BRITISH COLUMBIA REVIEW BOARD

IN THE MATTER OF PART XX.1 (Mental Disorder) OF THE *CRIMINAL CODE*
R.S.C. 1991 c. 43, as amended S.C. 2005 c. 22, S.C. 2014 c. 6

AMENDED

REASONS FOR DISPOSITION
IN THE MATTER OF

KEN JOHN JOHNSON

a.k.a.

ALLAN DWAYNE SCHOENBORN

HELD AT:	Forensic Psychiatric Hospital Coquitlam, BC June 1, 2026	
BEFORE:	CHAIRPERSON:	J. Bahen, KC
	MEMBERS:	Dr. R. Miller, psychiatrist Dr. L. Murdoch Dr. K. Polowek G. Boudreau
APPEARANCES:	ACCUSED:	K. Johnson
	ACCUSED'S COUNSEL:	D. Abbey C. McGauley
	DIRECTOR, AFPS:	Dr. R. Lacroix, B. Ratke D. Bernier *(via video)*
	DIRECTOR'S COUNSEL:	D. Lovett, KC
	ATTORNEY GENERAL:	G. Kabanuk

Amended on July 7, 2026 by: Generalizing information in paragraph 30 for privacy.

INTRODUCTION AND BACKGROUND

[1] On June 1, 2026, the BC Review Board held a mandatory hearing to review the disposition of Ken John Johnson aka Allan Dwayne Schoenborn. At the hearing, counsel for the defence expressed his client's preference to be referred to as Mr. Schoenborn. Accordingly, for the purpose of these reasons for disposition the Board will refer to him in that way. At the conclusion of the hearing, the Board reserved its decision. It subsequently ordered that Mr. Schoenborn be conditionally discharged. These are the Board's reasons for its disposition.

[2] Mr. Schoenborn is before the Board as a result of a verdict of not criminally responsible on account of mental disorder (NCRMD) rendered by the Supreme Court of British Columbia at Kamloops on February 22, 2010. The verdict related to three counts of first-degree murder. The index offences were committed between April 5 and 6, 2008 and the victims were Mr. Schoenborn's three children (a daughter and two sons). They were 5, 8 and 10 years old. The victim impact statements presented to the Board from DC, MC, and SG (family members of the victims) speak to the devastating and enduring impact that Mr. Schoenborn's actions in committing the index offences have had. VO (a member of the victims' community) describes in their victim impact statement to the Board the magnitude of the impact of the index offences on themselves, their family and community.

[3] Mr. Schoenborn is 58 years old and has been diagnosed with delusional disorder, in remission; paranoid personality disorder traits; and alcohol and cannabis use disorders in sustained remission in a controlled environment. Mr. Schoenborn is well known to the Board. His personal and forensic histories are extensively documented in the record and the Board's previous reasons for disposition and will not be repeated. In brief, the symptoms of his delusional disorder have been in remission for more than 15 years (his diagnosis was changed from delusion disorder in 2010 to delusional disorder, in remission, in 2011). Since then, the primary focus of risk assessment and treatment has related to pathological personality features, emotional regulation, including anger management, and his past use of substances. Mr. Schoenborn has reportedly remained abstinent from all unauthorized substances since his admission to the Forensic Psychiatric Hospital (FPH) in 2010.

[4] Since coming under the Board's jurisdiction, Mr. Schoenborn has been detained and held in custody at FPH in Coquitlam. From 2010 to 2019, Mr. Schoenborn was held on a strict custody basis (the Board did not grant him any form of community access). In 2019,

the Board included a provision in its order that, at the discretion of the Director of FPH, Mr. Schoenborn may have escorted access to the community, depending on his mental condition and the risk he then posed to himself or others. In 2020, the Board added provision for unescorted access to the community (again at the Director's discretion). At the Board's annual review in 2022 and subsequently, the Board also included a provision that, at the Director's discretion, Mr. Schoenborn may have overnight stays in the community for a period not exceeding twenty-eight (28) days for the purpose of assisting in his reintegration into society.

