

Voices of torture survivors in Tanzania: A qualitative study

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Key points of interest

- This study highlights the need to better understand the dynamics and prevalence of torture in Tanzania, to offer holistic rehabilitation and support services, and to strengthen approaches to torture prevention.
- The physical and psychological effects of torture are often left untreated. This impinges on survivors' ability to work and, consequently, on their income and family life.

Abstract

Introduction: No published research has been found on torture in Tanzania, but individual cases were documented by human rights organisations. The aim of this study was to explore the salient physical, mental and social effects of torture in the country, and help-seeking behaviour by giving voice to a group of torture survivors in Dar-es-Salaam and Zanzibar City (Zanzibar). *Methods:* This

explorative qualitative study consisted of 14 semi-structured in-depth interviews (12 males, 2 females) of which eight took place in Dar-es-Salaam and six in Zanzibar. Informants were selected purposefully through a mix of snowball and convenience sampling. Both the Standards for Reporting Qualitative Research (SRQR) and the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed. *Results:* Using the UNCAT definition of torture, all informants reported having been tortured within the past two years. The most common form of torture was beating with clubs to the joints. Other torture included, but was not limited to, gun shot, toenail removal and 'poulet roti'. The most common physical consequence was persistent pain. Psychological consequences included suicidal ideation and sleep problems. Most interviewees lost their jobs as a result of the torture incident, instigating a cascade of financial and social problems. *Conclusion:* The findings present informants' exposure to deliberate torture at the hands of public authorities. Informants confirmed their exposure to torture methods that had been previously reported by non-governmental organisations. They also talked about exposure to more advanced, and previously undocumented, torture

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methods. Informants displayed a dire need for mental and physical health care, but had limited access to such care. Research is needed to better understand the magnitude, prevalence and context of torture in Tanzania.

Keywords: Tanzania, torture, voice, qualitative research, prisoners

Introduction

Research shows a strong correlation between poverty and the prevalence of violence (Jensen, Kelly, Andersen, Christiansen, & Sharma, 2017; McCarthy & World Organisation Against Torture, 2006). As a group of torture-focused organisations put it in a declaration on torture and poverty: “Poverty is one of the major underlying factors that keep people perpetually vulnerable to torture, and...torture tends to increase or deepen poverty by stripping victims of the ability to continue their livelihoods” (IRCT, 2011). Moreover, torture among the poor is less often documented. Poverty therefore increases people’s risk of exposure to torture, and masks the problem of torture.

Tanzania presents an example of this connection. Almost half of Tanzanians live on under two dollars a day (World Bank Group, 2014). About 75% of Tanzanians report having experienced physical violence before their 18th birthday (UNICEF, CDC, & Muhimbili University, 2011) and 50% of ever married women have been subjected to violence (MoHCDGEC, MoH, NBS, OCGS, & ICF, 2016). Violence is an accepted norm in some contexts in Tanzania, potentially contributing to the normalisation of torture.

Tanzania is not signatory to the UN Convention against Torture and

Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT), but its constitution prohibits torture (article 13(6)(e)) (Constitution of the United Republic of Tanzania, 1977), and the country has ratified international agreements prohibiting torture including the African Charter on Human and People’s Rights (African Union, 1981; UN, 1966). Individual cases of torture have been documented by parliament, human rights organisations and the media (HRW, 2002, 2013; LHRC & ZLSC, 2016). Of 25 reports submitted for Tanzania’s 2016 Universal Periodic Review (UPR), six mentioned torture (HRW et al., 2016). The submissions by a variety of local and international NGOs mostly admonish police torture of specific groups such as activists, journalists and pastoralists. Apart from such reports, there does not appear to have been published research on torture in Tanzania. A review using the terms ‘torture’ (UNCAT definition) and ‘Tanzania’ in a number of databases yielded no peer-reviewed literature on the subject.¹

Few organisations in Tanzania work in the area of torture. A handful of human rights NGOs provide legal services and some of their clients have experienced torture. A number of organisations, most notably the Legal and Human Rights Centre (LHRC), the Zanzibar Legal Services Centre (ZLSC) and the Tanzania Human Rights Defenders Coalition (THRDC) issue human rights reports

¹ The databases searched were ProQuest Research Academic, International Bibliography of Social Sciences (IBSS), PsychInfo, PubMed and the DIGNITY Torture library which includes major publishers and national libraries among others.

which have addressed torture. The authors were unable to locate organisations providing explicit rehabilitation for torture survivors, however, a number have handled trauma cases. Data on mental health services in Tanzania are scarce and of questionable quality. According to WHO, Tanzania has just two mental health hospitals and 0.01 psychiatrists per 100,000 (WHO, 2015). In addition, some hospitals, such as Muhimbili National Hospital, include a mental health department. A number of missionary clinics and NGOs also provide mental health services. It is believed that many mental health patients receive care from traditional healers.

