, violence and other forms of disadvantage that are thought to result in the formation of PTSD (Dwivedi, 2016; Pantalone et al., 2020). The theory offers a frame with which to understand the ways in which social, cultural and institutional constraints drive the mental health lived experience of the hijras and in turn, cause underreporting of PTSD. (Frost & Meyer, 2023)

According to Van Dijk (2015), Supporting, Discourse Analysis is employed to explore how language and social discourses on hijras shape self-identity and give rise to reactions to the mental health phenomenon. Van Dijk argues that discourse is powerful to the process of the construction of social realities, identity formation and construction of the experiences around oneself and other people. Hijras may be affected by societal constructions of gender, mental disorder, and victimization to the degree that they are willing to say, and tell, trauma. Discourse analysis enables the study of how socialized narratives either support or undermine the silence with regard to PTSD in the hijra community, for example, in media, in medicine, and even in confessional writing. (Van Dijk, 2015)

### 3.2 *Discourse Analysis of PTSD Devaluation in the Hijra Community.*

The Discourse Analysis-will deal with both macro and micro-level discourses:

**Macro-level analysis:** This includes societal-scale discourses that are discussed online, in legislative/legal frameworks, or in medical accounts that may either exclude or grossly underrepresent the hijra community. In the case of, for example, medical discourses related to mental health in India and Bangladesh, cultural and gender-based needs of the hijras are not taken into consideration which further leads to underreporting of PTSD (Dwivedi, 2016). Media representations of hijras as "other" or "blessings" in Hindu and Muslim societies, however, continue to perpetuate this marginalization (Chowdhury & Bhattacharjee, 2018).

**Micro-level analysis:** This focuses on personal and community-level discourses. Here, the language employed in hijra autobiographies and stories (e.g., Revathi, 2010) will be described to see how hijras describe trauma, the challenges they encounter with raising their concerns about mental health, and how they cope with lived sense of social otherness. One area of particular interest will be when hijras discuss feelings of shame and internalized stigma, which can block access to treatment for PTSD (Abinaya & Chanthiramathi, 2023)

This paper aims at uncovering the hidden motives of the underreporting of PTSD in the hijack community, by combining Minority Stress Theory with Discourse Analysis, and, then, to explore the mechanisms through which trauma is muted and regulated by culture/society in the process of narrative. This viewpoint provides new conceptualization of the interplay between gender identity, psychosocial well-being and marginalization and has implications for bettering mental service delivery infrastructure in and for hijras and other gender-nonconforming folk of South Asia. (Pantalone et al, 2020)

## 4. ANALYSIS

### 4.1 *Dissecting Silence: The Marginalization of PTSD within the Hijra Community*

The history of the South Asian hijra group (including trans women, intersex and gay men and effeminate men) is deeply and complexly imbedded in a representation of the tension between veneration and dispossession i.e. Hijras, considered to be sources of good fortune in some religious and cultural spheres, are also reputed to be subject to conducting the most intense persecution, social/legitimate isolation, and violence. This hybrid construct is also affected by an unusual psychological burden, which is routinely described as trauma. Yet hijra trauma and its related pathological mental state, such as PTSD, is ignored and unseen. The cumulative effect of societal marginalization, internalized stigma, and mental health service void, as a result, it leaves a vacuum of this trauma. In this paper by integrating Minority Stress Theory (Frost & Meyer, 2023) and Discourse Analysis (Van Dijk, 2015), the reader is being prepared to face the question why PTSD in the community seems to be absent, when it is undoubtedly present, according to the psychic weight of exclusion and violence. (Frost & Meyer, 2023; Van Dijk, 2015)

A. Revathi (2010) *A Hijra Life Story*, is a highly acclaimed narrative which provides deep and multifaceted knowledge about the emotional pain of the hijras, seasoned by and synonymous with the cultural invisibility of the mental illnesses of the hijras.