[5] At the Board's most recent hearing in 2024, the Board considered that Mr. Schoenborn posed an ongoing threat to public safety noting that, over the prior year he had engaged in numerous acts of verbal aggression toward staff at FPH, particularly female staff. The Board accepted Dr. Anhoury's expert opinion (Mr. Schoenborn's then treating psychiatrist at FPH) that Mr. Schoenborn's risk to public safety included a risk to women and children. The Board opined that his attitudes toward women were worthy of further exploration. The Board concluded that Mr. Schoenborn continued to pose a significant risk to the safety of the public and that the continued involvement of forensic services was required to manage that risk. The Board made an order for a continued custody disposition with provision for escorted and unescorted community access and 28-day visit leaves at the Director's discretion.

[6] In its reasons for disposition, the Board noted that Mr. Schoenborn had recently (June 2024) been accepted into the Community Transitional Care (CTC) program (a staffed supportive living environment near FPH) and had been placed on a waitlist. The Board considered that, while its custody order included a provision for up to 28-day visit leaves, it strongly recommended that the Director begin by permitting Mr. Schoenborn only brief day leaves to attend CTC programming and not further his leave until he had demonstrated a willingness to regularly attend programming and respectfully complied with staff direction.

[7] The Board's June 2024 disposition was extended on Mr. Schoenborn's application and with the consent of the parties for 12 months in May of 2025.

EVIDENCE AT HEARING

[8] The new evidence added to the record consists of the following:

- psychiatric reports from Dr. R. Lacroix, Mr. Schoenborn's treating psychiatrist, dated May 26, 2025 and May 18, 2026

- psychological treatment progress reports from Dr. M. Hannan-Leith dated May 28, 2025 and May 5, 2026
- a social work report from B. Ratke dated April 24, 2026, and
- a forensic care coordinator (FCC) report from C. Tayler dated May 4, 2026.

[9] The Board heard oral evidence from Dr. Lacroix, Social Worker Ratke, and case manager D. Bernier.

Clinical Course

[10] In his reports, Dr. Lacroix confirms Mr. Schoenborn's diagnoses: delusional disorder, in remission; paranoid personality disorder traits; alcohol and cannabis use disorders, in sustained remission, in a controlled environment. He also confirms that there has been no change to Mr. Schoenborn's psychotropic medication, which has consisted of monthly long-acting depot injection of the antipsychotic haloperidol.

[11] In his 2026 report, Dr. Lacroix describes Mr. Schoenborn's mental state during the last year at CTC. His mental state has been stable, and he has not demonstrated signs of sustained mood instability nor re-emergence of psychotic symptoms. He has reacted appropriately to challenges, including interpersonal difficulties (e.g. March 2026 he had a minor argument with a housemate). Dr. Lacroix testified that Mr. Schoenborn's random urine drug screens have been negative for intoxicants and there has been no indication that he has been involved in the tobacco subculture or used unauthorized substances.

[12] In her 2026 report, Dr. Hannan-Leith indicates that Mr. Schoenborn engaged in his individual psychological treatment and made progress into his insight of his interpersonal style and ability to independently and more effectively manage interpersonal interactions with staff and peers. Dr. Lacroix testified that Mr. Schoenborn has gained an understanding with psychotherapy over the years of what irritates him, his sensitivity to personal slights, and his tendency to personalize things.

[13] At the hearing, in reference to the Board's 2024 disposition reasons that opined that Mr. Schoenborn's attitudes towards women should be explored, Dr. Lacroix expressed that Mr. Schoenborn expressed no problematic or entrenched negative views about women, misogynistic attitudes, or any other negative cognitions about women or gender that would make him conclude that Mr. Schoenborn would be a risk towards women (or children), generally, in public.

