

Domestic Violence Against Women in the Sundarbans, West Bengal: A Brief Historical Overview

Domestic violence (DV) in the Indian Sundarbans of West Bengal has to be understood as more than a “private family matter.” It sits inside a difficult social and ecological landscape—remote riverine islands, fragile livelihoods, seasonal migration, limited access to policing and courts, and repeated climate disasters. In such a setting, violence within households is often hidden, normalised, and underreported, while the pathways for protection and rehabilitation remain uneven.

West Bengal began building an institutional foundation for women’s grievances in the early 1990s with the establishment of the **West Bengal Commission for Women**, which started functioning in **1993**. A significant step followed in **1999** with the Commission’s **Pre-Litigation Counselling and Complaint Cell (PLCC)**, which offered complaint reception and counselling for family disputes, including domestic violence, and served as a practical early “entry point” for women seeking help. In remote regions like the Sundarbans, where access to courts and formal services can be costly and time-consuming, such counselling-led pathways often became the first accessible response.

A major legal shift occurred nationally with the **Protection of Women from Domestic Violence Act (PWDVA), 2005**, which came into force in **2006**. This law reframed domestic violence as a rights violation and introduced civil remedies such as protection orders, residence orders, and monetary relief. In principle, it expanded women’s options beyond police cases and criminal proceedings. In practice, especially in the Sundarbans, effective access depended on the presence of protection officers, legal aid, responsive policing, and women’s ability to travel and safely disclose violence—conditions that are frequently weak in remote and disaster-prone blocks.

From the mid-2010s, India expanded service delivery through integrated support platforms. The **One Stop Centre (OSC / “Sakhi”) scheme**, implemented from **1 April 2015**, aimed to provide medical support, police facilitation, legal aid, counselling, and temporary shelter under one roof. The **Women Helpline (181)**, also implemented from **1 April 2015**, was designed to offer 24×7 referral and crisis support. However, official central documentation later noted that **West Bengal was not implementing the Women Helpline scheme** in that reporting snapshot—an important issue for the Sundarbans, where phone-based access can be crucial when physical mobility is constrained.

Evidence on the scale of domestic violence in West Bengal comes most clearly from **NFHS-5 (2019–21)**. The survey indicates that spousal violence remains widespread and that help-seeking is low: a large majority of women who experience violence do not seek help or even tell anyone. This “silence problem” is especially significant in the Sundarbans, where stigma, dependence, fear of retaliation, and distance from services combine to suppress reporting.

Sundarbans-specific research and NGO documentation underline the same reality. A field-based working paper focused on **Kultali and Jaynagar II** (South 24 Parganas) highlights multiple drivers—economic dependence, patriarchal control, early marriage, and dowry-related pressures—and shows how women often rely on local civil society groups for awareness, counselling, and navigation of legal processes. NGO reports also describe domestic violence as frequent and socially normalised, and they stress gaps in prevention and survivor support systems.

The recent decade has further reshaped the DV landscape through compound shocks. **Cyclones and climate-related disasters**—especially the **Amphan** period combined with COVID-era disruptions—have been widely discussed as moments when household stress intensifies and women’s vulnerabilities increase. Humanitarian gender analysis explicitly warns that domestic violence risks rise after disasters, while longform reporting from the Sundarbans has documented heightened distress and protection concerns in cyclone-affected communities.

Overall, the history of domestic violence prevention, protection, and rehabilitation in the Sundarbans reflects a gradual shift: from early counselling-and-complaint mechanisms, to a rights-based legal framework under PWDVA, to integrated service models such as OSCs and Mission-mode convergence frameworks. Yet the central challenge persists—violence remains under-disclosed, and services remain hard to reach for many island and delta communities. Any effective future strategy must therefore combine legal protection and institutional response with strong last-mile access, disaster-responsive protection planning, livelihoods and economic resilience, and sustained community-level norm change.

