Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

# Safe Help Seeking through the KADES Emergency Application among Women Experiencing Intimate Partner Violence in Türkiye

**A. Muhammet Banazılı**
Tarsus University
**Aysel Akbeniz**
aysel_akbeniz@hotmail.com

Tarsus University
**Selma Karatepe**
Nişantaşı University

**Research Article**

**Keywords:** intimate partner violence, help-seeking, mobile applications, digital safety, public administration, psychiatric nursing

**Posted Date:** November 19th, 2026

**DOI:** https://doi.org/10.21203/rs.3.rs-11489313/v1

**License:** This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

**Additional Declarations:** No competing interests reported.

## Abstract

# Background

Smartphone emergency applications may support women experiencing intimate partner violence (IPV), but their use can expose help-seeking to perpetrators. This study explored barriers between awareness and use of Türkiye's Women's Emergency Support Application (KADES) and women's experiences of seeking emergency assistance while living with abusive husbands without protection orders.

# Methods

In this qualitative descriptive study, semi-structured interviews were conducted between April and July 2026 with 27 women in a socioeconomically disadvantaged urban district: 14 who had activated an alert (active users) and 13 who knew about the application but had never activated it (aware non-users). Data were analysed using codebook-oriented thematic analysis, and non-users' intention and decision states were classified using categories adapted from the precaution adoption process model.

# Results

Participants described four interrelated barriers: perpetrator detection, distrust of police response, social stigma and neighbourhood visibility, and economic and digital access constraints. Among non-users, non-consideration and decisions against use (n = 7) were described more often than unenacted intentions (n = 3). Active users described emergency activation, preparation during escalation, and perceived deterrence from retaining the application. Seven women, including four active users, described non-use or postponement as a protective decision. In participants' accounts, safe access to support depended on control of the phone, situational risk, and experiences of institutional response. A preliminary Awareness-Action Bridge framework organises these decisions at initial activation and during later incidents.

# Conclusions

The findings suggest that survivor-centred assessment could consider protective non-use alongside uptake, and that recommendations of emergency applications could be integrated into individual safety planning that takes account of women's control of their phones and their immediate circumstances. The findings come from a small purposive sample of married women in one urban district and do not establish effects on violence or health outcomes.

## Background

Intimate partner violence (IPV) includes physical aggression, sexual coercion, psychological abuse, and controlling behaviours by a current or former partner [1]. Estimates for 2023 indicate that 31.6% of women aged 15 years and older worldwide have experienced physical and/or sexual IPV, non-partner sexual violence, or both [2]. Approximately 50,000 women and girls were killed by an intimate partner or family member in 2024 [3].

Health services are a frequent point of contact for women experiencing IPV, and healthcare providers are expected to respond to disclosure with first-line support, assessment of safety, safety planning, and referral to further services [4]. Digital emergency tools may form part of this support, but recommending an application requires attention to whether a woman can access it safely in her everyday circumstances. Women's accounts of using and avoiding such tools can inform how health and support services discuss digital options within individual safety planning.

For women living with an abusive partner, access to digital support involves more than owning a smartphone. Phone control, the visibility of help-seeking, and the anticipated response to an alert may influence whether an emergency application is usable. A tool intended to facilitate assistance may also expose a woman's attempt to seek help to the perpetrator.

Eden et al. [5] found lower decisional conflict after an online safety decision aid than after usual online information. However, a research-supported safety-planning session differs from everyday emergency application use under perpetrator surveillance, mobile-data costs, and uncertain institutional response.

Reviews identify gaps in the design and evaluation of IPV applications [6]. Survivor-centred, trauma-informed design requires attention to security, privacy, and psychological sensitivity [7]. Safety-by-design approaches address perpetrators' exploitation of connected devices [8]. Digital interventions show promise, but implementation remains uneven [9], and emerging applications require cultural and usability evaluation [10].

Liang et al. [11] distinguish recognising the problem, deciding to seek help, and selecting support; individual, interpersonal, and sociocultural factors shape these non-linear processes.

Knowing that a resource exists does not guarantee that it will be used. Research on the intention-behaviour gap shows that intentions explain only part of the variance in behaviour, largely because some people who intend to act do not do so [12, 13]. Awareness, however, precedes intention. Stage models such as the precaution adoption process model distinguish being aware but not engaged, being undecided, having decided not to act, and having decided to act [14, 15], and technology-acceptance research shows that facilitating conditions, such as resources and infrastructure, shape use independently of intention [16]. A woman who knows about an emergency application but does not use it may therefore never have considered using it, may have decided against it, or may intend to use it but be unable to act.

Perpetrators can use phones, social media, and location tracking to monitor and control women [17, 18, 19]. Technology thus serves both support and abuse [20]. Less is known about police-linked emergency applications among women living with abusive partners outside formal legal protection, where seeking help can itself be detected. For women living with the perpetrator, non-use or postponement may be a deliberate safety decision.

In Türkiye, Law No. 6284 on the Protection of the Family and Prevention of Violence against Women designates law-enforcement units as one of the first points of application for women experiencing violence and authorises them, in urgent cases, to impose certain protective measures without a prior court or administrative decision [21, 22]. The Women's Emergency Support Application (KADES), launched by the Ministry of the Interior in 2018, extends this police-centred model into a digital public service [23]. At the national level, it is the state's dedicated emergency application for women experiencing violence: other public channels, such as the ALO 183 social support line of the Ministry of Family and Social Services, provide telephone and messaging support rather than a direct alert to the police, and applications developed by some municipalities operate only locally [24]. According to figures provided by the Ministry of the Interior in response to an information request and reported by a women's organisation, the application had been downloaded more than five million times, and more than 740,000 women had sent alerts through it, by May 2023 [22]. Public administration research has assessed KADES as a public policy instrument from a public value perspective [24], and Türkiye's withdrawal from the Council of Europe's Istanbul Convention, effective 1 July 2021, has made the state's response to violence against women a contested policy domain [25]. Civil society monitoring has argued that the application's contribution cannot be separated from the conduct of the officers who respond to alerts [22]. Because an alert is sent directly to the police, using KADES means inviting a police response to a home where the perpetrator may be present. KADES therefore offers a particularly clear setting in which to examine how the risk of detection and trust in the police response shape women's help-seeking.

Women's access to support is also shaped by the demands of services and the treatment they receive. Administrative burden research distinguishes learning, compliance, and psychological costs [26], while research on digitalised public services shows how digital delivery can reproduce disadvantage [27]. These perspectives help situate phone and data requirements, stigma, and uncertainty about seeking assistance. Research on police encounters further indicates that fair treatment and outcomes matter to survivors' satisfaction and subsequent help-seeking [28], well-being [29], and opinions of laws against IPV [30]. These service conditions are relevant when considering how women access support through a police-linked application.

This study explored women's experiences of safe access to emergency support through KADES while cohabiting with abusive husbands without protection orders. It examined barriers between awareness and alert activation, distinguished intention and decision states among aware non-users where accounts permitted, and explored active users' experiences of police response. Particular attention was given to circumstances in which women described non-use or postponement as protective. The aim was to

inform survivor-centred support and safety planning, rather than to establish the application's effectiveness in reducing violence or improving health.

Among women who know about the application but have not used it, what intention or decision states underlie non-use? Which barriers are described between awareness of the application and active use, and how are these barriers experienced?

How do active users employ the application in real-world situations, and how do their experiences of police response shape their perceptions of trust?

## Methods

# Research design and setting

This study used a qualitative descriptive design to examine barriers to engagement with an emergency support application and women's experiences of using it. The study took place in a socioeconomically disadvantaged urban district of one of Türkiye's largest cities. The site was purposively selected because counselling centres and community support units serving women survivors of violence facilitated safe access to participants. Although the district is socioeconomically disadvantaged, participants' education and economic circumstances varied (Table 1), allowing differences in smartphone ownership and control, internet access, and opportunities to obtain digital support to be explored.

## Application characteristics

KADES (Kadın Acil Destek Uygulaması), a national, state-operated application, was developed by the police under the Ministry of the Interior and was available free of charge on Android and iOS. It entered a pilot phase on 24 March 2018 and was publicly announced on 16 May 2018. Registration required a national identity number and an activation code sent from police servers [23]. The standalone version offered a single-tap emergency alert that transmitted the user's location to emergency dispatch, after which the nearest team or patrol was dispatched [31]. Participants also described telephone contact from police after activation.