### 4.2 *Language of Trauma: Discourse on the devaluation of PTSD in Hijra Narratives*

According to Minority Stress Theory as developed by Frost and Meyer (2023), members of stigmatizing groups experience increased amounts of chronic stress that can be directly attributed to their stigmatizing status. It is this stress generated in turn by extrinsic (e.g., ambition, pain, discrimination, violence, stigmatization of the community) and intrinsic (e.g., self-hatred, internalized stigma) factors. In such cases that stress takes on a multitude of forms, ranging from everyday verbal abuse to structural denial of employment and education (Frost and Meyer, 2023). According to Chowdhury and Bhattacharjee (2018) these chronic stressors develop in an early childhood and are further enhanced over time resulting in psychological dysfunctions such as anxiety, depression, and PTSD. (Chowdhury and Bhattacharjee, 2018)

*"I was a woman, but I was always left on the sidelines, prevented from ever becoming fully a woman. I realized that I was different, and my difference was the focus of mockery"* (Revathi, 2010, p.43). These terms represent the sources of stress that hijras are exposed to from the outside and the inside—social stigmatization and the internalization of social disgust toward their gender identity. (Dwivedi, 2016)

Revathi experience is, perhaps, the best example of the trauma created by these minority stressors. The ongoing verbal abuse, in turn aggravated by physical violence and social exclusion, served as a platform for her PTSD. Nevertheless, as observed by Dwivedi (2016), trauma in the hijra community is a latent process in personal testimonials such as the above, as the hijras focus on coping mechanisms instead of discussing their mental scars. (Dwivedi, 2016)

Longevity-inducing stress chronically stress leads to the formation of long-term psychological morbidity. Pantalone et al. (2020) point out that sexual and gender minorities including hijras suffer disproportionately from developing PTSD as a result of being subjected to and also exposing others to violence and trauma. However, as Hinchy (2022) points out, mental health stigma experienced by hijras is often hidden by the broader social debate about hijra gender identity. This overlooking of taking the entire psychological burden into account is one reason why PTSD is underreported in hijra community. (Pantalone et al, 2020; Hinchy, 2022)

### **4.3 *Voices Unheard: Analyzing the Silencing of PTSD in the Hijra Experience***

The tendency to underreport PTSD in hijra is explainable by the convergence of internalized stigma, socialization, and culture. The hijra community, a social stigmatized group, conducts daily life and works through a complex web of cultural practices. Prabhu (2014) points out, e.g., that hijras are regularly made to show incredible resistance and strength even when faced with adversity, thus, leading to a cultural taboo of recognizing, acknowledging, and talking about vulnerability or trauma. Due to this cultural milieu, hijras do not tend to seek treatment of their mental health, as they view it as a test that in turn will lead them to failure or a lack of potential.

*"I could not help but tell my story, since if I didn't, no one would be informed of the truth, who we are"* (Revathi, 2010, p.1). This phrase characterizes the conflict of feeling exposed versus being encouraged to put on a mask of stoicism. Regarding trauma or PTSD treatment, talking for hijras is very often regarded to be a step towards a personal defeat, like a breach in the strong cultural teaching of resilience. According to Abinaya and Chanthiramathi (2023), the word hijras is a misnomer to imply their defiance and fight which transcends victimization. But such a framework is, at best, nothing more than an attempt to acknowledge the deep psychologic scars caused by generations of discrimination and violence. (Abinaya and Chanthiramathi, 2023)

Societal mental illness stigma amplifies this silence. Frost and Meyer (2023) claim that minority stress leads to the formation of negative internalized beliefs that can prevent people from seeking mental health care. Because of the stigma associated with being classified as "mentally ill" or "feeble" by hijras, trauma is difficult for them to acknowledge (Frost and Meyer, 2023). As Due to a personal feeling of being susceptible, refusal to go along with disclosures of the amount of suffering endured by the female community of hijras is explained by Prabhu (2014) as an adaptation to the role women play in a patriarchal world which thrives on female's power, resilience, etc. As a result, Hijra progressively comes to feel as if their trauma is ignored or unaddressed. (Prabhu, 2014)

*"I never thought of seeing a doctor. It seemed pointless. It was all impossible to understand what I was doing and talking and I did not feel prepared to be characterized as "crazy"* (Revathi, 2010, p.82). This dramatic statement points to the unconscious internalization of social rejection and the feeling of despair that is common for hijras when exposed to their trauma. Avoidance of outgroup identity, future ostracization and rejection causes hijras to reject much needed services.

