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Taphonomic and Skeletal Indicators of Captivity and Violence in the Southwest (AD 1000-1300)

Debra L. Martin
University of Nevada - Las Vegas, debra.martin@unlv.edu

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Taphonomic and Skeletal Indicators of Captivity and Violence in the Southwest (AD 1000-1300)

Abstract
Violence against women especially as a result from raiding and abduction of women was a common and world-wide phenomenon that has been part of human history for a very long time. Its persistence into today’s globalized commodity market, where women are used as sex and domestic slaves against their will, demonstrates how institutionalized this form of violence is. Gendered violence is found in many different contexts, but it is most sustained in groups that practice raiding and abduction of women (and often children). Raiding, as part of endemic warfare strategies, is cyclical and part of a long-term strategy with economic and political implications for both males and females. How can these kinds of practices be empirically supported by the bioarchaeological record and what are the effects of these practices? The taphonomic and mortuary component of human remains is crucial in answering these questions. The bioarchaeological signature of forced captivity includes healed head wounds, healed broken bones, and a variety of trauma-related musculo-skeletal changes. Women in unusual mortuary configurations with healed fractures, inflamed muscles, infections, and other signs of abuse reveal the biological costs of this form violence.

Keywords
Captivity, Cranial Depression Fractures, Bioarchaeology

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Taphonomic and Skeletal Indicators of Captivity and Violence in the Southwest (AD 1000-1300)

Debra L. Martin, Professor of Bioarchaeology
Department of Anthropology, University of Nevada, Las Vegas 89154

Females with Cranial and Post-Cranial Fractures and Pathologies

Composite head wounds: Well-healed (older) injuries = Violence used during abduction

Mapping Brain Injury and Possible Changes in Behavior as a Result of Cranial Trauma

The Brain and its functions

Population Size, Demographics and Frequencies of Trauma La Plata Population

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<th>Children</th>
<th>Males</th>
<th>Females</th>
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<td>1/16</td>
<td>3/13</td>
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<td>(6.2%)</td>
<td>(23.1%)</td>
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<tr>
<td>Post-cranial</td>
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