Alert activation and location transmission required mobile internet and enabled phone location services. Enabling GPS was a device setting rather than an application function. The application offered no SMS or offline fallback, lower-intensity alert to a trusted contact, live chat, disguised access, or voice guidance. On 21 May 2026, during data collection, it was integrated into a multi-service emergency platform that added smartwatch compatibility, voice calling, and photograph or video attachments [32]. None of the participants reported using that integrated version; the findings concern the standalone application.

## Participants and sampling

Purposive sampling recruited women with direct experience of the phenomenon [33]. Eligibility required age ≥ 18 years, experience of physical, psychological, sexual, or economic IPV, access to a personal or shared smartphone, self-reported ability to use a mobile phone and mobile support services without assistance, cohabitation with the perpetrator without a protection order, residence in the study district, and capacity to consent and communicate in Turkish. Cohabitation without a protection order was required to examine engagement under ongoing risk of perpetrator detection. Residence in the district was confirmed during screening through the woman's own report and the referring organisation; clinics and online networks were used to reach women living in the district who were not in contact with local organisations. Only women were included because the study examined a state application designed for women's emergency support and the experiences of women survivors; comparisons by sex or gender were therefore outside its aims. Women with cognitive impairment preventing an interview, an active psychiatric crisis, or inability to consent were not enrolled. The principal researcher assessed capacity and psychiatric state through clinical judgement during initial telephone or in-person screening, informed by her psychiatric nursing background; no standardised screening instrument was used. Uncertain cases were offered referral to support services.

Two groups were defined by prior emergency alert activation. Active Users (Group A, n = 14) had activated an alert at least once; opening the application or enabling GPS alone did not qualify. Prior activation was established through participants' self-report and was not verified against police records; women were classified as active users when they described at least one occasion on which an alert had been sent, typically followed by police telephone contact or arrival. Aware Non-users (Group B, n = 13) knew about and had access to the application but had never activated its alert: five had never downloaded it and eight had downloaded or retained it without activation. Throughout, active use and functional engagement refer to alert activation. The purposive 14/13 allocation supported qualitative comparison and does not estimate a population-level awareness-to-use ratio.

Of 85 women invited, 32 agreed, 45 declined, and eight could not be reached again. Recruitment channels among those agreeing were civil society organisations and women's associations (n = 16), private healthcare institutions and psychology clinics (n = 8), and social media or online solidarity networks (n = 8). The interviewer had no relationship with any participant before the study; first contact took place through these recruitment channels. Reasons for declining commonly included sensitivity of the topic, reluctance to revisit experiences, lack of time, limited trust, and fear of perpetrator discovery. Two consenting women could not subsequently be scheduled, leaving 30 interviews. One interview ended during an emotional crisis and two recordings were insufficient for transcription; these three interviews were excluded, leaving 27 for analysis.

An initial target of 12–15 women per group was set to support comparison. Data collection and analysis proceeded concurrently, with preliminary coding after each retained interview and assessment of emerging codes separately within each group. Later interviews reinforced existing themes without generating new themes or conceptual categories. The principal researcher, second coder, and a methodological consultant experienced in qualitative research jointly judged saturation reached in each

group against the developing codebook. The three excluded interviews were not coded and did not contribute to this assessment.

## Data collection and transcription

Participants were recruited and interviewed between 15 April 2026 and 31 July 2026. Each semi-structured individual interview lasted approximately 60–75 minutes. Each participant was interviewed once, and no one other than the participant and the interviewer was present. The guide drew on help-seeking theory [11] and digital safety research [20] and covered violence and help-seeking, awareness and perceptions of KADES, concerns about use, active users' experiences, digital and socioeconomic barriers, and suggestions for improvement; trust in the police response, perpetrator monitoring of the phone, and anticipated reactions of others were explored through follow-up questions (Additional file 2). The guide was piloted with two separately invited participants; no changes were required, and the pilot interviews were not included in the analysis. Core topics were explored with follow-up questions where relevant. Design-related questions were asked only of active users; their responses are outside this article's scope.

The first part of the guide recorded age, education, marital and employment status, income, type and duration of IPV, phone ownership, and internet access. Digital literacy was not assessed with a validated measure, and education should not be interpreted as its proxy. Instead, basic digital competence was addressed at screening: women were asked whether they could use a mobile phone and mobile support services without help from others, and only those who reported that they could were enrolled. Practical constraints on use, such as data costs and unstable connections, were explored qualitatively in the interview section on digital and socioeconomic barriers. Interviews occurred in participant-selected settings assessed for safety and privacy, including counselling centres, libraries, or suitable open spaces.

With written consent, interviews were recorded on a digital audio recorder and transcribed verbatim by the principal researcher after each interview. She checked all transcripts against the recordings and corrected transcription errors. Identifying information was removed, and participants were assigned the codes AU-01 to AU-14 (active users) or NU-01 to NU-13 (aware non-users).

Interviews were conducted, transcribed, and analysed in Turkish, and the codebook was developed in Turkish. Only quotations selected for reporting were translated into English, by a translator using a meaning-based rather than word-for-word approach. The principal researcher, who had conducted all interviews, back-translated each English quotation into Turkish and compared it with the original transcript; discrepancies were resolved before the quotations were finalised. Initial English drafts of some quotations were produced with generative AI (see Acknowledgements) and were checked by the translator and back-translated by the principal researcher in the same way.

# Data analysis

MAXQDA 24 (VERBI Software, Berlin, Germany) supported data management and hybrid deductive-inductive, codebook-oriented thematic analysis informed by Braun and Clarke's six-phase procedure [34, 35]. The principal researcher coded all retained transcripts. The shared codebook, independent double-coding of a subset, and assessment of coding agreement align with codebook or coding-reliability approaches rather than purely reflexive thematic analysis [36, 37].

Transcripts were read repeatedly to become familiar with each narrative, and analytic notes were recorded. Initial deductive codes came from the interview guide and research questions; inductive codes captured meanings emerging from participants' accounts. Transcripts were examined line by line, and meaningful units were labelled using existing or new codes. Similar codes were compared, renamed, or merged. A dynamic codebook recorded definitions, illustrative excerpts, and analytic decisions.

Codes with related meanings were grouped into candidate themes and reviewed against the full dataset for internal coherence, distinctiveness, and relevance to the research questions. Revision proceeded over four rounds: nine initial candidate themes were reduced to six through merging, then to four after reassessment of their relevance; the final round refined the themes and sub-themes reported in this article. Group identifiers were retained throughout coding to compare active users' and non-users' accounts. Similarities, differences, and potentially disconfirming accounts were considered, and quotations were selected to illustrate the final interpretation.

After thematic coding, aware non-users' intention and decision states were classified using categories adapted from Weinstein and Sandman [15]: aware but not engaged, when use had not been considered; undecided, when it had been considered without a decision; decided against use, including decisions based on safety; and intended but not enacted, when a stated intention or wish had not been carried out. Classification relied on spontaneous and probed interview statements rather than a standardised intention measure. The principal researcher and second coder classified accounts independently and resolved the single disagreement through discussion; accounts that could not be classified were reported as such.

Active users' incident-related accounts were classified as emergency-oriented use, comprising successful, attempted, or prevented alert activation during physical violence, or as preparation and reassurance. Because women often described several incidents, each contributed the incident described in greatest detail, defined by the amount of information about circumstances, her actions, and, where applicable, police response. The principal researcher and second coder independently selected that incident for each woman, resolved disagreements, and then independently classified the selected incidents, again resolving disagreements through discussion. The resulting 8/6 distribution describes these incidents rather than complete use histories. Passive retention or not opening the application during an incident was analysed thematically as part of its perceived meaning, rather than counted as another usage category.

Counts are descriptive aids, not prevalence estimates or inferential statistics [38, 39]. Barrier counts indicate transcripts in which a barrier was coded; because interviews were semi-structured, an uncoded

experience cannot be assumed absent. Usage counts refer to the selected incident for each active user. These analytic bases differ and are not directly comparable.

