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"You Just Wanna Suppress It or Let It Go": Storytelling, Re-traumatization, and Healing in IPV Research with Immigrant Women

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Abstract

This article explores the emotional and psychological complexities of retelling intimate partner violence (IPV) experiences among immigrant women, with a focus on the dual potential for re-traumatization and healing. While recounting abuse can reopen emotional wounds, it can also serve as a catalyst for advocacy, solidarity, and personal growth. By shedding light on the transformative power of storytelling, this article aims to illuminate the paths of courage, resilience, and hope, while recommending the integration of positive psychology into health, social work, and educational research and training with immigrant women in IPV relationships. **Methods:** Twenty-seven immigrant women from The Caribbean, Africa, Asia, Europe, and the Middle East were recruited through community-based organizations, social media, flyers, and a snowball approach. Semi-structured interviews of sixty to ninety minutes were conducted in English and Arabic Languages to explore the perceptions of racialized women on retelling their abuse experiences in their intimate relationships. Using MAXQDA software and thematic analysis, data was analyzed with bioecological and intersectionality theoretical perspectives. **Result:** The study reveals a spectrum of responses - some participants found storytelling therapeutic and empowering, while others experienced emotional distress, flashbacks, and physical discomfort.

Keywords: Trauma; Intimate Partner Violence; Positive Psychology; Immigrant Women

Background

Retelling traumatic stories is a profound act of courage, resilience, and healing. In the shadows of people's past experiences lie narratives that are often too painful, raw, and complex to articulate. Yet, by sharing these stories, people embark on a journey of self-discovery, empowerment, and transformation. Retelling traumatic experiences is not merely a recounting of events; it is reclaiming one's voice, agency, and sense of self in the face of adversity. Trauma is a pervasive and complex phenomenon that overwhelms an individual's ability to cope [1,2].

Traumatic experiences can vary widely and may include events such as accidents, natural disasters, violence, abuse, loss, witnessing or listening to other life-threatening situations [3,4]. Trauma can have profound effects on an individual's mental, emotional, physical, and overall quality of life [3], leading to a range of symptoms such as anxiety, depression, post-traumatic stress disorder (PTSD), and disrupted intrapersonal and interpersonal relationships [5].

According to SAMHSA [6], people's responses to trauma could be categorized under three Es (event, experience, and effect) - the event, the way the event was experienced, and the effects on one's ability to cope. This indicates that an individual's subjective experience of an event determines the perception of trauma, and their ability to cope. Notwithstanding, experiencing abusive treatment from someone intimate may contribute to trauma since this contradicts the expected outcomes. This love context contributes to one of the barriers to exiting abusive relationships [7,8] persistent abuse, and unforgettable memories [9].

Trauma can be heightened by the power and control asserted by an intimate partner. These include verbal threats, physical aggression, silence, gaslighting, spiritual/religious, sexual and financial abuse, and isolation [10-13]. Intimate partner violence contributes to victims' voicelessness and invisibility due to power and control. Thus, allowing victims to reclaim their voices and move beyond silence is one of the ways to overcome trauma [14]. These insights hold significant implications for health and education research, particularly for how trauma narratives are elicited, taught, and ethically engaged within professional training and practice contexts.

Impact of Retelling Traumatic Stories

The ability to tell one's story brings to consciousness the experiences of events that may have been buried in the pursuit of forgetting the incidents [14]. According to Strauss and Szymanski [15], storytelling reduces IPV survivors' experiences of isolation and stigma and increases their healing and overall well-being. Studies have revealed that women's reflections on telling their stories through research interviews and other forums reveal therapeutic benefits [16]. Dichter [17] in an in-depth qualitative study with women who had experienced IPV and had received services from a community-based IPV counseling and advocacy program revealed that women used storytelling as a source of internal power and a way of combatting the disempowerment that IPV caused them.