#### **4.4 The Social Construction of Trauma: Devaluation of PTSD within the Hijra Community**

Societal views on hijras influence their experience and severity of trauma and the public representation of mental illness in hijras. Van Dijk (2015) has argued that discourse is constitutive of the production of social realities. Here, in the case of hijras, the prevailing social mythologies are to leave the nature of trauma to the abyss, or be treated as insignificant for the sake of laughing. For example, in the media, hijras are often pictured as participants in religious ceremonies, as "sacrifices," rather than individuals who are victims of widespread discrimination and violence). (Van Dijk, 2015)

*"I did not want to be a symbol of blessing or a source of joy. I also wanted to be treated as a human being, with my own pain and my own struggles"* (Revathi, 2010, p.156). This sentence is an example of how, through personal accounts, hijras can at the same time resist and challenge the very operative discourse that immerses them with a marginal status to this day. (Pantalone et al, 2020)

Social construction and representation of trauma in the members of hijra population is, among other factors, responsible for underdiagnosis of PTSD. Hijra trauma is chronically overstated, downplayed, or ignored and there is scarcely any space for a more sophisticated and elaborate view of the psychological price that it entails in the lives of victims. Hinchy (2022) highlights the fact that legal and medical systems which prescribe the image of hijra in South Asia are (and wholly, and for the most part, insufficiently) failing to meet the emotional and psychic needs of the community. The underrepresentation guarantees that the distress suffered by hijras will continue to be kept latent, thereby exacerbating their psychopathology. (Hinchy, 2022)

#### **4.5 The Impact of Social Exclusion: Discourse on PTSD Devaluation in Hijra Lives**

Besides the social and cultural influences, hijras face several challenges in getting mental health care. Pantalone et al. (2020) suggested that sexual and gender minority populations also experience a unique set of barriers to treatment of mental health conditions. Challenges encompass cultural incommensurability among providers, discrimination in medical care, and the continued fear of additional marginalization. Dwivedi (2016) hijras, in particular, are frequently not included in health care facilities or receive inadequate care because of a lack of knowledge of their gender identity and their needs. (Pantalone et al, 2020; Dwivedi, 2016)

*"I went to the doctor and he told me that I wasn't supposed to visit the clinic," etc. 'You don't belong here' he said, 'Go to a place for people like you'"* (Revathi, 2010, p.83). This exclusion is not just a product of misunderstanding and lack of compassion in health care systems, but it also demonstrates the de facto lack of care to the hijras. This case is an illustrative example of the structural disadvantageous that hijras experience when trying to achieve support and quality mental health services. (Abinaya and Chanthiramathi, 2023)

The underestimation of PTSD in the hijra community is a complex issue, arising from the interplay between minority stress, cultural factors, and structural roadblocks to mental health care delivery. Minority Stress Theory explains how the levels of chronic stress experienced by people who are hijras that result from external discrimination, rather than the development of PTSD, could stem from internal stigma. Yet, the lack of discussion as far as the trauma of hijra is concerned, is also shaped by social discourses that belittle, or in general, muffles their psychological suffering. As Prabhu (2014) points out that, the hijra community is frequently obligated to move beyond victimhood via resilience, creating few if any spaces for vulnerability or to better understand trauma. (Prabhu, 2014)