The aim of this study was to explore the physical, mental and social effects of torture through the survivors' own account, and to understand their help-seeking behaviour.

Methods

In this explorative phenomenological study, 14 informants participated in semi-structured in-depth interviews, eight in Dar-es-Salaam and six in Zanzibar between 27th and 31st March 2017. Informants were selected purposefully through a mix of snowball and convenience sampling. In Zanzibar, the informants were contacted through a voluntary human rights advocate who also accompanied them to the interview, but did not attend it. In Dar-es-Salaam they were contacted through a human rights NGO providing legal services. This methodology was chosen due to difficulties in identifying torture survivors owing to associated fear and/or stigmatization. Informants were selected among adult survivors, residing in or around Dar-es-Salaam and Zanzibar, who were reachable and who agreed to be interviewed. Dar-es-Salaam

was selected because it is the location of most organisations working with torture survivors, and Zanzibar because of its cultural, religious and political variation from the mainland.

The study abided by ethical standards as outlined in qualitative research guidance, the World Medical Association Declaration of Helsinki, and the Danish Institute against Torture (DIGNITY)'s guidelines on Ethical Review of Research Projects. Reporting follows both the Standards for Reporting Qualitative Research (SRQR) and the Consolidated Criteria for Reporting Qualitative Research (COREQ) (O'Brien, Harris, Beckman, Reed, & Cook, 2014; Tong, Sainsbury, & Craig, 2007).

Interviews were based on a study guide reviewed by psychologists specialised in torture rehabilitation. Two interviews were conducted in English and the rest in Swahili with translation by a local expert, a Tanzanian human rights lawyer and study co-author. The same team of an interviewer and a local expert conducted all the interviews. All informants signed consent forms in Swahili pre and post interview. All interviews were recorded in writing, and all but two informants granted permission to audio record the interview. Signed consent forms cannot be linked with interview content and informant names were neither requested nor recorded.

Qualitative content analysis was conducted in a systematic manner. Analysis categories and sub-categories (themes) were created as per the study objectives. Additional categories and themes were added based on the content of the interviews, even if they did not directly respond to a study objective. This was done to ensure that the issues that mattered to the

informants were addressed even if they had not initially featured in the question guide.

A local psychologist and psychiatrist were identified to provide care to referred informants, if needed. All informants were offered this referral. In one case where the informant expressed suicidal thoughts, permission was obtained from the informant to have the psychiatrist contact her.

Results

Informants' Profile

Informants' age range was 21-67 with nine persons in the age range of 28-39. With the exception of two retired informants, all were employed at the time of interview. Most were hired labour, such as drivers of public transport vehicles. All but one informant had been in detention, mostly in police stations. Some (8) spent time in prison, mostly (7) on remand. Only one informant received a sentence. Time spent in prison on remand ranged from 4.5 to 18 months. Four distinct themes, with associated sub-themes, are presented below.

Theme One: The Nature of the Torture

Perceived cause, perpetrators and location:

All informants were tortured within two years preceding the interviews. In Dar-es-Salaam, the perceived causes of torture were punishment for a suspected crime (4), to elicit confession (1), personal affair (1) or unknown (2). In Zanzibar, perceived causes were involvement in an opposition party (1), to elicit confession (1), walking on the street during elections (3), reporting torture to a judge (1), and unknown (1):

"The judge asked me if I was forced to confess...I told him...that they tortured me. The judge asked me do you have any signs to show and I said yes and I...showed him my buttocks and my stomach and the sides and my arms...and I told him I feel strong

pains...So the police after that interview with the judge...were very angry...so when I got back to the police station they tortured me the second time."