[14] At the hearing, the Board referenced previous evidence of Mr. Schoenborn's historical domestic violence. A social history report by forensic psychiatric social worker

(FPSW) T. Young dated March 25, 2010, notes that file documentation indicated there were significant domestic violence issues with Mr. Schoenborn and that he denied domestic violence in his relationship with DC. FPSW Young further notes that file documentation indicated that Mr. Schoenborn believed that DC was unfaithful to him and was extremely jealous, paranoid, and insecure. FPSW Young states that it has been reported that, on May 15, 2007, Mr. Schoenborn returned to the family home intoxicated and allegedly struck DC with his fist numerous times and sexually assaulted her. A report dated March 26, 2010, authored by case management coordinator L. Lee notes that DC recanted her complaint about the sexual assault and uttering threats and the charges were stayed.

[15] The Board asked Dr. Lacroix to what extent Mr. Schoenborn showed insight into the reported domestic violence history. Dr. Lacroix responded that he did not have any new information than what had previously been reported in the file. In response to the Board's follow-up questions, Dr. Lacroix agreed with the Board that Mr. Schoenborn had demonstrated a pattern of minimization and rationalization relating to domestic violence issues over the years at FPH. Dr. Lacroix testified that Mr. Schoenborn had acknowledged that his consumption of alcohol had a destabilizing influence on him and his relationship with DC. Dr. Lacroix further testified that if Mr. Schoenborn were to return to an intimate relationship and if he were to be non-compliant with his medication and used substances, "there would be a risk in an intimate partner relationship".

Course at FPH and CTC since May 29, 2025 (the Board's last disposition)

[16] In his 2026 report, Dr. Lacroix describes Mr. Schoenborn's integration into the CTC program. Mr. Schoenborn began overnight visit leaves to a staffed cottage at CTC on April 10, 2025, initially for two-night durations. These were progressively increased until May 7, 2025, when he commenced his first full 28-day overnight visit leave. He has since continued residing at CTC on successive overnight leaves. He has spent most of his time on CTC grounds, socializing with co-patients, watching television, and participating in mandatory programming and community outings (grocery store and library). He has not engaged in broader community activities, largely due to anxiety about being recognized and, to a lesser extent, due to poor motivation. He has stated that he considers himself a "homebody". He moved to an unstaffed cottage on August 25, 2025, without any observed adjustment issues.

[17] FCC Taylor reports on summaries from CTC's staff monthly progress reports on Mr. Schoenborn. He has been participating in SMART Recovery and Clean Start (drug and alcohol recovery-based programs), and Jeopardy groups. He was not involved in any violent incidents, he has remained at his baseline, and his energy has remained low. At times, he has shown some irritability when staff prompted him to complete his chores, and he has required support with coping and stress management. At the hearing, Dr. Lacroix clarified to the Board an incident on October 21, 2025, described in FCC Taylor's report. Dr. Lacroix stated that, based on the nursing documentation, the incident consisted of Mr. Schoenborn being sarcastic to staff on that occasion. FCC Taylor also reports on an incident that occurred on January 9, 2026 where Mr. Schoenborn is referenced by his legal name, Johnson, as follows:

> CTC staff entered Mr. Johnson's cottage and flicked the light switch by the staircase. Mr. Johnson appeared suddenly, approximately a foot away from staff, yelled "leave the fucking light on, and get out of my house, this is my house." CTC staff disengaged. This was later discussed with Mr. Johnson with another CTC staff member; he accepted feedback but described a different perception of events, reporting that staff flicked the light on and off and that he did not swear or raise his voice.

[18] At the hearing, Dr. Lacroix told the Board that there has been no indication that Mr. Schoenborn's irritability towards staff would escalate to violence. He testified that there have been fewer incidents of conflicts because there have been fewer triggers at CTC compared to FPH and Mr. Schoenborn's work with psychology has assisted him in navigating potential conflicts. Dr. Lacroix told the Board that Mr. Schoenborn's lack of motivation is not a short-term risk but a long-term reintegration issue.

[19] Dr. Lacroix reports that Mr. Schoenborn's personal support consisted of his mother who visited him approximately every three weeks. She passed away in April 2026. This was a major stressor for Mr. Schoenborn, but he coped reasonably well with the support of the treatment team and staff at CTC.