After the themes and incident classifications were finalised, the research team examined how barriers, decision states, and incident-level accounts related to one another across the two groups. Because these accounts distinguished decisions before any activation from decisions during later incidents, they were organised around two decision points, forming the preliminary Awareness-Action Bridge. Each component was compared with constructs in existing help-seeking and technology-acceptance models [11, 16] and labelled as corresponding to an existing construct or as derived from participants' accounts. The framework was refined through peer debriefing.

# Trustworthiness and reflexivity

Rigour was considered through Lincoln and Guba's [40] criteria of credibility, transferability, dependability, and confirmability. A second researcher independently coded a subset of the transcripts with the shared codebook; Krippendorff's alpha was 0.75. This value lies above the 0.667 level regarded as the lowest acceptable for tentative conclusions but below the 0.80 level recommended for firm conclusions [41]; it was therefore interpreted as provisional agreement rather than definitive validation, and disagreements informed discussion and codebook refinement [41, 42]. Transcripts were not returned to participants, because sending interview material to women living with the perpetrator could compromise their safety. Instead, member checking with five participants from both groups assessed whether the themes resonated with their experiences. Setting and participant descriptions supported judgements about transferability, while records of methodological decisions, codebook changes, and theme development formed an audit trail.

The principal researcher is a woman with clinical and academic experience in psychiatric nursing. She had received formal training in qualitative research methods and in trauma-informed interviewing and had previous experience of conducting qualitative interview studies. This background could facilitate rapport while also shaping questions and interpretations. She maintained a reflexive journal and post-interview analytic notes, considered alternative interpretations, and discussed assumptions within the research team through peer debriefing. Participant quotations grounded the findings in women's accounts. Reporting followed the 32-item COREQ checklist [43] (Additional file 1).

**Ethical approval and participant safety**

Ethical approval for this study was obtained from the İstanbul Nişantaşı University Social and Human Sciences Ethics Committee (Decision No. 2026-04, meeting date 6 April 2026). The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Before interviewing, participants received an explanation of the study, recording, voluntariness, withdrawal without explanation, confidentiality, and its mandatory-reporting limits. Participants were informed that the interviewer was a nurse and academic researcher, that the study aimed to understand women's experiences with the emergency support application, and that the research was independent of

the police and the Ministry of the Interior. Written informed consent was obtained; participants were informed that the data would be accessible only to the research team and used solely for research purposes. The researcher read forms aloud and provided explanations where literacy was limited.

Initial and follow-up communication used channels each woman identified as safe, such as a private number, a messaging application not visible to household members, or a trusted intermediary at the recruiting organisation. Safety was reconfirmed at each contact. Appointments were arranged with discreet, non-identifying language and, where relevant, through the recruiting organisation. Scheduling records were kept separate from other identifying information and retained only as long as needed.

Before interviews, risks of perpetrator surveillance or interruption were assessed. As a safety precaution, rather than an eligibility criterion, interviews were scheduled at least one month after a reported discrete acute violent incident. This did not imply that ongoing psychological or economic abuse had ceased. Participants could pause, decline questions, or stop. An ethics-committee-approved crisis protocol prioritised safety over interview completion; the researcher monitored distress and suicidality, with mental health professionals engaged and psychosocial referral offered where necessary. One participant received psychosocial referral. All women were offered a structured debrief and information about local psychosocial, legal, and IPV services.

Recordings were kept on encrypted devices accessible only to the research team and securely deleted after analysis in accordance with ethics requirements. Interviews were conducted only in agreed safe locations; a designated contact knew the researcher's schedule and location, and interviews would have been discontinued if researcher safety was compromised.

## Results

# Participant characteristics

The sample's mean age was 35.2 ± 11.3 years (19–58); mean IPV duration was 8.1 ± 7.3 years. All participants were married to the perpetrator and, by design, lived with him without a protection order. Physical, psychological, economic, and sexual violence were reported by 22, 20, 12, and 10 women, respectively (Table 1). Groups were not matched: physical violence occurred in 13/14 active users and 9/13 non-users, independent phone control in 11/14 and 8/13, and financial hardship in 7/14 and 9/13. These descriptive differences may shape accounts and are not tested group effects.

Table 1
Sociodemographic and IPV-related characteristics of participants.

| Variable | Overall (*n* = 27) | Group A (*n* = 14) | Group B (*n* = 13) |
|---|---|---|---|
| **Age, years, M ± SD (range)** | 35.2 ± 11.3 (19–58) | 34.8 ± 10.9 | 35.6 ± 12.1 |
| **Education** | | | |
| Below secondary school | 9 (33%) | 4 | 5 |
| Secondary school | 10 (37%) | 5 | 5 |
| University | 8 (30%) | 5 | 3 |
| **Economic status** | | | |
| Financial hardship | 16 (59%) | 7 | 9 |
| Moderate | 9 (33%) | 6 | 3 |
| Adequate | 2 (7%) | 1 | 1 |
| **Type of IPV** | | | |
| Physical violence | 22 (81%) | 13 | 9 |
| Psychological violence | 20 (74%) | 11 | 9 |
| Economic violence | 12 (44%) | 7 | 5 |
| Sexual violence | 10 (37%) | 5 | 5 |
| **Phone ownership** | | | |
| Personal and independently controlled | 19 (70%) | 11 | 8 |
| Shared or perpetrator-controlled | 8 (30%) | 3 | 5 |
| **Relationship and living situation** | | | |
| Married to the perpetrator | 27 (100%) | 14 | 13 |
| Living with the perpetrator at interview | 27 (100%) | 14 | 13 |
| Protection order obtained | 0 (0%) | 0 | 0 |
| **Duration of IPV, years, M ± SD** | 8.1 ± 7.3 | 7.9 ± 7.1 | 8.4 ± 7.6 |

Group A, active users; Group B, aware non-users; IPV, intimate partner violence; M, mean; SD, standard deviation. More than one form of IPV could be reported by the same participant. Percentages are presented descriptively for the purposively sampled participants and are not intended as population-level estimates. Living with the perpetrator and the absence of a protection order were inclusion criteria.

# Barriers to application engagement

Participants described four interrelated barriers (Table 2); the first, risk of detection by the perpetrator, had two dimensions that are shown separately in the table. Among aware non-users, these barriers concerned engagement before first alert activation; among active users, they described constraints on application engagement, although their timing relative to first activation was not systematically coded. Several participants reported more than one barrier.

Table 2
Barriers to application engagement.

| Barrier | Group A (*n* = 14) | Group B (*n* = 13) |
|---|---|---|
| Detection risk: anticipated discovery | 3 | 5 |
| Detection risk: digital traces and monitoring | 5 | 8 |
| Distrust of police response | 2 | 5 |
| Social stigma and neighbourhood visibility | 4 | 7 |
| Economic and digital access barriers | 6 | 6 |

Group A, active users; Group B, aware non-users. Values are the number of participants whose transcripts contained each barrier; categories were not mutually exclusive. The two detection-risk dimensions are reported together under “Risk of detection by the perpetrator”. Among women who had never downloaded the application, digital-trace concerns referred to anticipated traces, such as download history or data use, rather than experienced discovery.

# Intention and decision states among aware non-users

Of the 13 aware non-users, three had not considered using the application, two were undecided, four had decided against use, and three described an intention they had not enacted, corresponding to the intention-behaviour gap [13]; one account could not be classified (Table 3). All three women with an unenacted intention had downloaded or retained the application, whereas the five who had never downloaded it had not considered use (n = 2), were undecided (n = 1), or had decided against it (n = 2).

Non-consideration was described as follows:

“I had heard about the application, and I knew what it was for. But I had never thought about whether I would use it myself.” (NU-13)

Two of the four decisions against use were explicitly grounded in the woman’s safety. NU-08 linked her decision directly to her husband’s control of her phone:

“My phone is under his control. Whatever I open, he finds out… That’s why I don’t open it.” (NU-08)

One woman with an unenacted intention explained:

“I had downloaded the application. I had decided to use it to call for help the next time there was violence. But when it happened, I was scared; I couldn’t press the button.” (NU-05)

Table 3
Intention and decision states among aware non-users (*n* = 13).

| Intention/decision state | Total | Not downloaded (*n* = 5) | Downloaded or retained, not activated (*n* = 8) |
|---|---|---|---|
| Aware but not engaged (use not considered) | 3 | 2 | 1 |
| Undecided | 2 | 1 | 1 |
| Decided against use | 4 | 2 | 2 |
| *of which safety-based* | 2 | 1 | 1 |
| Intended but not enacted | 3 | 0 | 3 |
| Could not be classified | 1 | 0 | 1 |
| Total | 13 | 5 | 8 |

Classification was based on spontaneous and probed interview statements rather than a standardised intention measure. Two researchers classified accounts independently, and one disagreement was resolved through discussion. Protective non-use among aware non-users (n = 3) comprised the two safety-based decisions against use and one intention postponed for safety reasons.