(35-year-old male, Zanzibar)

Two informants in Zanzibar reported being tortured by police and the rest by armed militias known as 'zombies', widely believed to be working for government security forces. One survivor described them as follows: *"They wear combat clothes. They have masks that cover their faces and their eyes can show. (The masks are) black or red. They wear combat clothes almost like the military."* (21-year-old female, Zanzibar). In Dar-es-Salaam, most perpetrators were police or prison staff. One person reported being tortured by army police.

Reported torture locations were equally divided between prison (3), police station (3) and the street (3), in addition to military barracks (2), a political party office (1), a vehicle (1), and a survivor's home (1). Some interviewees reported more than one torture location.

Torture methods: The most common torture method reported by the interviewees was beating with clubs (9) mostly to the joints such as knees, elbows and ankles. Other beatings consisted of kicking, slapping, and standing, walking and jumping on the person's head, body and legs. One informant was pushed off a moving motorcycle:

"After polling day, I was going home... On that particular day they beat anyone on the streets... intimidating people not to celebrate on the street the opposition winning... all of the 18 guys (zombies) surrounded me and I was in the center. Someone was beating me with clubs and they were not the normal wooden clubs.

They had iron and aluminium pipes and they were using them to beat (me)."

(62-year-old male, Zanzibar)

Two women reported sexual torture. One was raped and the other was sexually assaulted along with a group of political party members. One male also reported being stripped naked during torture:

"They (the zombies) pulled up our clothes, us women, and grabbed our private parts (informant demonstrates by grabbing between her legs). They put their fingers in our vaginas and also grabbed our breasts (informant demonstrates arms reaching down over shoulders to grab breasts)...In the morning the women police came and called us one after another in a room and told us to undress. They searched our bags and searched us...They also pushed their fingers in our private parts and removed our hijabs and even our underwear. Even our bras were removed."

(61-year-old female, Zanzibar)

Two informants reported being shot by the *zombies*. Both displayed their scars, one on his head, and another on his back. One person recounted having his toenail removed with pliers, and another talked about 'knife pinching', a process whereby the knife is used in lieu of the thumb to pinch a person, thereby producing cuts in the skin.

Three persons were 'disappeared' after their torture and later found in desolate locations: *"I was hand-cuffed...and my eyes were closed by a piece of cloth and I was being beaten badly and later they threw me on the beach somewhere far away."* (67-year-old male, Zanzibar).

One person described being tortured in the 'poulet roti' position:

"They took my clothes off and I remained naked. There were not less than 20 police (men). They asked me to sit down and to bend (pulls knees up to chest) and my

legs tied together like this (demonstrates ankles being tied together). After that, they took an iron cord. Very long, like this size (demonstrates about two meters) just between my arms and knees along here (shows insides of elbows and knees) then they took two chairs like this (shows chairs positioned back-to-back) and started to hang me up like this (shows wrists and ankles bound together and his body bent). They started to push me. I went this side, then I went this side, like a see-saw...While doing that they put some cloth on the table. They said they experience that someone swinging like that will move a shit because of that kind of torture...so they protect their tables by putting the cloths...Then I told them I will say everything. Just in my mind to stop the torture...I had pain in my arms here (points to wrists), here (points to inner elbows) and my knees (points to inside of knees)...I have scars...Then the head started to pain. They lifted me down...I said I know nothing...They said now we want the bottle. They asked the police to bring a bottle...of chili. In my mind I said now is problem. I cannot let them do it. I said I will tell you." (35-year-old male, Zanzibar)

Psychological torture included humiliation and threats of worse torture. One female informant talked about her fear of rape when made to spend the night in a police station without female staff. Others talked about how prison guards made inmates rub a painful irritant on the body of another inmate (Velvet bean plant known locally as *upupu*). Although not placed in a 'torture cell' himself, an informant witnessed others who were:

"A torture cell (is) where you will be staying for one to three months and the food you are given is a quarter of the ration...I have never been in one of those torture cells, but...when we are released from our cells we

normally see them (torture cell occupants) in their cells, and they aren't allowed to get out of those cells (like) the rest of us...They may talk to other prisoners if the other soldiers are not around and they even request some water, but you have to give that person assistance in a hidden manner. It happened to me. I tried to give one some water...and I was badly beaten."