Domestic violence against women in the West Bengal Sundarbans: a historical account of knowledge, action, and institutions (1990s–2026)

Abstract

Domestic violence (DV) in the Indian Sundarbans (West Bengal) has a “history” that is not only legal and institutional, but also ecological and livelihood-driven. Over three decades, the response ecosystem has moved from **women’s grievance redress and counselling** (1990s–early 2000s), to a **rights-based DV framework** after the Protection of Women from Domestic Violence Act (PWDVA), 2005, to **integrated service delivery** (One Stop Centres / Sakhi from 2015) and the **Mission Shakti** umbrella (effective from 01.04.2022). In the Sundarbans, however, research and NGO reports repeatedly show that DV is often **normalized, under-discussed, and compounded by poverty, migration, and disaster cycles**—particularly after Cyclone Amphan and COVID-linked livelihood collapse.

1) Method: what “history” means here

Because DV is frequently underreported, this account builds a historical narrative using four evidence streams:

1. **State institutions and legal texts:** PWDVA (2005) ; West Bengal Commission for Women (WBCW) institutional history and services (1992–) .
2. **Population evidence:** NFHS-5 West Bengal (2019–21) DV prevalence + help-seeking tables .
3. **Sundarbans-focused research and NGO documentation:** ISEC Working Paper 536 on Kultali & Jaynagar II ; ActionAid Hingalganj study documenting DV as “regular”/normalized .
4. **News / reportage** that captures shocks and local claims during crisis years: The Wire’s Amphan anniversary reporting from Kultali/Gosaba ; Down To Earth’s cyclone-linked trafficking/early marriage vulnerabilities in the Sundarbans ; Times of India reporting on climate-disaster impacts including “violence” and weak social protection in Sundarbans blocks .

Where sources disagree (common in DV), the approach is to treat **NFHS as prevalence baseline**, **administrative/crime data as reporting/justice indicators**, and **field reports as explanatory mechanisms**.

2) Context: why the Sundarbans produces a distinct DV story

The Sundarbans is not just “rural Bengal.” It is a deltaic archipelago where:

- transport is slow/expensive,
- policing and health services are harder to reach quickly,
- livelihoods are precarious (salinity, embankment breaches, cyclone damage),
- male out-migration and debt burdens reshape household power.

In such settings, DV response is shaped by **access** (how far to a police station/court/hospital), **privacy** (crowding after disasters), and **dependency** (economic survival tied to the household). Qualitative work in Hingaljanj (North 24 Parganas) notes DV is embedded in broader fragility—poverty, destitution, and social indifference—rather than being treated as an exceptional event .

3) Phase I (1990s–2005): “women’s grievance + counselling” becomes the practical DV pathway

3.1 Creation of the West Bengal Commission for Women (1992–93)

A major institutional milestone is the **West Bengal Commission for Women**:

- the Act was passed in the State Assembly on **22 June 1992**, and
- the Commission started functioning from **3 February 1993** .

This matters historically because, before a specialised DV law existed, many women’s complaints were routed through **counselling, mediation, and complaint redress mechanisms**—and those mechanisms became a de facto DV “infrastructure” for the state.

3.2 The PLCC (1999): formalizing counselling and complaint reception

In January 1999, WBCW started the **Pre-litigation Counselling and Complaint Cell (PLCC)** . The PLCC description explicitly lists “domestic violence” among issues where both parties may be summoned and an amicable settlement explored; if settlement fails, women are advised to take legal steps, and legal aid mechanisms may be involved .

Historical interpretation: In remote geographies like the Sundarbans, where formal court navigation is costly and slow, **counselling/mediation became a first-line response** for many women—sometimes supportive, sometimes controversial (because settlement-oriented approaches can pressure survivors to return without protection). But as an institutional history, PLCC marks the state’s move toward a dedicated women’s grievance and counselling architecture.

4) Phase II (2005 onward): DV becomes a rights-based legal category (PWDVA)

The **Protection of Women from Domestic Violence Act, 2005** (Act No. 43 of 2005) was enacted on **13 September 2005** . It reframed DV from “private family matter” to an actionable rights violation, enabling civil remedies and mandating roles for Protection Officers and service providers.