The research delineates that the sense of agency and autonomy women acquire by possessing and articulating their

narratives is correlated with encouraging fellow survivors. These narratives serve a dual purpose: they are instrumental in the healing and empowerment of the storytellers and their peers, and they act as catalysts for targeted social reform at both the cultural and systemic strata [17]. The study posits that the deliberate choice by women to share their experiences publicly is driven by an intent to heighten IPV awareness, thereby mobilizing societal engagement and transformation, while simultaneously reflecting on the empowerment derived from the act of storytelling.

In their qualitative study of intimate partner violence (IPV) survivors, Lim et al. [18] found that the way individuals interpret traumatic experiences can shape their path towards healing. This highlights the importance of making sense of and assigning meaning to one's experiences as a crucial part of personal growth and transformation. Furthermore, the desire to share one's story as a means of inspiring and supporting others can empower those who have yet to find their voice [17].

The act of recounting one's traumatic experiences can serve to challenge and deconstruct the prevalent myths and misconceptions associated with Intimate Partner Violence (IPV) and its ramifications, potentially fostering beneficial societal transformation. Baird [19], through a feminist intersectional lens employing constructivist grounded theory methodology, posited that women vocalizing their traumatic encounters associate their trauma with sensations of pain, fear, and anxiety. These afflictions were depicted in manners that encapsulated both the emotional and corporeal toll on their personhood. This denotes the persistence of anguish or the resurgence of memories even subsequent to the cessation of the relationship. Baird further elucidated that certain women abstain from sharing their narratives due to apprehensions of societal rejection.

This ostracism often stems from interactions with family, friends, colleagues, service facilitators, and law enforcement—manifesting either as disbelief or victim-blaming. Additionally, some recounted a self-rejection or an identity crisis predicated on adverse experiences with those presumed to be supportive, culminating in experiences of hardship, oppression, and adversity [7]. Conversely, other women articulated that the process of storytelling engendered a fortification of character and a newfound cognizance of their capacity to surmount life's challenges [19,20].

Arnzen [14] contends that subsequent to IPV survivors' disclosure of their trauma, it is essential to implement measures that facilitate their reintegration into society, bolstering their self-assurance in both their identity and their autonomy. While comprehending the narratives of immigrant women affected by IPV is crucial for devising tailored interventions, this research advocates for a re-evaluation of how traumatic experiences are probed during research or clinical practice with immigrant women. The study redirects the focus of researchers and service providers towards an examination of immigrant women's IPV experiences with an emphasis on hope, courage, resilience, and comprehensive healing, employing the principles of positive psychology to avert the recurrence of traumatic exposure.

Theoretical Frameworks

Two theoretical frameworks guided the data collection and analysis: bioecological theory and intersectionality [7]. The bioecological model, as conceptualized by Bronfenbrenner [21], elucidates the intricate web of interrelations between individuals and their respective environments. It asserts that the trajectory of human development is shaped by a multifaceted network of relationships and interactions that span across various environmental layers. These strata encompass the microsystem, mesosystem, exosystem, macrosystem, and chronosystem, each playing a pivotal role in influencing an individual's potential for flourishing [23-24]. The application of this model was instrumental in interpreting the multifarious ecological contexts (pre- and post-migration, researcher-participants, and service provider-service-users) in which immigrant women navigate and their experiences are shaped over time.

Employing the bioecological framework facilitated a deeper comprehension of the immigrant women's engagement with their heterogeneous environments during the transition from their homelands to Canada. It also illuminated their interactions with various systems and entities. Furthermore, this theoretical lens contributed to the formulation of the **PMP Model of Assessment and Interventions** (Figure 1). The PMP model, as developed by Akinyele-Akanbi [7], underscores the temporal context and the elements that warrant consideration in both research and the provision of services. It underscores the imperative of maintaining a balance between the knowledge exploration and empowerment of service users which may also contributes to focusing on people's strengths rather than their deficit.

On the other hand, intersectionality considers the interconnectivity of social categorizations such as race, class, gender, research participants, service users, researcher, service providers, and other identities as they relate to systems of oppression, power, discrimination, and privilege [25,26]. Intersectionality recognizes that individual's experiences of multiple forms of discrimination or privilege and that these intersecting identities, simultaneously shape their experiences and opportunities in complex ways [27]. Intersectionality challenges the idea that individuals can be reduced to a single identity category and highlights how multiple aspects of identity intersect and interact to shape individuals' experiences and social positions.

