occurred to children under 6 months and that mothers were twice as likely to commit homicide. This research appears to suggest that the development of postpartum depression within women could contribute to the statistic of deaths within young children, as postpartum depression can develop during pregnancy and within the first few months of birth. Supporting the popular opinion amongst society that mental illness can be a predictor for homicide.

Despite this, there is a greater prevalence of depression amongst the general population, therefore depression can have a larger contribution to the prison population just on this basis. Indeed, if depression did contribute to the statistics of homicide, there should be an even greater percentage of depressed serial killers due to the 1 in 4 statistic of depression prevalence (Mind, Thorncroft, 2006). In fact, Shaw et al (2006) found that 34% of convicted homocides had a mental disorder but previously did not receive input from psychiatric services. Therefore, rather than being a direct link between depression and homicide, the samples used in research could be people who failed to seek out help for depression. These individuals may not have sought out help due to the symptom of withdrawal from social situations commonly found in depression or the negative stigma attached to the illness.

Furthermore, there appears to be a gender bias when assessing the link between mental illness and homicide. Typically males are found to be at a greater risk of committing violent acts (Swanson et al), however in the case of mental illness and homicide, only 18% of males and 45% of females are found to be mentally disturbed. Henderson (1981) suggested this is because psychiatrists first consider psychological wellbeing as this reinforces the paternalistic view that women are weak and suffer from hysteria. Moreover, women are commonly diagnosed with a mental disorder, without regards to homicide, which could be a further indicator that women may be diagnosed on the basis of reinforcing gender stereotypes in society. Indeed, when women are not found to be mentally ill, they are considered a double deviant to society and therefore treated more harshly. As their behaviour goes against the stereotype of females being nurturing for children. For example, Myra Hindley caused public outrage (Savane, 2000) leading to her life sentence rather than put on bail. Considering the issue of double deviancy, women could be over diagnosed/misdiagnosed with a mental illness when committing homicide either due to the paternalistic nature of society or to avoid public outcry and future consequences. Therefore, the popular opinion that there is a link between mental illness and homicide could be only formed due to societies perceived norms, rather than there being an empirical link between the two.

Depression and other mental disorders are classified within the DSM and fit under the Mcnaughten law (Mericer), whereby the individual does not recognise self as insane, therefore diminished responsibility of their actions. Glaser (1991) claimed that individuals who commit homicide with these types of mental illnesses has meaning, for example individuals who are depressed kill to spare the suffering of their family. However, psychopathy also falls under the DSM yet psychopaths are aware of their actions as perceived as abnormal and they also have an increased risk of violence. It is questionable whether psychopathy is just a label for deviancy due to society norms, as opposed to being ‘mad’ whereby the individual does not recognise self as insane, the psychopath carries no remorse and is aware of the effects of their actions. For example, the psychopath, Ted Bundy, manipulated, planned and killed over 30 women. Individuals with mental illness would be unable to structure and plan deaths such as what Ted Bundy and other psychopaths have done. It seems to