Why this shifted the history in the Sundarbans:

- Women’s options expanded beyond criminal prosecution (e.g., “cruelty” cases) into **protective and residence-based remedies**.
- Implementation depended on institutional reach—Protection Officers, service providers, and coordination with police/health.

Sundarbans-focused research later argues that strengthening PWDVA implementation requires **more active, local-level protection functionaries** and coordinated action with police/panchayat/civil society—a point that becomes central in many field discussions after 2010.

5) Phase III (2015 onward): the service-delivery era—One Stop Centres and helplines

5.1 One Stop Centres (OSC / “Sakhi”) launched from 1 April 2015

A Government of India press release states that the **OSC scheme** (Sakhi) was implemented across the country **with effect from 1 April 2015** to provide integrated support (police facilitation, medical aid, legal aid, counselling, psychosocial support) under one roof .

Historical significance: OSCs institutionalize the idea that DV response must be **multi-service** (health + police + legal + counselling), not siloed.

5.2 Women Helpline 181: a debated access channel (and West Bengal’s status in the Centre’s snapshot)

A PIB release (11 Dec 2024) describes the Women Helpline as a **24×7 short-code 181** linking women to police, OSCs, hospitals, legal services authorities, etc., and states that **West Bengal is not implementing WHL** in that snapshot.

For the Sundarbans, where physical access is hard, helplines can be potentially crucial—but only if (a) the system exists administratively, and (b) network connectivity + trust + response capacity are present.

6) Phase IV (2022 onward): Mission Shakti and the convergence model

Mission Shakti guidelines (effective from **01.04.2022**) formalize a convergence approach. The guidelines explicitly state that women affected by domestic violence needing short-term care can be serviced by **One Stop Centres first** (including short stay), and longer-term stay referrals may go to **Shakti Sadan**; they also describe coordination with police Women Help Desks / AHTUs and NGO/community networks .

Historical interpretation: Mission Shakti represents the “mature” policy phase where DV is treated as part of a wider protection continuum—domestic violence, trafficking, destitution, crisis shelter, legal support—particularly relevant in disaster-prone contexts like the Sundarbans.

7) What the burden looks like: NFHS-5 West Bengal (2019–21) and the “silence” problem

NFHS-5 West Bengal’s domestic violence chapter provides a baseline:

- It reports that among women age 18–49, **26% have ever experienced physical violence** and **9% have ever experienced sexual violence**; it also notes the current husband as a common perpetrator for ever-married women experiencing physical violence since age 15 .
- It states “**one in every four (25%) ever-married women age 18–49**” have experienced physical violence committed by the husband .

But the most historically revealing part for DV response is **help-seeking**:

- NFHS-5 West Bengal shows ~**79.7%** of women who experienced physical/sexual violence **never sought help and never told anyone**; only ~**11.9%** sought help .

Why this matters for the Sundarbans history: Even when institutions exist, DV can remain invisible if most survivors do not disclose, and if disclosure pathways are weak or socially risky.

8) Sundarbans-specific scholarship: drivers, migration, and civil society roles

8.1 ISEC Working Paper 536 (2022): Kultali and Jaynagar II (South 24 Parganas)

One of the most directly relevant research documents is the ISEC Working Paper 536 on DV against women in the Sundarbans region, based on fieldwork (Dec 2018–Mar 2019) in **Kultali and Jaynagar II** .

Key findings (high value for your “history” chapter):

- DV is linked to **dowry practice, son preference, early marriage**, and spousal conflict; women’s **economic dependency** is described as a driver of physical/emotional/sexual violence .
- Women who separate face economic hardship; the paper describes women migrating to **Kolkata and surrounding urban areas** for work after separation .
- The paper documents roles of local NGOs/civil society organizations—**Sundarban Janasramajibi Mancha, Samadhan, Missing Link Trust**—in awareness creation and counselling, including skill-training as an empowerment strategy .
- It argues for strengthening PWDVA through more local Protection Officer presence and active coordination with police, panchayat members, civil society and NGOs .

How this fits the history: This paper marks a shift from “DV exists” to “DV governance in the Sundarbans has specific mechanisms”—migration, livelihoods, civil society mediation, and institutional gaps.