# Risk of detection by the perpetrator

Anticipated discovery was coded in eight accounts. Women described application opening as potentially exposing help-seeking to the perpetrator. NU-08’s account of her husband’s control over her phone, quoted above, illustrates this concern. NU-02 described similar checking:

“He often takes my phone and checks whom I have called and which applications I have opened. Even if the application were installed, I would not be able to use it while he was at home.” (NU-02)

In contrast, AU-02 described password control as providing some confidence:

“My phone has a password that he does not know. I could open the application without worrying that he would later check my phone.” (AU-02)

AU-08 described discovery through digital traces:

“I deleted the application and started reinstalling it. He said, ‘I saw this in your phone history.’ Now I’m even afraid to open it.” (AU-08)

AU-01 timed engagement to reduce visibility in the recently used applications list:

“I used to wait until he went to work before opening the application. I was afraid that its name might appear among the recently used applications.” (AU-01)

## Distrust of police response

Distrust appeared in seven accounts (two active users, five non-users). Participants appraised the application partly through expectations of police assistance. AU-01 described a response that she estimated at eight minutes as reassuring; AU-07 described a delay that she estimated at twenty minutes as undermining trust. These durations are participants’ own estimates and were not verified. AU-02 said:

“The police contacted me within a short time and asked whether I was safe. After that, I felt more confident about using the application.” (AU-02)

By contrast, AU-03 described a delayed response:

“I activated the alert, but the response came after the argument had ended. That delay made me question whether the application could protect me during an immediate danger.” (AU-03)

Among aware non-users, distrust rested not on alerts they had made but on earlier contact with the police, the experiences of others, or doubts about what an intervention could change while they continued to live with the perpetrator:

“I never called through the application, but I had gone to the police station before and told them what I was going through. After that meeting, I didn’t believe anything would change. So I don’t think it would be any different if I reported it through the application.” (NU-04)

“I haven’t used the application. I saw what a relative of mine went through after calling the police. Because of that experience, I’m afraid I wouldn’t be given enough help either.” (NU-08)

“Even if the police come, I will still be living in the same house with him after they leave. An intervention at that moment doesn’t mean I’ll be safe afterwards. So I’m not sure how much calling would protect me.” (NU-09)

## Social stigma and neighbourhood visibility

Stigma and neighbourhood visibility were coded in 11 accounts. Police arrival could expose violence to neighbours or relatives. NU-11 explained:

“When the police come to the door, the whole apartment building will hear. Right now they don’t know what goes on at home, but then the questions will start. Because I think about running into the neighbours afterwards, I hesitate to call.” (NU-11)

Concern also extended to how others would judge the woman herself. NU-12 said:

“I know about the application, but what would people think of me if they knew? They would blame me.” (NU-12)

Women also anticipated that seeking help would shift attention from the violence to their own conduct. NU-03 explained:

“I think people won’t talk about what he did to me; they’ll talk about why I called the police. I’m afraid they’ll say, ‘She took a family matter outside.’ So before asking for help, I also weigh how the people around me will react.” (NU-03)

Others feared being blamed for staying or being seen as someone to be pitied:

“If I told someone, I think they’d ask, ‘Why have you stayed with him all this time?’ It feels as if, while telling what I’ve been through, I’d also have to explain myself. That’s why staying silent feels easier.” (NU-01)

“I don’t want the people around me to keep seeing me as someone to be pitied. If they found out, I think they’d remember it every time we met. Even though I need help, I’m wary of everyone knowing.” (NU-08)

# Economic and digital access barriers

Economic and digital access barriers occurred in 12 accounts, six per group, including data costs, unstable internet, and limited infrastructure. NU-06 linked data use to monitoring:

“He might ask, ‘Why are you using so much data?’” (NU-06)

Mobile data was not always available when it might be needed. NU-02 explained:

“The application is free, but I don’t always have a data package. When my package runs out, I have to find money to renew it. In the meantime, I wonder whether I could use the application if I needed it.” (NU-02)

For NU-09, access to mobile data depended on her husband:

“My husband buys the data package for my phone. When it runs out, I can’t top it up myself. When I can use the internet is more or less in his hands.” (NU-09)

# Context-dependent patterns of application use

The most detailed incidents described by 14 active users involved successful, attempted, or prevented emergency activation during physical violence (n = 8) or preparation and reassurance (n = 6; Table 4). All six in the latter category had activated an alert during escalation in other incidents. Categories therefore describe selected incidents rather than full histories.

Table 4
Context-dependent patterns of application use.

| Usage pattern | Active users, by incident described in greatest detail, *n* (%) | Description |
|---|---|---|
| Emergency-oriented use during physical violence | 8 (57%) | Successful, attempted, or prevented activation of the emergency alert during an immediate physical assault |
| Preparation and reassurance during perceived escalation | 6 (43%) | Opening the application and enabling the phone's location services in anticipation of a possible alert, without activating it during that incident |

Each woman contributed her most detailed incident; categories sum to 14 and do not represent full use histories. Successful, attempted, and prevented activation were not counted separately within this category. Passive retention is additional, uncounted, and does not demonstrate deterrence.

# Emergency-oriented use during physical violence

Emergency-oriented accounts included successful activation, attempts that did not result in an alert, and occasions on which activation was prevented; these were not counted separately. AU-02 described police contact after activation (see "Distrust of police response"); AU-10 described being unable to reach her phone:

"When he hits me, I can't hold onto my phone. He pushes me to the ground and hits my head. My phone is in my bag. I can't get it out at that moment." (AU-10)

This incident involved no activation; she had activated an alert on another occasion. In her account, phone proximity and the suddenness of the assault constrained access despite prior use.

# Preparation and reassurance during perceived escalation

Six women described opening the application and enabling phone location services during perceived escalation without activating an alert during that incident. AU-07 said:

I noticed it an hour before, not at the moment of crisis. He'd start getting agitated, talking angrily. I'd open the application, get my location ready, something like that… I'd keep it open. In case I needed to call at any moment. (AU-07)

For AU-09, preparation also brought reassurance, partly through an anticipated deterrent effect:

"It makes me feel better psychologically. I feel like, 'if I open this and the police come, he knows about it.' Maybe he stays quiet because of that too." (AU-09)

# The perceived meaning of having the application

Several active users, including AU-03, AU-05, and AU-14, described incidents when the application stayed installed but unopened. These accounts concern its perceived meaning rather than an additional use category; they reflect women's perceptions and cannot show whether retaining the application changed perpetrators' behaviour. AU-03 said:

"I don't open the application every day. But it's on my phone. Maybe he knows too. I think that scares him." (AU-03)

"There have been days I haven't dared to open it. But just having the application on my phone might be stopping him. He might think, 'if I do this, she'll open that application and the police will come.'" (AU-14)

"After he learned that I could contact the police through the application, he became more cautious during arguments." (AU-05)

## Non-use as a safety decision

Seven participants (four active users and three aware non-users) described not using, or postponing use of, the application as a decision to protect themselves. Among aware non-users, these comprised the two safety-based decisions against use, including NU-08, and one intention postponed for safety reasons (NU-05, quoted above; Table 3). Among active users, protective non-use was incident-specific rather than a rejection of the application: AU-01 waited until her husband had left for work, AU-08 became afraid to open the application after he found it in her phone history, and AU-14 described days when she did not dare to open it. AU-04 decided not to activate an alert while her husband was watching her phone:

"During the next argument, he was standing beside me and watching the phone. I decided that opening the application would place me in greater danger." (AU-04)

# Discussion

## Protective non-use and the awareness-use gap

Formal help-seeking is one of several safety strategies that women use [44], and protective non-use (n = 7) emerged where women's own assessment of risk weighed against an alert. Davies and colleagues describe women's safety decisions as a risk analysis in which risks generated by the perpetrator are weighed against risks arising from wider life circumstances [45]; protective non-use is this analysis applied to a digital alert. In participants' accounts, it arose when the perpetrator could observe the phone or its traces (AU-04, AU-08), when the moment of greatest need was also the moment of closest surveillance (AU-04), and against the background that any police response would end with the woman still living with the perpetrator (NU-09). It took different forms in the two groups: among aware non-users it preceded any activation, whereas among active users it was an incident-specific decision taken despite prior use, sometimes by changing the timing of use rather than abandoning the application (AU-01).