(29-year-old male, Dar-es-Salaam)

All those who experienced detention reported cruel and degrading prison conditions. Food was a primary concern for ex-prisoners who spoke of its scarcity and poor quality, and even deliberate deprivation when food was brought by relatives. One reported being deprived of food for three days. Random beatings were commonly reported as well as humiliations, poor hygiene and sleeping conditions:

"(At the police station) we were...taken to a room and in that room there were faeces, urine and water on the floor. We stayed there for eight days."

(61-year-old woman, Zanzibar)

"When you get there (prison) the first day, you are given a very dirty mattress with a lot of bed bugs, and you are required to sleep four of you on one mattress of two-feet wide. And you are supposed to sleep on your sides and there is no permission of turning round...We sleep on our sides and the nyaparra (prefects) watch us...If you turn, you are badly beaten."

(29-year-old male, Dar-es-Salaam)

"As soon as you arrive (in prison) you are forced to defecate, and even when they know that you are from a police station where you stayed for like so many days without food, they will still force you to give out whatever is in your stomach. And when you fail to excrete, you are badly beaten."

They always say that perhaps you have gone there with drugs or you have hidden a mobile phone. They actually humiliate you badly...At your entrance you are forced to get HIV and Tuberculosis tests...And they normally announce the results publically. They just tell you and immediately you are separated...There is a cell for people infected with HIV and TB...You cannot refuse (to be tested)."

(29-year-old male, Dar-es-Salaam)

Theme Two: The Effects of Torture

Physical effects: All informants reported persistent physical effects from the torture. Many displayed: swollen or discoloured limbs; indentations (nips) in the skin of the leg and scalp; elevations in the skin of the scalp; wrinkled and discoloured skin of the legs; surgical stitching scars as a result of post-torture surgery; and a nail-less toe.

The most common complaint was pain (10), the site being different for each informant and included the back, legs, stomach, chest, sides, and head: *"From that day (when the torture took place) onwards I have chest pain when I breathe. I have been feeling pain until today."* (61-year-old male, Zanzibar).

The pain prevented many (6) from performing daily activities such as walking, prolonged sitting, carrying heavy objects or "hard work." One person reported reduced sexual performance: *"There are so many things I cannot do now. I used to go and chop logs, but now I don't have that energy. I can't carry 20 litres of water anymore."* (28-year-old male, Zanzibar).

For two of the informants, the pain was constant and powerful enough to disrupt their sleep. One respondent stated, *"In the morning (following the torture), I woke up and sat in a wheelchair and there has been no sleep"*

from that moment onwards...If I sleep on my side or stomach I feel pain." (28-year-old male, Zanzibar). A few informants had specific medical diagnoses following the torture, namely dislocated knee cap, kidney failure, stomach ulcers and spinal cord damage.

Psychological effects: One person had suicidal thoughts that she had not discussed with anyone. Some (4) reported sleeping badly due to physical pain, worry or nightmares. This is illustrated through the following: "My mind is always worried...During the night I remember everything that happened to me and I lose sleep...Every night". (21-year-old female, Zanzibar).

Some (4) said that they now interact less with others and have fewer friends: "I am afraid to meet my colleagues, afraid of the government. I am now shy and terribly afraid...I dream a lot because I saw many bad things in prison. I speak in my sleep and my wife holds me." (30-year-old male, Dar-es-Salaam).

Socio-economic effects: Based on how frequently and extensively they talked about it, the economic effects of the torture/detention appear to be the most important to the informants. Health and pain problems were considered significant because they affected the person's productivity and ability to earn an income. Most (8) interviewees lost their jobs after the torture. Cited reasons include physical inability to perform the job, dismissal and stigma due to the incident. Consequently, seeking employment has become difficult and informants were employed in jobs that pay significantly less: "When I go ask for employment and I also say that I have a problem of my knees, they normally say we cannot take you because there are some other people who do not have such a problem, so competitively I lose." (29-year-old male,

Dar-es-Salaam). In addition to limitations on employment, other financial repercussions included adjusted lifestyle:

"I can no (longer) go and get the economy-type diet (due to stomach problems brought on by detention conditions). I have to get the expensive food. I cannot eat beans now or dagga (dried sardines). It has shaken my daily system of life. At the moment I am forced to buy fish. If I cannot buy fish, I buy meat...instead of the beans or dagga...The doctors said this is not good to eat beans and dagga."

