Chapter 26

Ways of ICT Usage among Mildly Intellectually Disabled Adolescents:
Potential Risks and Advantages

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ABSTRACT

The chapter explores patterns of ICT (Information and Communication Technologies) usage (particularly: cell phones and the Internet) among mildly intellectually disabled adolescents aged 13-17. Importance of leisure activity in life and rehabiliation of the disabled as well as a risk of digital exclusion are also underlined. The strong emphasis is put on an issue of victimization and perpetration of electronic aggression. Data were obtained from the unstructured interviews (qualitative approach). The research revealed several issues related to patterns of ICT usage. The data are presented as following categories: importance and declared range of ICT usage, ICT and its usage for communication purposes, awareness of the risks related to ICT usage, ICT usage and electronic aggression (divided in two categories: being a victim and/or being a perpetrator, ICT usage and issues related to family functioning). Such problem areas are not well recognized in either Polish or foreign literature.

INTRODUCTION: THE INTELLECTUALLY DISABLED AS USERS OF ICT

Undoubtedly, we are all living in the *Digital Age (Information Age or Computer Age)*. It is the effect of the considerable role of the New Media (Internet, cell phones) in education, work and leisure activities. The amount of time spend while using those media is still increasing. Therefore, new challenges for the education in terms of teaching and socialization appear. One of the most important tasks is to provide young people with support when concerning safe and responsible ICT usage. The cyberspace provides opportunities for acquiring positive experiences and contributes to personal development. On the other hand, it poses some

risks like involvement in electronic aggression or other symptoms of *Problematic Internet Use* (Shapira et. al., 2000).

Phenomena and problems related to presence of young people in VR (*Virtual Reality*) are common for all of those who have an access to modern technologies and possess even basic competencies. This is particularly true in case of the disabled, since their problems and limitations often result from the disabling environment not from their physical disability. Information and Communication Technologies such as the Internet and cell phones are favourable instruments to build and increase independence and self-empowerment of people with intellectual disabilities. Access to new technologies and relevant media education are the instruments of democratization and prevent disabled people from *digital exclusion as well as media illiteracy.*

According to an overview of the 2002 American Association on Mental Retardation's (AAMR's) *Definition, Classification, and Systems of Supports* an intellectual disability[1] is defined as a disability characterized by significant limitations both in intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills and that the basis for the disability has been present prior to age 18. (...) Five important assumptions are included as operational recommendations. These are:

1. Limitations in present functioning must be considered within the context of community environments typical of the individual's age peers and culture;
2. Valid assessment considers cultural and linguistic diversity as well as differences in communication, sensory, motor, and behavioural factors;
3. Within an individual, limitations often coexist with strengths;
4. An important purpose of describing limitations is to develop a profile of needed supports; and
5. With appropriate personalized supports over a sustained period, life functioning of the person with ID generally will improve (Schalock & Luckasson, 2004, p. 4).

Mildly intellectually disabled (IQ scores between 50 and 69) individuals comprise the largest part (approximately 85%) of the population of the intellectually disabled (the others levels, according to criteria of ICD-10, DSM IV-TR and categories of AAID are: moderate – IQ 35-49, severe – IQ 20-34 and profound - IQ below 20). "Mild Mental Retardation (MMR) was the official designation of a level of Mental Retardation (MR) that involved current intellectual functioning performance between 2 and 3 standard deviations below the population mean and significant limitations in some, but not all, facets of everyday adaptive functioning. (…) In contrast to the other levels, MMR typically is not diagnosed until the school age period, usually subsequent to a teacher referral due to severe and chronic school achievement problems. Persons with MMR do not exhibit the physical characteristics of many persons with MR at more severe levels, and they are not comprehensively impaired in the sense of requiring assistance with nearly all social roles and functions.(…) Persons with the least impairment, formerly called mild, are recognized now as needing intermittent levels of support as children and adults in coping with the everyday demands of living. Because there is no unequivocal sign or symptom of MMR, diagnosis is complex and sometimes controversial. Issues such as the relative importance of current intellectual functioning and adaptive behavior in diagnosis at different ages, appropriate cut scores or ranges to delineate MMR from borderline intellectual functioning, conceptions of adaptive behavior in terms of activities versus competencies, number and kind of normal, everyday functions that would rule out MMR are not resolved and are unlikely to be resolved unequivocally in the near future (Reschly, 2009, p. 125).

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