Protective non-use differs from the other forms of non-use observed here. Wyatt's typology of technology non-users distinguishes voluntary from involuntary non-use, and people who have never used a technology from those who have stopped [46]. Women who had not considered the application, or who were held back by data costs, resemble the resisters and the excluded in that typology. Protective non-use fits neither category: it is voluntary, but the choice is made under coercion, and among active users it is neither rejection nor withdrawal, since the application was kept for later use. What distinguishes it is its reason, avoiding harm from the perpetrator, rather than a lack of awareness, motivation, or access.

For understanding help-seeking, protective non-use shows that not seeking help at a given moment can be part of help-seeking rather than its absence. Help-seeking models describe how women recognise a problem, decide to seek help, and select a source of support [11]. Our findings add that, when the source of help is a technology the perpetrator can observe, the decision not to act at a given moment can itself be protective, and that this decision is renewed with each incident. For professionals discussing digital support with women, a decision not to activate an alert therefore warrants exploration of the woman's circumstances and priorities rather than an assumption that she lacks awareness or motivation.

Awareness did not necessarily involve an intention to activate the application. Among aware non-users, unenacted intentions (n = 3) were outnumbered by non-consideration and decisions against use (n = 7 combined), and two decisions against use were explicitly grounded in safety. The findings therefore concern an awareness-use gap rather than uniformly an intention-behaviour gap [12, 13]. Under monitoring, non-use may represent a deliberate safety strategy.

# Detection risk and the safety paradox

The detection accounts illustrate a safety paradox: help-seeking technology can become risky when a perpetrator can discover its use. This aligns with technology-facilitated coercive control research [17, 18, 20]. Contrasting accounts of device inspection and password control suggest that digital vulnerability varied between women. Women's practical control over the phone, and the consequences they anticipated if help-seeking became visible, are therefore relevant to assessing whether a digital referral is feasible in a particular situation.

# Help-seeking within family and community norms

Women's accounts of stigma reflected not only fear of gossip but also expectations about how a married woman should handle violence. In Türkiye, social norms have framed spousal violence as a private family matter [47], and national survey data show that women more often manage violence through informal strategies than through formal institutions [48]. In the most recent national survey, 47.7% of women had told no one about the most recent violence by their husband or partner, and those who had told someone most often turned first to a woman in their own family [49]. Against this background, a police alert is an unusually visible form of disclosure: it moves the violence from the household into the apartment building and the neighbourhood at once. Participants anticipated being asked why they had called the police rather than why their husband had been violent (NU-03), or why they had stayed (NU-

01), suggesting that the expected social cost of help-seeking fell on the woman rather than on the perpetrator. Kandiyoti's concept of the patriarchal bargain [50] helps interpret such decisions: women may protect the security and standing available to them within marriage and family by avoiding actions that openly challenge it. Seen in this way, not using the application for stigma-related reasons is not simply reluctance; it can be a considered response to the social cost that a visible alert would carry. Economic dependence reinforced these constraints. Women with a personal income are more likely to seek formal help [51], and in this study a husband's control of the mobile data package (NU-09) linked economic dependence directly to digital access.

# Police response and institutional trust

Participants' expectations and experiences of police response were closely bound up with how they appraised the application. Women who reported prompt contact described greater confidence, whereas those who reported delayed assistance described weakened trust. These retrospective accounts establish neither verified response times nor a threshold for effectiveness. Implementation research should examine the application and its institutional response together.

These accounts are consistent with procedural justice and policy feedback research: women's experiences of treatment can influence how they appraise support [29, 30], and encounters with public programmes can shape expectations of government [52]. The discretion of frontline staff also affects service delivery [53]. In Türkiye, civil society monitoring has reported variation in KADES response times and raised concerns that verification callbacks could expose women to risk [22]. One participant here described a callback as reassuring (AU-02). Whether such contact reassures or exposes a woman may depend on the immediate circumstances, including the perpetrator's presence. Our interviews cannot verify response times or officer conduct; they indicate why women's experiences of the response should be considered alongside access to the application.

# Comparing active users and aware non-users

Despite their different patterns of engagement with the application, the two groups shared several structural conditions. All participants were cohabiting with the perpetrator; economic and digital access barriers and the risk of detection were reported in both groups; and protective non-use was identified among active users as well as aware non-users. Application use therefore did not indicate the absence of the constraints described by non-users; rather, active users' accounts suggest that these constraints had been outweighed on at least one occasion.

The principal difference between the groups' accounts concerned how women described the relative weight of the danger of the violence and the danger of seeking help. Physical violence was more frequently reported by active users, whose most detailed incidents predominantly involved emergency-oriented use during a physical assault. This pattern is consistent with national evidence that help-seeking among women in Türkiye increases with the severity and frequency of physical violence [48], and with population-based evidence from Canada identifying fear for one's life as the strongest independent predictor of women's use of support [54]. Aware non-users, in contrast, more frequently described the

risks associated with help-seeking itself, particularly digital traces, monitoring, and visibility to neighbours, and fewer reported independent control of their phones. A comparable tension has been documented in research on police reporting: privacy concerns and fear of reprisal reduce the likelihood that victims of domestic violence contact the police, whereas the need for self-protection and the perceived seriousness of the assault increase it [55]. These accounts suggest that some women described activating an alert when they perceived the immediate danger of violence as outweighing the anticipated risks of visible help-seeking.

The groups also differed in the basis of their institutional trust. Among active users, trust was grounded in direct experience: it was shaped by the police response to their own alerts and varied with the perceived adequacy of that response. Among aware non-users, distrust was more prevalent and derived from earlier in-person contact with the police, the experiences of relatives, or the recognition that any intervention would leave the woman cohabiting with the perpetrator. Research on public attitudes toward the police indicates that vicarious experiences shape such attitudes and that pre-existing attitudes influence the evaluation of subsequent encounters [56]. Distrust formed in this manner may therefore persist among non-users irrespective of the actual performance of the service.

These contrasts should be interpreted as descriptive. The groups were purposively sampled and were not matched, and the direction of the observed associations cannot be determined: more severe violence may have prompted application use, or application use may have shaped how women recalled and described risk and trust.

# The Awareness-Action Bridge

The Awareness-Action Bridge is a preliminary interpretive framework, not a validated causal model (Fig. 1). It is specific to the context studied: women living with abusive husbands without protection orders and considering a police-linked application in Türkiye. It describes how participants reasoned about use and non-use; it does not prescribe how women should act or predict which women will use the application. Decision Point 1 concerns initial alert activation, with institutional trust, social acceptance and visibility, access feasibility, detection risk, and control of the device. Decision Point 2 concerns incident-specific decisions after prior activation, with re-appraisal of police response, situational urgency, social visibility, immediate detection risk, and access to the phone during the incident. In participants' accounts, re-appraisal of the police response after an alert could feed back into institutional trust. Non-use or postponement may be protective at either point; decisions can change between incidents.

These factors overlap with constructs in established models: perceived barriers in the health belief model [57], enabling and need factors in Andersen's model [58], performance expectancy, social influence, and facilitating conditions in UTAUT [16], and the contextual help-seeking processes described by Liang et al. [11]. Figure 1 distinguishes components that correspond to these constructs from those developed from participants' accounts. These models account for part of what participants described: perceived threat and perceived barriers capture the weighing of dangers and costs, social influence captures concern about the reactions of others, and behavioural intention provides a basis for

distinguishing women who intended to act from those who did not. Two features of help-seeking in this setting, however, are not addressed explicitly in these models. First, the danger of seeking help arose from the possibility that the perpetrator, the person against whom help was sought, would observe it; although the health belief model can include danger among perceived barriers, it does not specify surveillance of the help-seeking act by the source of the threat. Second, the decision to use the application was re-evaluated with each incident, and not acting could itself be protective. Models that describe adoption as a decision leading to continued use do not make this incident-by-incident re-evaluation explicit, and even the precaution adoption process model, which includes a stage of having decided not to act [14], does not describe that stage as a protective choice. Liang et al.'s framework places help-seeking within its sociocultural context and treats it as a non-linear process [11], but it does not specifically address help-seeking through a technology that the perpetrator can observe.