Intersectionality, as a theoretical framework in research, provides a nuanced lens through which the complex power dynamics between researchers and participants can be examined [28]. Utilizing an intersectionality framework enables scholars to comprehensively analyze the multifaceted systems of privilege and oppression that shape both the methodology and findings of research endeavors. Ayrton [29] advocates for a heightened awareness of the subtle power dynamics at play, encouraging researchers to engage in reflexive practices in the pursuit of knowledge, particularly when engaging with those from marginalized groups who often bear the brunt of power imbalances in research settings.

The combination of bioecological and intersectionality theories in this study holds immense value for understanding and addressing the complex dynamics faced by migrant women experiencing IPV. Integrating these theories allows this researcher to move beyond simplistic explanations and delve into the nuanced realities of migrant women's lives in their intimate and research relationships. By considering both individual and contextual factors, we can develop more

effective interventions, policies, and support systems that address the specific needs of this vulnerable population.

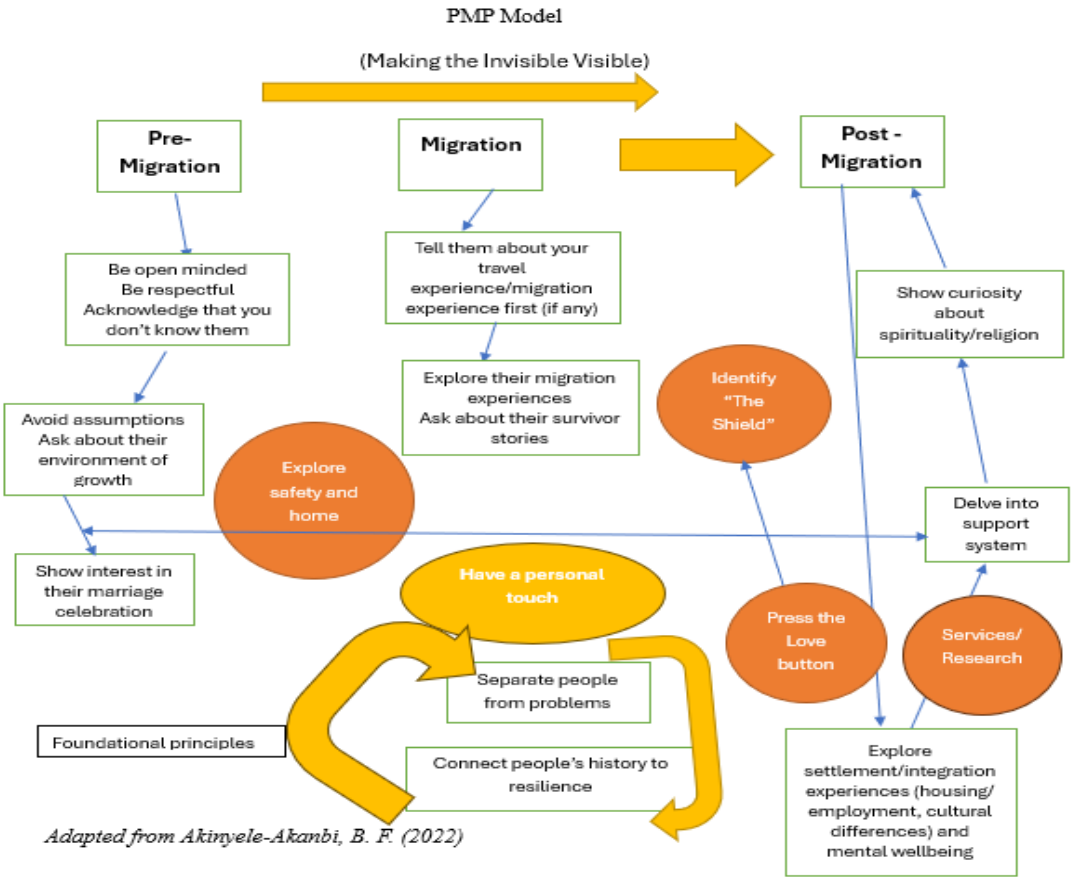

Figure 1: PMP Model of Assessment and Intervention.

