have influenced their judgement. Howard is particularly critical of certain ivory-tower academics who, while medically qualified, undertook little empirical research and rarely saw patients but spent their time doing systematic reviews and meta-analyses of research done by others. One or two of these evidence-based medicine ‘gurus’, he points out, made spectacularly inaccurate predictions (for example, that COVID-19 was a cold-like illness that would quickly burn itself out). Howard suggests that what led them to underestimate the deadly potential of this disease by orders of magnitude (and hence downplay the need for vaccines) was their absence from the clinical frontline.

**CONSPIRACY ENTREPRENEURS**

I didn’t read every word of this 600-page book, most of which relates to the claims of US medical scientists and their entanglements with right-wing politicians up to and including President Donald Trump. While I enjoyed the book and broadly share the author’s position on many key points (for example, that doctors who should have known better misread the evidence and contributed to a delay in vaccinating children and adolescents that risked precious young lives), I found it over-long, rambling in places, and under-theorised (that is, it lists some alleged bad things that happened but doesn’t venture a scholarly explanation of why they happened). Do we need theory to explain why doctors occasionally join crazy conspiracy discourses (including the view that COVID-19 vaccines prevent) this phenomenon. Try this succinct summary of the book, most of which relates to the case of Hungary. In: Butter M, Knight P, eds. Covid Conspiracy Theories in Global Perspective. London: Routledge, 2023; 221–235.

**REFERENCES**


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**THE EIGHT-STAGE KILLING TIMELINE**

1. ‘A history of control or stalking’; not necessarily a criminal history, but a mindset, a tendency to dominate earlier partners.
2. The commitment whirlwind; everything from the first meeting moves at an unhealthy, breakneck pace.
3. ‘Living with control’; because their partner aims to control everything about them, the victim adapts their behaviours.
4. ‘Trigger’; something (for example, a potential split, pregnancy, or illness) threatens to break the circuit of control.
5. ‘Escalation’, the controlling behaviour intensifies.
6. ‘A change in thinking’; something switches, the coercion may appear to lessen, or the perpetrator changes tack.
7. ‘Planning’ (such as preparing a ‘murder kit’).
8. ‘Homicide and/or suicide’; either murder or, because of prolonged and relentless coercion and control, the victim commits suicide.

By breaking down the domestic homicide timeline into these eight distinct phases, Monckton-Smith has shown us what to look for in controlling and coercive relationships and, just as importantly, what to target to arrest the progression, to save a life.

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**COERCIVE RELATIONSHIPS**

Jane Monckton-Smith is a professor of public protection, specialising in interpersonal violence. She has played in a band, worked as a police officer, and is a mother to a daughter who experienced a 2-year coercive and controlling relationship. In this book, she argues that people rarely murder their partners or ex-partners on a whim. Rather, almost invariably, the killing is the culmination of a clearly defined eight-stage timeline. They know what they are doing. Forceful and manipulative, ending their partner/ex-partner’s life, and convincing others they were justified in doing so (often in a court of law), is the ultimate demonstration of their power.

Jane Monckton-Smith

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**In Control. Dangerous Relationships and How They End in Murder**

Reference:

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