[20] Dr. Lacroix reports on the involvement of Mr. Schoenborn's community team at the Vancouver Regional Forensic Clinic (Clinic). The team has participated at Patient Care Meetings and has been informed of Mr. Schoenborn's progress. Mr. Schoenborn has been travelling by transit to the Clinic since December 2025 for his depot injection of haloperidol and has met members of the team, including Dr. L. Meldrum (the treating psychiatrist) and Case Manager Bernier. Dr. L. Brown was his psychologist at the Clinic; however, she took an unexpected leave. At the hearing, Social Worker Ratke and Case Manager Bernier told

the Board that the team had arranged to have Dr. Hannan-Leith, his psychologist from FPH, see him at the outpatient clinic and the sessions would restart on June 4, 2026.

Risk Assessment

[21] At pages nine to 11 of his report, Dr. Lacroix assesses Mr. Schoenborn's risk for violence using the HCR-20 (V3) professional judgement tool (a structured guide to risk assessment that uses historical, clinical and risk management variables to formulate the accused's risk for violence during the upcoming six to 12 months).

[22] Dr. Lacroix identifies the following historical variables (static factors related to the individual's past) as most relevant to Mr. Schoenborn: history of problems with violence (index offences, violence associated with alcohol, and reactive violence involving co-patients at FPH); psychiatric diagnoses; and problems with relationships and employment leading up to the index offences.

[23] In terms of clinical risk variables (dynamic factors that are subject to change), Dr. Lacroix reports that Mr. Schoenborn has demonstrated good insight into his psychotic illness and its connection with the index offences and long-term need to continue with his medication. He has shown a fair understanding of his emotional reactivity and frustration. He has occasionally appeared irritable and curt when faced with interpersonal difficulties but has not demonstrated sustained emotional or behavioural instability. Mostly, he has not engaged in community activities outside of CTC, which relates to his treatment and supervision response.

[24] In terms of Mr. Schoenborn's risk management variables (factors pertaining to future risk based on anticipated circumstances) Dr. Lacroix reports that on conditional discharge Mr. Schoenborn has the professional support he would require. Dr. Lacroix notes that Mr. Schoenborn's personal support has consisted of some peers at CTC and that he has lacked motivation to engage in community-based activities. Dr. Lacroix opines that, should an absolute discharge be considered in the future, problems with personal support would be a highly relevant variable, as would Mr. Schoenborn's ability to manage stressful life events without the support of his forensic treatment team and his peers at FPH and CTC.

[25] At the hearing, Dr. Lacroix explained that, on absolute discharge, without the presence of staff, a roommate, or employment, Mr. Schoenborn would have no meaningful connections to the community. This lack of connection could pose risks, including disengagement from treatment, discontinuation of medication, and a subsequent

deterioration in his mental condition. Dr. Lacroix testified that it would be unusual for the civil mental health service to monitor Mr. Schoenborn at the level of frequency that he has been receiving under forensic oversight. Dr. Lacroix explained, check-ins every three months or so as is typical in the civil mental health service, and without conditions prohibiting him from using substances, there would be a risk of Mr. Schoenborn disengaging from treatment and relapsing into substance use.

[26] In his report at pages 10 and 11, Dr. Lacroix provides two foreseeable risk scenarios: violence associated with re-emergence of psychotic symptoms and reactive aggression. Dr. Lacroix describes the first foreseeable risk scenario for Mr. Schoenborn (identified as Mr. Johnson) as follows:

> Several months of missed Haloperidol injections would need to elapse before overt psychotic symptoms reappeared, though cannabis use could accelerate their onset. Should psychosis recur, potential delusional themes might include paranoid ideation regarding harm to loved ones or delusions of infidelity in the context of an intimate relationship. The risk of delusionally-driven violence would be heightened if Mr. Johnson were under the influence of alcohol, which in the past has contributed to disinhibition and impulsivity. In my opinion, the target(s) of violence in such a scenario is/are likely to be specific and involve individuals close to Mr. Johnson whom he incorporates into his delusions, rather than random members of the public. With regular outpatient psychiatric follow-up and monitoring of the kind provided at CTC, early signs of deterioration are unlikely to go undetected. This risk scenario is mitigated through ongoing adherence to antipsychotic medication, sustained abstinence from substances, and consistent clinical monitoring and supervision that is currently in place and would carry over on a conditional discharge.