Findings and Discussions

Experiencing trauma could have a long-term impact on its victims, and contrary to the assumed notions, time may not heal the wound sustained in the process [30,31]. Retelling stories of trauma could recreate the abuse context and specific emotions for the survivors [7,32]. Additionally, victims may also experience "double trauma" (McLean et al. p. 2) if they perceive their stories do not align with the assumed narratives. Findings from the participants' stories are summed up under the following themes.

The Therapeutic Power of Storytelling

One common theme among the participants was the "therapeutic power of storytelling". Participants describe the act of sharing their stories as a form of relief, a way to organize thoughts, and a method for emotional release. This theme underscores the importance of narrative as a tool for healing and empowerment, particularly for those who have experienced trauma or are in vulnerable situations. The act of storytelling has long been recognized as a potent therapeutic tool [33]. In the context of immigrant women in IPV relationships, the opportunity to narrate their experiences can serve multiple functions. Firstly, it provides a structured way to process complex emotions and traumatic events.

As Madison and Belinda mention, having their thoughts "all straight" and in "chronological" order can be immensely helpful, especially when dealing with legal and psychological matters that require clarity and precision. In her narrative of psychological organization and relief when retelling her traumatic story of abuse in her relationship, Madison said....

> Therapeutic. It has helped me because if I need to tell my psychologist to write a letter for immigration, I have my thoughts all straight. I have all my dates chronologically, it's been therapeutic. It's good to talk to someone. It has been therapeutic. I think it's good to talk about your problems. I did not talk about my problems. I did not tell anyone. So many of my friends never knew. They all thought, oh, I had a very good relationship. I said, "No, I did not." There were a lot of things that were hiding. They understand now when they find out, oh, you don't have immigration, that's why…
>
> (Madison 29-35yrs, Middle East)

Also, for Belinda, retelling her story relieves her of being emotionally caged after staying in an abusive relationship for some time. To her, speaking up is essential to psychological healing. Expressing how she felt retelling her story of abuse, she expressed……..

> Um, right now it's like I'm feeling I'm feeling so relieved because, I'm able to speak up and let everything in or out of my mind like I can set up my body because like I want something. Once you have been consumed with violence or abuse, you have to speak up.
>
> (Belinda, 29-35 years, South Asia)

Sense of Community and Solidarity

The act of storytelling serves as a powerful means for reclaiming agency among survivors of intimate partner violence (IPV). By breaking the silence that often envelops victims' suffering, speaking out becomes an act of liberation. Immigrant women who have experienced IPV find solace in sharing their stories, allowing them to escape the confines of abusive systems and connect with fellow survivors. This process of retelling not only contributes to individual healing but also extends its impact to others facing similar circumstances. Participants' reflections underscore the transformative potential of shared narratives, thereby fostering a sense of community and solidarity that transcends individual boundaries. For instance, Amanda reiterated the importance of connecting and demonstrating solidarity for immigrant women's freedom from abuse. Narrating her story, Amanda said.....

> Um. I guess everyone needs somebody. We all need to lean on each other. Some way or other right? Yeah, so yeah, no matter what, like you always have to have somebody you know that you can lean on, you know. Somebody that you can talk to. You know, somebody that you can relate to..... We need to be able to stand up. We need to encourage all women to come up and say what is wrong with them. You know, like they shouldn't just sit back and keep being hurt and not telling anyone.
>
> (Amanda, 30-49 years, Africa)

Storytelling serves as a mechanism for reclaiming agency among survivors [34]. By giving voice to their experiences, victims break free from the silence imposed by abusive systems. From the participants' perspectives, the act of speaking out becomes an act of liberation, allowing survivors to assert their autonomy and regain control over their narratives - the step that may be challenging for abused rich women to take due to the intent of image protection and financial repercussion [10,35,36].