9) NGO documentation: DV as normalized and hard to talk about

ActionAid’s report on Hingalganj (North 24 Parganas) records that women described DV as a **regular occurrence** and spoke about it as if it were a “normal” part of life; initial discussions were marked by discomfort, and both physical and emotional abuse were reported .

This kind of qualitative documentation is historically important because it explains why:

- official numbers often undercount,
- survivors may not seek institutional help,
- “prevention” must include social norm change and economic resilience, not just legal remedies.

10) Crisis years reshape the DV landscape (2020–2022): Amphan, COVID, and vulnerability spikes

10.1 Reporting from the ground: Kultali and Gosaba

A Wire report reflecting on Cyclone Amphan’s first anniversary cites an on-ground claim that **Kultali block saw 350 DV cases in one year**, alongside high distress indicators and trafficking concerns in nearby areas . Whether or not every number is independently verifiable, this reporting is historically relevant because it captures what local actors were emphasizing: **livelihood collapse → heightened household stress → increased violence**.

10.2 Disaster aftershocks: trafficking/early marriage and violence

Down To Earth's ground reporting on Amphan and Yaas describes how repeated cyclones increased vulnerabilities for girls and families, especially around trafficking pathways . A Times of India report (based on a "study") similarly claims that climate-induced disasters in the Sundarbans are associated with increased child labour, trafficking, early marriage, adolescent pregnancy, and "violence," alongside inadequate social protection services .

Why these belong in a DV history: In the Sundarbans, DV prevention/rehabilitation is increasingly bundled with:

- livelihood rehabilitation,
- migration support,
- child protection/anti-trafficking,
- disaster response and relief-camp safeguarding.

11) What researchers now say about DV governance in West Bengal: law exists, implementation shapes outcomes

A newer peer-reviewed paper (2024, ScienceDirect) studying women who accessed PWDVA across multiple West Bengal districts argues that PWDVA can help survivors manage and navigate violence rather than automatically ending it—highlighting systemic and procedural realities in DV governance . While not Sundarbans-specific, it helps you write the "implementation era" chapter: **legal frameworks change options, but institutional capacity and social constraints determine lived impact.**

12) Synthesis: the "long history" in one argument

Across the 1990s–2026 period, the West Bengal Sundarbans DV history can be understood as four overlapping transformations:

1. **Institution-building (1992–2005):** WBCW's emergence and PLCC formalize counselling/complaint pathways that remain practically central .
2. **Rights-based shift (2005–):** PWDVA reframes DV as an enforceable rights violation with civil remedies .
3. **Service convergence (2015–):** OSCs create integrated support models, at least in policy design .
4. **Delta-specific compounding (2020–):** disasters + migration + livelihood shocks intensify risk and simultaneously disrupt access; NGO reports document normalization and silence, while local research maps civil society roles and calls for stronger local implementation .

References (starter list you can expand into a full bibliography)

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What “Sundarbans” means administratively

Most anti-violence services (police, courts, hospitals, OSCs) are organised by *district/sub-division/block*, so it helps to define the operational Sundarbans area: the **Department of Sundarban Affairs** describes its coverage as **16 police stations and 19 panchayat samities (blocks)** across **South & North 24 Parganas**.

A historical narrative in 4 phases

Phase 1 (1990s–mid-2000s): Building the “rights + institutions” foundation

West Bengal created a dedicated statutory women’s institution early: the **West Bengal Commission for Women** was established after the state act was passed (22 June 1992) and started functioning **3 February 1993**.

A key institutional mechanism came next: **PLCC (Pre-litigation Counselling and Complaint Cell)** began under WBCW in **January 1999**, designed for counselling/amicable settlement and complaint intake (including domestic violence and family disputes).

Nationally, the legal turning point was the **Protection of Women from Domestic Violence Act (PWDVA), 2005**—a civil law enabling protection orders, residence orders, monetary relief, etc. The Act is dated **13 Sept 2005** and (via Gazette notification) **came into force on 26 Oct 2006**.