The Awareness-Action Bridge is intended to complement rather than replace these models by making these features explicit in three ways. It places detection by the threat source at the centre of the decision, so that the same application can be appraised as both protective and dangerous. It treats police response as an external condition that women re-appraise after each alert, linking institutional trust to experience rather than to prior attitudes alone. And it treats use as a decision renewed with each incident, in which non-use or postponement can be protective at either decision point. These features allow the framework to describe patterns that the established models might otherwise classify as non-adoption or discontinuance: aware non-users whose non-use was grounded in safety, and active users who withheld or postponed an alert despite prior use. Whether these features add explanatory value beyond established models in other settings requires testing.

Service demands provide an additional way to interpret women's access constraints. Learning about the application and its response procedures, meeting smartphone and data requirements, and managing stigma correspond to learning, compliance, and psychological costs in the administrative burden framework [26]. Digital service delivery can reproduce existing disadvantage [27]. Here, these demands intersected with the risk that the perpetrator would observe help-seeking. The relevance for women's support services is to consider whether an available digital option is both practically accessible and safe to discuss or use.

# Implications for women's support, practice, and service design

The findings suggest that emergency applications could be discussed as one option within survivor-centred safety planning. Uptake alone does not capture whether a woman can use a tool without increasing her exposure to the perpetrator. Services could explore why women retain, postpone, or avoid an application and consider other available routes to support in accordance with each woman's priorities and circumstances. These implications arise from interview accounts and were not evaluated as interventions.

For nurses, physicians, psychologists, and counsellors, conversations about digital support could include whether the woman independently controls her phone, whether application use or data consumption is checked, and what she anticipates would happen if the perpetrator recognised the application. Discussion of an emergency tool could also clarify what follows an alert and whether telephone contact or police arrival could create additional exposure in her circumstances. Such assessment should support the woman's decisions and accompany referral to relevant psychosocial and legal services; this study does not establish that a particular recommendation improves safety or health outcomes.

For service providers and policymakers, the accounts suggest the value of evaluating the application together with the response it initiates. Monitoring response times, women's experiences of responding officers, and referral to Violence Prevention and Monitoring Centres (Şiddet Önleme ve İzleme Merkezleri, ŞÖNİM) could inform service improvement, as women's organisations have recommended [22]. Survivor co-design could examine discreet access, lower data requirements, and verification procedures that take account of perpetrator presence. Alternative support routes also merit consideration for women unable to use a police-linked alert safely. These are proposals for evaluation, not features or procedures shown to be effective by this study.

## Limitations

The sample was small and purposive, drawn from one socioeconomically disadvantaged urban district and recruited through support organisations, clinics, and online networks. Women with no contact with these channels, women under the closest surveillance, and women who declined because they feared discovery may face different or greater barriers than those described here. Eligibility required access to a smartphone and the self-reported ability to use it without assistance, so the findings do not apply to women without phone access or with limited digital skills. All participants were married to and living with the perpetrator without a protection order; the findings may therefore not transfer to separated or legally protected survivors, or to violence by unmarried, dating, or former partners or by other family members.

Each woman was interviewed once and retrospectively, so changes in engagement over time could not be observed, and accounts may be affected by recall. Prior activation was self-reported and not verified against police records; group membership and reported response times therefore rest on participants' accounts. Each active user contributed only her most detailed incident, which may over-represent severe or memorable emergency use relative to everyday engagement, and successful, attempted, and prevented activation were not counted separately. The findings concern the standalone application, not the integrated platform introduced during data collection, and should be re-examined for newer versions. No violence, injury, or mental health outcomes were measured, so the study cannot show whether using or not using the application affected women's safety or health.

Intention and decision states were inferred from interview statements rather than measured, and the timing of barriers relative to first activation was not systematically established. For some accounts classified as protective non-use, the line between a deliberate decision and an inability to act under fear

was not clear-cut; this category therefore reflects women's own framing rather than a confirmed protective strategy. The two groups were not matched and differed in physical violence, phone control, and financial hardship, so differences between their accounts cannot be attributed to application use alone. Counts are descriptive and do not estimate prevalence. The Awareness-Action Bridge derives from this single analysis and has not been tested in other samples. The principal researcher's background in psychiatric nursing may have shaped questions and interpretation despite reflexive safeguards.

Police officers, call-centre staff, and perpetrators were not interviewed. Police response is therefore described only from women's perspectives, and perpetrators' monitoring practices and any deterrent effect of the application are known only through women's perceptions.

## Conclusions

In this small purposive sample, women living with abusive husbands described perpetrator detection, institutional distrust, social visibility, and economic and digital constraints when considering or using the KADES emergency application. Non-use or postponement could be described as protective, including among women who had previously activated an alert. These findings suggest the value of attention to women's control of their phones and their immediate circumstances when digital tools are discussed within safety planning and referral. Evaluations should consider women's experiences of the response to an alert and the reasons for non-use alongside uptake. Because safe access to support depended jointly on the police response, on access to the phone and mobile data, and on women's health and social circumstances, the findings also suggest that the design, delivery, and evaluation of police-linked emergency applications would benefit from collaboration between public administration and law enforcement and the health, nursing, social work, and civil society services that support women experiencing violence. The preliminary Awareness-Action Bridge offers hypotheses for further research; it does not establish causal pathways or demonstrate reductions in violence or improvements in health.

## Abbreviations

AU
Active user
COREQ
Consolidated Criteria for Reporting Qualitative Research
GPS
Global Positioning System
IPV
Intimate partner violence
KADES
Kadın Acil Destek Uygulaması (Women's Emergency Support Application)
M

Mean
NU
Aware non-user
SD
Standard deviation
SMS
Short Message Service
ŞÖNİM
Şiddet Önleme ve İzleme Merkezleri (Violence Prevention and Monitoring Centres)
UTAUT
Unified Theory of Acceptance and Use of Technology.

## Declarations

### Ethics approval and consent to participate

The study was conducted in accordance with the Declaration of Helsinki and approved by the İstanbul Nişantaşı University Social and Human Sciences Ethics Committee (Decision No. 2026-04, 6 April 2026). Written informed consent was obtained from all participants before the interviews.

### Consent for publication

Not applicable. The manuscript contains no individual details, images, or other information that could identify participants; quotations are reported with anonymised codes.

## Competing interests

The authors declare that they have no competing interests.

## Clinical trial number

Not applicable.

## Funding

This research received no external funding.

## Author Contribution

AMB: conceptualization, writing - original draft, writing - review and editing, visualization, supervision, and project administration. AA: conceptualization, methodology, formal analysis, investigation, data curation, writing - original draft, and writing - review and editing. SK: formal analysis, writing - original draft, and writing - review and editing. All authors read and approved the final manuscript.


# Acknowledgement

The authors thank the women who shared their experiences, and the civil society organisations, women's associations, and clinics that facilitated safe recruitment.


# Data Availability

The datasets generated and/or analysed during the current study are not publicly available due to the risk to participants' safety and the terms of their informed consent: participants were living with the perpetrator at the time of the study, and the informed consent form approved by the ethics committee specified that the data would be accessible only to the research team. Sharing interview transcripts, even in de-identified form, could compromise participants' safety; for the same reasons, the datasets are not available from the corresponding author on request. Audio recordings were deleted after analysis in accordance with ethics committee requirements. The COREQ checklist and the interview guide used in the study are included in this published article as Additional files 1 and 2.