Immigrant women, often marginalized and isolated, find empowerment in sharing their stories. Through this process, they move beyond victimhood, actively shaping their narratives. In addition, due to the limited support system for immigrant women in abusive relationships, willingness to share their stories allows others to recognize and relate such with their experiences and find solace in knowing they are not alone, fostering a sense of community, and encouraging mutual support and empathy. This creates a collective strength that transcends individual boundaries. The shared narrative becomes a beacon of hope, demonstrating resilience and survival. Emphasizing the sense of connection and solidarity with other survivors, Sophia said in her story....

> More people telling their stories, this is a platform for me to say it could happen to anyone.
>
> (Sophia, 30-49 yrs., Middle East)

Essentially, the shared narrative becomes a lifeline, bridging the gap between isolated individuals and created a platform for powerful voices. In this interconnected web of stories, survivors find validation, empathy, and a sense of belonging. As indicated in this study, participants' narratives bridged cultural gaps and emphasized shared collective resilience.

From Pain to Pedagogy: Survivors' Stories as Tools for Education

Survivors of intimate partner violence (IPV) often find solace and empowerment in sharing their narratives. When survivors share their experiences, they become agents of change and hope, demonstrating strength, resilience, and ability to overcome adversity. By speaking out, they show others in abusive relationships that healing and recovery are possible. In congruential with other studies [17,37,38], participants in this study advised using their narratives to educate others about IPV, dispel myths, challenge stereotypes, and raise awareness. In their narratives, participants provided insight into the dynamics of abuse, including cultural nuances that may differ from mainstream perceptions. Narrating her story of abuse and the loss of her sister to intimate partner violence to educate and create awareness, Samantha expressed the following:

> I have passed the time when I tell a story, and I cry. Now I'm more calmed and I strongly believe that my story will help somebody to be safe. And not to continue to think about others by thinking about yourselves. My sister was always like "me oh no, you know, he's my first husband, he's my first man, my kids". The kids are grown, the kids are with me and she's not with the kids not even with the husband, she's dead. So it's always good to raise awareness to talk, someone will find herself in the same situation. Maybe it will encourage the person to take a step forward and go get help,
>
> (Samantha, 50-69 yrs., Africa)

The Psychological and Physical Toll of Retelling Trauma

While some believe that narrating traumatic experiences could aid in the healing process [39], it is imperative to understand that retelling traumatic stories could also recreate the traumatic scenario [32,40,41]. This inadvertently may lead to reliving the trauma. In consensus to the emotional, psychological and somatic impacts of retelling trauma stories, some of the participants' stories of psychological and physical pain offer a profound exploration into the emotional landscapes of immigrant women who have endured intimate partner violence (IPV). The psychological impacts of retelling traumatic experiences are significant, often triggering a range of emotions and physical responses. For instance, Olivia, a 30-49-year-old participant from Africa, reflects the internal struggle many survivors face when recounting their experiences. Describing her psychological state during her narration, she said…

> Talking about it kind of triggers some emotions or some feelings that you don't really wanna talk about it. You just wanna suppress it or let it go.

Also echoing this sentiment, Emma, a 30-49-year-old from Africa, said "I feel sick, but it's kind of a way of me passing out my experience,". Reiterating the physical impacts of retelling her trauma story, Leah, another 30-49-year-old participant from Asia, expressed her story triggered her abuse experiences and her ex-partner, stating that…

> I am not feeling good or bad, I feel like sharing my story but it triggers things from the past and I have to think about him and everything that happened to me.

Leah's narrative underscores the complex emotions involved in retelling their stories. These narratives resonate with broader literature on IPV among immigrant women, such as the experiences of Iranian immigrant women, who often face psychological IPV and seek informal support due to cultural and religious factors [42,43].