#### **4.6 The Politics of Silence: Investigating the Discourse on PTSD in Hijra Community**

Mishra's *Transgenders in India: An Introduction* (2022) provides an in-depth look at both the historical and socio-political dynamic of hijra lives on the subcontinent. A combination of marginalization and consequent psychological distress stops these people from learning new things that other people take for



granted, such as foreign languages or computing skills like is customary in modern education systems set up all over South Asia. Mishra points out that historically, hijras have been cherished in certain cultural and religious contexts, but their everyday existence is typically defined by systemic violence, rejection and exclusion. This combination of honor and maltreatment thus creates psychological tension which aids in greater mental health problems. For example, Mishra elaborates on how hijras are often compelled to live on the margins of society engaging in street-based sex work or begging, day in and day out, or performing at weddings and childbirth ceremonies as a means to make ends meet. While providing some measure of social acceptance, these activities also expose hijras to a number of factors leading repeated violence, stigmatization and alienation - conditions that are highly conducive to PTSD. Mishra points out that this type of trauma is unspoken of or even treated with ridicule, adding a further layer of taboo to the already secretive culture. (Mishra, 2022) As Chowdhury and Bhattacharjee (2018) point out, these chronic stressors start in early childhood and become interwoven over time into a complicated tapestry that includes anxiety, depression and PTSD. (Chowdhury and Bhattacharjee, 2018)

#### **4.7 Power, Stigma and Trauma: Discourse Analysis of PTSD in the Hijra Experience**

In the book *Red Lipstick: The Men in My Life*, written by Laxmi Narayan Tripathi (henceforth called Laxmi), famous Hijra activist in India, also shares the emotional torment and psychological anguish that become a Hijra in patriarchal society carries. With personal stories, Laxmi looks back at the outrage she felt when rejected by her family, the times assaulted and raped (which are all part of life for Hijras). One extremely vivid instance from her autobiography is when Laxmi recalls what it's like inside after being thrown out by its own society due to gender identity. *"I was rejected by my family, shunned by my community, and cast out of the society. I was reduced to being only a phantom-like creature that existed in this world somehow."* (Laxmi, 2019; author's interview) This rejection sets the stage for internalized stigma and self-hatred--two pivotal elements in Minority Stress Theory (Frost & Meyer, 2023). Two generations of Hijras have grown up with the view that they are vermin from society, likely examples for one version after another of badness, providing no future; eternal sub-humans forced into their own background. It is a condition dictating what feelings hijras can have; Trapped inside an emotional time warp--which stage Laxmi's own narrative operates in also. She didn't experience this in a place far away beside tranquil ocean waters, she experienced it right in the thick of today's Indian society. Instead of bringing a satisfying ending to Jugun, it brings her back with another task added on--namely to face PTSD-like symptoms. In the long run, such rootlessness and persecution may lead to more pervasive ones like depression, misery, which (Laxmi 2019). As Pantalone et al. (2020) maintain, sexual and gender minorities (including hijras) are at disproportionately higher risk for PTSD because of repeated exposure to these types of violence. (Pantalone et al., 2020)

Mishra and Tripathi argue that since very few hijras are able to access mental health services which understand their particular experiences, the result will be invisible PTSD. In the view of Mishra, medical professionals often lack the training that enables them to understand hijras' specific mental health needs, with the result that these traumas are further compounded. Tripathi likewise points out how the medical community has failed to provide any help for hijras, not just because people are ignorant but also given the deep stigma surrounding their identity as hijra. There are no complete mental health services available to hijras, when this take together with the curtains of the society it means that PTSD is at least under-reported and far probably under-treated (Mishra, 2022; Tripathi, 2019). Just as Hinchy (2022) says, neglect and mal-representation of hijras in medical as well as legal terms adds further insult to injury. (Dwivedi, 2016)

From Mishra's and Tripathi's works, this can be learned that hijras' suffering is both multi-faceted and deeply ingrained. It is social rejection, cultural prohibitions, and above all a lack of mental health support. Most of the time, a hijra may seem to be tough and invincible facing everyday life. In fact, their psychological suffering is intense and often invisible. (Abinaya and Chanthiramathi, 2023)

Revathi's *The Truth About Me*, however, provides a profound understanding of the lived experience of the hijra community, both of what has allowed them to be resilient and of what has plagued them (Dwivedi, 2016). By means of her story, they can speak the deep and damning discourse that has kept them and their pain hidden for so long. In order to respond to the mental health needs of hijras, it is necessary to design more inclusive and culturally fitting mental health services and to dismantle the social narratives that sustain their marginalization. This alone may only be realized however—once the silence of the traumatized person is broken—and the mental health of the hijras is addressed in a responsible, appropriate way. (Hinchy, 2022)

## **5. RESULTS AND DISCUSSIONS**

This paper focuses on the lack of reporting and awareness of PTSD for hijra community members; it arises from an intricate mix that combines societal marginalization, cultural expectations and mental health services which are not accessible.