What this changed for Sundarbans: it created a formal pathway where survivors (including in remote blocks) could seek *civil protections* even when criminal cases were hard to sustain—but real access depended on Protection Officers, legal aid, police responsiveness, and travel costs.

Phase 2 (late-2000s–mid-2010s): Disaster shocks + migration pressures reshape risk

A recurring theme in Sundarbans GBV literature is that climate/disaster stressors and livelihood loss can intensify household conflict and women's vulnerability.

- **Cyclone Aila (25 May 2009)** is widely treated as a major disruption event in the delta and a marker for longer recovery struggles (housing, embankments, livelihoods).
- Over the 2010s, distress migration, precarious work, and weakened community safety nets are frequently linked (in field accounts) to increased vulnerability for women and girls.

What this changed for DV history: prevention/response increasingly had to operate in a landscape of displacement, debt, male out-migration, insecure incomes, and post-disaster trauma—conditions that research and humanitarian frameworks flag as DV risk multipliers.

Phase 3 (2015–2019): Service “platforms” expand—Helpline + One-Stop Centres; NGOs deepen field work

After Nirbhaya-era reforms nationally, two service platforms matter for DV response:

1. **One Stop Centre (OSC / “Sakhi”)** scheme implemented **from 1 April 2015**, offering integrated services (police facilitation, medical aid, legal aid, counselling, short stay/shelter linkage).
2. **Women Helpline (181)** implemented **from 1 April 2015** to provide 24×7 referral and crisis response, linking police/OSC/hospitals/legal services.

In Sundarbans-specific research, one influential field-based study (primary survey **Dec 2018–Mar 2019**) examined DV in **Jaynagar II and Kultali** (South 24 Parganas) and documented the role of local NGOs/civil society in mediation, awareness, and women's skill-building (economic coping).

What this changed: the “response ecosystem” became a mix of state platforms (OSC/181/PWDVA/WBCW) plus grounded NGO work (community mobilisation, informal dispute resolution, referrals, empowerment training).

Phase 4 (2020s): COVID + cyclones expose gaps; climate vulnerability becomes central to protection debates

The 2020s are defined by *compound shocks* and renewed attention to GBV risk.

- Humanitarian gender analysis around **Cyclone Amphan** explicitly warned that women and girls face higher risk of **domestic violence and early marriage** after such disasters, and that protection concerns (shelter safety, displacement) compound risks.
- Longform reporting from Sundarbans after Amphan described how livelihoods collapsed and vulnerabilities rose in the islands.
- Reporting also connects repeated cyclones to trafficking risks for girls in South 24 Parganas' Sundarbans.
- Local studies reported rising violence and social harms (including child marriage and “violence”) in blocks like Gosaba/Pathar Pratima in climate-impacted periods.

Meanwhile, statewide evidence shows the scale and silence problem:

- NFHS-5 West Bengal reports **~29.8%** of ever-married women (18–49) experienced **emotional/physical/sexual spousal violence**, and **~27.0%** experienced **physical or sexual spousal violence**; help-seeking is low: only **~11.9%** sought help, and **~79.7%** neither sought

help nor told anyone (among women facing physical/sexual violence categories in the help-seeking table).

Policy architecture also evolved: **Mission Shakti guidelines** (umbrella for women safety/empowerment) emphasise coordination of shelters/OSCs with **AHTUs and Women Help Desks** and referral to **DLSA** legal aid.

And service readiness remains uneven: a **Rajya Sabha annexure (31 July 2024)** notes **no audit** was conducted for OSCs in West Bengal and lists operational OSC addresses.

Also, a PIB reply (Dec 2024) indicates the **Women Helpline scheme is not being implemented by West Bengal**, which is a major practical constraint for remote regions like Sundarbans that depend on phone-first access.