[27] As for the second foreseeable risk scenario, Dr. Lacroix explains in his report how Mr. Schoenborn has historically reacted with aggression with other co-patients and that reactive aggression would more likely occur in institutional or group home settings over time. At the hearing, Dr. Lacroix further explained that Mr. Schoenborn's violence with co-patients happened with continuous taunting towards him over time and his inability to leave the situation. Dr. Lacroix testified that Mr. Schoenborn would not engage with a random hostile member of the public.

[28] In his report, Dr. Lacroix opines that these two risk scenarios would be mitigated on conditional discharge through the structure and supervision at CTC and by the community forensic treatment team. He recommends that the Board conditionally discharge Mr. Schoenborn reviewable within 12 months. He also recommends that the Board include a condition prohibiting the use of illicit substances, cannabis, and alcohol, as well as a

condition requiring Mr. Schoenborn to submit to the testing of substances through urinalysis, based on reasonable grounds.

Discharge planning

[29] At the hearing, Social Worker Ratke explained in general terms CTC's structure and supervision. She confirmed that CTC is a structured environment staffed 24/7 under the auspice of BC Forensic Psychiatric Services. The difference between a staffed and an unstaffed cottage is whether the staff office is physically located in the cottage; unstaffed cottages are located nearby and checked by staff every two hours. Residents of CTC must adhere to the rules and expectations, including respecting a curfew. The number of daily hours a resident can spend in the community is determined by the treatment team. If the mental destabilization of a resident was detected by staff, the resident could be returned to FPH. Case Manager Bernier testified that returning a CTC resident to FPH is a straightforward two-hour process that involves consultation with the psychiatrist from the community and from FPH.

[30] **Social Worker Ratke reports that CTC staff would assist with a referral, on Mr. Schoenborn's behalf, to a community-based support program for adults recovering from mental illness focused on socialization, vocational skills, and independent living. She explains in her report that, by engaging in the programming available there, Mr. Schoenborn may build social connections outside of CTC.** She reports that Mr. Schoenborn was first willing to meet with a vocational counsellor but was not returning their calls and later stated that he was no longer interested.

[31] Dr. Lacroix reports that Mr. Schoenborn's long term plans have been to live in an apartment and get a cat. Mr. Schoenborn has stated he is not interested in an intimate relationship.

POSITIONS OF THE PARTIES

[32] Director's counsel and counsel for the Attorney General submitted that the evidence continues to establish that Mr. Schoenborn meets the threshold of significant threat so as to warrant the continued involvement of forensic services in Mr. Schoenborn's life and Board oversight. Counsel for Mr. Schoenborn did not challenge the threshold issue. All parties submitted that the necessary and appropriate disposition was a conditional discharge reviewable within 12 months.

[33] Director's counsel recommended that Mr. Schoenborn be subject to conditions on discharge: the supervision of the Director; a residency condition; reports and attends for assessments and counselling; returns to FPH when requested by the Director; presents himself before the Board; a weapon prohibition; prohibition of alcohol and unauthorized substances and testing on reasonable grounds; keeps the peace and be of good behaviour; and no direct or indirect contacts with victims. Counsel for the Director took no position on whether the Board ought to impose a condition to report intimate relationships to the Director as suggested by counsel for the Attorney General.

[34] Counsel for the Attorney General submitted that this matter is notable for the tragedy of the events and the impact they not only had on the family, but on the public as a whole. Counsel noted the victim impact statements on the record and that a victim was present at the hearing. Counsel agreed with the conditions recommended by Director's counsel and recommended that the Board also include the condition that Mr. Schoenborn report intimate relationships to the Director. Counsel submitted that the offences represent extreme family violence directed at vulnerable victims, driven by Mr. Schoenborn's mental disorder, specifically his delusional beliefs, which have remained in remission with treatment.