## References


1. World Health Organization. Violence against women. Fact sheet. 2026. https://www.who.int/news-room/fact-sheets/detail/violence-against-women. Accessed 30 Aug 2026.
2. World Health Organization. Violence against women prevalence estimates, 2023: global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women. Geneva: World Health Organization. 2025. https://www.who.int/publications/i/item/9789240116962. Accessed 31 Aug 2026.
3. United Nations Office on Drugs and Crime, Women UN. Femicides in 2024: global estimates of intimate partner/family member femicides. New York: UN Women; 2025. https://www.unwomen.org/en/digital-library/publications/2025/11/femicides-in-2024-global-estimates-of-intimate-partner-family-member-femicides. Accessed 31 Aug 2026.
4. World Health Organization. Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization. 2013. https://www.who.int/publications/i/item/9789241548595. Accessed 31 Aug 2026.
5. Eden KB, Perrin NA, Hanson GC, Messing JT, Bloom TL, Campbell JC, et al. Use of online safety decision aid by abused women: effect on decisional conflict in a randomized controlled trial. Am J Prev Med. 2015;48:372–83. https://doi.org/10.1016/j.amepre.2014.09.027.

6. Sumra M, Asghar S, Khan KS, Fernández-Luna JM, Huete JF, Bueno-Cavanillas A. Smartphone apps for domestic violence prevention: a systematic review. Int J Environ Res Public Health. 2023;20:5246. https://doi.org/10.3390/ijerph20075246.
7. Micklitz HM, Nagel Z, Jahn S, Oertelt-Prigione S, Andersson G, Sander LB. Digital self-help for people experiencing intimate partner violence: a qualitative study on user experiences and needs including people with lived experiences and service providers. BMC Public Health. 2023;23:1471. https://doi.org/10.1186/s12889-023-16357-5.
8. Brown A, Harkin D, Tanczer LM. Safeguarding the 'Internet of Things' for victim-survivors of domestic and family violence: anticipating exploitative use and encouraging safety-by-design. Violence Against Women. 2025;31:1039–62. https://doi.org/10.1177/10778012231222486.
9. Yu P, Zhu P, Kudiza A, Kaburu FM, Intizar M, Tong C, et al. Help, near and far: a systematic review of post-COVID digital mental health solutions for domestic violence victims. Front Public Health. 2025;13:1687396. https://doi.org/10.3389/fpubh.2025.1687396.
10. Chuemchit M, Chernkwanma S, Phyo T, Kantipudi S. Development and preliminary evaluation of iCanPlan: a mobile health application for intimate partner violence prevention in Thailand. Int J Environ Res Public Health. 2026;23:670. https://doi.org/10.3390/ijerph23050670.
11. Liang B, Goodman L, Tummala-Narra P, Weintraub S. A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. Am J Community Psychol. 2005;36:71–84. https://doi.org/10.1007/s10464-005-6233-6.
12. Orbell S, Sheeran P. Inclined abstainers': a problem for predicting health-related behaviour. Br J Soc Psychol. 1998;37:151–65. https://doi.org/10.1111/j.2044-8309.1998.tb01162.x.
13. Sheeran P. Intention-behavior relations: a conceptual and empirical review. Eur Rev Soc Psychol. 2002;12:1–36. https://doi.org/10.1080/14792772143000003.
14. Weinstein ND. The precaution adoption process. Health Psychol. 1988;7:355–86. https://doi.org/10.1037/0278-6133.7.4.355.
15. Weinstein ND, Sandman PM. A model of the precaution adoption process: evidence from home radon testing. Health Psychol. 1992;11. https://doi.org/10.1037/0278-6133.11.3.170. :170 – 80.
16. Venkatesh V, Morris MG, Davis GB, Davis FD. User acceptance of information technology: toward a unified view. MIS Q. 2003;27:425–78. https://doi.org/10.2307/30036540.
17. Douglas H, Harris BA, Dragiewicz M. Technology-facilitated domestic and family violence: women's experiences. Br J Criminol. 2019;59:551–70. https://doi.org/10.1093/bjc/azy068.
18. Dragiewicz M, Burgess J, Matamoros-Fernández A, Salter M, Suzor NP, Woodlock D, et al. Technology facilitated coercive control: domestic violence and the competing roles of digital media platforms. Fem Media Stud. 2018;18:609–25. https://doi.org/10.1080/14680777.2018.1447341.
19. Rogers MM, Fisher C, Ali P, Allmark P, Fontes L. Technology-facilitated abuse in intimate relationships: a scoping review. Trauma Violence Abuse. 2023;24:2210–26. https://doi.org/10.1177/15248380221090218.

20. Freed D, Palmer J, Minchala DE, Levy K, Ristenpart T, Dell N. Digital technologies and intimate partner violence: a qualitative analysis with multiple stakeholders. Proc ACM Hum Comput Interact. 2017;1:46. https://doi.org/10.1145/3134681.
21. Republic of Türkiye. Law No. 6284 on the Protection of the Family and Prevention of Violence against Women [Ailenin Korunması ve Kadına Karşı Şiddetin Önlenmesine Dair Kanun]. Official Gazette of the Republic of Türkiye. 2012;28239.
22. Uçan A, Ege E, Büyükgöze S, Semayiş T. Türkiye'de erkek şiddetiyle mücadelede kolluk uygulamaları [Law enforcement practices in combating male violence in Türkiye]. Istanbul: Mor Çatı Kadın Sığınağı Vakfı; 2023. https://morcati.org.tr/wp-content/uploads/2023/08/kolluk-kades-rapor-web.pdf. Accessed 15 Sep 2026.
23. Ministry of the Interior. Kadın Destek Uygulaması (KADES) [Women's Support Application (KADES)]. 2018. https://www.icisleri.gov.tr/kadin-destek-uygulamasi-kades. Accessed 15 Sep 2026.
24. Demir T, Nalbant F. Kadına yönelik şiddetle mücadelede kullanılan mobil uygulamaların kamu değeri perspektifinden değerlendirilmesi [An evaluation of mobile applications used to struggle violence against women from a public value perspective]. Fiscaoeconomia. 2023;7:341–64. https://doi.org/10.25295/fsecon.1150319.
25. Bilicioğlu Güneş A, Ezikoğlu Ç. Legal and political challenges of gender equality and crimes against women in Turkey: the question of Istanbul Convention. Women Crim Justice. 2023;33:14–27. https://doi.org/10.1080/08974454.2022.2040695.
26. Moynihan D, Herd P, Harvey H. Administrative burden: learning, psychological, and compliance costs in citizen-state interactions. J Public Adm Res Theory. 2015;25:43–69. https://doi.org/10.1093/jopart/muu009.
27. Schou J, Pors AS. Digital by default? A qualitative study of exclusion in digitalised welfare. Soc Policy Adm. 2019;53:464–77.
28. Hickman LJ, Simpson SS. Fair treatment or preferred outcome? The impact of police behavior on victim reports of domestic violence incidents. Law Soc Rev. 2003;37:607–34.
29. Calton J, Cattaneo LB. The effects of procedural and distributive justice on intimate partner violence victims' mental health and likelihood of future help-seeking. Am J Orthopsychiatry. 2014;84:329–40. https://doi.org/10.1037/h0099841.
30. Rabello Kras H. Procedural fairness and political attitudes: unpacking the experiences of victims of intimate partner violence with the police. Rev Latinoam Opin Publica. 2024;13:e31356. https://doi.org/10.14201/rlop.31356.
31. Ministry of Family and Social Services, Muş Provincial Directorate. Kadın Acil Destek Uygulaması KADES … tanıtımı yapıldı [The Women's Emergency Support Application KADES was introduced … ]. 2020. https://www.aile.gov.tr/mus/haberler/kadin-acil-destek-uygulamasi-kades-emniyet-mudurlugu-personelleri-tarafindan-mudurlugumuz-ve-bagli-kuruluslarda-gorev-yapan-kadin-personellerimize-tanitimi-yapildi/. Accessed 18 Sep 2026.

