**Provincial Core 320/833: Understanding & Working with Children and Youth Who Have Been Sexually Exploited/Sex Trafficked**

**WHAT:** A three-day workshop that will give you the understanding and skills to work with children and youth who have been sexually exploited/trafficked in the sex trade.

**WHY:** This workshop is necessary to address the realities that sexually exploited and trafficked children, youth, and adults face and will help work towards accomplishing the long-term goal of the Manitoba Provincial Strategy “Tracia’s Trust” to abolish sexual exploitation. Training for all systems, including child welfare, justice, education, and health, is critical to this goal’s accomplishment.

**THE TRAINING WILL HELP YOU TO:**

* Build awareness and understanding of your own strengths, biases, values, etc.
* Clarify important issues, dispel myths and misconceptions, and challenge conventional views and perspectives
* Increase your understanding of the historical impacts of colonization and other factors that have contributed to the sexual exploitation/trafficking of children/youth
* Gain knowledge on current sex trafficking criminal code legislation and Provincial legislation.
* Gain knowledge on sex trade/trafficking culture and understand how predators (pimps/traffickers/gangs) exploit children/youth
* Assess risk and level of exploitation
* Intervene effectively with children/youth at different stages
* Employ Person-Centered; Cultural; Stages of Change; and Harm Reduction strategies
* Identify the barriers associated with exiting the sex trade and adapt treatments
* Increase knowledge and awareness of the range of services and resources that have been designed to intervene, protect, and support children/youth

**COST:** $150 for participants. If cost is an issue, please contact Bobbi Charles [Bobbi.Charles@newdirections.mb.ca](mailto:Bobbi.Charles@newdirections.mb.ca)

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| **ROUND** | **DATES** | **LOCATION** |
| **104** | April 19 – 21, 2023 | Clarion Hotel and Suites  3130 Victoria Avenue  Brandon, MB R7B 3Y3 |
| **105** | May 17 – 19, 2023 | Viscount Gort Hotel  1670 Portage Ave  Winnipeg, MB |
| **106** | May 31 – June 2, 2023 | Kinosao Sipi Multiplex  Auditorium  Kistapinan Drive  Norway House, MB R0B 1B0 |

**REGISTRATION INFORMATION:**

* To Register, complete the attached form, and send to: [TERF@newdirections.mb.ca](mailto:TERF@newdirections.mb.ca)
* Please use one registration form per person. Multiple registrations can be sent together.
* Or please contact Cheryl to have a registration sent:

Cheryl Lynch, Administrative Assistant

Culture Education and Training

500-717 Portage Avenue

Winnipeg MB R3G 0M8

**Telephone:** (204) 786-7051 ext. 5311 **Fax:** (204) 774-6468

* Please get your registrations in quickly as spots for training fill up fast
* A confirmation email will be sent to you and your supervisor once registration has been received.

**BILLING PROCESS/CERTIFICATE**

* New Directions’ will invoice your agency once training is completed.
  + Certificates will be mailed when payment has been received.

**Time:** 9:00 a.m. to 4:00 p.m. each day

**LOCATION:** Will be on the confirmation

**THOSE WISHING TO ATTEND TRAINING**

**NEED A CONFIRMATION EMAIL.**

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**REGISTRATION FORM**

Provincial Core 320/833: Understanding & Working with Children

& Youth Who Have Been Sexually Exploited

MANITOBA COMPETENCY-BASED INSERVICE TRAINING PROGRAM

Operated by New Directions

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| **ROUND** |  | **DATES** |  |

**PLEASE PRINT**

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| **Name:** |  | **Email:** |  | |
| **Are you experiential: Yes ☐ No ☐** | | (Attendee’s email -Personal/work) | | |
| **Position:** |  |  | | |
| **Phone:** |  | **Fax:** | |  |
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**\*\*Required Information**

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| **Supervisor`s Name:** |  | **Supervisor’s**  **Email:** |  |
| **Supervisor`s Signature:** |  | **Supervisor’s**  **Phone:** |  |
| **Date:** |  |  | |
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* Registration forms will not be processed without a supervisor’s approval (for those employed by an agency) if **electronically submitting cc your supervisor**

**Billing**

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| **Name:** |  | | | | **Email:** |  | | | |
| **Signature:** |  | | | | **Phone:** |  | | | |
| **Date:** |  | | | |  | | | |
| **(Important for mailing certificates)** | | **Agency Name:** |  | | | | | |
| **Agency Address:** |  | | | | | |
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|  | | | | | | |
| **City/Town** | |  | | | **Postal Code** |  |