Based on the above narratives, it is evident that while retelling traumatic stories of abuse could be therapeutic, educational, as well as created a sense of community, it also created the context of reliving the trauma. Therefore, in order to prevent the re-traumatization of research participants or service users, it is recommended that new perspectives should be considered in the knowledge pursuit and service provision process through positive psychology without dismissing or minimizing the victims' pains.

Relevance of Positive Psychology to IPV Research with Immigrant Women

Positive psychology is a branch of psychology that focuses on the strengths and virtues that enable individuals and communities to thrive. It emphasizes positive experiences, such as happiness, hope, and gratitude, and explores how these elements contribute to overall well-being [44]. This also correlates with strength-based approach in social work practice where individual's abilities to resolve past challenges is brought into the current context [45]. Rather than concentrating solely on mental illness or dysfunctionality, positive psychology aims to understand and foster the factors that allow people to lead meaningful and fulfilling lives.

Relevance of Positive Psychology to IPV Research with Immigrant Women

The application of positive psychology in research involving immigrant women experiencing intimate partner violence (IPV) offers a strengths-based perspective that can be empowering and transformative. Research in positive psychology has shown that positive emotions can broaden an individual's thought-action repertoire, leading to greater creativity and problem-solving abilities [46]. Additionally, cultivating strengths and virtues, such as gratitude, optimism, and kindness, has been linked to increased life satisfaction and reduced symptoms of depression [47].

Immigrant women often face compounded challenges, including cultural and systemic barriers (including legal uncertainties), and social isolation. Thus, positive psychology can help identify and nurture resilience, hope, and coping strategies among these women, shifting the focus from victimization to empowerment [48]. This approach can also inform culturally sensitive interventions that recognize and build upon the existing strengths of immigrant women.

Implications for Social Work Practice, Policy, and Research

Integrating positive psychology into social work practice can enhance the support provided to immigrant women in IPV situations. Practitioners can use strengths-based assessments and interventions to foster resilience and self-efficacy by incorporating Seligman's PERMA model, which identifies five core elements of well-being (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment) in their practice [44,49]. These will include exploring how victims cultivate positive feelings, activities engaged in, their social network, how they find purpose and significance in the midst of their adversities, and their past achievements and future goals [44]. Using this approach in assessment and intervention approaches will create hope and enliven their purpose in life. Notwithstanding, this should not dismiss or minimize their lived experiences but rather acknowledge and create pathways for hope for their future.

Research in positive psychology has shown that positive emotions can lead to greater creativity and problem-solving abilities [50]. Therefore, research grounded in positive psychology can contribute to a more holistic understanding of immigrant women's experiences and inform evidence-based practices that prioritize well-being and recovery. Participants' well-being should be prioritized in the knowledge pursuit in research, therefore promoting positive human functioning such as happiness, well-being, and flourishing of immigrant and refugee women in IPV relationships [44].

Policy development can benefit from this perspective by promoting programs that focus on empowerment and community-building that support immigrant and refugee women in abusive relationships in their homeland. Conclusively, incorporating positive psychology into research, practice, and policies can lead to more holistic and sustainable outcomes. By fostering resilience and empowering survivors, this approach contributes to the overall well-being and creates future hope for immigrant women facing IPV despite their traumatic experiences [51-54].

Competing interests

The authors have no competing interests to declare that are relevant to the content of this article.

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References

1. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders. 5th edn, American Psychiatric Publishing, Arlington, VA.
2. Bremner JD (2006) Traumatic stress: effects on the brain. Dialogues Clin Neurosci 8(4): 445-461.