(39-year-old male, Dar-es-Salaam)

Because they were arrested, many informants borrowed money to post bail (6). Employment opportunities and the ability to be with family were curtailed because they were not allowed to leave the capital while on bail.

The torture/detention experience often affected survivors' social interactions. One informant no longer fetches water, nor does she spend much time outside her house for fear of another attack. She also spoke about the stigma of the sexual torture:

"(Now) when men come to my family to engage me, when they understand that I have been abused, they retreat...they are told by neighbours, and that is very painful because I did not choose to be abused."

(21-year-old female, Zanzibar)

Most often, the economic and social effects of torture are intrinsically intertwined whereby the economic problems lead to social repercussions:

"My life has been destroyed. It means that the amount of money I used to get when I was employed, I don't get it...Even my son, I don't know how to pay for his fees. It also caused me to separate with my wife because at the moment I cannot provide for my wife."

(29-year-old male, Dar-es-Salaam)

The wife of the above participant returned to her village with their son whom he is now unable to see. Further, detention deprived informants' families of their income and obligated them to scarp for resources to provide food in detention. This affected informants' relations with family and the families' welfare. One informant talked about his daughter performing poorly on school exams, and others believed that the incident caused loved ones' health problems.

Theme Three: The Services Received

Medical services: All informants presented to a medical facility directly following the torture or upon release. Many reported that they needed treatment, but could not afford it:

"I only get treatment when there is money. I was supposed to go to the hospital in September, but I only have the money to go now. I get medication for my kidneys. I get an exam, and am given the medication and then I go home. It lasts 14 days."
(30-year-old male, Dar-es-Salaam)

Another stated, *"If I sleep on my side or stomach I feel pain. I was buying pain killers. I was not given any. They gave me some relief. I am not using them anymore...If you don't have money, you die."* (28-year-old male, Zanzibar). None of the informants had received, nor had they been offered, psychological care.

Legal services: Many informants had ongoing legal cases and received legal aid for their defense. No case has been brought against torture perpetrators. The rape survivor attempted to report the case to the police:

"We have tried to struggle to follow-up, but we didn't succeed at the police. They told us the file has been closed...the driver

who was driving the car was known and he works in the same (police) station... They said the file was closed because there is no evidence, but my younger sister saw what happened and the hospital confirmed it...I went to (medical facility) and they followed up with the police station, but because it was them (who raped), they did not cooperate."

(21-year-old female, Zanzibar)

Most survivors expressed anger and bitterness about the situation of impunity as exemplified below: *"When I see them (perpetrators) it pains me a lot, but I cannot do anything because they cannot be sued or charged. Even when you go to court, it is a waste of time."* (28-year-old male, Zanzibar).

Social support: Those tortured in groups (5) tended to refer to their peer survivors for social support. They are the ones to whom they talked about the torture and about the effect it has had on their life. Other sources of social support included fellow church-goers, neighbours and relatives.

Theme Four: The Survivors' Needs

When asked about their priorities and needs, the most common responses related to employment and income. Access to health care, especially for those still experiencing pain, was also cited as essential to ensuring better employment. The six survivors with pending legal cases considered an end to the case as a pre-requisite for being able to re-take charge of their lives: *"When will my case end so I can stand up?... I want to live with my child. I want my child to get better education."* (29-year-old male, Dar-es-Salaam).

Discussion

This study is the first attempt to understand and document the experience of a group of torture survivors in Tanzania. It offers

a peek into their lives and experiences, and confirms their exposure to intentional torture, and the dearth of available services.

Further studies should be conducted to better understand the extent to which torture is systematic in Tanzania. Our findings show that torture was a normalised approach in the case of the informants. Further, most informants did not talk about being singled-out for especially poor treatment, but implied that similar torture was practiced on their peers. They referred to torture in public places, torture by a group of perpetrators and torture of persons in groups, all potential indicators of public knowledge of the act and perhaps implying a norm. Other sources of information further confirm this. In addition to reports by local and international human rights organisations, torture is an issue of public debate in Tanzania having been discussed in parliament and covered by the media. This is especially the case where the victim is a public figure (HRW, 2002, 2013; LHRC & ZLSC, 2016; Sungusia, 2017).