(1) Timeline table: Domestic violence response history (Sundarbans focus)

Year/Period	Milestone	Why it matters for Sundarbans
1992–1993	West Bengal Commission for Women created; functioning from 3 Feb 1993	Creates a state-level statutory platform for women’s grievances & systemic advocacy
1999	PLCC starts under WBCW (counselling + complaint intake)	Low-cost, non-court first step—important where courts/police access is hard
2005–2006	PWDVA 2005 enacted; in force 26 Oct 2006	Introduces civil protection orders/residence/monetary relief pathways
2009	Cyclone Aila (25 May 2009)	Disaster recovery stress reshapes household risk; increases vulnerability narratives
2014 (data point)	South 24 Parganas noted as high in “cruelty by husband/relatives” in a cited NCRB context (used by later research)	Helps explain why Sundarbans blocks are selected for DV field studies
2015	OSC/Sakhi begins (1 Apr 2015)	“One roof” support is crucial for remote, riverine geographies
2015	Women Helpline 181 begins (1 Apr 2015)	Phone-first crisis/referral lifeline for islands— <i>if implemented</i>
2018–2019	DV field survey in Kultali + Jaynagar II ; NGO role documented	Provides grounded Sundarbans DV evidence + civil society mapping
2019–2021	NFHS-5 data collection period reflected in WB report	Establishes state prevalence + help-seeking baseline relevant to Sundarbans
2020	Cyclone Amphan + COVID disruptions	Humanitarian gender analysis flags increased DV/IPV and early marriage risk
2020–2022	NGO research/reporting on Sundarbans social ecology (incl. women’s issues)	Captures how poverty, environment, and social stressors interact

2022	Mission Shakti guidelines emphasise coordination (OSC/Shakti Sadan with WHDs/AHTUs; legal aid via DLSA)	Codifies referral logic that should operate in Sundarbans blocks
2024	Parliament annexure: OSCs in WB; “no audit conducted”	Shows governance/quality-monitoring gaps in key service
2024	PIB reply: WHL scheme not implemented by WB	Explains a major access barrier for island communities
Ongoing	Sundarbans Affairs Dept defines coverage (19 blocks/PS)	Useful for mapping service availability by block

(2) Service-map framework (Sundarbans DV prevention + response)

Think of the system as **three layers**: *community entry*, *statutory protection/justice*, and *integrated support services*. (This is the practical “map” you can use block-by-block.)

A. Entry points (where cases surface first)

1. Community / NGO / women’s groups

- Local NGOs and civil society groups play referral + mediation + awareness roles (documented in Kultali/Jaynagar II study).

2. PLCC (WBCW)

- Complaint intake + counselling, especially for family disputes/domestic violence; aims at amicable settlement and guidance.

3. Phone-first

- **181 Women Helpline** (but implementation gaps matter in WB).
- **112 ERSS** (often used in emergencies; not DV-specific but relevant)

B. Statutory protection pathway (PWDVA “civil protection” track)

Survivor → Protection Officer / Service Provider → Magistrate (PWDVA orders)

PWDVA provides the legal basis; in-force date is documented and the Act outlines duties/roles (Protection Officers, Service Providers).

Core bottlenecks in Sundarbans context

- Travel + time costs (courts/hospitals often off-island)
- Low disclosure/help-seeking norms: large share of women never tell anyone (NFHS-5).
- Disaster periods intensify risk and reduce service access.

C. Integrated support (the “Sakhi/OSC + Mission Shakti” track)

OSC / Sakhi is intended as a one-roof integration point: police facilitation, medical/legal aid, counselling, temporary shelter linkage.

Mission Shakti guidelines reinforce coordination with **AHTUs/Women Help Desks** and legal aid via **DLSA**.

Quality/oversight issue to note in your history: Parliament annexure indicates “no audit” of WB OSCs (as of that question), which you can interpret as a monitoring gap rather than proof of poor performance.

D. Prevention layer (what “prevention” looks like on the ground)

From Sundarbans field research and NGO narratives, prevention is typically bundled as:

- **Economic resilience** (skills, income, SHG linkages) as partial protective factor (Kultali/Jaynagar II study).
- **Post-disaster protection planning** (safe shelters, protection messaging, rapid referrals), because GBV risk rises after cyclones.
- **Adolescent-focused interventions** to reduce early marriage/trafficking risks in climate-stressed blocks.

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