[35] Counsel for Mr. Schoenborn generally agreed with the conditions recommended by counsel for the Director but noted two areas where the defence diverged. First, counsel argued against a condition that Mr. Schoenborn specifically live in a "supervised place" as this might limit his ability to live in an unstaffed cottage. Second, counsel submitted that the condition for Mr. Schoenborn to disclose any intimate relationships was not supported by the evidence. Counsel noted Dr. Lacroix's evidence, Mr. Schoenborn's compliance and positive progress, that Mr. Schoenborn has been forthcoming with information, and that he has not expressed an interest in dating. Counsel argued that this was an intrusive condition that is not supported by the law.

ANALYSIS AND DISPOSITION

Significant threat

[36] The Board must first consider whether the accused constitutes a significant threat as defined by s. 672.5401 of the *Criminal Code*. A person is a significant threat if they pose "a risk of serious physical or psychological harm to members of the public […] resulting from conduct that is criminal in nature but not necessarily violent." The threat posed must

be more than speculative in nature; it must be supported by the evidence. To constitute a "significant threat" there must be a real, foreseeable risk of physical or psychological harm to members of the public that is more than trivial or annoying. Neither a high risk of trivial harm nor a low risk of grave harm will satisfy this threshold (*Winko v. British Columbia (Forensic Psychiatric Institute)*, [1999] 2 SCR 625). If an NCRMD accused does not pose such a threat, they are entitled to be absolutely discharged.

[37] The Board considers that the index offences are of the utmost seriousness, involving heinous acts of violence resulting in the deaths of three children. The depth of anguish and heartbreak experienced by the victims' family and loved ones is immeasurable and cannot be overstated. The Board finds that Mr. Schoenborn has posed a serious threat to public safety. The Board accepts Dr. Lacroix's evidence that, in the community without forensic oversight, Mr. Schoenborn would likely have no personal support, no connections to the community and no employment, which would raise the risk of Mr. Schoenborn disengaging from treatment and relapsing into substance use. This would likely result in a deterioration of his mental condition that would likely not be identified at an early stage within the civil mental health system, giving rise to a foreseeable risk of delusionally-driven violence.

[38] For these reasons, the Board concludes that Mr. Schoenborn continues to present a significant threat to the public and he is not entitled to an absolute discharge. The Board then considered what the necessary and appropriate disposition is in the circumstances.

Necessary and appropriate disposition

[39] In determining the necessary and appropriate disposition, the Board must consider the safety of the public, which is the paramount consideration, the mental condition of the accused, their reintegration into society, and their other needs (s. 672.54 of the *Criminal Code*). The disposition that is necessary and appropriate is also one that is the least onerous and least restrictive of the accused, as explained in *McAnuff (Re),* 2016 ONCA 280.

[40] In determining the necessary and appropriate disposition, the Board accepts Dr. Lacroix's risk assessment of Mr. Schoenborn. The Board considers that Mr. Schoenborn's mental state has been stable for years. His psychotic disorder has been in full remission, he has been compliant with his medication, and he has been abstinent from unauthorized substances. It also considers that he has been successfully residing in the community under visit leaves at CTC for the last year without significant incident. The Board notes the

evidence that there has been a reduction of instances of Mr. Schoenborn acting irritability and that, following extensive psychotherapy, he has demonstrated an improvement in managing his emotional reactivity.

[41] The Board is mindful that Mr. Schoenborn's gradual community access commenced in 2019 with escorted access, with 28-day visit leaves reflecting a later, carefully managed stage within his ongoing gradual progression. The Board considers that, on visit leaves, with the structure of CTC and the supervision and support of CTC staff and of his forensic treatment team at FPH, Mr. Schoenborn's risk has been adequately managed over the last year. In the last months, the community forensic treatment team has received information about Mr. Schoenborn's progress including that he has been taking public transit to the Clinic for his medication. The Board considers that the transition of Mr. Schoenborn's care from the FPH treatment team to the community forensic treatment team is being well managed and is not likely to be a significant destabilizer for him.