3. Brewin CR, Andrews B, Valentine JD (2000) Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. J Consult Clin Psychol 68(5): 748-766.
4. Van der Merwe A, Hunt X (2019) Secondary trauma among trauma researchers: Lessons from the field. Psychol Trauma 11(1): 10-18.
5. Koenen KC, Ratanatharathorn A, Ng L, et al. (2017) Post-traumatic stress disorder in the World Mental Health Surveys. Psychol Med 47(13): 2260-2274.
6. Substance Abuse and Mental Health Services Administration (2014a) Trauma-Informed Care in Behavioral Health Services (TIP Series 57). Rockville, MD.
7. Akinyele-Akanbi B (2022) Understanding the narratives of immigrant and refugee women (IRW) in intimate partner violence in Canada across pre-migration, migration, and post-migration (PMP) trajectories.
8. Pocock M, Jackson D, Bradbury-Jones C (2020) Intimate partner violence and the power of love: A qualitative systematic review. Health Care Women Int 41(6): 621-646.
9. Figley CR (2012) Encyclopedia of trauma: An interdisciplinary guide. Sage Publications.
10. Dickson P, Ireland JL, Birch P (2023) Gaslighting and its application to interpersonal violence. Journal of Criminological Research, Policy and Practice 9(1): 31-46.
11. Davis M (2015) Theorizing religious abuse within the context of intimate partner violence: The African American community. Journal of Black sexuality and relationships 1(4): 45-61.
12. Hailes HP, Goodman LA (2023) "They're out to take away your sanity": A qualitative investigation of gaslighting in intimate partner violence. Journal of Family Violence 40(2): 269-282.
13. Sáez G, Riemer AR, Brock RL, et al. (2022) The role of interpersonal sexual objectification in heterosexual intimate partner violence from perspectives of perceivers and targets. J Interpers Violence 37(3-4): 1430-1455.
14. Arnzen A (2014) Stuck in the Trauma Story: The Construction and Consequences of Narrative Liminality in a Domestic Violence Center in Cape Town, South Africa. Trinity College, Hartford, Connecticut.
15. Strauss Swanson C, Szymanski DM (2020) From pain to power: An exploration of activism, the #MeToo movement, and healing from sexual assault trauma. J Couns Psychol 67(6): 653-668.
16. Dichter ME, Sorrentino AE, Haywood TN, et al. (2019) Women's participation in research on intimate partner violence: Findings on recruitment, retention, and participants' experiences. Women's Health Issues 29(5): 440-446.
17. Dichter ME, Chatterjee A, Protasiuk E, et al. (2022) "I'd go from a mountain top and tell my story": Perspectives of survivors of intimate partner violence on storytelling for social change. Violence Against Women 28(6-7): 1708-1720.
18. Lim BH, Valdez CE, Lilly MM (2015) Making meaning out of interpersonal victimization: The narratives of IPV survivors. Violence Against Women 21(9): 1065-1086.
19. Baird SL, Alaggia R, Maiter S (2021) Broadening the 'Survivor Capsule'of intimate partner violence services. The British Journal of Social Work 51(7): 2517-2535.
20. Akinyele-Akanbi BF (2024) Caught in The Webs of Culture: The Implication of a Dual Cultural Setting for Self-definition of Immigrant Women in IPV Relationships in Canada. J Social Work Practice and Educ1(1): 1-11.
21. Bronfenbrenner U (1979) The ecology of human development: Experiments by nature and design. Harvard University Press.
22. Bronfenbrenner U (1994) Ecological models of human development. International Encyclopedia of Education 3: 1643-1647.
23. Thoits PA (2011) Mechanisms linking social ties and support to physical and mental health. J Health Soc Behav 52(2): 145-161.
24. Wang L, Zhou Y, Wang F, et al. (2021) The influence of the built environment on people's mental health: an empirical classification of causal factors. Sustainable Cities and Society 74: 103185.
25. Crenshaw K (1989) Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum 139-167.
26. Cho S, Crenshaw KW, McCall L (2013) Toward a field of intersectionality studies: Theory, applications, and praxis. Journal of Women in Culture and Society 38(4): 785-810.
27. Collins PH (2015) Intersectionality's definitional dilemmas. Annual Review of Sociology 41: 1-20.
28. Warner LR, Shields SA (2018) Intersectionality as a framework for theory and research in feminist psychology. Gender, sex, and sexualities: Psychological perspectives pp: 29-52.
29. Ayrton R (2024) Power dynamics between researcher and subject. pp; 132-144, Oxford University Press.
30. Clarke J, Gray M, Price J (2019) Wounds That Time Does Not Heal: The Long-Term Health Impact of Trauma. The Health Psychologist.
31. Herman JL (1992) Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. Journal of Traumatic Stress 5(3): 377-391.
32. McLean KC, Delker BC, Dunlop WL, et al. (2020) Redemptive stories and those who tell them are preferred in the US. 6(1), Collabra: Psychology.
33. Gu Y (2018) Narrative, life writing, and healing: The therapeutic functions of storytelling. Neohelicon 45(2): 479-489.
34. Bönisch-Brednich B, Christou A, Meyer S, et al. (2023) Migrant Narratives: Storytelling as Agency, Belonging and Community. Taylor & Francis.
35. Brown A, Lee M (2022) Legal manipulation and reputation management in affluent IPV cases. Domestic Violence Review 18(2): 134-150.
36. McCleary-Sills J, Namy S, Nyoni J, et al. (2016) Stigma, shame and women's limited agency in help-seeking for intimate partner violence. Glob Public Health 11(1-2): 224-235.
37. Smith L (2019) Voices of Resilience: Immigrant Women's Narratives of Surviving Intimate Partner Violence. Journal of Gender-Based Violence 3(2): 185-201.
38. D'Cruz K, Douglas J, Serry T (2019) Narrative storytelling as both an advocacy tool and a therapeutic process: Perspectives of adult storytellers with acquired brain injury. Neuropsychological Rehabilitation 30(8).
39. MacIntosh HB (2017) Dyadic traumatic reenactment: An integration of psychoanalytic approaches to working with negative interaction cycles in couple therapy with childhood