32. Ministry of the Interior. HAYAT 112 Acil mobil uygulama ile tek tuşla ihbar dönemi başladı [The era of one-touch reporting has begun with the HAYAT 112 Acil mobile application]. 2026. https://www.icisleri.gov.tr/hayat-112-acil-mobil-uygulama-ile-tek-tusla-ihbar-donemi-basladi. Accessed 18 Sep 2026.
33. Patton MQ. Qualitative research and evaluation methods. 4th ed. Thousand Oaks: Sage; 2015.
34. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3:77–101. https://doi.org/10.1191/1478088706qp063oa.
35. Braun V, Clarke V. Thematic analysis: a practical guide. London: Sage; 2021.
36. Braun V, Clarke V. Toward good practice in thematic analysis: avoiding common problems and be(com)ing a knowing researcher. Int J Transgend Health. 2023;24:1–6. https://doi.org/10.1080/26895269.2022.2129597.
37. Braun V, Clarke V. A critical review of the reporting of reflexive thematic analysis in Health Promotion International. Health Promot Int. 2024;39:daae049. https://doi.org/10.1093/heapro/daae049.
38. Maxwell JA. Using numbers in qualitative research. Qual Inq. 2010;16:475–82. https://doi.org/10.1177/1077800410364740.
39. Sandelowski M, Voils CI, Knafl G. On quantitizing. J Mix Methods Res. 2009;3:208–22. https://doi.org/10.1177/1558689809334210.
40. Lincoln YS, Guba EG. Naturalistic inquiry. Beverly Hills: Sage; 1985.
41. Krippendorff K. Content analysis: an introduction to its methodology. 4th ed. Thousand Oaks: Sage; 2018.
42. Hallgren KA. Computing inter-rater reliability for observational data: an overview and tutorial. Tutor Quant Methods Psychol. 2012;8:23–34. https://doi.org/10.20982/tqmp.08.1.p023.
43. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19:349–57. https://doi.org/10.1093/intqhc/mzm042.
44. Goodman L, Dutton MA, Weinfurt K, Cook S. The Intimate Partner Violence Strategies Index: development and application. Violence Against Women. 2003;9:163–86.
45. Davies J, Lyon E, Monti-Catania D. Safety planning with battered women: complex lives/difficult choices. Thousand Oaks: Sage; 1998.
46. Wyatt S. Non-users also matter: the construction of users and non-users of the Internet. In: Oudshoorn N, Pinch T, editors. How users matter: the co-construction of users and technology. Cambridge: MIT Press; 2003. pp. 67–79.
47. Alkan Ö, Özar Ş, Ünver Ş. Economic violence against women: a case in Turkey. PLoS ONE. 2021;16:e0248630. https://doi.org/10.1371/journal.pone.0248630.
48. Ergöçmen BA, Yüksel-Kaptanoğlu İ, Jansen HAFM. Intimate partner violence and the relation between help-seeking behavior and the severity and frequency of physical violence among women

in Turkey. Violence Against Women. 2013;19:1151–74. https://doi.org/10.1177/1077801213498474.

49. Turkish Statistical Institute, UN Women Türkiye. Türkiye'de istatistiklerle kadın 2025 [Women in statistics in Türkiye 2025]. Ankara: Turkish Statistical Institute. 2026. https://www.tuik.gov.tr/media/announcements/ist_kadin2025.pdf. Accessed 11 Nov 2026.
50. Kandiyoti D. Bargaining with patriarchy. Gend Soc. 1988;2:274–90. https://doi.org/10.1177/089124388002003004.
51. Keskin A, Karaman F. Barriers to formal help-seeking behavior by battered Turkish women according to sociodemographic factors. Sustainability. 2021;13:165. https://doi.org/10.3390/su13010165.
52. Soss J. Lessons of welfare: policy design, political learning, and political action. Am Polit Sci Rev. 1999;93:363–80.
53. Lipsky M. Street-level bureaucracy: dilemmas of the individual in public services. 30th anniversary expanded ed. New York: Russell Sage Foundation; 2010.
54. Barrett BJ, St. Pierre M. Variations in women's help seeking in response to intimate partner violence: findings from a Canadian population-based study. Violence Against Women. 2011;17:47–70. https://doi.org/10.1177/1077801210394273.
55. Felson RB, Messner SF, Hoskin AW, Deane G. Reasons for reporting and not reporting domestic violence to the police. Criminology. 2002;40. https://doi.org/10.1111/j.1745-9125.2002.tb00968.x. :617 – 48.
56. Rosenbaum DP, Schuck AM, Costello SK, Hawkins DF, Ring MK. Attitudes toward the police: the effects of direct and vicarious experience. Police Q. 2005;8:343–65. https://doi.org/10.1177/1098611104271085.
57. Janz NK, Becker MH. The health belief model: a decade later. Health Educ Q. 1984;11:1–47. https://doi.org/10.1177/109019818401100101.
58. Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? J Health Soc Behav. 1995;36:1–10. https://doi.org/10.2307/2137284.

# Figures

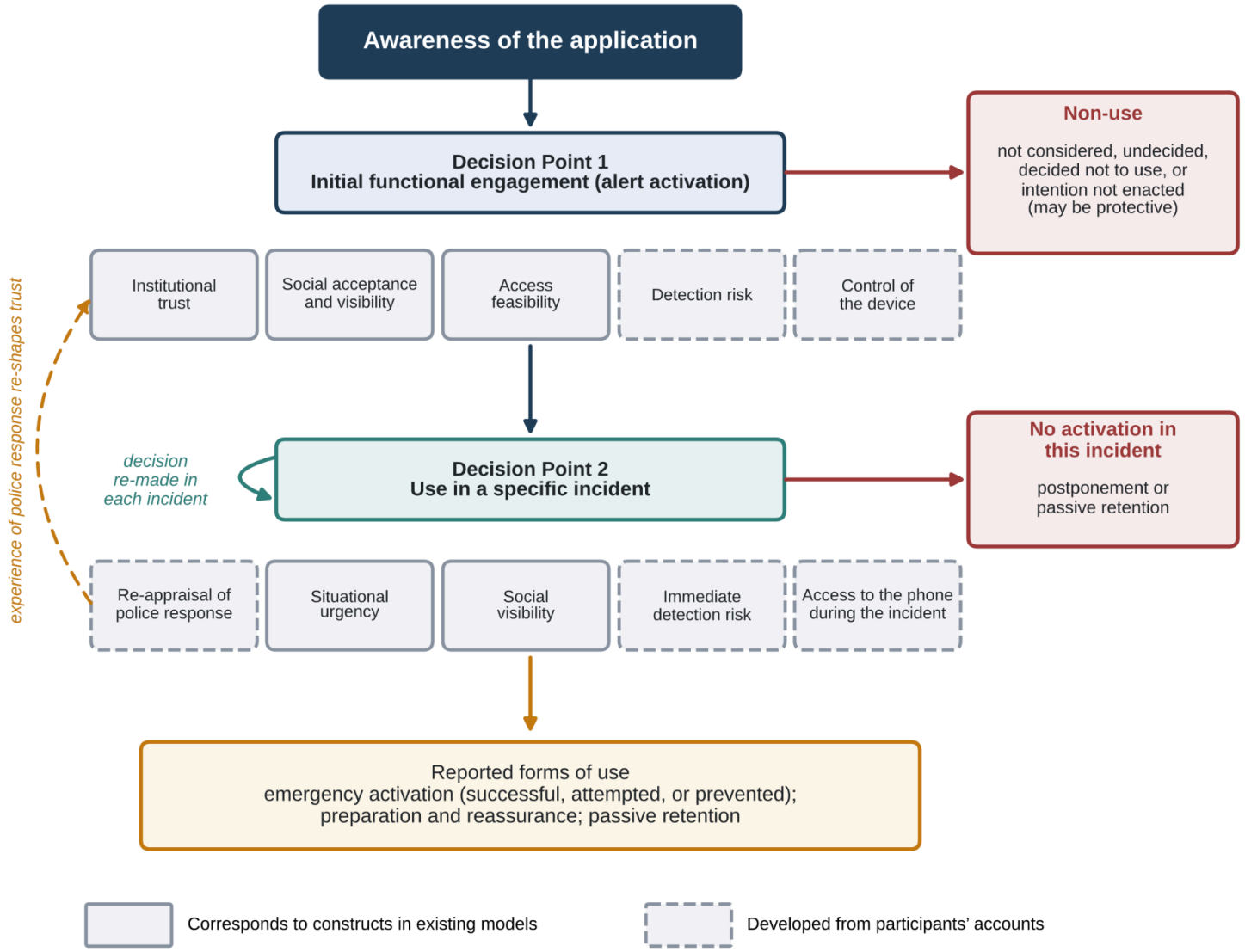



**Figure 1**

**Awareness-Action Bridge: a preliminary interpretive framework.** The framework describes factors that participants related to initial functional engagement and context-specific use. The framework is not a validated causal model. Arrows indicate possible movements between decisions rather than a fixed sequence; non-use and postponement are possible at each decision point.

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- Additionalfile1COREQchecklist.docx
- Additionalfile2Interviewguide.docx