Some torture methods described, such as beatings, disappearances and sexual torture, confirm those previously reported in individual cases (HRW, 2002, 2013; LHRC & ZLSC, 2016). This study further presents previously undocumented torture methods which may be considered 'more advanced', such as the 'poulet roti', toenail removal, knife pinching, and psychological torture.

In Tanzania, user fees are charged at all levels of health care, with some exempt users such as pregnant women. More than a third of health care costs is borne by private individuals through out-of-pocket spending, exceeding both the global average, and the government-set target (MHSW, 2012; Mtei & Makawia, 2014). Half of Tanzanian women report lack of money impeding access to health care (MoHCDGEC et al.,

2016). The findings of this study are in line with this. The majority of informants cited lack of money as the obstacle to access the health care needed to deal with the effects of torture.

In a country where the majority of the population is economically vulnerable, it is no surprise that economic problems constituted the principal worry of our informants. Informants' poor access to resources contributed to prolonging the physical and mental health consequences of torture. This limited their job opportunities, thereby further exacerbating their financial constraints.

While the perceived causes of the torture vary, two emergent themes warrant further investigation, namely political participation and police brutality. Most informants in Zanzibar believe they were tortured because of their actual or perceived political participation. In both Dar-es-Salaam and Zanzibar, informants talked of torture by police as punishment for a crime, as reprisal or to elicit a confession.

None of the informants had been screened for trauma or other psychological torture effects. Some demonstrated a need for psychological support to handle issues such as suicidal thoughts, poor sleep and social isolation. However, in general, informants only talked about psychological issues when asked and prioritised physical health issues as a concern because, in their view, it affected their ability to earn a living. Two informants were referred to mental health professionals, yet it seems that they did not perceive their apparent psychological sequelae as affecting their earning ability. Informants did not recognise their need for mental health services. Furthermore, mental health services are considerably limited in the country, as described earlier.

In spite of allegations of torture, to

date, we were unable to locate any torture cases filed against authorities in Tanzania (Sungusia, 2017). Torture is only mentioned in legal cases as part of a defense strategy despite it being reported in the media and even being discussed in the Tanzanian Parliament.

Implications

The purpose of this study was to discern and contextualize the perceived needs of torture survivors. This was done by investigating the nature and effects of the torture, and by obtaining information on available services and their use by the survivors.

Study findings point to a need to introduce rehabilitation services to survivors. The needs must be understood within the context of poverty and vulnerability. Rehabilitation services should take on a holistic approach and consider survivors' poor access to basic health care, economic vulnerability, and social stigma. This may suggest an outreach model to access this difficult-to-reach population combined with a solid referral network to for example, basic medical care, livelihood schemes and legal aid. Medical and mental health providers may benefit from sensitisation to the presence and effects of torture.

Further research is recommended to generate understanding of torture prevalence, practice and consequences in Tanzania. Such information may assist advocates and law makers to address the issue of torture-related impunity, and to make the case for Tanzania to sign and ratify the UNCAT.

Limitations

The researchers' reflexivity should be acknowledged (Malterud, 2001; Skovdal & Cornish, 2015). Specifically, informants

were reached through the local expert's network, and interviews were conducted using translation which may have influenced the rapport between interviewer and interviewee(s) and may have led to some meanings being lost in translation.

Despite efforts at balanced gender representation, only two informants were female. Although the particular experience of these female torture survivors is critical and rich, it does not allow for a sufficient exploration of the torture experience of women in Tanzania.

In the absence of published research on torture in Tanzania, this exploratory study was intended to provide an initial peek into the subject. It has shown that torture takes place in Tanzania, that survivors are accessible, and that they have a large need for support. This preliminary understanding can be used to support the formulation of even more pertinent research questions for more expansive and representative studies.

Conclusion

Little is documented about the experience of torture survivors in Tanzania. This study attempted to better understand the context of torture and to initiate discussion. Hopefully, shedding light on the issue may eventually lead to torture elimination and improved conditions for torture survivors in Tanzania so that no survivor will feel the way this informant did: *"Before that (torture), I was strong. I used to walk. I used to run... This body is not mine."* (30 year-old male, Dar-es-Salaam)

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