sexual abuse survivors. Clinical Social Work Journal 45: 344-353.
40. Bloom SL (1996) Every time history repeats itself, the price goes up: The social reenactment of trauma. Sexual Addiction & Compulsivity. The Journal of Treatment and Prevention, 3(3): 161-194.
41. Levine PA (2015) Trauma and memory: Brain and body in a search for the living past: A practical guide for understanding and working with traumatic memory. North Atlantic Books.
42. American Psychiatric Association (2019) Treating immigrant and refugee patients who have experienced intimate partner violence. American Psychiatric Association.
43. Berry OO, Fitelson E, Monk C (2020) Recognizing and Addressing Domestic Violence: Issues for Psychiatrists. Psychiatric Times 37(2).
44. Seligman MEP, Csikszentmihalyi M (2000) Positive psychology: An introduction. Am Psychol 55(1): 5-14.
45. Caiels J, Milne A, Beadle-Brown J (2021) Strengths-based approaches in social work and social care: Reviewing the evidence. Journal of Long-Term Care pp: 401-422.
46. Fredrickson BL (2001) The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. Am Psychol 56(3): 218-226.
47. Cunha LF, Pellanda LC, Reppold CT (2019) Positive psychology and gratitude interventions: A randomized clinical trial. Front Psychol 10: 584.
48. Ahmed S, Patel M, Jones L (2021) Strength-based approaches in supporting immigrant women survivors of IPV. Journal of Interpersonal Violence 36(5-6): 2345-2367.
49. Kovich MK, Simpson VL, Foli KJ, et al. (2023) Application of the PERMA model of well-being in undergraduate students. Int J Community Wellbeing 6(1): 1-20.
50. Tamir M, Schwartz SH, Oishi S, et al. (2017) The secret to happiness: Feeling good or feeling right? J Exp Psychol Gen 146(10): 1448-1459.
51. Alex Linley P, Joseph S, Harrington S, et al. (2006) Positive psychology: Past, present, and (possible) future. The Journal of Positive Psychology 1(1): 3-16.
52. Colla R, Williams P, Oades LG, et al. (2022) "A New Hope" for positive psychology: a dynamic systems reconceptualization of hope theory. Front Psychol 13: 809053.
53. Dye H (2018) The impact and long-term effects of childhood trauma. Journal of Human Behavior in the Social Environment 28(3): 381-392.
54. Gable SL, Haidt J (2005) What (and why) is positive psychology? Review of General Psychology 9(2): 103-110.

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