### **5.1 *Prevalence and Underreporting of PTSD***

Hijras continue to suffer under the chronic stress of discrimination or violence whether it is from outside sources such as infertility treatments given gratuitously by the police, or becomes part of their mentality after twenty years inside jail; and PTSD is still largely unrecognized in the community for two reasons. Cultural expectations of resilience, combined with the stigma surrounding mental health, stop many hijras from acknowledging their trauma. Personal accounts by hijras like Revathi and Laxmi describe the devastating emotional impact of rejection and violence, which often causes them to go untreated.

### **5.2 *Cultural Silence Around Trauma***

Hijras are expected to be tough, both strong and with good stamina, so they often have emotions pushed back. This attitude of hard-headedness for life brings about a complete silence about their pain: after all it is simply not worth talking about if hijras cannot bear it. Empty discourses alluding to hijras as symbols—an object of reverence, a religious figure—constitute in reality little more than further insignificance in life for them.

### **5.3 *Barriers to Mental Health Care***

Hijras face major obstacles in seeking culturally competent mental health care. Discrimination, lack of education by medical professionals and subjective stigma prevents hijras from getting help. This results in a vicious circle of invisibility that leaves their trauma untreated and aggravates psychic shock.

### **5.4 *Social Discourse and Trauma***

The mixed societal discourse on hijras, which mixes honor with marginalization, contributes to the downplaying of their trauma. This lack of penetration renders it more difficult for hijras to express their suffering, either within society or at the hospital.

### **5.5 *Expanding the Understanding of PTSD***

The trauma that hijras experience cannot be understood in isolation from its social and historical context. Their special mixture of cultural honor combined with structural violence creates a psychological burden of which was partly ignored. Traditional models of mental health fail to take these factors into account.

This study offered solutions to this complex problem in various ways: In the provision of mental health care, and in re-examining the traditional definition of psychiatrist. a continuation, balanced and fair commentary on injury as well as increased awareness--of invisible PTSD within the community--depends crucially on recognizing specific stressors and traumas faced. Breaking the silence about just what these people put up with has to be for us adults now more than any other absolute prerequisite.

## 6. CONCLUSION

It is with the application of such minority stress theory that assists in understanding the relationship between the lesbian, gay, bisexual, transgender and hijra community and chronic stress. It is in this aspect where discrimination, be it external or internalized, actually exerts a negative influence on the culture. The culture has high expectations of 'hijras' where they are epitomes of strength and supremacy. As a result, very few are willing to show weakness and if they do, the expectation is to keep calm and carry on. The external narratives, that elevate hijras are either fabrications or based on religion, the very same religion that removes the stigma surrounding mental health.

Additionally, there are the other structural barriers to mental health care that aggravate this problem. Hiding behind actual and perceived discrimination within the doctor and the legal systems, lack of cultural awareness among the healthcare providers and the fear of being turned away and discriminated against prevent hijras from seeking help. The absence of education and the lack of awareness of the outsourcing professional provide regarding the conception of hijras suggests that even if those hijras do approach help, a large part of the understanding or the trauma is still lost, neglected, withheld or downplayed.

Life histories like those of Revathi and Laxmi are indeed interesting but they cannot and should not be dismissed as pathological. These illustrations demonstrate the narratives of trauma and the complex relations of strength and weakness and the contradictions inherent in them. Therefore, the history of these marginalized outcast people confounds the sanctimonious story of development by revealing their suffering. The narratives of hijras tell the moral tale of how internally they are torn between two worlds, for them to be strong and succeed on one hand but to vulnerability where they have to hide their pain from those who do not care about them emotionally on the other.

## Acknowledgements

None.

## Conflict of Interest


Authors declared NO conflict of interest.

## Funding Source

The authors received NO funding to conduct this study.

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