[42] The Board also considered that, with the support of CTC staff and his treatment team, Mr. Schoenborn managed the loss of his mother without exhibiting destabilization of his mental condition or using unauthorized substances. The Board considers that he will likely manage any future stressors in a similar manner, without a deterioration in Mr. Schoenborn's mental condition. The Board accepts Dr. Lacroix's expert opinion that Mr. Schoenborn's lack of engagement in community-based activities and lack of community support and connection are not a short-term risk but are a long-term reintegration issue that will need to be addressed over time. The Board concludes that for all the above reasons, it is satisfied that Mr. Schoenborn's risk is now manageable in the community with close oversight and supervision and that a custody disposition is no longer required. The Board therefore orders a conditional discharge.

[43] The Board imposes the conditions recommended by the Director's counsel in addition to the condition to report intimate relationships. With respect to the conditions requiring Mr. Schoenborn to be subject to the general direction and supervision of the Director, that he attend assessments or counselling as required by the Director, that he keeps the peace and be of good behaviour, and that he returns to FPH as required by the Director, the Board considers that these conditions are the foundation of the Director's authority to compel Mr. Schoenborn's cooperation on a variety of issues, including medication compliance, and to implement corrective measures for problematic behaviours.

Without them the Director could not effectively treat Mr. Schoenborn and manage his risk to others.

[44] The Board includes the provision that Mr. Schoenborn resides in a supervised place considered appropriate by the Director. It was not persuaded by Mr. Schoenborn's counsel that a place that was supervised was not necessary in Mr. Schoenborn's case or that an unstaffed cottage at CTC was an unsupervised place. The structure and supervised environment of CTC, which includes unstaffed cottages, was a significant factor in the Board's decision to order a conditional discharge. CTC and its staff offer highly specialized care, monitoring, and 24/7 supervision. The Board considers that environment, or another similarly supervised place considered appropriate by the Director, to be necessary and appropriate to manage Mr. Schoenborn's risks and needs.

[45] Since Mr. Schoenborn used extreme violence and a weapon during the commission of the index offences and for that reason its order will include a condition that he must not acquire, possess or use any firearm, explosive or weapon as defined in the *Criminal Code*. Mr. Schoenborn has a significant history of substance misuse, and a relapse could lead to medication noncompliance and mental health decompensation. The Board thereby includes provisions for the prohibition of substances, including alcohol and cannabis, and to test on reasonable grounds for compliance. Mr. Schoenborn has been abstinent of substances for many years, including the last year at CTC, and therefore the Board does not find it necessary to test for compliance on demand.

[46] The Board imposes the condition that Mr. Schoenborn reports intimate relationships to his treatment team. It finds that Mr. Schoenborn has a history of domestic violence prior to the index offences and that the index offences represent extreme family violence. The Board finds that Mr. Schoenborn has not been forthcoming with his treatment team about his historical violence towards DC nor shown insight into that violent behaviour. The Board accepts that Mr. Schoenborn's consumption of alcohol had a destabilizing influence on him and his relationship with DC, but it is not persuaded that this was the only contributing risk factor. The Board considers that an intimate relationship is an at-risk situation for Mr. Schoenborn and it must be monitored. The Board encourages the Director to explore this at-risk area with Mr. Schoenborn.

[47] The Board recognizes the profound and lasting harm suffered by the victims' family and, to protect their wellbeing, prohibits Mr. Schoenborn from having any direct or indirect contact with SG, MC or BP.

[48] The Review Board is required to review Mr. Schoenborn's disposition every 12 months. The Board's ability to hold an annual hearing would be severely hampered if Mr. Schoenborn were to not attend on the scheduled hearing date. For that reason, the Board includes the provision that Mr. Schoenborn must present himself before the Board when required.

[49] This order is reviewable within 12 months.

Reasons written by G. Boudreau with J. Bahen, KC, Dr. R. Miller, Dr. L. Murdoch, and Dr. K. Polowek concurring.

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